



# Employment Application

5103 Urbana Road Springfield, Ohio 45502 Phone (937) 521-2683

Commerce Carriers Corporation provides equal employment opportunities, consistent with applicable law, to all qualified persons without regard to race, religion, color, sex, sexual orientation, age, national origin, ancestry, citizenship, disability, genetic information, veteran status, or any other protected classification.

**Instructions: Applicants must furnish complete and accurate information. Incomplete applications will not be considered for employment. Even if a resume is furnished, fill out the application completely and attach the resume to the back.**

*(PLEASE PRINT)*

Date of application: \_\_\_\_\_

## Personal Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Mobile or Alt. Phone \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (required by DOT regulations) Social Security Number: \_\_\_\_\_

Best time to call for an interview \_\_\_\_\_ Best date/time for interview? \_\_\_\_\_

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

## Employment Availability

(It is not necessary for you to identify unavailability for work due to religious observance or practice. After, and if, a job offer is made, we will consider whether a reasonable accommodation can be made for your observance.)

Position Applied for \_\_\_\_\_ Date available for work \_\_\_\_\_

Position Desired  Full-time  Part-time  Temporary Pay Expected \$ \_\_\_\_\_

How did you hear about the position? \_\_\_\_\_

Are you willing to work overtime?  Yes  No If "No," please indicate reason \_\_\_\_\_

Are you currently on "lay off" status and subject to recall?  Yes  No

Are you able to meet the attendance requirements of the position?  Yes  No

Have you applied for a position with us before?  Yes  No If "Yes" when \_\_\_\_\_

What position? \_\_\_\_\_ Did you receive an interview?  Yes  No

Do you have any relatives employed with us?  Yes  No If "Yes," please list name(s) and position(s) \_\_\_\_\_

## Residential History

Starting with your most recent address, provide a complete residential history for the past 7 years. Use additional sheets if necessary to provide a complete history. (This information will only be used for purposes of your background check).

Current Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Previous Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Previous Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Previous Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

## Employment History

Starting with your most recent employer, fully describe your employment experience and list all of your employers for the past 7 years. Be certain to account for a complete 7-year period, and explain any period(s) of unemployment. Use additional sheets if necessary to provide a complete history.

Name of Employer \_\_\_\_\_ Position Held \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_

Phone Number \_\_\_\_\_  Full-time  Part-time Safety Sensitive?:  Yes  No

Are/were you subject to Federal Motor Carrier Safety Regulations while employed by this employer?  Yes  No

Currently Employed?  Yes  No If currently employed may we contact your current employer?  Yes  No

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Rate of Pay \$ \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Briefly Describe Job Duties \_\_\_\_\_

Name of Employer \_\_\_\_\_ Position Held \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_

Phone Number \_\_\_\_\_  Full-time  Part-time Safety Sensitive?:  Yes  No

Are/were you subject to Federal Motor Carrier Safety Regulations while employed by this employer?  Yes  No

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Rate of Pay \$ \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Briefly Describe Job Duties \_\_\_\_\_

Name of Employer \_\_\_\_\_ Position Held \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_

Phone Number \_\_\_\_\_  Full-time  Part-time Safety Sensitive?:  Yes  No

Are/were you subject to Federal Motor Carrier Safety Regulations while employed by this employer?  Yes  No

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Rate of Pay \$ \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Briefly Describe Job Duties \_\_\_\_\_

\* Applies to the initial stages of the employment selection process only. A complete background check, which includes employment verification and references, is required before a final offer of employment will be made.

## Education, Qualifications & Experience

Provide a complete list of your background and experiences. Use additional sheets if necessary to provide a complete history.

### HIGH SCHOOL

Name of High School \_\_\_\_\_ City/State \_\_\_\_\_

Did you receive a diploma?  Yes  No If "No," indicate last grade completed \_\_\_\_\_

### TRADE SCHOOLS OR OTHER LEARNING

Name of School \_\_\_\_\_ City/State \_\_\_\_\_

Dates Attended \_\_\_\_\_ Did you receive a diploma/certificate?  Yes  No

Major/Field of Study \_\_\_\_\_ Grade Point Avg. \_\_\_\_\_

Name of School \_\_\_\_\_ City/State \_\_\_\_\_

Dates Attended \_\_\_\_\_ Did you receive a diploma/certificate?  Yes  No

Major/Field of Study \_\_\_\_\_ Grade Point Avg. \_\_\_\_\_

### COLLEGE

Name of School \_\_\_\_\_ City/State \_\_\_\_\_

Dates Attended \_\_\_\_\_ Did you receive a diploma?  Yes  No

Major/Field of Study \_\_\_\_\_ Grade Point Avg. \_\_\_\_\_

## Drivers' Licenses

List the issuing state, drivers' license number, and expiration date for each motor vehicle operator's license or permit that has been issued to you.

State	License No.	Type	Expiration Date

Have you been denied a license, permit or privilege to operate a motor vehicle?  Yes  No If "Yes," attach explanation

Has any license, permit or privilege ever been suspended or revoked?  Yes  No If "Yes," attach explanation

## Driving Experience

Describe the nature and extent of your experience in the operation of motor vehicles.

Class of Equipment	Type of Equipment (Van, Bus, Tank, Flat, etc.)	Start Date	End Date	Approx. No of Miles
Straight Truck				
Tractor and Semi-Trailer				
Tractor - Two Trailers				
Other				

List states that you operated in for the last five (5) years: \_\_\_\_\_

Do you hold any Safe Driving Awards?  Yes  No If "Yes," state which ones and from whom? \_\_\_\_\_

Special Courses/Programs (list any courses/programs, which you have completed that would benefit you in the position for which you are applying) \_\_\_\_\_

## Driving Record

**Accidents:** List all motor vehicle accidents in which you have been involved in during the past 3 years, starting with the most recent. Be sure to include details regarding the nature of the accident, and any fatalities or personal injuries that resulted from the accident. Use additional sheets if necessary to provide a complete history

<u>Dates</u>	<u>Nature of Accident</u> (Head-On, Rear-End, Upset, Etc.)	<u>Fatalities</u>	<u>Injuries</u>

**Citations:** List all violations of motor vehicle laws or ordinances (other than parking violations) during the past 3 years. Use additional sheets if necessary to provide a complete history.

<u>Location</u>	<u>Date</u>	<u>Charge</u>	<u>Penalty</u>

## References

Please list three (3) persons NOT RELATED TO YOU and not listed as a supervisor in the Employment History section of this application who can provide information about your suitability for a position with this organization.

Name \_\_\_\_\_ How long have you known this person? \_\_\_\_\_  
 Address \_\_\_\_\_ City/State \_\_\_\_\_  
 Phone number where we may contact this person \_\_\_\_\_  Home  Business  
 How do you know this person? \_\_\_\_\_

Name \_\_\_\_\_ How long have you known this person? \_\_\_\_\_  
 Address \_\_\_\_\_ City/State \_\_\_\_\_  
 Phone number where we may contact this person \_\_\_\_\_  Home  Business  
 How do you know this person? \_\_\_\_\_

Name \_\_\_\_\_ How long have you known this person? \_\_\_\_\_  
 Address \_\_\_\_\_ City/State \_\_\_\_\_  
 Phone number where we may contact this person \_\_\_\_\_  Home  Business  
 How do you know this person? \_\_\_\_\_

## Emergency Information

Please list below the name, address and telephone number of an individual who will generally know how to reach you and whom we may contact in CASE OF AN EMERGENCY.

Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Address \_\_\_\_\_ Alt. Phone Number \_\_\_\_\_

## Background Information Release and other Requirements

The following information is required to be considered for any position with this organization. Please answer each question carefully. Use additional sheets if necessary to provide complete and accurate information.

Name \_\_\_\_\_ Other \_\_\_\_\_  
Last First MI List any other name you have gone by.

Can you provide proof of citizenship or immigration status as required by law to be eligible to work in the U.S?  Yes  No

Have you ever been convicted of any crime other than a minor traffic violation?  Yes  No  
(Answering "Yes" to this question will not automatically disqualify you from being considered a candidate for employment)

If "Yes," please explain \_\_\_\_\_

At this time, are there any "points" on your driving record?  Yes  No

During the previous 36 months, have you been involved in any of the following?

- Had automobile insurance rejected, cancelled, refused or been in a high-risk insurance program?  Yes  No
- Been involved in any traffic accidents, either fault or not at fault?  Yes  No
- Had any traffic or driving related violations other than overtime parking?  Yes  No
- Had your driving privileges suspended for any reason?  Yes  No

Please provide all details including date and location for any question that you answered "Yes." Use additional sheets if necessary to provide complete and accurate information. \_\_\_\_\_

### Important, please read carefully before signing

I affirm that the facts set forth in this employment application (in addition to any oral or written information I have or will provide during the selection and hiring process, including, but not limited to, resumes, cover letters, answers to interview questions, and subsequent employment forms), are true and complete. Where I have left an item blank, I have no information concerning such item. I understand that any false statement, omission, or misrepresentation by me will be sufficient cause for cancellation of this application and/or dismissal from the organization if I have been employed, no matter when the falsification or omission occurred or is discovered.

In addition to my qualifications and experience as disclosed in this employment application and subsequent interview(s), if any, I understand that employment with Commerce Carriers Corporation ("CCC") is subject to the successful completion of a pre-employment drug screen and physical, satisfactory reference reports, accuracy of all pre-employment information furnished, and compliance with the Immigration Reform Control Act of 1986.

I hereby consent to undergo such pre- or post-employment medical examination(s) as required and which are permissible for employers to require under applicable law (which may include collection/analysis of body tissue or fluid samples for drug/alcohol screening and/or other tests). I further agree to execute any and all releases required by any entity or person performing such medical examinations, verifications, or background checks which are obtained for the purpose of establishing my eligibility for employment.

I understand that if hired, my employment with this organization is "at will," which means that either I or CCC can terminate my employment at any time, with or without prior notice, and for any reason not prohibited by law. This "at will" status can only be changed by written agreement signed by the President of CCC.

My signature further constitutes my authorization for CCC, or any of its designated agents, to fully investigate any matter contained in this employment application. I give CCC the right to investigate all references and to contact all past employers, supervisors, educational institutions, law enforcement agencies, administrative agencies, and courts to verify and secure additional information about me, if job related, including but not limited to records relating to any criminal and civil convictions. I hereby authorize former employers, educational institutions, and others with information about me to furnish such information regarding my past performance, service, tenure, reason for leaving, transcripts of grades, honors, or achievements that they may have concerning me. I hereby release from liability CCC and its designated agents and employees for seeking information about me, as well as all other individuals, agencies, partnerships or corporations including their officers, agents and employees for furnishing such information.

**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 \_\_\_\_\_

COMMERCE CARRIERS CORPORATION IS AN EQUAL OPPORTUNITY EMPLOYER