



Star of the West Milling

Driver's Application for Employment

Application must be completed in pen with black ink.

Personal Information

Date _____

Name _____

Previous address (if less than 3 years at current) _____ City _____ State _____ Zip _____

Phone # _____ Social Security # _____

Are you legally qualified to work in the United States? Yes No

Have you been convicted of a felony crime or have charges pending against you? Yes No If yes, when and where and what is the nature of the offense? _____

Are you at least 21 years of age? Yes No

How did you hear about us? _____ Referred by _____

Position applied for _____ Date available for work _____

Can you perform the essential functions of the position for which you are applying? Yes No (If you have any question as to what functions are applicable, please ask interviewer.) If no, are there reasonable accommodations that can be made to allow you to perform the essential functions of the job? _____

Rate of pay desired _____ Hours desired Full-time Part-time Temporary

Have you worked for Star of the West before? Yes No If yes, when and where? _____

Education

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

Employment History

Provide 10 years of employment history (add another sheet if needed).

Current or last employer _____ From (month/year) _____ To (month/year) _____

Address _____ City _____ State _____ Zip _____

Position held _____ Wage _____ Full-time Part-time

Contact person _____ Phone # _____ Fax # _____

Reason for leaving _____ May we contact? Yes No

While employed, were you subject to FMCSA Regulations? Yes No

Was the job designated as a safety-sensitive function in any DOT-regulated mode subject to drug/alcohol testing? Yes No

Previous employer _____ From (month/year) _____ To (month/year) _____
Address _____ City _____ State _____ Zip _____
Position held _____ Wage _____ Full-time Part-time
Contact person _____ Phone # _____ Fax # _____
Reason for leaving _____ May we contact? Yes No
While employed, were you subject to FMCSA Regulations? Yes No
Was the job designated as a safety-sensitive function in any DOT-regulated mode subject to drug/alcohol testing? Yes No

Previous employer _____ From (month/year) _____ To (month/year) _____
Address _____ City _____ State _____ Zip _____
Position held _____ Wage _____ Full-time Part-time
Contact person _____ Phone # _____ Fax # _____
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Previous employer _____ From (month/year) _____ To (month/year) _____
Address _____ City _____ State _____ Zip _____
Position held _____ Wage _____ Full-time Part-time
Contact person _____ Phone # _____ Fax # _____
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Previous employer _____ From (month/year) _____ To (month/year) _____
Address _____ City _____ State _____ Zip _____
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Previous employer _____ From (month/year) _____ To (month/year) _____
Address _____ City _____ State _____ Zip _____
Position held _____ Wage _____ Full-time Part-time
Contact person _____ Phone # _____ Fax # _____
Reason for leaving _____ May we contact? Yes No
While employed, were you subject to FMCSA Regulations? Yes No
Was the job designated as a safety-sensitive function in any DOT-regulated mode subject to drug/alcohol testing? Yes No

Explain any gaps in work history _____

Have you been discharged or asked to resign from a job? Yes No If yes, explain _____

List any other experience, skills, or qualifications, including hobbies, which you believe should be considered in evaluating your qualifications for employment _____

State any other information you feel may be helpful to us in considering your application _____

Commercial Driver’s License Information

Driver’s license # _____ Class (A, B, C) _____ Endorsements _____

Issuing state _____ Expiration date _____ Date of birth (required for CDL Drivers) _____

Do you have full knowledge of FMCSA Regulations? Yes No Years of driving experience _____

In the last 3 years have you 1) tested positive or 2) refused to test for any pre-employment drug or alcohol test administered by an employer that you applied to, but did not obtain safety-sensitive transportation work? Yes No

List all traffic violations in the past 3 years that resulted in a conviction or a guilty plea (other than parking violations) _____

How many accidents have you had in the last 3 years? _____ Who’s fault? Mine Other driver(s)

Briefly describe _____

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 _____

List your driving experience in the table below.

Class of Equipment	Type of Equipment	Dates		Approximate Number of Miles (Total)
	(Van, Tank, Flat, Etc.)	From	To	
Straight Truck				
Tractor and Semi Trailer				
Tractor and Dump Trailer				
Tractor and Two Trailers				
Motor Coach—School Bus				
Other (List):				

Driver's Application Certification and Agreement

Please read carefully before signing.

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, or its 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 (FCRA) (4) obtain criminal conviction report (5) obtain a motor vehicle / driving record (6) check references (7) obtain verification of education, licenses, past employment and (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 Leasing, Inc. involved in the hiring process. In addition I give my consent for all contacted persons including my former employers to provide information concerning this application, and release each said person from liability for providing information to Star of the West Milling.

I understand that, prior to being offered employment; I may be requested to take an employment examination. In the event that I have a disability that will affect my ability to take the test, I will inform Star of the West Milling prior to the test so that a reasonable accommodation can be made. Star of the West Milling reserves the right to require medical documentation regarding the need for accommodation.

I understand that if I am applying for a CDL driving position, the information in this application will be used in determining experience and qualifications and that my prior employers will be contacted for the purpose of investigation as required by 391.23 of the Federal Motor Safety Regulations.

I hereby certify that the facts set forth in this employment application are true and complete to the best of my knowledge and authorize Star of the West Milling to verify their accuracy and to obtain reference information on my work performance. I hereby release Star of the West Milling, from any/all liability of whatever kind and nature, which, at any time, could result from obtaining and having an employment decision, based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules, and regulations of employment of Star of the West Milling. However, I further understand that neither the policies, rules, regulations of employment, nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or Star of the West Milling Company may terminate my employment at anytime with or without notice or cause.

I understand and acknowledge that my employment and compensation may be terminated with or without cause, and with or without 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 understand and acknowledge that no representative of Star of the West Milling, Inc., other than the President, has the authority to alter the terms and conditions of the at-will employment relationship. Any such alteration by the President must be in writing and signed by the President, as well as myself.

Signature of applicant _____ Date _____

Star of the West Milling is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by state or federal law. Michigan law requires that a person with a disability or handicap requiring accommodation to perform the essential duties of the job must notify the employer in writing within 182 days of the date that the need is known or should have been known.