



121 E Tuscola St, PO Box 146, Frankenmuth, MI 48734

APPLICATION FOR EMPLOYMENT

To the applicant: We appreciate your interest in our company and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position which, in our judgment, best meets your qualifications. Please complete this application in its entirety using ink.

We are an Equal Opportunity Employer and will not discriminate on the basis of race, color, sex (including pregnancy and conditions related to pregnancy), religion, national origin, age, marital or veteran status, disability, genetic information, height, weight, sexual orientation, transgender status, gender identity, misdemeanor arrest record, or any other protected status.

PERSONAL

Name _____
(Last) (First) (Middle)

Date of application _____

Address _____
(Street) (City) (Zip)

Telephone Number _____

Are you 18 years of age or older?

Yes ☐ No ☐

Can you lawfully work in the United States of America?
(Not Applicable in California)

Yes ☐ No ☐

Have you previously been employed by Star of the West?

Yes ☐ No ☐

If yes, date(s) _____ Supervisor's Name(s) _____

Have you filed an application here before?

Yes ☐ No ☐

If yes, date(s) _____

Provide any other name(s) you have used: _____

List any friends or relatives working here: _____

EMPLOYMENT DESIRED

Position(s) sought: _____

Are you able to perform all of the essential functions of the position(s) you seek with or without a reasonable accommodation? Yes ☐ No ☐

Kind of work sought: Full time ☐ Part time ☐ Other _____

Do you have any special training, skills, qualifications, or other experiences that relate to the position(s) you seek? _____

Salary Desired _____

Date available to work _____

EDUCATION

	Name and Location	Last Year Attended	Subject/Major	Did You Graduate?
High School		9 10 11 12		Yes No
College		1 2 3 4		Yes No
Graduate School		1 2 3 4		Yes No
Trade School		1 2 3 4		Yes No
Other Training		1 2 3 4		Yes No

Identify any other Educational/Occupational Training: _____

EMPLOYMENT HISTORY

Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

Attention DOT Driver Applicants: The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. ***In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.***

Employer _____ From (month/year) _____ To (month/year) _____

Address _____ City _____ State _____ Zip _____

Position held _____ Wage _____ Full-time or Part-time

Specific reason for leaving _____

May we contact? Yes or No Telephone Number: _____

DOT Driver Applicants Only:

- While employed here, were you subject to the Federal Motor Carrier Safety Regulations?
Yes ☐ No ☐
- Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?
Yes ☐ No ☐

Employer _____ From (month/year) _____ To (month/year) _____

Address _____ City _____ State _____ Zip _____

Position held _____ Wage _____ Full-time or Part-time

Specific reason for leaving _____

May we contact? Yes or No

Telephone Number: _____

DOT Driver Applicants Only:

- While employed here, were you subject to the Federal Motor Carrier Safety Regulations?
Yes ☐ No ☐
- Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?
Yes ☐ No ☐

Employer _____ From (month/year) _____ To (month/year) _____

Address _____ City _____ State _____ Zip _____

Position held _____ Wage _____ Full-time or Part-time

Specific reason for leaving _____

May we contact? Yes or No

Telephone Number: _____

DOT Driver Applicants Only:

- While employed here, were you subject to the Federal Motor Carrier Safety Regulations?
Yes ☐ No ☐
- Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?
Yes ☐ No ☐

(Use separate page for additional employment history. If you resigned because you thought your employment was in jeopardy or if you were asked to resign, you must indicate this.)

Explain any gaps in work history

ADDITIONAL INFORMATION

Have you ever been convicted of a crime or do you have any felony charges currently pending against you? Yes ☐ No ☐

If yes, explain in detail (when, where and identify the offense): _____

If your position will require driving, do you have a valid driver's license? Yes ☐ No ☐

Do you have reliable transportation to commute to work? Yes ☐ No ☐

List professional, trade, business, or civic activities and offices held excluding groups that may disclose a protected status as identified above: _____

State any additional information that you feel may be helpful to us in considering your application including military service (military service is viewed favorably): _____

DOT Driver Applicants Only

Date of Birth _____

Social Security # _____

Previous Three Years Residency					
Attach additional sheet if more space is needed.					
	Street	City	State	Zip Code	# of Years at Address
Current					
Mailing					
Previous					
Previous					
Previous					

License Information				
<i>No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed.</i>				
State	License #	Type/Class	Endorsements	Expiration Date
Previously Held Licenses				

Driving Experience				
Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Date From	Date to	Approximate # of Miles (Total)
Straight Truck				
Tractor & Semi-Trailer				
Tractor & 2 Trailers				
Tractor & Tanker				
Other				

Accident Record for the Past 3 Years*Attach additional sheet if more space is needed. Check this box if none ☐*

Dates (List most recent first)	Nature of Accident (Head-on, rear-end, upset, etc.)	Fatalities Caused	Injuries Caused	Chemical Spills (Y/N)

Traffic Violations (Other Than Parking) Resulting in Convictions and Forfeitures for the Past 3 Years*Attach additional sheet if more space is needed. Check this box if none ☐*

Date Convicted (Month/Year)	Violation	State of Violation	Penalty (Forfeited bond, collateral and/or points)

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes ☐ No ☐
If yes, explain _____

Has any license, permit, or privilege ever been suspended or revoked? Yes ☐ No ☐
If yes, explain _____

Acknowledgement and Agreement

I acknowledge that consideration for employment may be contingent on the results of a reference and background check. Therefore I authorize Star of the West Milling, Inc. or it's agent (a third party company) to: (1) investigate the truthfulness of all statements made on this application; (2) contact my former employers and any other persons who can verify information; (3) obtain a credit history report in accordance to The Fair Credit Reporting Act; (4) obtain criminal conviction report; (5) obtain a motor vehicle / driving record; (6) check references; (7) obtain verification of education, licenses, past employment; (8) obtain public information reports (i.e., bankruptcies, tax liens, lawsuits etc.); (9) discuss results of any investigation with other employees of Star of the West Milling, Inc. involved in the hiring process; and (10) DOT Driver Applicants only: run a limited and/or full query through the FMCSA Clearing House. In addition, I give my consent for all contacted persons including my former employers to provide information that may be lawfully provided concerning this application, and release each said person from liability for providing information to Star of the West Milling, Inc.

I attest that the information contained on my employment application and resume (if any) and throughout the interview process is accurate and that I have not and will not omit any relevant information or provide any misleading information. I agree that providing any false or misleading information (or withholding relevant information) shall be adequate and lawful reason to deny me an employment opportunity or to terminate my employment if I am already hired when this is discovered.

All applicants, after a conditional offer of employment, will be required to take a physical examination and / or a drug screen test. If the applicant refuses to consent to the physical examination or the drug screen, the applicant will be denied employment. If the applicant tests positive for an illegal drug or a drug that was not prescribed for the applicant, he or she will be denied employment. Marijuana is still unlawful under federal law.

I agree that my employment and compensation may be terminated with or without cause, and with or without advance notice, at any time, at the option of either Star of the West Milling, Inc., or myself. I specifically acknowledge that there have been no statements made to me to the contrary. I further agree that no representative of Star of the West Milling, Inc., other than the President, has the authority to alter the at-will employment relationship and any such alteration by the President must be in a writing entitled "Employment Agreement" and signed by the President, as well as myself.

I understand that if I need a reasonable accommodation for a disability, under Michigan law only, I must provide Star of the West Milling, Inc. with written notice of this need within 182 days of the day I knew of should have known of my need.

I agree, to the extent permitted by law, that any claims or charges against Star of the West Milling, Inc. (or its employees or related entities) must be brought within 180 days of the day I knew or should have known of the claim or be forever barred and I waive any longer (but not shorter) period of limitations. This 180-day limitations period shall also apply to the initial filing of a charge at the Equal Employment Opportunity Commission; provided thereafter I shall be permitted to pursue the civil claims arising out of my charge in the manner and within the time as explained in the Commission's notice of right to sue.

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.

Signature: _____ Date: _____

Name Printed: _____