

# DRIVER'S APPLICATION FOR EMPLOYMENT



**Company:** Caine Transfer, Inc.  
**Address:** P.O. Box 376  
255 Beaver Dam Rd.  
Lowell, WI 53557

**Phone:** (920) 927-3838  
**Fax:** (920) 927-5767

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 or the presence of a non-job related medical condition or handicap.

Date of Application: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Positions(s) Applied for: \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City

State Zip Phone

ADDRESS FOR PAST THREE YEARS  
Street City State & Zip code How long?

Street City State & Zip code How long?

Do you have the legal right to work in the United States? \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Can you provide proof of age? \_\_\_\_\_  
(Required for Truck Drivers)

Have you worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_

Dates From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Are you employed now? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

## **PHYSICAL HISTORY**

Do you have any physical condition which may limit your ability to perform the job applied for? \_\_\_\_\_

If yes, what can be done to accommodate your limitation? \_\_\_\_\_

Would you be willing to take a physical examination? \_\_\_\_\_

Would you be willing to take a pre-employment drug or alcohol screen? \_\_\_\_\_

Have you tested positive on a pre-employment drug or alcohol test? \_\_\_\_\_

Have you refused to take a required drug or alcohol test in the last three years? \_\_\_\_\_

# **EMPLOYMENT HISTORY (continued)**

| EMPLOYER  |       |              | DATE                 |                    |
|---|-------|--------------|----------------------|--------------------|
| NAME  |       |              | FROM<br>MO.      YR. | TO<br>MO.      YR. |
| ADDRESS   |       |              | POSITION HELD        |                    |
| CITY  | STATE | ZIP          | SALARY/WAGE          |                    |
| CONTACT PERSON  |       | PHONE NUMBER | REASON FOR LEAVING   |                    |
| WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO |       |              |                      |                    |

| EMPLOYER  |       |              | DATE                 |                    |
|---|-------|--------------|----------------------|--------------------|
| NAME  |       |              | FROM<br>MO.      YR. | TO<br>MO.      YR. |
| ADDRESS   |       |              | POSITION HELD        |                    |
| CITY  | STATE | ZIP          | SALARY/WAGE          |                    |
| CONTACT PERSON  |       | PHONE NUMBER | REASON FOR LEAVING   |                    |
| WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO |       |              |                      |                    |

| EMPLOYER  |       |              | DATE                 |                    |
|---|-------|--------------|----------------------|--------------------|
| NAME  |       |              | FROM<br>MO.      YR. | TO<br>MO.      YR. |
| ADDRESS   |       |              | POSITION HELD        |                    |
| CITY  | STATE | ZIP          | SALARY/WAGE          |                    |
| CONTACT PERSON  |       | PHONE NUMBER | REASON FOR LEAVING   |                    |
| WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO |       |              |                      |                    |

| EMPLOYER  |       |              | DATE                 |                    |
|---|-------|--------------|----------------------|--------------------|
| NAME  |       |              | FROM<br>MO.      YR. | TO<br>MO.      YR. |
| ADDRESS   |       |              | POSITION HELD        |                    |
| CITY  | STATE | ZIP          | SALARY/WAGE          |                    |
| CONTACT PERSON  |       | PHONE NUMBER | REASON FOR LEAVING   |                    |
| WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO |       |              |                      |                    |

| EMPLOYER  |       |              | DATE                 |                    |
|---|-------|--------------|----------------------|--------------------|
| NAME  |       |              | FROM<br>MO.      YR. | TO<br>MO.      YR. |
| ADDRESS   |       |              | POSITION HELD        |                    |
| CITY  | STATE | ZIP          | SALARY/WAGE          |                    |
| CONTACT PERSON  |       | PHONE NUMBER | REASON FOR LEAVING   |                    |
| WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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.

<sup>†</sup>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.



**CAINE TRANSFER INC.**

P. O. BOX 376  
LOWELL, WISCONSIN 53557-0376  
TELEPHONE 920-927-3838  
FAX 920-927-5767

**FMCSA DRUG AND ALCOHOL CLEARINGHOUSE**

I, \_\_\_\_\_, hereby provide consent  
(Print Name)

to Caine Transfer Inc. to conduct multiple limited/full queries of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse to determine whether drug or alcohol violation information about me exists in the Clearinghouse. **The terms of this consent form are for multiple limited/full queries and will be valid for all queries throughout the duration of my employment with Caine Transfer Inc.**

I understand that if the multiple limited/full queries conducted by Caine Transfer Inc. indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Caine Transfer Inc. without first obtaining this consent form from me.

I further understand that if I refuse to provide consent for Caine Transfer Inc. to conduct limited/full queries of the Clearinghouse, Caine Transfer Inc. must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL  
ACCOUNT HOLDERS**

**IMPORTANT DISCLOSURE**

**REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

In connection with your application for employment with Cain Transfer ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

**AUTHORIZATION**

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Cain Transfer ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: \_\_\_\_\_

Signature

\_\_\_\_\_  
Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

*LAST UPDATED 2/11/2016*





**TRUCKING INDUSTRY:**  
**DOT D/A Disclosure and Authorization**

Send to Fax# (800) 257-8069

**HireRight Customer:**

Company Name: \_\_\_\_\_

Company Contact Name: \_\_\_\_\_

Fax #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

HireRight Account Code: \_\_\_\_\_

**PART I – DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR  
EMPLOYMENT PURPOSES – 49 CFR PART 391.23, DOT DRUG AND ALCOHOL TESTING**

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to HireRight for the purpose of HireRight transmitting such records to the HireRight customer listed above. I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous **three (3) years**: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes HireRight with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to HireRight, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous **three (3) years**; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous **three (3) years**.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous **three (3) years**. If necessary, attach additional pages, including the date, your name, social security number and signature.

| Previous DOT-Regulated Employer | City  | State | Phone Number         |
|---------------------------------|-------|-------|----------------------|
| _____                           | _____ | _____ | (____) _____ - _____ |
| _____                           | _____ | _____ | (____) _____ - _____ |
| _____                           | _____ | _____ | (____) _____ - _____ |
| _____                           | _____ | _____ | (____) _____ - _____ |
| _____                           | _____ | _____ | (____) _____ - _____ |
| _____                           | _____ | _____ | (____) _____ - _____ |

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I disclosure and authorization for release as well as the attached FMCSA Notification of Driver Rights and any applicable state law notices; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original.

Print Applicant Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# REQUEST FOR CHECK OF DRIVING RECORD

**NOTE:** This form may only be used in states that do not require a specific form.

**CAUTION:** When using a third party to request background information on applicants or existing employees – such as motor vehicle records, information from previous employers, criminal records, or credit history – you are subject to the Fair Credit Reporting Act (FCRA) and State consumer reporting laws. Under FCRA, the third-party vendor is considered a consumer reporting agency (CRA) and the employee background information is a consumer report. Before you can obtain a consumer report from a CRA, you must provide applicants and employees with a disclosure stating that your company may obtain such a report for employment purposes, and you must have authorization from the applicant or employee to conduct the check. You must also provide a copy of the Federal Trade Commission's notice called "A Summary of Your Rights Under the Fair Credit Reporting Act." The notice, disclosure, and authorization are not included in this file, and some state laws have additional requirements. Consult with your CRA on the need and use of such documents.

I hereby authorize you to release the following information to CAINE TRANSFER INC.  
(Employer)

for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

\_\_\_\_\_  
(Driver's Signature)

\_\_\_\_\_  
(Date)

I also hereby certify that this report request and the above driver's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the **Driver's Privacy Protection Act of 1994** (Public Law 103-322, Title XXX, Section 300002(a)).

\_\_\_\_\_  
(Signature of Requester)

\_\_\_\_\_  
(Date)

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DEAR SIR/MADAM:

☐ The following named person has made application with our company for the position of \_\_\_\_\_. In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

☐ The following named person is employed with our company in the position of \_\_\_\_\_. In accordance with Section 391.25, Federal Department of Transportation Regulations, please furnish the undersigned with the employee's driving record for the past year.

NAME OF DRIVER \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(Number & Street) (City) (State) (Zip Code)

FORMER ADDRESS \_\_\_\_\_  
(Number & Street) (City) (State) (Zip Code)

DATE OF BIRTH \_\_\_\_\_ SSN \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

REQUESTED BY

\_\_\_\_\_  
(Name of Company)

\_\_\_\_\_  
(Typed Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Signature)

**SAFETY PERFORMANCE HISTORY RECORDS RELEASE**

I, \_\_\_\_\_  
(Print Name - First, MI, Last)

\_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_  
(Date of Birth)

\_\_\_\_\_  
(Driver Signature)

\_\_\_\_\_  
(Date)

(to be completed by office personnel)  
hereby authorize my Previous Employer:

**to release and forward all known information regarding my Alcohol and Controlled Substances Testing records within the previous 3 years.**

This information is being requested in compliance with DOT Regulation 40.25 and 49 CFR Part 391.23.

I authorize the release of information from my DOT regulated Drug and Alcohol testing records by the company(s) listed to Caine Transfer Inc. I authorize the release of information from my DOT Drug and Alcohol testing violations including pre-employment tests during the past 3 years:

- (i) Alcohol tests with a result of 0.04 or higher alcohol concentration
- (ii) Verified positive drug tests
- (iii) Refusals to be tested (including verified adulterated or substituted drug test results)
- (iv) Other violations of DOT Drug and Alcohol testing regulations
- (v) Information obtained from previous employers of a Drug and Alcohol rule violation
- (vi) Documents if any, of completion of a return to duty process following a rule violation

I authorize that company(s) listed release the dates of my negative Drug and Alcohol tests during the three year period. Also to release the name and phones numbers of any substance abuse professional who evaluated me during the past three years.

I authorize the company(s) listed to release information about names and dates of previous employers, dates of employment and positions held, reasons for termination of employment, accidents, work experiences and other information.



ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

| DATES               | NATURE OF ACCIDENT<br>(HEAD-ON, REAR-END, UPSET, ETC.) | FATALITIES | INJURIES |
|---------------------|--|------------|----------|
| LAST ACCIDENT _____ |  |            |          |
| NEXT PREVIOUS _____ |  |            |          |
| NEXT PREVIOUS _____ |  |            |          |

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

| LOCATION | DATE | CHARGE | PENALTY |
|----------|------|--------|---------|
|          |      |        |         |
|          |      |        |         |
|          |      |        |         |

(ATTACH SHEET IF MORE SPACE IS NEEDED)

### EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED \_\_\_\_\_  
(NAME) (CITY)

### EXPERIENCE AND QUALIFICATIONS – DRIVER

| DRIVER<br>LICENSES | STATE | LICENSE NO. | TYPE | EXPIRATION DATE |
|--------------------|-------|-------------|------|-----------------|
|                    |       |             |      |                 |
|                    |       |             |      |                 |
|                    |       |             |      |                 |

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES \_\_\_\_\_ NO \_\_\_\_\_

B. Has any license, permit or privilege ever been suspended or revoked? YES \_\_\_\_\_ NO \_\_\_\_\_

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

### DRIVING EXPERIENCE IF NONE, WRITE NONE

| CLASS OF EQUIPMENT             | TYPE OF EQUIPMENT<br>(VAN, TANK, FLAT, ETC.) | DATES |    | APPROX. NO. OF MILES<br>(TOTAL) |
|--------------------------------|--|-------|----|---------------------------------|
|                                |  | FROM  | TO |                                 |
| STRAIGHT TRUCK _____           |  |       |    |                                 |
| TRACTOR AND SEMI-TRAILER _____ |  |       |    |                                 |
| TRACTOR - TWO TRAILERS _____   |  |       |    |                                 |
| MOTORCOACH - SCHOOL BUS _____  |  |       |    |                                 |
| OTHER _____                    |  |       |    |                                 |

LIST STATES OPERATED IN FOR LAST FIVE YEARS \_\_\_\_\_

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: \_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? \_\_\_\_\_

## EXPERIENCE AND QUALIFICATIONS – OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

### TO BE READ AND SIGNED BY APPLICANT

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.

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.

Date

Applicant's Signature

### PROCESS RECORD

APPLICANT HIRED \_\_\_\_\_ REJECTED \_\_\_\_\_

DATE EMPLOYED \_\_\_\_\_ POINT EMPLOYED \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

THIS SECTION TO BE FILLED IN BY RESPONSIBLE  
OFFICER OR COMPANY REPRESENTATIVE

|  | SUPERIOR | GOOD | FAIR | BELOW AVERAGE | POOR | WRITTEN RECORD ON FILE |
|--|----------|------|------|---------------|------|------------------------|
| 1. APPLICATION                         |          |      |      |               |      |                        |
| 2. INTERVIEW                           |          |      |      |               |      |                        |
| 3. PAST EMPLOYMENT                     |          |      |      |               |      |                        |
| 4. WRITTEN EXAM                        |          |      |      |               |      |                        |
| 5. ROAD TEST                           |          |      |      |               |      |                        |
| 6. CRIMINAL AND<br>TRAFFIC CONVICTIONS |          |      |      |               |      |                        |

SIGNATURE OF INTERVIEWING OFFICER \_\_\_\_\_

### TRANSFERS

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

DATE: \_\_\_\_\_

REASON FOR TRANSFER \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

DATE: \_\_\_\_\_

REASON FOR TRANSFER \_\_\_\_\_

### TERMINATION OF EMPLOYMENT

DATE TERMINATED \_\_\_\_\_ DEPARTMENT RELEASED FROM \_\_\_\_\_

DISMISSED \_\_\_\_\_ VOLUNTARILY QUIT \_\_\_\_\_ OTHER \_\_\_\_\_

TERMINATION REPORT PLACED IN FILE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_