

APPLICATION FOR EMPLOYMENT



1525 County Road 42, Tiffin, OH 44883
Phone: (419) 992-4235 * Fax: (419) 992-4545

The following information is requested to help us make the best possible placement within the Company. Therefore, all portions of this application pertaining to you must be completed. Please provide only the information requested. Applications with non-requested or extraneous information will not be considered. Applicants are further advised that job offers are subject to drug and alcohol evaluations and any employment offers shall be contingent upon the results of such drug and alcohol testing evaluations. Maple Grove Companies, its divisions and subsidiaries, in accordance with Federal and State Laws, does not discriminate on the basis of age, race, religion, sex, sexual orientation, national origin, marital status, physical or mental disability, genetic predisposition or carrier status or arrest record. This application is not intended to and does not create a contract or offer of employment and if hired, employment with the Company would be on an at-will basis and could be terminated at the will of either party.

Date of Application: _____

Name: _____		
Last	First	Middle
Address: _____		Telephone No.
Street		
City	State	Zip
Email: _____		Alternate No.
Social Security Number _____ - _____ - _____ Are you 18 or over? If not, provide age: _____		
Are you legally authorized to work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO If not, what is your immigration status? _____		
Have you ever been convicted of a crime? <input type="checkbox"/> YES <input type="checkbox"/> NO (omit traffic violations) If YES, please explain: _____		
Have you ever worked at the Company before? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, when? _____		
Have you ever applied for a job with the Company? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, where and when? _____		
How were you referred to the Company? _____		
Position for which you are applying _____		Salary expected _____ \$ per _____
Temporary _____	Part Time _____	Full Time _____
Other positions for which you would like to be considered _____		
Can you work overtime? <input type="checkbox"/> YES <input type="checkbox"/> NO What shift(s) are you available to work? <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd		
If your application is considered favorably, on what date can you start work? _____		

United States Military Record	
Branch	Dates
Rank or Grade at Discharge	
Principal Duties: _____ _____	
List Special Training or noteworthy achievements: _____ _____	
Are you currently in the Military Reserves? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you currently in the National Guard? <input type="checkbox"/> YES <input type="checkbox"/> NO

Education					
	School Name	Address	# of Yrs. Attended	Degree	Major
High School					
College					
Graduate					
Other					
Other qualifications, special skills, abilities: _____ _____					
Types of computer software: _____					
Professional licenses, certifications, registrations: _____					
List any additional information you would like us to consider: _____ _____					

Employment Record (Please list most recent position first)				
Dates	Name and Address of Employer	Job Title	Salary	Exact Reason for Leaving
From:			From:	
To:	Phone:	Supervisor:	To:	May we contact them? <input type="checkbox"/> YES <input type="checkbox"/> NO
From;			From:	
To:	Phone:	Supervisor:	To:	May we contact them? <input type="checkbox"/> YES <input type="checkbox"/> NO
From:			From:	
To:	Phone:	Supervisor:	To:	May we contact them? <input type="checkbox"/> YES <input type="checkbox"/> NO

References				
Name	Relationship	Company	Email	Phone Number

APPLICANT MUST READ AND SIGN

I certify that I have read and understand all of this employment application. It is agreed and understood that the employer or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and other persons named herein from all liability for any damages on account of his furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks that are pertinent to the job.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigative Consumer Report, including information regarding my character, personal reputation, personal characteristics and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

This certifies that I completed this application and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature _____ Date _____

****If applying for Commercial Driver position, please continue to page 4****

COMMERCIAL DRIVER INFORMATION

If applying for a truck driver position, please complete the following:

Class of current CDL: _____

Driver Experience and Qualifications

The Federal Motor Carrier Safety Regulations (49CFR391.21(b) (2)) requires that driver applications state their date of birth and SS #.

Date of Birth: ____/____/____

Social Security Number ____-____-____

Physical History

The Federal Motor Carrier Safety Regulations (49CFR391 Subpart E) requires that all their applicants pass certain physical tests before they are hired to drive a motor vehicle.

Date of last Department of Transportation prescribed examination _____ Can you provide a copy _____

Have you ever been granted a waiver under section 391.49 of the Federal Motor Carrier Safety Regulations pertaining to the loss of foot, leg, hand or arm? YES NO

Alcohol and Controlled Substance Statement

The Federal Motor Carrier Safety Regulations 49CFR40.25(j) requires all persons with applying for a driving position requiring a commercial driver’s license to answer the following questions:

1) Within the last two years, have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work? YES NO

2) Within the last two years, have you ever tested positive, or refused to test, on any type of drug or alcohol test administered by an employer for which you preformed safety-sensitive transportation work? YES NO

3) If you answered yes to either 1 or 2 above, can you provide and/or obtain proof that you have successfully completed the DOT return-to-duty requirements? YES NO

Applicant Signature: _____ Date: _____

Driver’s License Information

Driver’s Licenses held in past 3 years must be shown.	State	License number	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

C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? YES NO

If you answered “Yes” to A, B, or C, attach a statement giving details.

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates: From / To	Approximate Total Miles
Straight Truck			
Tractor and Semi-Trailer			
Twin			
Other			

List any endorsements to your CDL:

List states operated in during the last five years:

List special courses or training that will help you as a driver:

List safe driving awards held and who awards were presented by:

Accident History

Accident Review for the past 3 years (attach a separate sheet of paper if more space is needed).

Date	Nature of Accident (Head-On, Rear-End, Upset, etc.)	# Fatalities	# Injuries	# Vehicles Towed	Citation Issued?

Motor Vehicle Driving Record (MVR)

Traffic Convictions and Forfeitures for the past 3 years other than parking violations.

Date	Location	Charge	Penalty