

Application for Employment

TO BE READ AND SIGNED BY APPLICANT

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, school, 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.

"I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information."

Signature _____ Date _____

Equal Employment Opportunity Statement:

Employment decisions will be based on the principles of equal opportunity. All personnel actions (recruiting, hiring, training, promotion, compensation, etc.) are administered without regard to any characteristic protected by state, federal or local law, assuming said characteristic does not interfere with the performance of essential job functions. Reasonable accommodations will be made for disabilities and religious beliefs. Please inform us of any necessary accommodations to the application process.

Date of Application _____ Desired Position _____ Desired Start Date _____

Personal Information:

Last Name _____ First Name _____ Middle _____

Address _____ City _____ State _____ Zip _____

Social Security Number _____ Cell Phone # _____

Addresses for the past 3 years:

Address	City	State	Zip	Years

Education History:

Education	School Name/Location	Major	Degree (Y / N)
High School			
College or Univ			
Other Education			

Please list and skills, licenses or certificates of training that you have obtained that are related to your potential employment at OE Meyer Co.

References:

Name	Address or Company	Phone

Previous Employment/Experience:

(Use Additional Employment History Information form if necessary)

All applicants, must provide the following information on all employers during the preceding three years. All CDL Drivers, must give the same information for all employers for whom you have driven a commercial vehicle seven years prior to the initial three years (total of ten year employment record).

You are required to list the complete mailing address: street number and name, city, state and zip code.

CURRENT OR LAST EMPLOYER: _____ Fax Number (_____) _____
Contact Person _____ Phone # (_____) _____ Email _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ Pay Rate _____ From _____ To _____
(month/year) (month/year)
Reasons for leaving _____
Were you subject to the FMCSRs** while employed? ☐ Yes ☐ 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? ☐ Yes ☐ No
*ACCOUNT FOR ANY PERIOD BETWEEN JOBS – Include dates (month/year) and reason _____

LAST OR PREVIOUS EMPLOYER: _____ Fax Number (_____) _____
Contact Person _____ Phone # (_____) _____ Email _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ Pay Rate _____ From _____ To _____
(month/year) (month/year)
Reasons for leaving _____
Were you subject to the FMCSRs** while employed? ☐ Yes ☐ 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? ☐ Yes ☐ No
*ACCOUNT FOR ANY PERIOD BETWEEN JOBS – Include dates (month/year) and reason _____

PREVIOUS EMPLOYER: _____ Fax Number (_____) _____
Contact Person _____ Phone # (_____) _____ Email _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ Pay Rate _____ From _____ To _____
(month/year) (month/year)
Reasons for leaving _____
Were you subject to the FMCSRs** while employed? ☐ Yes ☐ 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? ☐ Yes ☐ No
*ACCOUNT FOR ANY PERIOD BETWEEN JOBS – Include dates (month/year) and reason _____

PREVIOUS EMPLOYER: _____ Fax Number (_____) _____
Contact Person _____ Phone # (_____) _____ Email _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ Pay Rate _____ From _____ To _____
(month/year) (month/year)
Reasons for leaving _____
Were you subject to the FMCSRs** while employed? ☐ Yes ☐ 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? ☐ Yes ☐ No
*ACCOUNT FOR ANY PERIOD BETWEEN JOBS – Include dates (month/year) and reason _____

* Any gaps in employment and/or unemployment must be explained.

** 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) weights or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

Acknowledgement and Authorization:

Do you have the legal right to work in the United States? ☐ Yes ☐ No

How many years have you been a resident of Ohio? _____

Have you ever been convicted of a misdemeanor or felony? ☐ Yes ☐ No

If yes, explain: _____

Are you currently subject to any non-compete agreements with your current/prior employers? ☐ Yes ☐ No

Can you provide proof of age? ☐ Yes ☐ No

Are you currently employed? ☐ Yes ☐ No If yes, where? _____

If not, how long has it been since you were last employed? _____

Acknowledgement and Authorization (CDL Drivers Only):

Initial

☐ In accordance with the Federal Motor Carriers Safety Regulation (FMCSR), all drivers will be subject to drug testing prior to employment and random testing for drugs and alcohol afterwards.

☐ All drivers will be subject to a D.O.T. physical, conducted upon employment and as necessary thereafter.

☐ CDL drivers must maintain a valid CDL driver's license with all necessary endorsements.

Acknowledgement and Authorization:

Initial

☐ If selected for employment, I will submit to a pre-employment drug screening test.

☐ I am able to perform the essential functions of the job as it was described to me.

☐ A Motor Vehicle Background check is conducted on all applicants prior to employment, and annually thereafter.

☐ I know that I am required to abide by all rules and regulations of O.E. Meyer Co., as permitted by Law.

☐ I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

☐ In the event of employment, I understand that false or misleading information given in my application or interviews may result in discharge.

☐ I attest 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

All CDL Driver applicants, complete next page on Experience & Qualifications

Experience & Qualifications (CDL Drivers Only):

Attach separate sheet if more space is needed

Driving Experience

If no driving experience within the last 3 years – check here ☐

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (circle all that apply)	DATES		OR	APPROXIMATE NUMBER OF MILES
		FROM	TO		
Straight truck	Van, Reefer, Tank, Flat	_____	_____		_____
Tractor & Semi-Trailer	Van, Reefer, Tank, Flat	_____	_____		_____
Tractor – Two Trailers	Van, Reefer, Tank, Flat	_____	_____		_____
Tractor – Three Trailers	Van, Reefer, Tank, Flat	_____	_____		_____
Motorcoach – School bus (Greater than 8 passengers)	N/A	_____	_____		_____
Motorcoach – School bus (Greater than 15 passengers)	N/A	_____	_____		_____
Other: _____	Van, Reefer, Tank, Flat, N/A	_____	_____		_____

Accident History (3 years)

If no accidents within the last 3 years – check here ☐

DATE (month/year)	NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.)	NUMBER OF FATALITIES	NUMBER OF INJURIES	HAZARDOUS MATERIALS SPILL?
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Traffic Convictions and Forfeitures (3 years)

If no traffic convictions and/or forfeitures in the last 3 years – check here ☐

DATE CONVICTED (MONTH/YEAR)	VIOLATION (Other than violations involving parking only)	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral and/or points)
_____	_____	_____	_____
_____	_____	_____	_____

License Information

Section 383.21 FMCSR states “No person who operates a commercial motor vehicle shall at any time have more than one driver’s license”. I Certify that I do not have more than one motor vehicle license, the information for which is listed below.

_____ State _____ License Number _____ Expiration Date _____

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? ☐ Yes ☐ No

If yes, give details _____

B. Has any license, permit, or privilege ever been suspended or revoked? ☐ Yes ☐ No

If yes, give details _____

Applicant Certification

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.

_____ Applicant's Signature _____ Date _____