



APPLICATION FOR EMPLOYMENT

NOTE: 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 non-job related disability.

Position(s) Applied for: _____ Date of Application: _____

Name: _____ Social Security No.: ____-____-____
Last First MI

List your addresses of residency for the past 3 years.

Current Address: _____
Street City State/Zip Code
Telephone Number: _____ (Home) _____ (Cell)

Previous Addresses: _____
Street City State/Zip Code

Street City State/Zip Code

Street City State/Zip Code

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

Date of Birth: ____/____/____ Can you provide proof of age? _____
(Required for Commercial Drivers)

Have you worked for this company before? _____ Where? _____
Dates: From _____ To _____ Rate of Pay _____ Position _____
Reason for leaving? _____

Are you now employed? _____ If not, how long since leaving last employment? _____
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 (as described in the attached job description)? _____

If yes, explain if you wish: _____

EMPLOYMENT HISTORY

All driver applicants in interstate commerce must provide the following information on all employers during the preceding 3 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 7 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 as necessary)

EMPLOYER	DATE	
Name:	From Mo. Yr.	To Mo. Yr
Address:	Position Held	
City	Salary/Wage	
Contact Person	Phone No.	Reason for leaving
Were you subject to the Federal Motor Carrier Safety Regulations?	YES	NO

EMPLOYER	DATE	
Name:	From Mo. Yr.	To Mo. Yr
Address:	Position Held	
City	Salary/Wage	
Contact Person	Phone No.	Reason for leaving
Were you subject to the Federal Motor Carrier Safety Regulations?	YES	NO

EMPLOYER	DATE	
Name:	From Mo. Yr.	To Mo. Yr
Address:	Position Held	
City	Salary/Wage	
Contact Person	Phone No.	Reason for leaving
Were you subject to the Federal Motor Carrier Safety Regulations?	YES	NO

EMPLOYER	DATE	
Name:	From Mo. Yr.	To Mo. Yr
Address:	Position Held	
City	Salary/Wage	
Contact Person	Phone No.	Reason for leaving
Were you subject to the Federal Motor Carrier Safety Regulations?	YES	NO

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

Dates	Nature of Accident (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 additional 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 GED College: 1 2 3 4

Last School Attended _____

(Name) City State

Have you ever been convicted of a felony? _____ (Y/N) If yes, please explain: _____

EXPERIENCE AND QUALIFICATIONS – DRIVER

DRIVER 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 (Van, Tank, Flat, Etc.)	Dates		Approximate No. of Miles (Total)
		From	To	
Straight Truck				
Tractor & Semi-Trailer				
Tractor-Two Trailers				
Motorcoach-School Bus				
Other: _____				

DO YOU CURRENTLY HAVE A VALID STATE DRIVER'S LICENSE: _____

IF YES, LICENSE NUMBER AND TYPE: _____

LIST STATES OPERATED IN FOR LAST FIVE YEARS: _____

SHOW SPECIAL COURSE 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: _____

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



Thank you for your interest in employment at Bodine Services, and equal opportunity employer.

The information below is needed to measure the effectiveness of our recruitment efforts and is in conformity with federal guidelines, which require us to compile statistical information about applicants for employment.

The information on the EEO Self-Identification Form is being requested and will be used solely for equal employment opportunity record-keeping and reporting purposes. Completion of this form by your is completely voluntary. Please be assured that you will not be subjected to any adverse treatment if you do not provide the information requested. In the event that you do provide the information requested, the information and this form will be processed and maintained separately from your employment application forms and if you are hired by Bodine, your personnel file.

SEX IDENTIFICATION

Position Applying For: _____

Male Female

MINORITY STATUS IDENTIFICATION

Are you Hispanic or Latino Yes No, if no please identify your race from one of the following.
If you mark, "two or more races", then please mark the two race categories that apply.

White (not of Hispanic or Latino origin): A person having origins in any of the original people of Europe, the Middle East, or North America

Black or African American (not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Island, Thailand, and Vietnam.

American Indian or Alaska Native (not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (not Hispanic or Latino): All persons who identify with more than one of the above races, excluding those who identify themselves as Hispanic or Latino.

VETERAN IDENTIFICATION

Special Disabled Veteran means a veteran of the U.S. Military who is entitled to compensation under laws administered by the Department of Veterans' Affairs for a disability.

Veteran of the Vietnam-era

Newly Separated Veteran means any veteran who served on active duty in the U.S. Military during the one-year period beginning on the date of such veteran's discharge of release from active duty.

Other Protected Veterans' means veterans who served on active duty in the U.S. Military during a war or in a campaign or expedition for which a campaign badge has been authorized.