



# EMPLOYMENT APPLICATION

5 Industrial Park Drive ▪ P.O. Box 29 ▪ Winchester, Indiana 47394

765-584-8509 ▪ Fax: 765-584-8060

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

## Section 1

### TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(for on-line fillable forms type your signature)

## Section 2

### BACKGROUND INFORMATION

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 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 \_\_\_\_\_ Date \_\_\_\_\_

(for on-line fillable forms type your signature)

### DRIVER APPLICANTS ONLY

The U.S. Department of Transportation requires that **driver applicants** state their date of birth (§391.21(b)(2)). \_\_\_\_\_ month/day/year

## Section 3

Applicant Name \_\_\_\_\_ Date of Application \_\_\_\_\_

(print) First Middle Last

Current Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Street

City, State, Zip

	N/A	Yes	No
If you are under 18 years of age, can you provide required proof of your eligibility to work?			
Have you ever filed an application with us before?			
Have you ever been employed with us before?			
Do any of your friends or relatives (other than spouse) work here?			
Are you currently employed?			
Are you currently on "lay-off" status and subject to recall?			
May we contact your present employer?			
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment.)			
Can you travel if a job requires it?			

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

**Section 4**

Which of the following positions are you applying for?

Labor \_\_\_\_\_ Mechanic \_\_\_\_\_ Office \_\_\_\_\_ Operator \_\_\_\_\_ Service Technician \_\_\_\_\_ Truck Driver \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Date available for work \_\_\_\_\_ What is your desired salary range? \_\_\_\_\_

**Section 5**

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Last school attended \_\_\_\_\_

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

**Section 6**

**EMPLOYMENT EXPERIENCE**

Start with your present and/or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

1.	Employer	Dates Employed From                  To		Work Performed
	Address			
	Telephone Number(s)	Hourly Rate/Salary Starting                  Final		
	Job Title                          Supervisor			
	Reason for Leaving			
*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				

2.	Employer	Dates Employed From                      To		Work Performed
	Address			
	Telephone Number(s)	Hourly Rate/Salary Starting		
	Job Title                      Supervisor			
	Reason for Leaving			
*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				
3.	Employer	Dates Employed From		Work Performed
	Address			
	Telephone Number(s)	Hourly Rate/Salary Starting                      Final		
	Job Title                      Supervisor			
	Reason for Leaving			
*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				
4.	Employer	Dates Employed From		Work Performed
	Address			
	Telephone Number(s)	Hourly Rate/Salary Starting                      Final		
	Job Title                      Supervisor			
	Reason for Leaving			
*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				

\* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

<b>ADDITIONAL INFORMATION</b> (Summarize special job-related skills and qualifications acquired from employment or other experience.)

State any additional information you feel may be helpful to us in considering your application.

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**Section 7** – If you are NOT applying for an office/clerical position, go to Section 8.

**OFFICE/CLERICAL EXPERIENCE & QUALIFICATIONS**

List courses and training in office/clerical work \_\_\_\_\_

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Indicate knowledge and/or experience in the following (Rate your ability on a scale of 0-5, with 0 being no experience):

Accounting (Ledgers)		Calculator	
Clerical		Computers	
Copy Machine		Microsoft EXCEL	
Filing		Microsoft PUBLISHER	
Keyboarding/Typing		Microsoft WORD	
Photo Editing			

**Section 8** – If you are NOT applying for a mechanic’s position, go to Section 9.

**MECHANIC/MAINTENANCE EXPERIENCE & QUALIFICATIONS**

List courses and training in maintenance work \_\_\_\_\_

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Indicate knowledge and/or experience in the following (Rate your ability on a scale of 0-5, with 0 being no experience):

Drive Line Components		Body Work	
Diesel Engine Tune-up and Rebuild		Electrical Repair	
Gas Engine tune-up and Rebuild		Frame and Wheel Alignment	
Tire Service		Brakes	
Trailer Repair		Cooling System	
Air conditioning (Cab)		Inspections (State/Federal)	
Refrigeration (Cargo)		General Car Repair	

Diagnostic Equipment (Type(s))		Tire Servicing	
Sheet Metal Equipment		Wheel & Tire Balancing Machine	
Frame & Axle Straightening Equipment		Engine Analyzer	
Engine Rebuilding		Electrical Welder	
Paint Spray Gun		Oxyacetylene Welder	
ASE Certifications (s) (Specify)			

**Section 9** - If you do NOT possess a Commercial Driver's License (CDL), go to Section 10.

**DRIVER EXPERIENCE & QUALIFICATION**

Drivers Licenses held in past 3 years must be shown	State	License No.	Class	Endorsement(s)	Expiration Date	
Have you ever been denied a license, permit of privilege to operate a motor vehicle?					Yes	No
Has any license, permit or privilege ever been suspended or revoked?						

If you answered "yes" to either question, please give details here:

\_\_\_\_\_

\_\_\_\_\_

List the states operated in during the past 5 years: \_\_\_\_\_

\_\_\_\_\_

**ACCIDENT RECORD for past 3 years**

Dates	Nature of Accident (Head-On, Rear-End, etc.)	Fatalities	Injuries	Hazardous Material Spill
Last Accident _____				
Next Previous _____				
Next Previous _____				

**TRAFFIC CONVICTIONS & FORFEITURES for past 3 years (other than parking violations) if none, write none**

Location	Date	Charge	Penalty

**Section 10**

**APPLICANT'S STATEMENT**

I certify 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.

This application for employment shall be considered active for a period of six months. Any applicant wishing to be considered for employment beyond that time period should inquire as to whether or not applications are being accepted at that time.

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 employer.

\_\_\_\_\_  
Signature of Applicant (for on-line fillable forms type your signature)

\_\_\_\_\_  
Date