

WORK EXPERIENCE

Please account for all time for the last five- (5) years. Include periods of unemployment and any prior employment by this Company. Begin with your most recent job. Use a separate sheet of paper if necessary.

Present Employer	Address	From Mo/Yr	To Mo/Yr
Name and Title of your supervisor	Phone Number	Starting Salary,	Mo/Hrly?
Your title and description of your duties:		Ending Salary,	Mo/Hrly?
		Reason for leaving?	
Employer	Address	From Mo/Yr	To Mo/Yr
Name and Title of your supervisor	Phone Number	Starting Salary,	Mo/Hrly?
Your title and description of your duties:		Ending Salary,	Mo/Hrly?
		Reason for leaving?	
Employer	Address	From Mo/Yr	To Mo/Yr
Name and Title of your supervisor	Phone Number	Starting Salary,	Mo/Hrly?
Your title and description of your duties:		Ending Salary,	Mo/Hrly?
		Reason for leaving?	

REFERENCES

Please list two former supervisors and/or associates who are acquainted with your work performance.

Name	Organization	Area Code and Business phone
Title	Home Address	City, State, Zip
Working Relationship	Area Code and Home Phone	

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Title	Home Address	City, State, Zip
Working Relationship	Area Code and Home Phone	

GENERAL INFORMATION

Federal law prohibits the employment of unauthorized persons. Should you be hired, satisfactory proof of employment authorization and identity will be required within three (3) working days of hire. Failure to submit such proof within the required time will result in immediate dismissal.

	Yes	No	
If hired, can you furnish proof of citizenship or authorization to work?			
If you are under the age of 18 years old, do you have a work permit?			[] N/A
What shifts would you be willing to work: Shifts?			
Weekends?			
Holidays?			
Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodations, in a safe or efficient manner?			
Have you ever been convicted of a felony in the past five (5) years? * If yes, explain on this form.			
Do you have any relatives or personal friends working for this Company?			
<i>If yes, who?</i>			
<i>Relationship:</i>			

* The existence of any conviction of any crime does not constitute an automatic bar to employment consideration.

MOTOR VEHICLE OPERATION

All applicants/employees must have and maintain a valid driver's license:

Have your driving privileges ever been suspended or revoked? [] Yes [] No
Do you have a driver's license? [] Yes [] No
What state issued your driver's license? Driver's License Number: Expiration Date:
Type or Class of License: Is your driver's license valid? [] Yes [] No

SKILLS AND LICENSES

List all professional skills and/or certificates and licenses you possess that are relevant to the position, for which you are applying, be specific. If you have other skills you believe are important, list them.

MILITARY SERVICE

Were you a member of the military services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, give dates; From:	To:	
Branch of Service:	Rank of Grade:	

EDUCATION

SCHOOL	CITY AND STATE	# OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
COLLEGE				
TRADE/BUSINESS SCHOOL				
TRADE/BUSINESS SCHOOL				

Explanation for any section requiring further information: _____

PLEASE READ THIS SECTION BEFORE YOU SIGN THIS EMPLOYMENT APPLICATION FORM.

*I certify that answers given in this application are true and complete to the best of my knowledge. I understand that any false statements on this application could result in my separation from the Company. I understand the employer is not obligated to offer the position to me, even after completing this application or following a job interview. I understand that Company has certain rules and procedures, which must be followed. I agree that if I am employed I will follow the rules of the Company or be subject to disciplinary action that could mean dismissal. I understand the Company is an at-will employer, which means that any term of employment is for no definite period of time regardless of the date or payment of wages. **If I am employed, such employment may be ended with or without cause or notice. No verbal agreements made during any application or interview process can be relied upon unless such agreements are in writing and signed by the owner or President of the Company.***

I understand if the Company hires me, my employment is conditional on my ability to provide proof of work authorization and identity as required by Federal Law and the completion of any post-employment requirements of the employer.

Your Signature: _____ Date of Application: _____

DO NOT WRITE BELOW THIS LINE

Interviewed By: _____ Date: _____

REMARKS: _____

Neatness: _____ Character: _____

Personality: _____ Ability: _____

Hired: _____ Position: _____ Start Date: _____ Starting Wage: \$ _____

Approved: 1. _____ 2. _____
Shop Supervisor Administrative Supervisor



North Dixie Truck & Trailer, Inc.
 2050 North Dixie Highway • Lima, Ohio 45801
 (419) 221-3750 • (800) 440-9523 • FAX (419) 221-3854

2050 N Dixie Hwy – Lima, OH 45801
 Joe Patterson, Shop Supervisor

Telephone 419-221-3750

Fax 419-221-3854

Kim Patterson, Administrative Supervisor

INQUIRY TO PAST EMPLOYERS

Section 1: To Be Completed By Prospective Employee

I, _____
 Print Last Name, First, M.I. Social Security Number

Hereby authorize that previous employers may release and forward information requested by Section 2 (below) of this document concerning my employments, including oral assessments of my job performance, ability, fitness to North Dixie Truck & Trailer, Inc. (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release the previous employer from any and all liability of any type as a result of providing the above-mentioned information to the Shop Supervisor and/or Administrative Supervisor.

 Applicant's Signature Date

Applicant Do Not Write Below This Line

 Previous Employer Name

 Address Phone #

 Fax #

Section 2: To Be Completed By Previous Employer

- This applicant lists dates of employment with your firm from : _____ to _____. Is this correct?
 Yes ____ No ____
- What kind(s) of work did he/she do? Dock ____ Office ____ Shop ____ Other ____
 Specify _____
- To your knowledge, was the applicant's operator's license suspended while in your employ? ____ If so,
 please explain _____
- Was this person bonded while with your company? ____ If so, were there any circumstances that were
 reported to the bonding company? _____
- Is there anything in the applicant's history that could suggest he or she may not be trusted to handle company
 funds? _____
- Did the applicant pose either repeated and/or severe disciplinary problems? Yes ____ No ____ If so,
 please explain _____
- Why did this employee leave your company? Resigned ____ Discharged ____ Laid Off ____
- Would you re-employ this person? Yes ____ No ____ Please explain _____
- Remarks: _____

Section 2 completed by: _____ Date _____
 Signature & Title

NOTICE OF DRUG TEST

No application for employment with North Dixie Truck & Trailer, Inc. will be accepted unless the NOTICE OF DRUG TEST has been completed, signed and attached to the application agreeing to the administration of a pre-employment drug test.

Printed name of the undersigned

I hereby acknowledge that all applicants for employment with North Dixie Truck & Trailer, Inc. are required to take a pre-employment drug test before the applicant is considered for employment. The drug test will test for the presence of illegal drugs, alcohol, and prescription drugs in my body.

I understand that I am guaranteed a right of privacy which allows me to refuse the drug test; but without completion of a drug test I will not be considered for employment with North Dixie Truck & Trailer, Inc.

By signing this NOTICE OF DRUG TEST I waive my expectation of privacy and upon acceptance and completion of the employment application, I will be asked to take a drug test. At no time will I be forced to take the drug test; however, the drug test is mandatory for employment with North Dixie Truck & Trailer, Inc.

By signing below I acknowledge that I can read the English language and that I understand this document. By signing below I waive my right to privacy as to a pre-employment drug test as described above, and I agree to submit to a pre-employment drug test administered pursuant to North Dixie Truck & Trailer, Inc. Pre-Employment Drug Testing Policies and Procedures. I agree to be bound by the results of such test, including the denial of my application for employment with North Dixie Truck & Trailer, Inc. should illegal drugs or alcohol be detected, or should prescription drugs be detected without a valid and current prescription in my name for the particular prescription drug detected.

Undersigned Signature: _____
Printed Name: _____
Date: _____