1003 South Main St, PO Box 610, Jackson Center, OH 45334-0610
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Main Fax: 937-596-0649
www.risingsunexpress.com

# Application of Employment

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

Complete all questions completely – please print Date of application: Please consider me for the ☐ Dispatcher ☐ Mechanic following position(s): (check all that apply) ☐ Other: \_ ☐ Office Clerical Name: Date of Birth: Middle First Last Social Security #: Phone #: ( ) Current Address: Street City How Long? State Zip Code PREVIOUS THREE YEARS RESIDENCY City Zip Code Number of Years State Street Street City State Zip Code Number of Years City State Zip Code Number of Years Street Do you have the legal right to work in the United States? Have you ever worked for this company before? Dates: From Position To If so, reason for leaving: Are you currently employed? If not, how long since leaving last employment? Why? Who referred you? Rate of pay expected? Is there any reason you might be unable to perform the functions of the job for which you have applied? If yes, explain: **EDUCATION** High School: Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 1 2 3 4 College: 1234 (include driving school) Other:

(Name & City)

(Graduation Date)

Last School Attended:

#### **EMPLOYMENT HISTORY**

All applicants to drive in interstate commerce must provide the following information on all employers during the preceding *three* 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 *seven* years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet if necessary)

	Employer				
	I	Date			
Name		From	To		
Address					
City	State Zip	Salary/Wage			
Contact Person	Phone #:				
Position Held	Reason for Leaving				
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?					
YESNO					
Was your previous job position designation	ignated as a safety sensitive function in any DC	OT regulated mode, subject to	alcohol and		
controlled substances testing require	ements as required by 49 CFR Part 40?Y	ESNO			
	Employer	1	Date		
Name		From	To		
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Contact Person					
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	Employer		Date		
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		From	Date To		
Address		From			
Address	State Zip	From Salary/Wage			
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## $\pmb{EXPERIENCE\ AND\ QUALIFICATIONS-DRIVER}$

	ver licenses held in past	mice jears			
	State	License No.	Туре	e Expi	ration Date
Drivers					
Licenses					
Accident reco	rd for past <i>three</i> years o	or more (attach sheet if mo	re space is need)	if none, write no	ne e
		Nature of A	Nature of Accident		Est. Cost
Dates		(Head-on, Rear-En	(Head-on, Rear-End, Upset, etc.)		Over
·					\$1,000?
Last Accident					
Next Previous					
Next Previous					
l'raffic convic		r the past three years (other		· · · · · · · · · · · · · · · · · · ·	
	Location	Date	Charge	P6	enalty
Oriving Exner	rience (if none, write no	ne)			
	ass of Equipment	Type of Equipment	Dates	Approx. 1	No. of Mile
	T. I.	(van, tank, flat, etc.)	From T		otal)
Straight Truck					
Fractor and Sem	ni-Trailer				
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#### **DISCLOSURES**

(Please initial the right column on the line next to each disclosure)

#### Multiple Employers

I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

Initial here

#### Check of Driving Record

The applicant is hereby informed that a Motor Vehicle Report (MVR) will be obtained for the purpose of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. The furnisher is released from any and all liability, which may result from furnishing such information.

Initial here

### Fair Credit Reporting Act Disclosure Statement

In accordance with the provisions of Section 604(B)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations.

Initial here

#### TO BE READ AND SIGNED BY APPLICANT

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize you to make such investigation and inquire of my personal, employment, medical history, or motor vehicle reports containing driving 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 inquire 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.

(Date)	(Signature of Applicant)