

EMPLOYMENT APPLICATION

INTERSTATE TRUCK EQUIPMENT, INC.

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

INSTRUCTIONS AND APPLICANT NOTE- PLEASE READ

This application for is intended for use in evaluating your suitability for employment. It is not an employment contract. Please answer all questions completely and legibly. If a question is not applicable, indicate with N/A. If you need more space to explain any answer please use the back of this form. False or misleading statements are grounds for refusal or termination of employment and benefits. All qualified applicants will receive consideration with out discrimination because of sex, marital status, race, age, creed, national origin, citizenship, the presence of non- job- related handicaps, or any other status protected under state or federal law, and such information may be omitted from this form. A felony conviction will not necessarily bar the applicant from employment.

NAME: \_\_\_\_\_ SS# \_\_\_\_\_  
LAST FIRST MI

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

DATE YOU CAN START \_\_\_\_\_

ARE YOU ELIGIBLE FOR WORK IN THE UNITED STATES? \_\_\_\_\_

WILL YOU WORK OVERTIME WHEN NECESSARY? \_\_\_\_\_

ARE YOU ON LAY OFF SUBJECT TO RECALL? \_\_\_\_\_

ARE YOU CURRENTLY A PARTY TO ANY NON-COMPETITION OR TRADE SECRET AGREEMENT? (IF YES, PLEASE EXPLAIN) \_\_\_\_\_

HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM A JOB? (IF YES, PLEASE EXPLAIN) \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR ANY OTHER CRIME? (IF YES, PLEASE EXPLAIN) \_\_\_\_\_

HAVE YOU EVER SERVED IN ANY BRANCH OF THE U.S. MILITARY? \_\_\_\_\_

PLEASE LIST ANY PROFESSIONAL LICENSES, DESIGNATIONS, CERTIFICATIONS, ETC. THAT MAY RELATE TO THE POSITION APPLIED FOR. PLEASE INCLUDE DATE GRANTED, NAME OF ORGANIZATION AND ANY OTHER RELEVANT INFORMATION.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EDUCATION:

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HIGH SCHOOL ATTENDED	CITY	STATE	DATES
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COLLEGE ATTENDED	CITY	STATE	DATES
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BUSINESS OR TRADE SCHOOL	CITY	STATE	DATES
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EMPLOYMENT (START WITH MOST RECENT):

(1)

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COMPANY	POSITION HELD	DATES	RATE OF PAY
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ADDRESS	CITY	STATE	PHONE
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REASON FOR LEAVING

(2)

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COMPANY	POSITION HELD	DATES	RATE OF PAY
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ADDRESS	CITY	STATE	PHONE
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REASON FOR LEAVING

(3)

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COMPANY	POSITION HELD	DATES	RATE OF PAY
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ADDRESS	CITY	STATE	PHONE
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REASON FOR LEAVING

IT IS OUR POLICY TO CONTACT ALL EMPLOYERS LISTED ON THIS PAGE FOR REFERENCES. PLEASE LIST HERE ANY EMPLOYERS THAT YOU DO NOT WISH US TO CONTACT. \_\_\_\_\_

**DRIVER'S LICENSE INFORMATION:**

DO YOU HAVE A VALID DRIVER'S LICENSE? \_\_\_\_\_ LICENSE# \_\_\_\_\_  
STATE OF ISSUE \_\_\_\_\_

DO YOU HAVE ANY RESTRICTIONS OR ENDORSEMENTS ON YOUR LICENSE?  
\_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OR PLED GUILTY TO ANY TRAFFIC RELATED  
OFFENSE IN THE PAST FIVE YEARS? \_\_\_\_\_

HAVE YOU HAD YOUR DRIVERS LICENSE SUSPENDED OR REVOKED OR HAD YOUR  
DRIVERS PRIVILEGES MODIFIED BY A COURT OF LAW? \_\_\_\_\_

PLEASE LIST ALL STATES FROM WHICH YOU HOLD OR HAVE HELD A DRIVERS  
LICENSE. \_\_\_\_\_

**PRE-EMPLOYMENT QUESTIONNAIRE:**

PLEASE USE THIS SPACE TO LIST ANY SPECIAL SKILLS YOU MAY HAVE THAT  
RELATE TO THE POSITION APPLIED FOR. \_\_\_\_\_  
\_\_\_\_\_

DO YOU HAVE ANY PHYSICAL OR MENTAL CONDITIONS THAT WOULD INHIBIT YOUR  
ABILITY TO PERFORM THAT JOB YOU ARE APPLYING FOR? \_\_\_\_\_ IF YES, PLEASE  
DESCRIBE AND TELL US WHAT WE CAN DO TO ACCOMMODATE THEM. \_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER FILED A CLAIM FOR, OR RECEIVED WORKERS COMPENSATION  
BENEFITS? \_\_\_\_\_  
IF YES, PLEASE DESCRIBE THE NATURE OF THE INJURY OR ILLNESS, AND LIST THE  
NAME OF YOUR EMPLOYER AT THE TIME AND DATE OF THE INCIDENT AND THE  
BENEFITS YOU RECEIVED. \_\_\_\_\_  
\_\_\_\_\_

IF REQUIRED, WILL YOU UNDERGO A PRE-EMPLOYMENT PHYSICAL? \_\_\_\_\_  
IF REQUIRED, WILL YOU UNDERGO A PRE-EMPLOYMENT DRUG TEST? \_\_\_\_\_

ARE YOU CURRENTLY TAKING ANY PRESCRIPTION MEDICATION? \_\_\_\_\_ IF YES,  
PLEASE LIST THE MEDICATION, THE PRESCRIBING PHYSICIAN, AND THE CONDITION  
REQUIRING THE USE OF THE MEDICATION.  
\_\_\_\_\_

HAVE YOU, IN THE LAST 90 DAYS, USED ANY ILLEGAL OR NON-PRESCRIPTION  
DRUGS? \_\_\_\_\_

I HEREBY STATE THAT THE INFORMATION GIVEN BY ME IN MY EMPLOYMENT APPLICATION IS TRUE AND COMPLETE IN ALL RESPECTS AND I AGREE THAT IF ANY INFORMATION IS FOUND TO BE FALSE OR INCOMPLETE IN ANY RESPECT, I WILL BE SUBJECT TO REJECTION OF MY APPLICATION OR TERMINATION OF MY EMPLOYMENT AND BENEFITS. I UNDERSTAND THAT IN CONSIDERATION OF MY APPLICATION AN INVESTIGATION MAY BE CONDUCTED OF MY PAST EMPLOYMENT AND ACTIVITIES. I AUTHORIZE PAST EMPLOYERS, PERSONAL REFERENCES AND ANY OTHER PERSONS WITH WHOM I AM ACQUAINTED TO ANSWER ALL QUESTIONS ASKED CONCERNING MY PREVIOUS EMPLOYMENT RECORD, ABILITY, CHARACTER, REPUTATION, EDUCATION, BACKGROUND, MEDICAL AND WORKERS COMPENSATION HISTORY, MILITARY SERVICE, CREDIT HISTORY AND MODE OF LIVING. I RELEASE ALL PERSONS INCLUDING BUT NOT LIMITED TO PAST EMPLOYERS, CREDIT BUREAUS, AND GOVERNMENT AGENCIES FROM ANY LIABILITIES OR DAMAGES ON ACCOUNT OF HAVING RELEASED SUCH INFORMATION IN GOOD FAITH.

IN CONSIDERATION OF MY APPLICATION FOR EMPLOYMENT, I AUTHORIZE INTERSTATE TRUCK EQUIPMENT, AND / OR ITS AGENTS TO CONDUCT SUCH AN INVESTIGATION AND RELEASE THE COMPANY NAMED ABOVE, INCLUDING ITS OFFICERS, EMPLOYEES, AGENTS AND REPRESENTATIVES FROM ALL LIABILITY OR RESPONSIBILITY FOR THIS INVESTIGATION, WHICH MAY INCLUDE, BUT IS NOT LIMITED TO THE PERFORMANCE OF MEDICAL EXAMINATIONS, AND THE GATHERING OF INFORMATION REGARDING PERSONAL, PROFESSIONAL AND EDUCATIONAL REFERENCES, CREDIT OR CONSUMER INVESTIGATION, DRIVING HISTORIES, AND ANY CRIMINAL HISTORY INFORMATION WHICH MAY BE IN THE FILES OF ANY STATE OR LOCAL CRIMINAL JUSTICE AGENCY. I UNDERSTAND THAT THE INFORMATION BELOW REGARDING SEX, RACE AND DATE OF BIRTH ARE FOR THE SOLE PURPOSE OF GATHERING THE ABOVE INFORMATION ACCURATELY, AND WILL NOT BE USED TO DISCRIMINATE AGAINST ME IN VIOLATION OF ANY LAW. A TELEPHONE FACSIMILE (FAX) OR A PHOTOGRAPHIC COPY OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL.

**FAIR CREDIT REPORTING ACT – PLEASE READ**

IN MAKING THIS APPLICATION FOR EMPLOYMENT, I UNDERSTAND THAT A CONSUMER REPORT MAY BE REQUESTED FOR AN INVESTIGATION CONDUCTED TO DETERMINE MY SUITABILITY FOR EMPLOYMENT. I FURTHER UNDERSTAND THAT IF EMPLOYMENT IS DENIED IN WHOLE OR IN PART BECAUSE OF INFORMATION OBTAINED BY MY PROSPECTIVE EMPLOYER FROM A CONSUMER REPORTING AGENCY, I HAVE THE RIGHT TO MAKE A WRITTEN REQUEST WITH IN A REASONABLE PERIOD OF TIME TO RECEIVE INFORMATION ABOUT THE SCOPE AND NATURE OF THE INVESTIGATION.

\_\_\_\_\_  
**APPLICANTS FULL LEGAL NAME (PLEASE PRINT)**

\_\_\_\_\_  
**SOCIAL SECURITY #**

\_\_\_\_\_  
**ADDRESS**

\_\_\_\_\_  
**DRIVERS LICENSE #    STATE**

\_\_\_\_\_  
**DATE OF BIRTH**

\_\_\_\_\_  
**SEX**

\_\_\_\_\_  
**RACE**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

THESE INQUIRES AND ALL OTHERS ON THIS APPLICATION ARE NECESSARY SOLELY FOR THE PURPOSE OF EVALUATING AN APPLICANTS QUALIFICATIONS FOR THE ABILITY TO PERFORM THE JOB APPLIED FOR AND ARE NOT INTENDED FOR USE IN ANY MANNER INCONSISTENT WITH APPLICABLE FEDERAL AND STATE LAW.

**CERTIFICATION:**

I CERTIFY THAT I HAVE READ AND UNDERSTAND THE INSTRUCTIONS AND NOTE ON PAGE ONE OF THIS FORM AND THAT THE ANSWERS GIVEN BY ME HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT SHOULD I BE EMPLOYED, SUCH EMPLOYMENT SHALL BE ON A PROBATIONARY PERIOD OF NINETY DAYS FROM THE DATE OF HIRE. I FURTHER UNDERSTAND THAT COMPLETION OF THE PROBATIONARY PERIOD WILL NOT RESULT IN ANY EMPLOYMENT CONTRACT OR EMPLOYMENT FOR ANY SPECIFIC TERM, BUT THAT I SHALL REMAIN EMPLOYED SOLELY ON AN AT WILL BASIS AND THAT MY EMPLOYMENT RELATIONSHIP MAY BE TERMINATED WITHOUT NOTICE BY ME OR THE COMPANY. ONLY THE CHIEF EXECUTIVE OFFICER OF THE COMPANY, IN WRITING, MAY ALTER THIS BASIS. I ALSO UNDERSTAND THAT THE USE OF ILLEGAL DRUGS IS PROHIBITED PRIOR TO AND DURING EMPLOYMENT. IF COMPANY POLICY REQUIRES I AM WILLING TO SUBMIT TO DRUG TESTING TO DETECT THE USE OF ILLEGAL DRUGS PRIOR TO AND DURING EMPLOYMENT. I UNDERSTAND THAT THIS APPLICATION WILL BE CONSIDERED FOR A PERIOD OF THIRTY DAYS, AND THAT IF I AM NOT THEN EMPLOYED BY THE COMPANY, IT WILL BE NECESSARY FOR ME TO COMPLETE ANOTHER APPLICATION FORM IN ORDER TO RECEIVE FURTHER CONSIDERATION.

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**SIGNATURE**

**DATE**

**PHONE#**