

**MILLER TRUCK LINES, INC.**  
**P.O. BOX 665 STROUD, OK 74079**  
**PH# 800-324-3584---FAX # 918-968-0040**

I authorize you to make such investigation and inquires of my personal employment, financial or medical history and other related matters, as maybe necessary in arriving at an employment decision. I hereby release employers, schools, health care providers 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 may result in discharge. I understand, also, that I am required to abide by all rules and regulation of Miller Truck Lines, Inc., Federal, State, and Local laws.

X \_\_\_\_\_

APPLICANTS SIGNATURE

\_\_\_\_\_  
DATE: \_\_\_\_\_ RECRUITING  
SOURCE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
ZIP: \_\_\_\_\_ TELEPHONE# \_\_\_\_\_  
D.O.B. \_\_\_\_\_ SSN: \_\_\_\_\_  
D.L# \_\_\_\_\_ STATE: \_\_\_\_\_ EXPIRES: \_\_\_\_\_  
END \_\_\_\_\_

TICKETS: \_\_\_\_\_ ACCIDENTS: \_\_\_\_\_ FELONIES: \_\_\_\_\_  
DUI: \_\_\_\_\_

I PREFER: VAN/REEFER FLATBED TANK PAY  
SCALE: \_\_\_\_\_

**WORK EXPERIENCE**

YOU MUST FILL OUT THE LAST 10 YEARS - ALL GAPS IN  
EMPLOYMENT MUST BE ACCOUNTED FOR: *THE LAST 3 YEARS MUST BE*  
*VERIFIABLE*

OFFICE USE ONLY

COMPANY: \_\_\_\_\_  
POC: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
DRUG/ALCOHOL: \_\_\_\_\_ CITY &  
STATE: \_\_\_\_\_  
ACCIDENTS: \_\_\_\_\_ EMPLOYMENT  
DATE: \_\_\_\_\_ / \_\_\_\_\_ TYPE OF EQUIP: \_\_\_\_\_  
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