



Employment Application

Position Applied For: _____

Date: _____

We are an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed service member status, race, color, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state, or local laws.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THE APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.

APPLICANT INFORMATION

First Name: _____

Last Name: _____

M.I. _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

E-mail: _____

Date Available to Start: _____

Type of employment desired? Full-time Part-time Temporary Seasonal

Desired Work Hours: _____

Are you willing to work overtime? Yes No

If you are under 18 years of age, can you provide a work permit? Yes No Not Applicable

Have you previously applied for employment with this company? Yes No If Yes, When? _____

Have you ever been employed by this Company? Yes No If Yes, Dates of Employment: from: _____ to: _____

If Yes, Reason for Separation: _____

EDUCATION INFORMATION

please specify Name and Location of each school listed

High School: _____

Did you graduate? Yes No

College: _____

Years Attended: from: _____ to: _____

Degrees Completed: _____

Other Subjects Studied: _____

Bus. Tech. Trade or Post College: _____

Years Attended: from: _____ to: _____

Subjects Studied: _____

Did you graduate? Yes No

SPECIAL SKILLS OR QUALIFICATIONS

Provide information for at least the most recent three (3) year period. Attach additional sheets if necessary. Your failure to completely respond to each inquiry may disqualify you for consideration from employment. **DO NOT ANSWER "SEE RESUME"**

DRIVER APPLICANTS: Applicants to drive a commercial vehicle in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle. In addition, please complete the driver supplement on the last page of this application.

PREVIOUS EMPLOYMENT begin with most recent position first

Dates Employed: From ____ / ____ / ____ To ____ / ____ / ____ Position Held: _____

Company Name: _____ Type of Business: _____

Address: _____ City: _____ State: _____

Supervisor: _____ Title: _____ Phone: _____

Reason for leaving: _____

May we contact this employer for reference? Yes No Were you subject to the FMCSRs while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Dates Employed: From ____ / ____ / ____ To ____ / ____ / ____ Position Held: _____

Company Name: _____ Type of Business: _____

Address: _____ City: _____ State: _____

Supervisor: _____ Title: _____ Phone: _____

Reason for leaving: _____

May we contact this employer for reference? Yes No Were you subject to the FMCSRs while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Dates Employed: From ____ / ____ / ____ To ____ / ____ / ____ Position Held: _____

Company Name: _____ Type of Business: _____

Address: _____ City: _____ State: _____

Supervisor: _____ Title: _____ Phone: _____

Reason for leaving: _____

May we contact this employer for reference? Yes No Were you subject to the FMCSRs while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Have you ever been terminated or asked to resign from any job? Yes No If Yes, how many Times? _____

Has your employment ever been terminated by mutual agreement? Yes No If Yes, how many Times? _____

Have you ever been given the choice to resign rather than be terminated? Yes No If Yes, how many Times? _____

If you answered Yes to any of the above three questions, please explain: _____

WORK-RELATED REFERENCES

Name: _____ Company: _____ Position: _____ Phone: _____

Name: _____ Company: _____ Position: _____ Phone: _____

PERSONAL REFERENCES

Name: _____ Occupation: _____ Years Known: _____ Phone: _____

Name: _____ Occupation: _____ Years Known: _____ Phone: _____

APPLICANT CERTIFICATION

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that the Company may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If the Company has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to the Company's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state, and local law.

If employed by the Company, I understand and agree that the Company, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement.

I certify that all the information on this application, my resume, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT-EXPRESS OR IMPLIED-WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF THE COMPANY. IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY. AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.

I authorize the Company or its agents to confirm all statements contained in this application and/or resume as it relates to the position I am seeking to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation which may be permitted by federal, state, or local law. If applicable and allowed by law, I will receive separate written notification regarding the Company's intent to obtain "consumer reports."

I authorize and consent to, without reservation, any party or agency contracted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the Company or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the Company and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information. Further, if hired, I authorize the company to provide truthful information concerning my employment to future employers and hold the company harmless for providing such information.

If hired by this Company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this Company. I also understand this Company employs only individuals who are legally eligible to work in the United States.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF SIXTY (60) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

DO NOT SIGN UNTIL YOU HAVE READ ALL OF THE INFORMATION CONTAINED IN THE APPLICATION.

Applicant Signature: _____ Date: _____

DRIVER APPLICANTS: If you are applying for a position as a commercial driver, please complete the driver supplement on the following page.

ADDITIONAL APPLICANT INFORMATION REQUIRED

Date of Birth: _____

Social Security No: _____

ADDRESS HISTORYfor past 3 years or more (attach sheet if more space is needed) if none, write **none**

Address: _____ City: _____ State: _____ Dates: _____ to _____

Address: _____ City: _____ State: _____ Dates: _____ to _____

Address: _____ City: _____ State: _____ Dates: _____ to _____

EXPERIENCE AND QUALIFICATIONS

driver licenses or permits held in the past 3 years

State: _____ License No: _____ Class: _____ Endorsement(s): _____ Expiration: _____

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A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes NoB. Has any license, permit or privilege ever been suspended or revoked? Yes No

If the answer to either A or B is YES, give details: _____

DRIVING EXPERIENCEStraight Truck Yes No VAN TANK FLAT DUMP REFER Dates: _____ to _____ No. of Miles: _____Tractor And Semi-Trailer Yes No VAN TANK FLAT DUMP REFER Dates: _____ to _____ No. of Miles: _____Tractor – Two Trailers Yes No VAN TANK FLAT DUMP REFER Dates: _____ to _____ No. of Miles: _____Tractor – Three Trailers Yes No VAN TANK FLAT DUMP REFER Dates: _____ to _____ No. of Miles: _____Motorcoach (8+ Passengers) Yes No Dates: _____ to _____ No. of Miles: _____Motorcoach (15+ Passengers) Yes No Dates: _____ to _____ No. of Miles: _____

Other _____ Dates: _____ to _____ No. of Miles: _____

List states operated in for last 5 years: _____

Special courses or training that will help you as a driver: _____

ACCIDENT RECORDfor past 3 years or more (attach sheet if more space is needed) if none, write **none**

	DATE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC)	FATALITIES	INJURIES	HAZARDOUS SPILL
Last Accident:					
Next Previous:					
Next Previous:					

TRAFFIC CONVICTIONS AND FORFEITURESfor the past 3 years (other than parking violations) if none write **none**

Location: _____ Date: _____ Charge: _____ Penalty: _____

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Location: _____ Date: _____ Charge: _____ Penalty: _____

SHIFT DIFFERENTIAL NOTICEAre you willing to work overtime if required? Yes No Comments: _____Are you willing to work night shifts? Yes No Comments: _____Are you willing to work weekend shifts? Yes No Comments: _____