

Please Print

Employment Application

Programs, services, and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview.

Date:

____ / ____ / ____

APPLICANT DATA:

Position applied for: _____

Full Name: _____

Address: _____
Last First Middle City: _____ State: _____ Zip: _____

Phone: () _____ Cell Phone/Other: () _____ E-Mail Address _____

Date available to start: ____ / ____ / ____ Social Security #: _____ Salary Requirement: \$ _____

If you are under 18 and we require a work permit, can you furnish one? Yes No

If no, Please Explain: _____

Have you ever worked for this company? Yes No If yes, when? _____

Are you a citizen of the United States? Yes No If not, are you legally allowed to work in the united States? Yes No

Type of employment desired: Full-time Part-time Temporary Seasonal

Have you ever pled "guilty", "no contest", or been convicted of a crime? Yes No

If yes, give dates and details: _____

Answering "yes" to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation, and position applied for will be considered.

Driver's license number if applicable to position: _____ State: _____

Who referred you to us? _____

EDUCATION:

High School: _____ Address: _____

of Years Completed: _____ Did you graduate? Yes No

GPA: _____ Class Rank: _____

College / University: _____ Address: _____

of Years Completed: _____ Did you graduate? Yes No Degree: _____

Major: _____ GPA: _____ Class Rank: _____

Other: _____ Address: _____

of Years Completed: _____ Did you graduate? Yes No Degree: _____

Major: _____ GPA: _____ Class Rank: _____

REFERENCES:

Please furnish the names, addresses and telephone numbers of two people to whom you are not related and by whom you have not been employed:

Name: _____ Phone: () _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Phone: () _____

Address: _____ City: _____ State: _____ Zip: _____

SUMMARIZE YOUR SPECIAL SKILLS OR QUALIFICATIONS:

PREVIOUS EMPLOYMENT (begin with most recent position):

Dates of Employment: From: / / To: / / Position(s) Held: _____
Firm: _____ Address: _____
Phone: () _____ Supervisor: _____ Title: _____
Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____
Reason for leaving: _____
May we contact this employer for a reference? Yes No

Dates of Employment: From: / / To: / / Position(s) Held: _____
Firm: _____ Address: _____
Phone: () _____ Supervisor: _____ Title: _____
Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____
Reason for leaving: _____
May we contact this employer for a reference? Yes No

Dates of Employment: From: / / To: / / Position(s) Held: _____
Firm: _____ Address: _____
Phone: () _____ Supervisor: _____ Title: _____
Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____
Reason for leaving: _____
May we contact this employer for a reference? Yes No

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, or medical history and other related matters as may be necessary for an employment decision. I hereby release employers, schools or persons from all liability when responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: _____ Date: / /



DRUG TESTING AUTHORIZATION / RECORD RELEASE

I understand that, as required by company policy, certain employees and prospective employees must undergo a drug urinalysis to detect the presence of drugs.

All drug tests are subject to careful testing procedures with mandatory confirmation of any preliminary positive tests. You will be given a reasonable opportunity to explain a confirmed positive test result to the Medical Review Officer. The Medical Review Officer will maintain the laboratory results of the drug test.

I voluntarily consent to provide a urine specimen at a collection facility designated by my employer or my prospective employer and, further, consent to having the specimen tested a laboratory selected by my employer or prospective employer. If I request a split specimen to be tested further, or if it has been determined a retest is needed, I understand that this will be done at my own expense.

I further agree that the drug test results will be disclosed to my employer or prospective employer and to the Medical Review Officer and to the examining physician if the drug test was, by company policy, considered to be part of the DOT examination.

This Authorization/record release will remain in effect for 30 days from the date of the signature below.

Print Employee / Applicant Name

Date

Employee / Applicant Signature

Witness Signature

Applicant Driving History Form

Driver's Name (Print): _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

1. Do you have a valid Driver's License:
2. In what State are you a Licensed Driver?
3. If you have held a license in any other state during the past 50 months, please provide the following Information:

Dates	States
From _____ to _____	_____
From _____ to _____	_____
From _____ to _____	_____

4. Have you been convicted of driving while impaired or under the influence of alcohol and/or drugs within the past three years? Yes ___ No ___ If Yes, give explanation(s) and date(s):

5. Have you refused to submit to a Blood Alcohol Content (BAC) test within the past three years? Yes ___ No ___ If Yes, give explanation(s) and date(s):

6. Have you ever been convicted of reckless driving, or leaving the scene of an accident, or committing a felony involving a vehicle within the past three years? Yes ___ No ___ If Yes, give explanation(s) and

7. Have you had your operator's license suspended, revoked or administratively restricted within the last three years? Yes ___ No ___ If Yes, give explanation(s) and date(s):

8. Have you been convicted or found at fault for any non-fatal accident involving a motor vehicle during the past three years? Yes ___ No ___ If Yes, give explanation(s) and date(s):

9. Have you been convicted or found at fault for any fatal accidents involving a motor vehicle during the past three years? Yes ___ No ___ If Yes, give explanation(s) and date(s):

10. Have you been convicted of any other moving vehicle violations during the past three years? Yes ___ No ___ If Yes, give explanation(s) and date(s):

I certify that the answers provided to the questions on this form are true to the best of my knowledge.

I am aware that the position that I am being considered for will likely require me to operate a vehicle on the company's behalf. I authorize Badger Truck Center/Siva Truck Leasing or its designated representative(s) to obtain information regarding my driving record in any state at any time while I am employed (or seeking employment) with the company.

In the event that my MVR does not meet the acceptability guidelines or the standards of the insurance company (copy available upon request), I understand that I may be subject to change in my job status and responsibilities up to and including employment termination or withdrawal of offer of employment.

I understand and agree that if I am offered employment with Badger Truck Center/Siva Truck Leasing, it will be on an "at will" basis. This means that either I or the Company may terminate the employment relationship at any time for any reason, with or without cause. I further understand that the "at will" nature of employment with Badger Truck Center/Siva Truck Leasing cannot be changed except by a writing signed by me and the President of the Company.

_____		_____ / ____ / ____
Drivers Signature		Date
_____ - _____ - _____	_____ Male _____ Female	_____ / ____ / ____
Social Security Number	Sex	Date of Birth
_____	_____	_____
Driver's License Number	Expiration Date	State

Important Note: Attach a photocopy of both sides of applicants driver's license.

Note: Badger Truck Center / Siva Truck Leasing does not discriminate on the basis of arrests or conviction records absent a substantial relationship between the conviction and job duties.