Application for Employment

PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE

THIS APPLICATION IS NOT AN EMPLOYMENT CONTRACT but merely is intended to evaluate suitability for employment. It is the policy of the company to provide equal employment to all qualified persons without discrimination on the basis of sex, race, color, religion, age, marital status, national origin, citizenship, disability, veteran status, genetic information, or any other status protected under state and federal law. All job offers are contingent upon the successful completion of a drug and alcohol screening. Reasonable accommodation needed to fill out this Application or participate in the selection process for employment will be made upon request with reasonable notice. Please do not fill out the information in the last box entitled "For Company Use Only. Applicants Please Do Not Complete."

PERSONAL INFORMATION

Name Last	First	Middle	Home Phone

Cell Phone	Work Phone	Ok to contact you there?
		☐YES ☐NO

Please list below your current address and your previous three (3) years residency (write on back of Application if more space is needed):

Current Street	City	State	Zip	Since (Mo/Yr)
Previous Street	City	State	Zip	Dates From/To
Previous Street	City	State	Zip	Dates From/To
Previous Street	City	State	Zip	Dates From/To

EDUCATION

High School Attended	City, County & State		Did you earn a Diploma?
Undergraduate College Attended	City, State	Areas of Study	Degree/Certificate/Diploma
Graduate School Attended	City, State	Areas of Study	Degree/Certificate/Diploma
Trade, Business or Other School	City, State	Areas of Study	Degree/Certificate/Diploma

EMPLOYMENT INFORMATION

Position Applied For:	Date You Can Start Work:	Desired Salary: ☐Annual $ ☐Per Hour

Do You Prefer: ☐Full-Time ☐Part-Time	Can You Work: ☐Weekends ☐Evenings
Willing to Work Overtime? ☐Yes ☐No	Can You Travel if Job Requires It? ☐Yes ☐No

Please answer all of the following questions. When necessary, note question number and use extra paper to provide explanations:

1) Are you at least 18 years of age and legally eligible for work in the United States? ☐YES ☐NO

2) Have you received a description of the job or been made aware of the essential functions of the job you are applying for? ☐YES ☐NO

3) If the answer to #2 is "yes," are you capable of performing those essential functions? ☐Not Applicable ☐YES ☐NO

4) Do you understand the job requirements? (If no, please explain.) ☐YES ☐NO

5) Are you on layoff and subject to recall? ☐YES ☐NO

6) Are you currently bound by a noncompetition, non-solicitation or trade secret agreement? (If yes, please explain.) ☐YES ☐NO

7) Have you ever been discharged or asked to resign from a job? (If yes, please explain.) ☐YES ☐NO

Use this space for any explanations to above items

EMPLOYMENT HISTORY

MAY WE CONTACT YOUR PRESENT EMPLOYER? ☐YES ☐NO

Please list below your employers for the last ten (10) years (minimum) beginning with the most recent:

Most Recent Employer City State Zip Code Phone

Position Held

Dates From/To Supervisor

Duties Reason for Leaving

If you have a gap between this employer and the next most recent employer, please explain the reason.

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this employer? ☐YES ☐NO

Was the above-named job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? ☐YES ☐NO

Next Most Recent Employer City State Zip Code Phone

Supervisor

Position Held

Dates From/To

Duties Reason for Leaving

If you have a gap between this employer and the next most recent employer, please explain the reason.

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this employer? ☐YES ☐NO

Was the above-named job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? ☐YES ☐NO

Next Most Recent Employer City State Zip Code Phone

Supervisor

Position Held

Dates From/To

Duties Reason for Leaving

If you have a gap between this employer and the next most recent employer, please explain the reason.

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this employer? ☐YES ☐NO

Was the above-named job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? ☐YES ☐NO

Next Most Recent Employer City State Zip Code Phone

Supervisor

Position Held

Dates From/To

Duties Reason for Leaving

If you have a gap between this employer and the next most recent employer, please explain the reason.

EMPLOYMENT HISTORY

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this employer? ☐YES ☐NO

Was the above-named job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? ☐YES ☐NO

Next Most Recent Employer City State Zip Code Phone

Supervisor

Position Held

Dates From/To

Duties Reason for Leaving

If you have a gap between this employer and the next most recent employer, please explain the reason.

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this employer? ☐YES ☐NO

Was the above-named job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? ☐YES ☐NO

JOB-RELATED SKILLS

Please answer the following questions if the position you are applying for requires driving a motor vehicle at any time:

1. Do you have a valid driver's license? ☐YES ☐NO

   If YES: State of Issue:_____ License Number:_____ Type:_____ Expiration Date: _____

   Section 383.21 FMCSR states: "No person who operates a commercial motor vehicle shall at any time have more than one driver's license." If I am applying for a job that requires operating a commercial motor vehicle, I certify that I do not have more than one motor vehicle license, the information for which is listed above.

2. Please list all traffic convictions and forfeitures for the past three (3) years (other than parking violations). Attach sheet if more space is needed.

Date Convicted (Month/Year)	Violation	State of Violation Location	Penalty (forfeited bond, collateral and/or points)

3. Please list your accident record for the past ten (10) years. Attach sheet if more space is needed.

Date Convicted (Month/Year)	Nature of Accident (head-on, rear-end, upset, etc.)	Number Fatalities	Number Injuries	Chemical Spills
				☐YES ☐NO
				☐YES ☐NO
				☐YES ☐NO
				☐YES ☐NO

4. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? ☐YES ☐NO

   If yes, explain: _____

5. Have you had your driver's license suspended or revoked or had your driving privileges modified by a court of law? ☐YES ☐NO

   If yes, explain: _____

6. Please list all states from which you hold or have held a driver's license: _____

7. Please list your driving experience.

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates From	Dates To	Approx. No. of Miles (Total)
Straight Truck				
Tractor and Semi-Trailer				
Tractor - Two Trailers				
Other				

Please use this space to list any special skills you have that may relate to the position applied for:

JOB-RELATED SKILLS

Please list any professional licenses, designations, certifications, etc. that may relate to the position applied for. Include date granted, name of organization, and any other relevant information.

Indicate skills and equipment operated below.

_____ Copier _____Internet _____Microsoft Word _____Calculator _____Access_____Macintosh _____PhotoShop
_____ Excel _____Fax Machine _____Power Point _____Publisher _____PC _____Email _____Multi-line Phone
Other? Please list.

LANGUA
GES

Indicate any languages you speak, read, and/or write.			
	FLUENT	**GOOD**	**FAIR**
SPEAK			
READ			
WRITE			

REFERENCES

(At least one (1) must be a work-related reference.)

1. NAME:_____ RELATIONSHIP: _____

   PHONE NUMBER:_____ ADDRESS: _____

2. NAME:_____ RELATIONSHIP: _____

   PHONE NUMBER:_____ ADDRESS: _____

3. NAME:_____ RELATIONSHIP: _____

   PHONE NUMBER:_____ ADDRESS: _____

APPLICANT'S CERTIFICATION AGREEMENT

1. I authorize the investigation of all statements contained in this Application and release from all liability any persons or employers supplying such information, and I also release the company from all liability that might result from making the investigation.
2. I understand that information I provide regarding current/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: a) review information provided by current/previous employers; b) have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the company; and c) 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.
3. I certify that the facts and information set forth in this Application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts on this Application (or on any required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.
4. I agree, if I am offered and accept a position, to conform to all existing and future company rules and regulations and I understand that the company reserves the right to change wages, hours, and working conditions as it deems necessary. ***I ALSO UNDERSTAND THAT, IF HIRED, MY EMPLOYMENT WILL BE AT-WILL, MEANING THAT EITHER THE COMPANY OR I CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON.***
5. I understand that any employment offer is contingent upon my providing, within three (3) working days of employment, valid proof of identity and eligibility to work in order to comply with the Immigration Reform and Control Act of 1986.
6. I understand that any employment offer is contingent upon successful completion of background screening, which may include drug and alcohol screening.
7. I have read and reviewed the information provided in this Application and the above statements. By signing this Application, I certify that I understand all parts of it and have answered all questions completely.

Signature Date