

Application for Employment



R. W. SIDLEY, INC.
P.O. Box 150 • Painesville, OH 44077

DATE OF APPLICATION ____/____/____

POSITIONS APPLIED FOR _____ RATE OF PAY EXPECTED \$ _____ WEEK

REFERRAL SOURCE ADVERTISEMENT EMPLOYEE RELATIVE GOVERNMENT EMPLOYMENT AGENCY
 WALK-IN PRIVATE EMPLOYMENT AGENCY OTHER _____

NAME OF SOURCE (IF APPLICABLE) _____

SECT. I. GENERAL

NAME _____
LAST FIRST MIDDLE

ADDRESS _____
STREET CITY COUNTY STATE ZIP

TELEPHONE NUMBER (_____) _____ SOCIAL SECURITY NUMBER _____
AREA CODE

E-MAIL ADDRESS _____

If necessary, best time to call you at home is

May we contact you at work? Yes No

If yes, work number and best time to call (_____) _____
AREA CODE TIME

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

Have you filed an application here before? Yes No

If yes, give date ____/____/____

Have you ever been employed here before? Yes No

If yes, give dates From ____/____/____ to ____/____/____

Are you legally eligible for employment in this country? Yes No
(Proof of U.S. citizenship or immigration status will be required upon employment.)

Date available for work ____/____/____

Type of employment desired: Full Time Part Time Temporary Seasonal Educational Co-Op

Will you work overtime if required? Yes No

R. W. SIDLEY is strongly committed to maintain a DRUG-FREE WORKPLACE. As such, all candidates for employment with **R. W. SIDLEY** will be required to complete a pre-employment drug screen.

Have you ever been convicted of a felony? Yes No

If yes, please explain _____

Driver's license number (If required by job) State _____

AN EQUAL OPPORTUNITY EMPLOYER

SECT. II DRIVERS INFORMATION

TO APPLICANT: If you are applying specifically for a truck driver's position or want consideration for employment as a truck driver with **R.W. SIDLEY**, you must complete this section in its entirety. **R.W. SIDLEY** also owns a separate subsidiary, **J.P. JENKS, INC.** Positions at **JENKS** entail interstate, over night hauls using flat and drop-deck trailers. Do you also wish to be considered for these employment opportunities? Yes No. If you do not want consideration for employment as a driver at either entity, then go to **SECTION III** entitled **EMPLOYMENT HISTORY**.

DRIVERS LICENSE Current & Prior	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, ATTACH STATEMENT GIVING DETAILS

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK _____				
TRACTOR AND SEMI-TRAILER_____				
TRACTOR-TWO TRAILERS_____				
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? _____

ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

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

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

*****Please provide a 3 year Motor Vehicle Record with your application*****

SECT. III EMPLOYMENT HISTORY

List your last employers, assignments or volunteer activities, starting with the most recent. Explain any gaps in employment in comments section below.

EMPLOYER	TELEPHONE () -	DATES EMPLOYED		Summarize the nature of the work performed and job responsibilities.
ADDRESS		FROM	TO	
JOB TITLE		HOURLY RATE / SALARY		
IMMEDIATE SUPERVISOR AND TITLE		STARTING		
REASON FOR LEAVING		\$	PER	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		HOURLY RATE		
		FINAL		
		\$	PER	
EMPLOYER	TELEPHONE () -	DATES EMPLOYED		Summarize the nature of the work performed and job responsibilities.
ADDRESS		FROM	TO	
JOB TITLE		HOURLY RATE / SALARY		
IMMEDIATE SUPERVISOR AND TITLE		STARTING		
REASON FOR LEAVING		\$	PER	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		HOURLY RATE		
		FINAL		
		\$	PER	
EMPLOYER	TELEPHONE () -	DATES EMPLOYED		Summarize the nature of the work performed and job responsibilities.
ADDRESS		FROM	TO	
JOB TITLE		HOURLY RATE / SALARY		
IMMEDIATE SUPERVISOR AND TITLE		STARTING		
REASON FOR LEAVING		\$	PER	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		HOURLY RATE		
		FINAL		
		\$	PER	

Comments (including explanation of any gaps in employment)

SKILLS AND QUALIFICATIONS. Summarize special skills and qualifications acquired from employment or other experience that may qualify you for work with our Company.

SECT. IV MILITARY

HAVE YOU SERVED IN THE U.S. ARMED FORCES? _____ BRANCH _____ YEARS OF SERVICE _____

RANK AT DISCHARGE _____

SPECIAL TRAINING _____

SECT. V EDUCATIONAL BACKGROUND

A. List last three (3) schools attended, *starting with the last one*, B. List number of years completed, C. Indicate degree or diploma earned, if any, D. Grade Point Average or Class Rank and E. major and minor field of study (if applicable)

A. SCHOOL	B. NO. YEARS COMPLETED	C. DEGREE DIPLOMA	D. GPA CLASS RANK	E. MAJOR	F. MINOR

SECT. VI OTHER

List any additional information you would like us to consider: _____

Vietnam Era Veteran?..... YES NO

If you are handicapped and wish to be identified as such according to the Rehabilitation Act of 1973, please indicate by checking the box..... YES

SECT. VII PERSONAL REFERENCES

NAME	TELEPHONE	YEARS KNOWN
	() -	
	() -	
	() -	

APPLICANT'S STATEMENT AND AUTHORITY TO RELEASE INFORMATION

The facts set forth above are true and complete. I understand that any misrepresentation or omission on this application may preclude an offer of employment, or may result in a withdrawal of an employment offer, or may result in my discharge from employment if I am already employed at the time the misrepresentation or omission is discovered.

I hereby authorize R. W. Sidley, Inc., and / or any authorized representative(s) bearing this release to obtain any information pertaining to my employment, military, credit history, law enforcement, criminal, medical, motor vehicle or educational records. This release is executed with full knowledge and understanding that the information will be used in connection with consideration of employment by R. W. Sidley, Inc. I further release any and all custodians of such records both individually and collectively, from any and all liability pertaining to this release.

I understand that this application is not, and is not intended to be, a contract of my employment. If, as a result of this application, an employment relationship ensues, it is my full understanding, the continuance of such relationship is at the will of R. W. Sidley, Inc. and may be terminated by either party with or without cause. If I accept a position at any time with R. W. Sidley, Inc., I agree to abide by all rules, regulations, and policies of the company as a condition of employment.

I have read and affirm as my own the above statements.

Signature of Applicant

FOR OFFICE USE ONLY _____	WORK LOCATION _____
POSSIBLE POSITION(S) _____	POSITION _____
_____	FOREMAN _____ EMPLOYEE NO. _____
APPOINT. WITH DR. _____ DATE _____	RATE: _____ DATE HIRED _____

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to _____
(Prospective Employer)
for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

(Applicant's Signature)

(Date)

In accordance with the provisions of Sections 604 and 607 of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1 of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e. information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and will be used for no other purpose;
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-322, Title XXX, Sections 300002(a)).

(Signature of Requester)

(Date)

TO: _____

DEAR SIR/MADAM:

The following named person has made application with our company for the position of _____
In accordance with Section 391.23, Federal Department of Transportation Regulations,
please furnish the undersigned with the applicant's driving record for the past three years.

The following named person is employed with our company in the position of _____
In accordance with Section 391.25, Federal Department of Transportation Regulations,
please furnish the undersigned with the employee's driving record for the past year.

NAME OF APPLICANT/DRIVER: _____

EMPLOYMENT DATES FROM (m/y) _____ TO (m/y) _____

ADDRESS: _____
(Number & Street) (City) (State) (Zipcode)

FORMER ADDRESS: _____
(Number & Street) (City) (State) (Zipcode)

DATE OF BIRTH: _____ SSN _____ LICENSE NO. _____

REQUESTED BY

(Name of Company)

(Typed Name)

(Address)

(Title)

(City) (State) (Zipcode)

(Signature)



AUTHORIZATION TO CONDUCT BACKGROUND CHECK

Notice of Intent to Procure Consumer Report (Background Check)

Pursuant to the Fair Credit Reporting Act, 15 U.S.C. Section 1681 *et seq.*, this notice is to inform you that as part of our evaluation procedure for employment, promotion or retention, we may obtain and review consumer report(s) and/or investigative consumer report(s) for employment purposes concerning you (Background Check). These report(s) will be obtained through the following Consumer Reporting Agency: Amerisearch Background Alliance, 2529 South Ridge Rd E; Phone: (800) 569-6133. Driving history records (DMV/MVR) will be obtained through First Advantage ADR. You have the right to make a written request, within a reasonable period of time after receiving this notice, for additional disclosures as to the nature and scope of any consumer report(s) we obtain. You are also entitled to receive a copy of the Federal Trade Commission's publication, "A Summary of Your Rights under the Fair Credit Reporting Act". You may have additional rights under state law.

By signing below, I authorize Amerisearch Background Alliance, to conduct an employment-related background check on me and to provide the results to the employer named below. I understand this report may contain information as to my character, general reputation, personal characteristics, or mode of living, such as my work habits, work performance and experience, reasons for discipline or termination from any current or prior employment, history of earnings, credit worthiness, credit standing or credit capacity, criminal convictions, driving history, and other related matters that may concern my eligibility for the position or promotion I am seeking. Amerisearch Background Alliance, will not provide any information where such disclosure is restricted by federal or state law.

By signing below, I authorize any present or past employer, supervisor or agent of the employer; high school, college, university or other institution of learning; local, state or federal court; department of motor vehicles, military branch or the national personnel records center; state sex offender registry, state licensing board, state workers' compensation agency, credit bureau, personal or professional reference; to release records or information to Amerisearch Background Alliance, concerning my name, criminal history, motor vehicle history, social security number, earnings history, credit file, address history, educational history, character, reputation, and employment (including documented reasons for termination or discipline) and release such from any and all liability for any damage that may result from the furnishing of this information. This authorization shall be valid in original, faxed or photocopied form. This authorization shall expire upon termination of my employment with the employer named below.

Report to be released to: _____

Applicant Name: _____

Applicant Email address _____

Applicant Phone number _____

Any other Names used for Employment or Education: _____

Applicant Address: _____

City/State/ Zip Code _____

Social Security Number: _____

Month/Day of Birth/Year • _____

Driver's License Number _____

State: _____

May we contact your current employer? _____

YES NO Not Currently Employed

Signature: _____

Date. _____

I understand that if the above named employer requests a copy of my consumer report for employment purposes, I have the right under California, Minnesota, and Oklahoma law to receive a copy of that consumer report from the employer free of charge. I understand that by checking "yes" below, a copy will be provided to me at the address I provided above. I would like to receive a copy of my consumer report (background check) (CA, MN, OK only) Yes No

**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL
MONTHLY ACCOUNT HOLDERS**

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

In connection with your application for employment with _____ (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, 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.

When the application for employment is submitted by mail, telephone, computer, or other similar means, 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 must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

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. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

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 authorizing 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 challenge 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 understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, 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)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 12/22/2015