



Dear Applicant,

Thank you for your interest in employment with Matheson Postal Services Inc. Attached is the initial paperwork.

- Application for Employment
- Previous Pre-employment Employee Alcohol & Drug Test Statement
- Request for Information from Previous Employer – **Sign & date in the box at the top of the page and complete Last Name, First Name, MI, SSN and Date of Birth section only.**

All paperwork MUST be completely filled out in order to process the application in a timely manner and to be considered for any open positions.

Fax complete paperwork to 877-871-8271. **A current (no more than 10 days old) MVR, copy of your driver's license and social security card must be included.**

Thank you

Matheson Postal Services, Inc.

MATHESON POSTAL SERVICES, INC.

9785 GOETHE ROAD • SACRAMENTO, CA 95827 • PHONE: 877-229-5982 • FAX: 877-871-8271



For manager completion
LOCATION/CONTRACT: _____

9785 Goethe Road, Sacramento, CA 95827

APPLICATION FOR EMPLOYMENT

All job offers are contingent upon passing a pre-employment physical examination, functional capacity exam, drug screen, background and Consumer Report (if applicable).

DATE _____
Application expires in 30 days

SOCIAL SECURITY NO. _____ - _____ - _____

NAME _____ E-MAIL ADDRESS _____
(FIRST) (MIDDLE) (LAST)

PRESENT ADDRESS _____
(STREET) TELEPHONE _____

(CITY) (STATE) (ZIP) HOW LONG? _____
Address _____ HOW LONG? _____

for Past (STREET) (CITY) (STATE) (ZIP) HOW LONG? _____
5 Years

(STREET) (CITY) (STATE) (ZIP) HOW LONG? _____

(STREET) (CITY) (STATE) (ZIP) HOW LONG? _____

Please give name, telephone number and relationship of the person to contact in case of emergency:

(NAME) (TELEPHONE) (RELATIONSHIP)

Please give name, address, and telephone number of your closest relative not living with you:

(NAME) (ADDRESS) (TELEPHONE) (RELATIONSHIP)

Position Applying For _____ Temporary ____ Part-Time ____ Full Time ____

Who referred you? _____

Have you ever worked for any division of Matheson Trucking, Inc.? _____ If yes, Where _____

Dates/From _____ To _____ Reason for Leaving: _____

Name(s) of Relative(s) employed at Matheson: _____ (Relationship)

Have your ever been convicted of a misdemeanor or felony? _____ If yes, please provide the following:

CONVICTION DATE _____ CONVICTION TYPE _____ STATE/COUNTY OF CONVICTION _____

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EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

NAME/ADDRESS OF LAST SCHOOL ATTENDED: _____

DRIVER EXPERIENCE & QUALIFICATION

Answer the question in this section only if applying for a driver position.

Date of Birth _____ The U.S. Department of Transportation requires that driver applicants state their date of birth (391.21 (b) (2)).
Must be 21 years of age or more

EMPLOYMENT RECORD

The U.S. Department of Transportation requires that driver applications show all employment for the past ten years. Non – Drivers must show most recent 5 years of employment. Include school, training programs, military service, self-employment, and employment.

List most recent work first and explain all gaps in employment. Please explain all periods of unemployment over 30 days. You may attach a separate sheet of paper if necessary

EMPLOYER				DATES	
Name			From: Month	Year	To: Month Year
Address			Position Held:		
City	State	Zip	Salary/ Wage	No. of states Driven in:	
Contact Person	Phone No.		Reason for Leaving:		

Unemployment: (if any) From Mo. _____ Yr. _____ To: Mo. _____ Yr. _____ Explain: _____

EMPLOYER				DATES	
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Address			Position Held:		
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Contact Person		Phone No.		Reason for Leaving:			

Unemployment: (if any) From Mo. _____ Yr. _____ To: Mo. _____ Yr. _____ Explain: _____

EXPERIENCE AND QUALIFICATIONS – OTHER

List any trucking, transportation or other experience that may help in your work for Matheson: _____

List courses and training other than those shown elsewhere in this application: _____

List special equipment (Forklift, etc.) or technical skills that may help in your work for Matheson (other than those already listed):

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to my employment history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

“I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- **Review information provided by current/previous employers;**
- **Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and**
- **Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.”**

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

DATE

APPLICANT'S SIGNATURE



**PREVIOUS PRE-EMPLOYMENT EMPLOYEE
ALCOHOL AND DRUG TEST STATEMENT**

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b)(5) and (e))

Company Name: Matheson Postal Services, Inc.

Street: 9785 Goethe Road

City, State, ZIP: Sacramento, CA 95827

Prospective Employee Name: _____ ID Number: _____
(print)

The prospective employee is required by Sec. 40.25(j) to respond to the following questions:

- 1.) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check one: Yes No

- 2.) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one: Yes No

Prospective Employee Signature: _____ Date: _____

Witnessed By: _____ Date: _____

MATHESON POSTAL SERVICES, INC.

9785 GOETHE ROAD • SACRAMENTO, CA 95827 • PHONE: (916) 685-2330 • FAX: (916) 685-8875

