



AN EQUAL OPPORTUNITY EMPLOYER

It is the policy of Transportation Network International, Inc. to provide employment opportunities without regard to race, color, religion, sex, national origin, age, handicap, or veteran status.

APPLICATION FOR EMPLOYMENT

IMPORTANT: Please fill in your response above each line unless otherwise indicated. All answers must be printed or typed. Answers that are illegible or incomplete may prevent us from considering your application.

PERSONAL DATA

FIRST NAME MIDDLE LAST SOCIAL SECURITY NUMBER EMAIL

PRESENT ADDRESS IN FULL CITY STATE ZIP TELEPHONE

PERMANENT ADDRESS (IF DIFFERENT FROM ABOVE) CITY STATE ZIP TELEPHONE

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? YOUR VISA TYPE IF AVAILABLE VISA NUMBER AND EXPIRATION DATE

ARE YOU WILLING TO WORK ANY SHIFT, INCLUDING NIGHTS AND WEEKENDS? _____

HOW SOON FOLLOWING NOTIFICATION CAN YOU REPORT? _____

HAVE YOU EVER BEEN EMPLOYED BY THE COMPANY? _____

IF SO, WHEN? _____ WHERE? _____ POSITION? _____

ARE ANY RELATIVES, INCLUDING IN-LAWS, EMPLOYED AT THE COMPANY? _____

IF YES, GIVE NAME, RELATIONSHIP, POSITION AND LOCATION: _____

HAVE YOU EVER PREVIOUSLY APPLIED FOR EMPLOYMENT AT THE COMPANY? _____

IF SO, WHEN? (MO.) _____ (YR.) _____

HAVE YOU EVER PREVIOUSLY BEEN INTERVIEWED BY THE COMPANY? _____

IF SO, WHEN? (MO.) _____ (YR.) _____ FOR WHAT POSITION? _____



EDUCATION

(fill in above each line)

SCHOOLS/COLLEGES ATTENDED	# Years	Year Grad.	Degree / Major
COLLEGE OR UNIVERSITY/city, state			
COLLEGE OR UNIVERSITY/city, state			
LAST HIGH SCHOOL ATTENDED/city, state			
OTHER (Technical, Vocation, Graduate, etc.) city, state			

SKILLS and QUALIFICATIONS: Licenses, Skills, Training, Awards

IN WHAT LANGUAGES OTHER THAN ENGLISH CAN YOU CONVERSE?	YES	NO
_____	Fluent? <input type="checkbox"/>	<input type="checkbox"/>
_____	Fluent? <input type="checkbox"/>	<input type="checkbox"/>
_____	Fluent? <input type="checkbox"/>	<input type="checkbox"/>

EMPLOYMENT HISTORY

IMPORTANT! STARTING WITH YOUR PRESENT OR MOST RECENT EMPLOYER, LIST IN CONSECUTIVE ORDER ALL EMPLOYMENT AND PERIODS OF UNEMPLOYMENT SINCE YOU GRADUATED FROM OR LAST ATTENDED HIGH SCHOOL. ADDITIONAL EMPLOYMENT MAY BE LISTED ON A SEPARATE PAGE(S) IF NECESSARY.

PRESENT OR MOST RECENT EMPLOYER

FULL NAME OF COMPANY	TELEPHONE	SALARY BEGIN/END	EMPLOYED - FROM/TO
STREET ADDRESS	CITY	STATE	ZIP CODE
NAME & TITLE OF SUPERVISOR	REASON FOR LEAVING		
TITLE OF YOUR POSITION	DEPARTMENT		
DUTIES			



PREVIOUS EMPLOYER

FULL NAME OF COMPANY	TELEPHONE	SALARY - BEGIN/END	EMPLOYED - FROM/TO	
STREET ADDRESS		CITY	STATE	ZIP CODE
NAME & TITLE OF SUPERVISOR			REASON FOR LEAVING	
TITLE OF YOUR POSITION		DEPARTMENT		
DUTIES				

PREVIOUS EMPLOYER

FULL NAME OF COMPANY	TELEPHONE	SALARY - BEGIN/END	EMPLOYED - FROM/TO	
STREET ADDRESS		CITY	STATE	ZIP CODE
NAME & TITLE OF SUPERVISOR			REASON FOR LEAVING	
TITLE OF YOUR POSITION		DEPARTMENT		
DUTIES				

OTHER EMPLOYMENT

LIST PART-TIME EMPLOYMENT WHILE IN SCHOOL, INCLUDING COMPANY NAME(S), ADDRESSES, DATES OF EMPLOYMENT:

ARE THERE ANY PERIODS OF UNEMPLOYMENT AND/OR PART-TIME EMPLOYMENT SINCE YOU GRADUATED OR LAST ATTENDED HIGH SCHOOL WHICH ARE NOT LISTED ABOVE OR ON A SEPARATE SHEET? _____

IF YES, PLEASE EXPLAIN: _____

HAVE YOU EVER BEEN SUSPENDED, PLACED ON PROBATION, ASKED TO RESIGN, DISCHARGED OR TERMINATED? _____

IF YES, PLEASE EXPLAIN: _____



MISCELLANEOUS INFORMATION

DO YOU VALID DRIVERS LICENSE? _____ LICENSE NUMBER: _____ STATE: _____ EXPIRATION DATE: _____
HAVE YOU EVER BEEN CONVICTED OF OR SENTENCED FOR ANY VIOLATION OF THE LAW? _____ IF YES, GIVE FULL PARTICULARS.
(THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT):

MILITARY SERVICE AND STATUS

BRANCH OF SERVICE (IF NONE, STATE NONE): _____ MILITARY OCCUPATION: _____

LENGTH OF ACTIVE DUTY (MONTH/YEAR)
DATE OF ENTRY: _____/_____/_____ RANK AT THE TIME OF SEPARATION: _____
DATE OF SEPARATION: _____/_____/_____

PLEASE NOTE: FINAL PROCESSING PRIOR TO EMPLOYMENT WILL REQUIRE A REVIEW OF THE ORIGINAL OR A COPY OF YOUR MILITARY DISCHARGE AND/OR A REVIEW OF YOUR DD FORM 214.

APPLICANT'S CERTIFICATION AND AGREEMENT

I HEREBY CERTIFY that my answers to the foregoing questions are true and complete and that I have not knowingly withheld any facts, circumstances or other information which would, if disclosed, affect my application. I further understand that any false or misleading statement or omission of pertinent information will result in the rejection of my application, or in dismissal if discovered subsequent to my employment.

I HEREBY AFFIRM that by execution of the application, I acknowledge that the Company has disclosed to me that an Investigative Consumer Report, including information as to my character, general reputation, personal characteristics, and mode of living may be made; and that I, upon written request to the Company made within a reasonable time after the date of this application, may obtain a complete and accurate disclosure of the nature and scope of the investigation requested.

I HEREBY AUTHORIZE the Company to request, and I ALSO AUTHORIZE AND REQUEST each former employer, school attended, and each person, firm, or corporation given as references above, to furnish at any time, any information which may be sought concerning me and my work habits, character or skill, and any other data required, whether in connection with this application or for purposes of complying with surety company requirements or otherwise.

I HEREBY AFFIRM that by submitting this application I agree to submit to medical evaluations and/or examinations, including tests for the presence of illegal drugs or alcohol, prior to and during employment, within a time period prescribed by the Company and as often as directed during employment.

I HEREBY AUTHORIZE the medical examiner to disclose to the Company any and all findings and conclusions arrived at in any examination performed either prior to employment or during employment.

I UNDERSTAND that should I be given employment, such employment shall be for an indefinite period of time and may be terminated, at will, at anytime, for any reason, by me or by the Company without notice or without liability whatsoever, except for unpaid wages or salary earned by the date of termination

I UNDERSTAND that if I am employed, the terms and conditions of my employment will be governed by this application and the Company's Terms of Employment and Policy and Procedures, as amended from time to time by the Company.

Signature _____

Date _____

Thank you for completing this application. It will remain under consideration for six months. It will not be necessary for you to reapply during this six month period. Your interest in **Transportation Network International, Inc.** is appreciated.

28202 Cabot Road, Ste. 300
Laguna Niguel, CA 92677
TEL 949.496.6332
FAX 949.271.3777

www.midnightexpress.net
800.716.5466
TCP-11724-P

4660 La Jolla Village Drive, Ste. 500
San Diego, CA 92122
TEL 858.535.4880
FAX 858.535.4881