

APPLICATION FOR EMPLOYMENT

BLUE WATER TRUCKING, INC.

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, citizenship, height, weight, handicap, or any other legally protected status.

(PLEASE PRINT)

Date of Application _____

Position(s) Applying For:

Referral Source:

- ☐ Advertisement ☐ Friend ☐ Relative ☐ Walk-in
☐ Employment Agency ☐ Other _____

Name _____
Last First Middle

Address _____
Number Street City State Zip Code

Telephone () _____ Social Security Number _____
Area Code

If employed and you are under 18,
can you furnish a work permit? ☐ Yes ☐ No

Have you filed an application here before? ☐ Yes ☐ No

Are you currently working? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

Are you prevented from lawfully becoming employed
in this country because of Visa or Immigration Status? ☐ Yes ☐ No
(Proof of citizenship or immigration status may be required upon employment.)

On what date would you be available for work? _____

Are you available to work: ☐ Full Time ☐ Part Time ☐ Temporary

Are you currently on lay-off and subject to recall? ☐ Yes ☐ No

Can you travel if a job requires it? ☐ Yes ☐ No

Have you been convicted of a felony? ☐ Yes ☐ No
(Conviction will not necessarily disqualify an applicant from employment.)

If Yes, please explain _____

Have you ever been employed by this organization before? ☐ Yes ☐ No

If yes, give dates employed and indicate if employed under a different name: _____

Please indicate the names of any relatives already employed by this employer: _____

Will you submit to a drug screening test? ☐ Yes ☐ No

Are you capable of performing in a reasonable manner, with or without reasonable accommodation, the activities involved in the job or occupation for which you have applied? ☐ Yes ☐ No

Describe how you would perform the job functions involved in the job or occupation for which you have applied:

EDUCATION

	High School				College/University				Graduate/Professional			
School Name												
Years Completed: (Circle)	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree												
Describe Course of Study:												
Describe Specialized Training Apprenticeship, Skills, and Extra-Curricular Activities												

List professional, trade, business or civic activities and offices held: (You may exclude those which indicate race, color, religion, sex or national origin)

EMPLOYMENT EXPERIENCE

Start with your present or last job. You may exclude organization names which indicate race, color, religion, sex or national origin.

1	Employer ()	Telephone	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title		Hourly Rate/Salary		
			Starting	Final	
	Supervisor				
	Reason for Leaving				
2	Employer ()	Telephone	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title		Hourly Rate/Salary		
			Starting	Final	
	Supervisor				
	Reason for Leaving				
3	Employer ()	Telephone	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title		Hourly Rate/Salary		
			Starting	Final	
	Supervisor				
	Reason for Leaving				
4	Employer ()	Telephone	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title		Hourly Rate/Salary		
			Starting	Final	
	Supervisor				
	Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

If there are any periods between these employers when you were not employed, please state the dates you were not employed and the reasons for the non-employment.

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experience:

Acknowledgement and Agreements

1. I certify that answers given in this application are true and complete to the best of my knowledge and understand that false or misleading information or omission of information given in my application or interview(s) may result in rejection of my application or, if hired, dismissal of my employment with Blue Water Trucking, Inc.

Signature

Date

2. In consideration of my employment, I agree to the rules and regulations of Blue Water Trucking, Inc., and I agree that my employment and compensation can be terminated at any time with or without cause and with or without notice at the option of either the company or myself. I understand that no officer or representative of the company has the authority to enter into an agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing, except the President of Blue Water Trucking, Inc. and any such agreement must be made in a signed writing directed to me personally.

I further acknowledge that no one has made any representations or statements contrary to the company's at-will policy to me, or about the company's economic outlook or stability either orally or in writing, and I acknowledge that no one has the authority to make such representations or statements to the contrary in the future.

I further acknowledge that if I accept an offer of employment with Blue Water Trucking, Inc., I have not relied on any oral or written representations relating to the terms and conditions of my employment or otherwise in accepting or continuing my employment with Blue Water Trucking, Inc.

Signature

Date

3. If employed, I understand that if I am or become handicapped in need of accommodation for employment, under Michigan law, I must notify the President in writing within 182 days after the need is known or reasonably should have been known to me.

Signature

Date

4. I authorize the employers listed in my employment application to provide you with any and all information concerning my previous employment and any pertinent information they may have (even if more than four years old). I hereby waive my right to written notice from any current or previous employers of such disclosure of information.

Signature

Date



110 Mclean, Romeo MI 48065 P:586.752.4529 F:586.752.9163

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

I hereby authorize you to release the following information to the company above for purposes of investigation as required by Section 40.25 and Section 382.405 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability that may result in furnishing such information.

X _____ X _____
Date Signature
X _____ X _____
Social Security No. Print Name

APPLICATANTS: DO NOT WRITE BELOW THIS LINE

TO BE COMPLETED BY PREVIOUS EMPLOYER

PREVIOUS EMPLOYER: _____

PHONE: _____ FAX: _____

EMPLOYMENT FORM: _____ TO: _____

POSITION: _____

TYPE OF EQUIPMENT OPERATED: TRACTOR-TRAILER _____ STRAIGHT _____ OTHER _____

TYPE OF TRAILER: FLATBED: _____ VAN: _____ TANK: _____ OTHER: _____

STATES TRAVELED: 48 AND CANADA: _____ 6 TO 48: _____ 2 TO 5: _____ 1: _____

TYPE OF COMMODITIES HAULED: _____

ACCIDENTS: (CHARGEABLE) _____ (NON-CHARGEABLE) _____

ELIGIBLE FOR REHIRE? _____

IF NO, WHY? _____

ANY REMARKS REGARDING THE APPLICANT'S EMPLOYMENT WITH YOU? _____

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here _____, sign below, and return this form.

UNDER DEPARTMENT OF TRANSPORTATION TESTING REQUIREMENTS:

- | | | |
|--|-----------|----------|
| 1. Has this person had an alcohol test with a result of 0.04 or higher concentration? | _____ YES | _____ NO |
| 2. Has this person had a verified positive drug test? | _____ YES | _____ NO |
| 3. Has this person refused to be tested? | _____ YES | _____ NO |
| (including verified adulterated or substituted drug test results) | | |
| 4. Has this person committed other violations of DOT agency drug and alcohol testing regulations? | _____ YES | _____ NO |
| 5. If this person has violated a DOT drug and alcohol regulation, do you have documentation of the employee's successful completion of DOT return-to-duty requirements, including follow-up tests? | _____ YES | _____ NO |
| (Please send this documentation back with this form, if applicable.) | | |

In answering these questions, include any drug or alcohol testing information obtained from previous employers under Section 40.25 or other applicable DOT agency regulations.

COMPLETED BY: _____ TITLE: _____ DATE: _____
(SIGNATURE)

TO BE COMPLETED BY PROSPECTIVE EMPLOYER

RECEIVED BY: _____ DATE: _____

METHOD: _____ FAX: _____ PHONE: _____ E-MAIL: _____

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

In connection with your application for employment with _____ ("Prospective Employer"), it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). 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. The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize _____ ("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 consenting to 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 am challenging 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 have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, 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)

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