



100 S. Kendall Street
Battle Creek, MI 49037

Application for Employment

General

Name _____

Address _____

Telephone (____) _____ Social Security # _____

Date Available for Employment _____

If employed and under 18, can you furnish a work permit? Yes No

Have you ever been employed by this company? Yes No

Are you employed now? Yes No

May we contact your present employer? Yes No

If yes, give name: _____

****In compliance with federal law, all persons hired will be required to verify their identity and eligibility to work in the United States, and to complete the required employment eligibility verification document form upon hire.**

Type of work desired: _____

If applying for a position where driving is required, do you have a valid driver's license in this state?

License # _____

Can you perform the essential functions of the job(s) for which you are applying?

Are you available to work Full-Time Part-Time Over-time

Education

| | High School | College | Graduate | Other Education |
|-------------------------|-------------|---------|----------|-----------------|
| School Name and Address | _____ | _____ | _____ | _____ |
| Grade Completed | 9 10 11 12 | 1 2 3 4 | 1 2 3 4 | |
| Course of Study | _____ | _____ | _____ | _____ |

This company is an equal employment opportunity employer. All applicants will be considered without regard to age, race, national origin, religion, disability, sex, or other protected status in accordance with applicable federal and state equal employment opportunity laws. Title I of the Americans with Disabilities Act of 1990 requires an employer to provide reasonable accommodation to qualified individuals with disabilities who are employees or applicants for employment, unless to do so would cause undue hardship.

Special Skills, Qualifications, and Considerations

Summarize special skills and qualifications, volunteer activities, military experience, employment or other activities related to the job you are seeking: _____

References

List three (3) non-relatives who are familiar with your qualifications, work history, and ability.

| Name | Occupation/Relationship | Years Known | Phone Number |
|-------|-------------------------|-------------|--------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Employment Experience

Employer _____ Supervisor's Name _____
Address _____ Your Job Position _____
Telephone Number _____ Employed from _____ (mo/yr) to _____
Your Salary: Starting / Ending _____ Duties _____
What did you like most about your job? _____
Reason for Leaving: _____

Employer _____ Supervisor's Name _____
Address _____ Your Job Position _____
Telephone Number _____ Employed from _____ (mo/yr) to _____
Your Salary: Starting / Ending _____ Duties _____
What did you like most about your job? _____
Reason for Leaving: _____

Employer _____ Supervisor's Name _____
Address _____ Your Job Position _____
Telephone Number _____ Employed from _____ (mo/yr) to _____
Your Salary: Starting / Ending _____ Duties _____
What did you like most about your job? _____
Reason for Leaving: _____

Employer _____ Supervisor's Name _____
Address _____ Your Job Position _____
Telephone Number _____ Employed from _____ (mo/yr) to _____
Your Salary: Starting / Ending _____ Duties _____
What did you like most about your job? _____
Reason for Leaving: _____

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.

I certify that all answers and statements I have made on this application (and resumé or other supplementary materials) are true and complete without omissions. By signing below, I authorize **THE COMPANY** to investigate all statements contained in this employment application as they may deem necessary in arriving at an employment decision. I understand that any false information provided by me will likely result in a refusal to hire or immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character and qualifications.

If hired I will be responsible for familiarizing myself with all rules and regulations of **THE COMPANY** as they presently exist or are later modified. If hired, I understand my employment can be terminated, at the discretion of **THE COMPANY** or at my option, without notice, at any time and for any reason.

I also understand that no representative of **THE COMPANY** has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated by the president of **THE COMPANY**.

I understand this application is not an offer of employment and no promises or representations of employment have made to me at this time.

I have read, understand, and agree with the above. 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.

Signature of Applicant

Date

This application is valid for only ninety (90) days from the date I signed. If I want to be considered for job openings more than ninety (90) days from date signed, I will submit a new application.

(Retain in the **THE COMPANY's** employment files.)

Commercial Driver Application Supplement

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?

Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40?

Yes No

License Information

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

| State | License No. | Type | Expiration Date |
|-------|-------------|------|-----------------|
| | | | |

Driving Experience

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

Accident Record for Past 3 Years or More (attach sheet if more space is needed)

| Dates | Nature of Accident (Head-on, Rear-end, Upset, etc.) | Number Fatalities | Number Injuries | Hazmat Spills |
|-------|--------------------------------------------------------|-------------------|-----------------|----------------------------------------------------------|
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Traffic Convictions and Forfeitures for the Past 3 Years (other than parking violations)

| Date Convicted | Violation | State of Violation Location | Penalty (forfeited bond, collateral and/or prints) |
|----------------|-----------|--------------------------------|-------------------------------------------------------|
| | | | |
| | | | |
| | | | |

(attach sheet if more space is needed)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
If yes, explain _____

B. Has any license, permit or privilege ever been suspended or revoked? Yes No
If yes, explain _____

Commercial Driver Inquiry Authorization

TO BE READ AND SIGNED BY COMMERCIAL DRIVER APPLICANT

I authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) 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(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of THE COMPANY.

"I understand that information I provide regarding current and/or 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:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- 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."

Signature of Applicant

Date

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. Such information includes, if any, a resume or supplemental materials.

Signature of Applicant

Date