

**North Dixie Truck & Trailer, Inc.**

**APPLICATION FOR EMPLOYMENT**

All applicants will receive consideration for employment without regard to race, color, religion, sex, age, and marital status, and national origin, physical or mental handicap. The following information is requested in order to help us make the best possible placement within the Company. **Our Company subscribes to a DRUG FREE WORK PLACE. YOU MAY BE REQUESTED TO SUBMIT TO A DRUG SCREEN AS PART OF YOUR INITIAL APPLICATION PROCESS. All portions of this application pertaining you must be completed.**

*We appreciate the time you spend completing this application.*

**POSITION DESIRED**

Today's Date \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Date You Can Start: \_\_\_\_\_

Full Time? [ ] Yes [ ] No      Salary Requirement \$ \_\_\_\_\_ [ ] Hourly [ ] Monthly

How did you hear about us? \_\_\_\_\_  
If by Dept. of Jobs & Family Services, please give interviewer your referral slip.

Ever applied to this Company before: \_\_\_\_\_ Where: \_\_\_\_\_ When: \_\_\_\_\_

**PERSONAL**

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

NAME: \_\_\_\_\_  
Last First Middle Initial

Present Address: \_\_\_\_\_  
Street City State Zip

Phone Number: (\_\_\_\_) \_\_\_\_\_ Message Number (\_\_\_\_) \_\_\_\_\_

**CONSENT FOR BACKGROUND INVESTIGATION**

**It is the intent of this Company to keep all information we receive during any background investigation private and confidential. Please read and sign the statement below allowing the Company to verify past employment and information given on this application.**

"I hereby agree to have an assigned Company representative contact anyone necessary to investigate or verify any information I have given on this application, or to discuss my background, past performance, or my suitability for employment. I further agree to have my work background discussed by any person so contacted, and waive all my rights to bring action for defamation, invasion of privacy, or any similar cause of action, against anyone contacted as a result of what is said about me. I also understand that the information I supply will be checked and that any false statement or omission of fact or facts in connection with this Application for Employment will result in no offer of employment or dismissal from the Company if I am already employed."

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**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?	
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?	

**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	

Name	Organization	Area Code and Business phone
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

Telephone 419-221-3750

Fax 419-221-3854

**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: \_\_\_\_\_