



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 _____

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 _____

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 _____ Email _____

| | 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 _____

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| Describe any specialized training, apprenticeship, skills and extra-curricular activities. |
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| Describe any job-related training received in the United States military. |
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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 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 | | | | |
| 3. | 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 | | | | |
| 4. | 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 | | | | |

* 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.

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| ADDITIONAL INFORMATION (Summarize special job-related skills and qualifications acquired from employment or other experience.) |
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State any additional information you feel may be helpful to us in considering your application.

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 _____

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 _____

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 | |
|--|-------|-------------|-------|----------------|-----------------|----|
| | | | | | | |
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| 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 |
|----------|------|--------|---------|
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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

Date