

APPLICATION

P.O. BOX 357
BAY CITY MI 48707-0357
989 893 3505

Please return by Fax: 989 893 3151

INSTRUCTIONS:

Complete all information requested. You may be asked to provide additional information on another form. This application will be kept on file. It is to your advantage to periodically check to keep it current and active. Be sure to **sign and date** the application. ***Please print.***
Total Pages to be completed: **8 (EIGHT)**

Signature of Applicant: _____

Date: _____

Name _____ Phone (_____)
First Middle Last

Current Address _____
Street City State Zip Code

*If at the above residence less than three years, list below all residences for the past three years. Attach a separate sheet if necessary.

Previous Address _____
Street City State Zip Code

Street City State Zip Code

Position applied for _____ Temporary _____ Part Time _____ Full time _____

Who referred you? _____ Rate of pay expected? _____

Have you worked for this company before? _____ Dates: From _____ To _____
month year month year

Where? _____ Rate of Pay _____ Position _____

Reason for leaving _____

Names of relatives employed by this company _____

Are you currently employed? _____ If not, how long since leaving last employment? _____

EDUCATION

(Circle highest level completed) 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4

Name of last school attended _____
Address City State Zip

GENERAL

Have you ever been bonded? _____ Name of bonding company _____
(Answer only if a job requirement)

Have you ever been convicted of a felony? _____

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment--all circumstances will be considered.

Have you ever worked for this company under another name? _____ If so, under what name? _____

DRIVER EXPERIENCE & QUALIFICATION

Answer the questions in this section only if applying for a driver position.

Date of Birth _____ The U.S. Department of Transportation requires that driver applicants state their date of birth
(month/day/year) sec 391.21(p)(2).

Social Security No. _____ - _____ - _____

PHYSICAL HISTORY

The U.S. Department of Transportation requires that all driver applicants pass certain physical tests before they are hired to drive a motor carrier. FMCSR 391 Subpart E.

Date of last Department of Transportation prescribed physical examination _____

Have you ever been granted a waiver under section 391.49 of the Federal Motor Carrier Safety Regulations pertaining to the loss of foot, leg, hand or arm?
yes _____ no _____

DRIVER EXPERIENCE & QUALIFICATION

Answer the questions in this section only if applying for a driver position.

Licenses

Driver Licenses held in past 3 years must be shown	State	License No.	Type	Expiration Date

- | | | |
|--|-----|----|
| A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? | Yes | No |
| B. Has any license, permit or privilege ever been suspended or revoked? | Yes | No |
| C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? | Yes | No |

If you answered "yes" to A, B, C, attach a statement giving details.

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	From	Dates To	Approximate Total Miles
Straight Truck				
Tractor and Semi-Trailer				
Twin Trailers				
Other				

List states operated in during the last five years _____

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

List safe driving awards held and who awards were presented by _____

Accident Review for past 3 years (Attach separate sheet of paper if more space is needed)

Dates	Nature of Accident (Head-On, Rear-End, Upset, etc.)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

Traffic Convictions and Forfeitures for the past 3 years other than parking violations

Location	Date	Charge	Penalty

EMPLOYMENT RECORD

The U.S. Department of Transportation requires that driver applicants show all employment for the past three years. Effective July, 1987 they must also show commercial driver employment for the seven years immediately preceeding this three year period. 391.21(b)(10),(11)

Start with current or last position, including military experience and work back (Attach a separate sheet of paper if necessary)

Current or Last Employer	Supervisor's Name
Address _____ Phone () _____	
Position Held; _____	From _____ To _____ Wages _____ <small>month/year month/year</small>
Reason for leaving _____	

Prior Employer	Supervisor's Name
Address _____ Phone () _____	
Position Held; _____	From _____ To _____ Wages _____ <small>month/year month/year</small>
Reason for leaving _____	

Employment For Past Ten (10) Years

(As An Operator Of A commercial Motor Vehicle)

Third Last Employer: Name: _____
Address: _____ Phone (_____)
Position Held: _____ From: _____ To: _____ Wages: _____
Reason For Leaving: _____

Fourth Last Employer: Name: _____
Address: _____ Phone (_____)
Position Held: _____ From: _____ To: _____ Wages: _____
Reason For Leaving: _____

Fifth Last Employer: Name: _____
Address: _____ Phone (_____)
Position Held: _____ From: _____ To: _____ Wages: _____
Reason For Leaving: _____

Sixth Last Employer: Name: _____
Address: _____ Phone (_____)
Position Held: _____ From: _____ To: _____ Wages: _____
Reason For Leaving: _____

Seventh Last Employer: Name: _____
Address: _____ Phone (_____)
Position Held: _____ From: _____ To: _____ Wages: _____
Reason For Leaving: _____

Eighth Last Employer: Name: _____
Address: _____ Phone (_____)
Position Held: _____ From: _____ To: _____ Wages: _____
Reason For Leaving: _____

Ninth Last Employer: Name: _____
Address: _____ Phone (_____)
Position Held: _____ From: _____ To: _____ Wages: _____
Reason For Leaving: _____

Tenth Last Employer: Name: _____
Address: _____ Phone (_____)
Position Held: _____ From: _____ To: _____ Wages: _____
Reason For Leaving: _____

PLATFORM EXPERIENCE & QUALIFICATIONS

List types of platform experience and number of years of each _____

List platform equipment you can operate (lift truck, etc.) _____

List courses or training in platform work _____

APPLICANT MUST READ & SIGN

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and other persons named herein from all liability for any damages on account of his furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an Investigative Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Date

Applicant's Signature

INQUIRY TO PAST EMPLOYERS

APPLICANT: SIGN AT BOTTOM BLANK, ONLY.

FROM-Prospective Employer	TO-Previous Employer
Company _____	Company _____
Individual _____	Name _____
Street _____	Street _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone 989 893 3505	Fax 989 893 3151

Personnel Manager:

The person named below has applied to this company for employment. Your firm is listed by the applicant as a past employer. Kindly reply to this inquiry respecting this applicant. As you will note from the waiver stated below, the applicant has waived any claim of liability against your company (and its agents) for information submitted in response to this inquiry. For your convenience in replying by return mail, we have enclosed a stamped, self-addressed envelope.

Very truly yours,

Name of applicant: _____
Social Security No. _____ Work requested _____

- The dates of employment listed by the applicant with your firm are: from: _____ to _____
Is this correct? yes _____ no _____
If no, what were the applicant's dates of employment? from: _____ to _____
 - Why did this individual leave your employment? Resigned _____ Discharged _____ Laid Off _____
 - What were the duties and responsibilities of this individual?
Driver _____ Office _____ Shop _____ Dock _____ Forklift driver _____
If driver, type of equipment: OTR Tractor trailer _____ Straight truck _____ Twin-Trailers _____ Bus _____
Other (please specify) _____
 - Number of reportable accidents _____; number of accidents in which applicant was ticked _____;
number of accidents in which the applicant was at fault _____
Please explain accident(s) _____
Date(s) of each accident: _____
 - Was the applicant's driver's license suspended during his/her tenure with you? _____ If so, please explain _____
 - Is there anything in the applicant's history that could suggest he or she may not be trusted to handle company financial assets? yes _____ no _____ If yes, please explain: _____
 - Was this applicant corrected for either repeated and /or severe disciplinary problems? yes _____ no _____
If yes, please explain. _____
 - Did the individual have a repeated attendance problem? yes _____ no _____
 - Would you re-employ this person? yes _____ no _____ If no, please explain. _____
 - Remarks: _____
- By: _____ Date _____
(signature of person supplying information)

WAIVER

(Former Employer) _____ Date _____
I hereby authorize you to release all information concerning my employment, including oral assessments of my job performance, ability, and fitness, to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release you from any and all liability of any type as a result of providing the above mentioned information to the above mentioned person.

****(Applicant's signature)****

(Witness's signature)

Release

APPLICANT: SIGN AT SPECIFIED BLANK, ONLY.

Having made application for a driving position with _____
I request that their representative be informed as to my past substance abuse testing history.
I hereby authorize the investigation of this past history to ascertain any and all information
which may concern my past employment, as provided under DOT regulation (382.413)
concerning previous alcohol and controlled substance testing records and any refusals to
submit to such testing during the past three (3) years.

You and your company are hereby released from any and all liability which may result from
furnishing such information.

Signed: _____

****(Applicant's signature)****

Witness: _____

Date: _____

Date: _____

Alcohol test results of .04 or greater during the past three (3) years.

Yes No

Positive controlled substance (drug) test results during the past three (3) years.

Yes No

Refusal to be tested for either alcohol or controlled substances during the past three
(3) years.

Yes No

Has the applicant violated any *other* DOT mandated drug or alcohol regulation?

Yes No

This applicant has not been screened for alcohol or controlled substances while
employed by my company, **or** the date of the last test of this kind is greater than
three (3) years ago.

Yes

Has the applicant tested positive or refused substance abuse screening with a
previous employer?

Yes No

If so, with Whom?

Substance Abuse Screening Release

Date: _____

I, _____ have been informed that my blood/urine is being screened for the abuse of alcohol and/or drugs.

I consent, of my own free will, to have test specimens taken before a witness and the test results be given to my employer.

Signed: _____

Witness: _____

For driver file only.

Disclosure and Release

In connection with my application for employment (including contract for services) with you, I understand that consumer reports which may contain public record information may be requested from DAC/USIS Services, Tulsa, Oklahoma. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from DAC/USIS concerning previous driving record requests made by others from such state agencies, and state provided driving records

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THIS COMPANY AND/OR DAC/USIS TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to make a request to DAC/USIS, upon proper identification, to request the nature and substance of all information in its file on me at the time of my request, including the sources of information; and the recipients of any reports on me which DAC/USIS has previously furnished within the two year period preceding my request. I hereby consent to your obtaining the above information from DAC/USIS, and I agree that such information which DAC/USIS has or obtains, and my employment history with you if I am hired, will be supplied by DAC/USIS to other companies which subscribe to DAC/USIS Services.

I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

Print Name

Social Security No.

Applicant's Signature

Date

