



The Mega Transport Experts

3214 W. Admiral Doyle Drive
 New Iberia, LA 70560
 Phone: 337-229-6326 Fax: 337-229-8426
www.berardtrans.com

AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION: (PLEASE TYPE OR PRINT CLEARLY)		Date: / /
Name: (Last, First, MI)		
Telephone Number:		Alternate Number:
Mailing Address:		
City:	State:	Zip Code:
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Available: / /	Expected Salary: \$

Employment History (Please start with most recent Employer)

Name of Company:	Phone:
Address of Company:	
Dates Worked: From: / / To: / /	Hourly Wage or Salary: \$
Last Position Held:	Supervisor's Name:
Description of your work:	
Reason for Leaving:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of Company:	Phone:
Address of Company:	
Dates Worked: From: / / To: / /	Hourly Wage or Salary: \$
Last Position Held:	Supervisor's Name:
Description of your work:	
Reason for Leaving:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of Company:	Phone:
Address of Company:	
Dates Worked: From: / / To: / /	Hourly Wage or Salary: \$
Last Position Held:	Supervisor's Name:
Description of your work:	
Reason for Leaving:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

DRIVING INFORMATION: (PLEASE TYPE OR PRINT CLEARLY)

Have you ever been tested for a CDL License? Yes No

What type of license do you have? _____

Do you have any truck driving experience? Yes No

If yes, please describe: _____

Please list **ALL** traffic violations in the past five (5) years:

Date:	Nature of Violation:	Location:
_____	_____	_____
_____	_____	_____
_____	_____	_____

MISCELLANEOUS INFORMATION: (PLEASE TYPE OR PRINT CLEARLY)

Would you be willing to take a physical examination if required? Yes No

Would you be willing to take a drug screen if required? Yes No

Will you abide by the safety rules of this company? Yes No

I, the undersigned, declare the foregoing information to be a truthful and complete statement of facts. I understand that any intentional falsification and/or omission of information pertinent to this application for employment may result in the denial of employment to me, or subsequent termination of employment, and loss of my benefits, without right of appeal.

Applicant's Signature

Date

*****MUST COMPLETE APPLICATION IN ITS ENTIRETY TO BE CONSIDERED*****