



Employment Application

AN EQUAL OPPORTUNITY EMPLOYER

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors. Answer each question fully and accurately. No action can be taken on this application until you have answered all questions.

Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

| | | |
|--|------------------------------|-----------------------------|
| | | Today's Date: |
| Company Applied for: | Facility/ Location: | Position Applied for: |
| Last Name: | First Name: | Middle Name: |
| Street Address: | City: | State: Zip Code: |
| Telephone Number: | Email Address: | |
| GENERAL | | |
| Are you seeking employment: Full-time <input type="checkbox"/> Part-time: <input type="checkbox"/> Temporary: <input type="checkbox"/> | | |
| Have you ever applied for a position or worked for any OmniTRAX managed company? If yes, when? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are you 18 years of age or older? (If you are hired, you may be required to submit proof of age.) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If hired, can you furnish proof you are eligible to work in the United States? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you have a relative working for us? (If "YES"; provide Name & Relationship below) Name: _____ Relationship: _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Many positions regularly require working evenings, nights, weekends, unscheduled overtime, holidays and in inclement weather. Are you willing and able to work under such conditions? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)? Need more information about the job's "essential functions" to respond <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you ever been convicted of any law violation? Include any plea of "guilty" or "no contest", exclude minor traffic violations | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes, please explain (Conviction will not necessarily disqualify an applicant for employment): | | |
| If employed, do you expect to be engaged in any additional business or employment outside of our job? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If "YES", give details: | | |

Employment Experience

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

Note: A job offer may be contingent upon passing a background check and acceptable references from current and former employers. Failure to identify a former employment may result in rejection of application or dismissal from employment. Applications will not be considered if not completed entirely.

Please do not state "see resume".

| | | |
|----------------------------------|--|---------------|
| Name of Present or Last Employer | May we contact them: Yes <input type="checkbox"/> No <input type="checkbox"/> | Supervisor(s) |
| Address | Employed From (mo/yr) | To (mo/yr) |
| Address | Pay Start \$ | Final \$ |
| Phone Number | Reason for Leaving | |
| Title | Duties | |

| | | |
|-----------------------|--|---------------|
| Name of Last Employer | May we contact them: Yes <input type="checkbox"/> No <input type="checkbox"/> | Supervisor(s) |
| Address | Employed From (mo/yr) | To (mo/yr) |
| Address | Pay Start \$ | Final \$ |
| Phone Number | Reason for Leaving | |
| Title | Duties | |

| | | |
|-----------------------|--|---------------|
| Name of Last Employer | May we contact them: Yes <input type="checkbox"/> No <input type="checkbox"/> | Supervisor(s) |
| Address | Employed From (mo/yr) | To (mo/yr) |
| Address | Pay Start | Final \$ |
| Phone Number | Reason for Leaving: | |
| Title | Duties | |

| | | |
|-----------------------|--|---------------|
| Name of Last Employer | May we contact them: Yes <input type="checkbox"/> No <input type="checkbox"/> | Supervisor(s) |
| Address | Employed From (mo/yr) | To (mo/yr) |
| Address | Pay Start \$ | Final \$ |
| Phone Number | Reason for Leaving: | |
| Title | Duties | |

EDUCATION

List Name and Address of Schools

| | | |
|---|---------------------------------------|--|
| High School or GED: | | Number of Years Completed |
| Address | | |
| Diploma/Degree/Certificate: | | |
| College or University: | | Number of Years Completed |
| Address | | |
| Subjects Studied: | | |
| Diploma/Degree/Certificate: | | |
| Graduate, Vocational or Technical: | | Number of Years Completed |
| Address | | |
| Subjects Studied | | |
| Diploma/Degree/Certificate: | | |
| What skills or additional training do you have that are related to the job for which you are applying? | | |
| What machines or equipment can you operate that are related to the job for which you are applying? | | |
| List professional, trade, business, or civic activities and office(s) held. (Exclude labor organizations and memberships which would reveal race color, religion, national origin, sex, age, disability or other protected status): | | |
| For Driving Jobs only: | Do you have a valid Driver's License? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Driver's License Number | Class License | State Licensed in |
| Have you had your driver's license suspended or revoked in the last 3 years? | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, give details: | | |

REFERENCES

| | | |
|--|--|-----------------------------|
| Have you ever worked or attended school under any other names? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| If yes, give names? | | |
| Are you presently employed? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| If yes, whom do you suggest we contact? | | |
| Have you ever been fired from a job or asked to resign? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| If yes, please explain: | | |
| Give three references, not relatives or former employers. | | |
| Name | Address | Phone (home or work) |
| 1. | | |
| 2. | | |
| 3. | | |

AFFIDAVIT, CONSENT AND RELEASE PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand I will be required to successfully pass a drug screening examination. I hereby consent to a pre-and/or post-employment drug screen as a condition of employment, if required.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature: _____ Date: _____

This application for employment will remain active for 6 months time.

Release of Information Form

49 CFR Part 40 Drug and Alcohol Testing

Section I: To be completed by the new employer, signed by the employee, and transmitted to the previous employer:

Employee Printed or Typed Name: _____

Employee SS or ID Number: _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in *Section I-B*, to the employer listed in *Section I-A*. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in *Section II-A* by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Have you worked for a DOT regulated employer in the last two years? _____

Have you tested positive, or refused to test, on any pre-employment drug/alcohol test? _____

Employee Signature: _____ Date: _____

I-A

| | | | |
|--------------------|-------|-------------------------------------|-----------|
| New Employer Name: | | Designated Employer Representative: | |
| Address: | City: | State: | Zip Code: |
| Phone # : | | Fax # : | |

I-B

| | | | |
|-------------------------|-------|--|-----------|
| Previous Employer Name: | | Designated Employer Representative (if known): | |
| Address: | City: | State: | Zip Code: |
| Phone #: | | Fax #: | |

Section II: To be completed by the previous employer and transmitted by mail or fax to the new employer:

II-A: In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing~

| | | |
|---|------------------------------|-----------------------------|
| 1. Did the employee have alcohol tests with a result of 0.04 or higher? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Did the employee have verified positive drug tests? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Did the employee refuse to be tested? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Did a previous employer report a drug and alcohol rule violation to you? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | N/A <input type="checkbox"/> | |

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

II-B

| | |
|---|----------|
| Name of person providing information in Section II-A: | Date: |
| Title: | Phone #: |