Application for Employment

The purpose of this application is to determine whether or not the applicant is qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and Rausch Bros. Trucking of Ionia, LLC.

Please answer all questions. If the answer to any question is "No" or "None," do not leave the item blank, but write "No" or "None." This is very important.

Position Appling for: _____

Date of Application: _____

Name: _____
           Last Name   First Name   Middle Name

Address: _____

_____

Previous Addresses for the past three years:
(If more than listed below please attach an additional sheet)

_____ **From** _____ **To** _____

_____ **From** _____ **To** _____

_____ **From** _____ **To** _____

CDL or Permit No. _____ **State** _____

Type _____ **Expires** _____

Telephone Number: _____   ☐ **Cell Phone** ☐ **Home Phone**

Social Security Number: ___ ___ ___ - ___ ___ - ___ ___ ___ ___

Date of Birth (MM/DD/YYYY): _____
Pursuant of FMCSR 391.21 (b), Rausch Bros. Trucking of Ionia, LLC is an equal employment opportunity employer and does not discriminate.

Have you ever filed an application with us before?   ☐ **Yes**   ☐ **No**

If yes, give date and position applied for _____

Have you ever been employed with us before?   ☐ **Yes**   ☐ **No**

If yes, give date and position _____

Are you currently employed?   ☐ **Yes**   ☐ **No**

Are you legally authorized to work in the United States?   ☐ **Yes**   ☐ **No**

On what date would you be available for work? _____

Application for Employment

Are you available to work: ☐ **Permanently** ☐ **Temporarily**

☐ **Full-Time** ☐ **Part-Time** ☐ **Shift Work**

Have you ever been convicted of a felony that has not been expunged or otherwise removed from your record? *Conviction will not necessarily disqualify an applicant from employment*

☐ **Yes** ☐ **No**

If yes, please explain in detail _____

_____

Education

	Name and Location of School	Course of Study	Years Completed	Diploma/ Degree
High School				
Technical/ Vocational College				
4 Year Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills, and extra-curricular activities that are relevant to the position: _____

_____

_____

_____ _____

_____

Employment History

Please give a complete record of all employment for the **past three years**, including any self-employment and all commercial driving experiences for the **past ten years**. (If more space is needed please attach an additional sheet).

Company Name: _____

Title: _____

Address: _____

Phone Number: _____ **Supervisors Name:**_____

Dates of Employment (MM/YYYY) From: _____ **To:** _____

Responsibilities: _____

_____

Reason for Leaving: _____

Was employer subject to Federal Motor Carrier Safety Regulations? ☐ **Yes** ☐ **No**

Company Name: _____

Title: _____

Address: _____

Phone Number: _____ **Supervisors Name:**_____

Dates of Employment (MM/YYYY) From: _____ **To:** _____

Responsibilities: _____

_____

Reason for Leaving: _____

Was employer subject to Federal Motor Carrier Safety Regulations? ☐ **Yes** ☐ **No**

Company Name: _____

Title: _____

Address: _____

Phone Number: _____ **Supervisors Name:** _____

Dates of Employment (MM/YYYY) From: _____ **To:** _____

Responsibilities: _____

_____

Reason for Leaving: _____
Was employer subject to Federal Motor Carrier Safety Regulations? ☐ **Yes** ☐ **No**

Company Name: _____

Title: _____

Address: _____

Phone Number: _____ **Supervisors Name:** _____

Dates of Employment (MM/YYYY) From: _____ **To:** _____

Responsibilities: _____

_____

Reason for Leaving: _____
Was employer subject to Federal Motor Carrier Safety Regulations? ☐ **Yes** ☐ **No**

Company Name: _____

Title: _____

Address: _____

Phone Number: _____ **Supervisors Name:** _____

Dates of Employment (MM/YYYY) From: _____ **To:** _____

Responsibilities: _____

_____

Reason for Leaving: _____

Was employer subject to Federal Motor Carrier Safety Regulations? ☐ **Yes** ☐ **No**

Driving Experience

Class of Equipment	Dates (from – to)	Approx. No. of Miles
Straight Truck		
Tractor and Semi-trailer		
Tractor-two trailers		
Other: (specify)		

Accident Record for the Past Three Year
(If more space is needed please attach an additional sheet)

Date of Accident	Nature of Accident (head on, rear end, etc.)	Location of Accident	No. of Fatalities	No. of People Injured

Traffic Convictions and Forfeitures for the Past Three Years
(Other than parking violations) (If more space is needed please attach an additional sheet)

Date	Location	Charge	Penalty

Have you ever been denied a license, permit or privilege to operate a motor vehicle?

☐ Yes ☐ No

Has any license, permit or privilege to operate a motor vehicle ever been suspended or revoked? ☐ Yes ☐ No

I certify that all of the information above including any attached application materials is accurate and complete to the best of my knowledge. **I understand that the** misrepresentation, fraudulent or omission of the fact(s) to any question(s) or item(s) on any part of this application or its attachments may be cancellation of consideration, or termination of employment. **I understand and authorize** that any information I give may be investigated for purposes of determining eligibility. **I understand and authorize** that my previous employers may be contacted for the purpose of investigating work history. **I understand** that a separate release may be needed prior to hiring, and I may be contacted for such a release at a later date.

Unsigned applications will not be considered.

Signature: _____ Date: _____