

APPLICATION FOR EMPLOYMENT

Applicant Name _____ Date of Application _____
 (print)

Phone Number _____

Ready to Haul, LLC
 1240 Ethan Ave.
 Streetsboro, OH 44241

We are an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed servicemember status, race, color, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state, or local laws.

AT-WILL EMPLOYER

This company is an AT-WILL employer as allowed by applicable state law. This means that regardless of any provision in this application, if hired, the company or I may terminate the employment relationship at any time, for any reason, with or without cause or notice. Nothing in this application or in any document or statement, written or oral, shall limit the right to terminate employment AT-WILL. No officer, employee or representative of the company is authorized to enter into an agreement – express or implied – with me or any applicant of employment for a specified period of time unless such an agreement is in a written contract signed by the president of the company.

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, 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.

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 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 _____

Ready to Haul, LLC is a drug free workplace and does pre-employment drug testing.

We Are Ready *to* Haul!

APPLICANT TO COMPLETE (please print)

Position(s) Applied for _____

Name _____ Social Security No. _____
First Middle Last

List your addresses of residency for the past 3 years.

Current Address

Street _____ City _____
State _____ Zip Code _____ Phone _____ How Long? _____ yr./mo.

Previous Addresses

Street _____ City _____ State & Zip _____ How Long? _____ yr./mo.
Street _____ City _____ State & Zip _____ How Long? _____ yr./mo.
Street _____ City _____ State & Zip _____ How Long? _____ yr./mo.

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)

If under the age of 18, can you produce the necessary work certificate at the time of employment? Yes No

Type of employment desired? Full-time Part-time (specify hours) _____

Are you willing to work overtime? Yes No Date on which you can start work if hired _____

Have you previously applied for employment with this Company? Yes No If yes, when? _____

Have you worked for this company before? Yes No Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? Yes No If not, how long since leaving last employment? _____

Who referred you, if referred? _____ Rate of pay expected _____

Have you ever been bonded? _____ Name of bonding company _____
(Answer only if a job requirement)

Have you ever been convicted of a felony? Yes No If yes, please explain fully on a separate sheet of paper.
Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the provided job description)? Yes No

If yes, explain if you wish. _____

If applicable, below list any other names by which you have been know which may be necessary to allow us to confirm your work and educational record. For example, change of name, use of an assumed name, nickname, etc...

EMPLOYMENT HISTORY (continued)

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE	REASON FOR LEAVING	
May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO If No, why not?				
What will this employer say was the reason your employment terminated?				
How much notice did you give when resigning? If none, explain:				
Commercial Drivers Only (CDL's) → WERE YOU SUBJECT TO THE FMCSRs** 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 49CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE	REASON FOR LEAVING	
May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO If No, why not?				
What will this employer say was the reason your employment terminated?				
How much notice did you give when resigning? If none, explain:				
Commercial Drivers Only (CDL's) → WERE YOU SUBJECT TO THE FMCSRs** 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 49CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE	REASON FOR LEAVING	
May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO If No, why not?				
What will this employer say was the reason your employment terminated?				
How much notice did you give when resigning? If none, explain:				
Commercial Drivers Only (CDL's) → WERE YOU SUBJECT TO THE FMCSRs** 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 49CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

Have you ever been terminated or asked to resign from any job? Yes No If Yes, how many times? _____

Has your employment ever been terminated by mutual agreement? Yes No If Yes, how many times? _____

Have you ever been given the choice to resign rather than be terminated? Yes No If Yes, how many times? _____

If you answered Yes to any of the above three questions, please explain the circumstances of each occasion.

*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.

**The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passenger or property when the vehicle: (1) weights 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.

EXPERIENCE AND QUALIFICATIONS – OTHER

LIST ANY SKILLS OR EXPERIENCE RELATED TO THE POSITION DESIRED

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (NOT ALREADY SHOWN)

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

REFERENCES

Please list the names of work related references we may contact. Individuals with no prior work experience may list school of volunteer-related references.

NAME	POSITION	COMPANY	WORK RELATIONSHIP (IE: supervisor, co-worker)	TELEPHONE

Please list the names of personal references (not previous employers or relatives) who know you well that we may contact.

NAME	OCCUPATION	ADDRESS	TELEPHONE	NUMBER OF YEARS KNOWN

COMMERCIAL DRIVER LICENSE (CDL) APPLICANTS

ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE. IF NONE, WRITE **NONE**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				
NEXT PREVIOUS				

(ATTACH SHEET IF MORE SPACE IS NEEDED)

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

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

COMMERCIAL DRIVER LICENSE (CDL) APPLICANTS (continued)

List all driver licenses or permits held in the past 3 years

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, GIVE DETAILS _____

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFR)			
TRACTOR & SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFR)			
TRACTOR – 2 TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFR)			
TRACTOR – 3 TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFR)			
MOTORCOACH–SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO	More than 8 passengers			
MOTORCOACH–SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO	More than 15 passengers			
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? _____

ALL APPLICANTS

TO BE READ AND SIGNED BY APPLICANT

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver’s license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that this company may now have, or may establish, a DRUG-FREE workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If this company has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a DRUG-FREE workplace, consistent with applicable federal, state and local law. I also understand that all employees of the location, pursuant to this company’s policy and federal, state and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with this company’s policies and applicable federal, state and local law.

If employed by this company, I understand and agree that this company, to the extent permitted by federal, state and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement.

I certify that all information on this application, my résumé, or supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

This Company is an AT-WILL employer as allowed by applicable state law. This means that regardless of any provision in this application, if hired, the company or I may terminate the employment relationship at any time, for any reason, with or without cause or notice. Nothing in this application or in any document or statement, written or oral, shall limit the right to terminate employment AT-WILL. No officer, employee or representative of the company is authorized to enter into an agreement – express or implied – with me or any applicant of employment for a specified period of time unless such an agreement is in a written contract signed by the president of the Company.

If hired, I agree to conform to the rules and regulations of this Company, and I understand that this Company has complete discretion to modify such rules and regulations at any time, except that it will not modify its policy of employment AT-WILL.

I authorize this Company or its agents to confirm all statements contained in this application and/or résumé as it relates to the position I am seeking to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation which may be permitted by federal, state, and/or local law. If applicable and allowed by law, I will receive separate written notification regarding the Company’s intent to obtain “consumer reports”.

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the Company or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the Company and its representative seeking such information and all other persons, corporations, or organizations furnishing such information. Further, if hired, I authorize the Company to provide truthful information concerning my employment to future employers and hold the company harmless for providing such information.

If hired by this company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this company. I also understand that this company employs only individuals who are legally eligible to work in the United States.

This application will be considered active for a maximum of sixty (60) days. If you wish to be considered for employment after that time, you must reapply.

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 Signature: _____ Date: _____

DO NOT SIGN UNTIL YOU HAVE READ ALL OF THE INFORMATION CONTAINED IN THIS APPLICATION.

If the applicant is a minor, the foregoing release and consent must be signed by the applicant’s parent or legal guardian. Signature by the applicant’s parent or legal guardian constitutes acknowledgement by the applicant and the applicant’s parent or legal guardian that the Company, to the extent permitted by federal, state, and local law, can test the applicant for illegal or controlled substances, conduct inspections of property without notice, and communicate test results to the Company personnel who need to know, the applicant, and the applicant’s parent or legal guardian.

Parent/Legal Guardian

Witness

Date

Date

ALL APPLICANTS DRIVER'S LICENSE CHECK CONSENT FORM

I do hereby consent to having my current driving record checked and the information obtained subject to periodic review by appropriate Ready to Haul, LLC and insurance company personnel. I understand that such information is to be used to substantiate a satisfactory driving record required to drive Ready to Haul, LLC vehicles. I further understand that if hired my record may be reviewed periodically by appropriate Ready to Haul, LLC and insurance company personnel as required.

Signature

Date

Print Name

Driver's License No.

Driver's License Expiration Date

Driver's License State

Last 4 Digits of Social Security Number

Date of Birth