



MAIL DISPATCH

THANK YOU for your interest in ***MAIL DISPATCH***. We have been in business for over 30 years and have become a major delivery force in Southern California. Our high standards and commitment to professionalism is second to none. You are taking a big step toward joining our team.

Please read through the list of basic requirements below. You probably already meet most of them while others may require some sort of effort. These requirements will be discussed at your first of two interviews.

- 1) **DMV printout (H6)** – Get this from the DMV and bring it with you to the first interview. You must have no moving violations with the last three years, no accidents within the last 3 years, and no DUI's.
- 2) **Vehicle** – 1997 or newer, excellent operating condition, and good appearance.
- 3) **Proof of Insurance** - \$100,000/\$300,000 limits of liability.
- 4) Both vehicle ownership and insurance must be in applicant's name.
- 5) **Lifting requirements** – Can you lift a 50 pound box?

MAIL DISPATCH couriers, among the most professional in the industry, are supported by a top operations management team. Our growth is the product of hard work, satisfied customers, and a winning spirit. If we are what you are looking for and you have what it takes, come join our great team.



**Mail Dispatch, LLC
#472
Employment Application**

Please Print

Personal

Name _____
Last First M

Address _____
Number Street

City State, Zip

Telephone _____

If employed, can you provide documentation of your identity and eligibility to work in the United States? _____

Position? _____

Salary Expectation _____

Date Available to Work _____

Work Experience

Please list most recent experience first. Include history for the past 10 years including job related military experience. If you are currently working, may we contact your current employer? Y__ N__

From	Employer	Supervisor, name and title	
To	Address	Phone Number	
Position, title, responsibilities, and final salary.			
Reason for leaving:			Final Salary
From	Employer	Supervisor, name and title	
To	Address	Phone Number	
Position, title, responsibilities, and final salary.			
Reason for leaving:			Final Salary
From	Employer	Supervisor, name and title	
To	Address	Phone Number	
Position, title, responsibilities, and final salary.			
Reason for leaving:			Final Salary

Education and Training

Level of Completion	School/Institute/College/University Location	Major or Course
Professional Memberships, Licenses or Certificates	Number	Expiration Date

Have you ever been convicted of a felony or misdemeanor (other than minor traffic violations)?

If yes, explain _____

Do you agree to medical review by a physician on your employer's choosing, in the event that you are injured on the job? Y ___ N ___

Emergency contact Info Name: _____ Relationship _____
Address _____ Phone Number _____

Reference Information

Please list people other than former supervisor's who are familiar with your work habits.

Name	Position	Phone Number	Relationship

I, _____ authorize investigations of all statements contained in this application. I am supplying my Social Security number (SSN# _____) and Driver's License Number (DL# _____) to further those investigations and reference verifications. I understand that my misrepresentation or omission of facts is cause for dismissal. I authorize my former schools, employers, and reference to provide information from my records including dates of attendance, degrees earned, dates of employment salary earned, reasons for leaving employment, and all other information they may have concerning my performance, and I release any and all of them from liability arising out of their providing such information, even if provided negligently. I authorize an investigation of my motor vehicle operating history and criminal background. I understand that this information may be released to appropriate personnel at work sites and agree to hold American Staff Resources and its client companies harmless of any and all damages resulting from use or release of this information. I understand or termination of my employment. I also agree to observe and comply with company policies, rules, and regulations, and any violations may result in immediate termination.

Further, I do hereby agree to submit to drug testing performed by Mail Dispatch for detection of drugs and alcohol. I give permission for test results to be released to American Staff Resources, Inc. I understand positive test results, refusal to be tested, or any attempt to affect the test results or sample will result in withdrawal of any provisional employment offer I have received or termination of my employment from American Staff Resources.

Public Law 91-508 requires that we advise you that a routine inquiry may be made which will provide applicable information concerning character, general reputation, education, previous employment, and criminal background. Upon written request additional information as to the nature and scope of the report, if one is made, will be provided. I release all parties providing information from any liability or claims for damages including libel, slander, and invasion of privacy that may result from disclosure of this information. Nothing in this application is to be construed as a contract of employment or as an offer of a contract of employment. If you are employed by ASR you should note have your employment be "at will," that is either you or ASR may terminate your employment at any time or reason or no reason at all.

Applicant Signature _____ **Date** _____

It is our company policy not to discriminate against any employee or applicant based on race, sex, age, disability, liability for service in the armed forces, national origin. This policy includes but is not limited to employment, demotion, transfer, recruitment, layoff, termination, rates of pay, and selection for training.

RELEASE AUTHORIZATION

APPLICANT COMPLETE THE FOLLOWING

I. In connection with my application for employment, I understand that a consumer report or an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: workers' compensation injuries, driving record, court record, education, credentials, credit, and references.

If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

II. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of the agency or the source which provided the information.

III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.

IV. Minnesota, Oklahoma and California applicants only. If you want a copy of the report(s) ordered, Check this box . The report(s) will be sent by the reporting agency to you at the address below.

V. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by _____ or its agent, to furnish the information described in Section 1.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

Please print your full name LAST FIRST MIDDLE

Please print other names you have used

Home Address

City State Zip Code

Social Security Number Date of Birth

The following states require sex and race to obtain information:

AL, AR, FL, GA, IA, IL, IN, MI, OR, TX, WI

Sex: Male Female

Race: Asian Black Hispanic White Other

Drivers License Number State Issuing License

Name as it appears on license

Signature Today's Date

IF REQUIRED, NOTARIZE HERE

When using an embossed seal, please shade and pencil before faxing.

Subscribed and sworn before me:

Name

Date

Notary Public

My commission expires

Mail Dispatch Driver Employment Test

This questionnaire tests your basic map reading skills and knowledge of the San Diego County area.

1. Utilizing a Thomas Bros. map book, what page would you turn to if you were looking for an address on "Vickers St." in Kearny Mesa, 92111?
 - a. 1249
 - b. 1067
 - c. 1248
 - d. 1110


2. From the location of 9040 Activity Rd., 92126...choose the route you would take to get to a stop on "Science Center Dr., 92121."
 - a. 805 N to Genesee to Science Center.
 - b. Miramar to La Jolla Village Dr. to Genesee to Science Center.
 - c. 805 W to La Jolla Dr. west to Science Center.
 - d. 5 W to Science Center exit.

3. Assume you just picked up from a location on "Camino Maquiladora" in Otay, which exit would you take to "Hoover Ave, 91950?" (National City)
 - a. Bay Morena Dr.
 - b. W 18th St.
 - c. Hoover Ave.
 - d. Highland Ave.

4. You are stopped at a light at the intersection of "Eastgate Mall" and "Towne Center Dr." in the UTC area...which direction would you head if you were looking for a location on the 5000 block of "Eastgate Mall"?
 - a. north
 - b. south
 - c. east
 - d. west

5. You are asked to find an address on the 9900 block of Carroll Canyon Rd. Based on the hundred block, which zip code would you assume the address would be located?
 - a. 92131
 - b. 92126
 - c. 92121
 - d. doesn't exist

6. What does the following symbol stand for? -----
 - a. secondary road
 - b. restricted road
 - c. tunnel
 - d. alley

7. What does the following symbol stand for? 
 - a. Elementary School
 - b. High School
 - c. Post Office
 - d. Hospital