

Previous Employment:

List all of our employers in the past 10 years beginning with your current or most recent employer.

Driver applicants must provide the following information on all employers in the past 3 years in order to drive in interstate commerce. Please list the complete mailing address, street number, city, state and zip code. Applicants to drive a **commercial motor vehicle** (includes vehicles having a GVWR or 26,001 lbs. or more, any size vehicle used to transport hazardous materials in a quantity requiring placarding) in intrastate and interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

Date: Month/Year	Name, Address, Phone# of Employer Contact Person	Position/Job Duties	Salary	Reason for Leaving
From:				
To:	May we contact? ___Y ___N			

- Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? ___Y ___N
- Was this job designated as a "safety sensitive function" in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40 ___Y ___N

From:				
To:	May we contact? ___Y ___N			

- Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? ___Y ___N
- Was this job designated as a "safety sensitive function" in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40 ___Y ___N

From:				
To:	May we contact? ___Y ___N			

- Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? ___Y ___N
- Was this job designated as a "safety sensitive function" in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40 ___Y ___N

From:				
To:	May we contact? ___Y ___N			

- Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? ___Y ___N
- Was this job designated as a "safety sensitive function" in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40 ___Y ___N

From:				
To:	May we contact? ___Y ___N			

- Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? ___Y ___N
- Was this job designated as a "safety sensitive function" in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40 ___Y ___N

Did you work for any of the above listed employers under a different name? Name used: _____

Accident record for the past 3 years (attach sheet if more space is needed. If none, write none)

	Dates	Nature of accident	Fatalities	Injuries
last account				
next previous				
next previous				

Traffic convictions and forfeitures for the past 3 years (other than parking violations. If none, write none)

Location	Date	Charge	Penalty

Experience and Qualifications – Driver Licenses

State	License No.	Type	Expiration Date

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

B. Has any license, permit or privilege ever been suspended or revoked? Y N

If the Answer to either A or B is YES, attach a statement giving details.

Driving Experience (If none, write none)

Class of Equipment	Type of Equipment (van, tank, flat etc.)	Dates		Approx. No. of miles (total)
		From	To	
Straight truck				
Tractor and semi-trailer				
Tractor- 2 trailers				
Motor coach-school bus				
Other				

List states operated in for last 5 years _____

List courses or training that will help you as a driver _____

Which safe driving awards do you hold and from whom? _____

References: Give the names of 3 persons not related to you, whom you have known for at least one year.

Name	Address/Phone Number	Business	Years Acquainted

Please read carefully:

1. Certification of Truthfulness: I certify that all the statements on this Application for Employment are made truthfully and without evasion and further understand and agree that such statements may be investigated and if found to be false will be sufficient reason for not being employed, or if employed, may result in dismissal.

2. Physical Exam/Substance Testing: I agree to submit myself, upon request, for physical examination by the Company's physician and to execute appropriate releases for that purpose. In addition, I agree to submit to a pre-employment substance screening test and to all searches and/or substance testing called for by Lin-Gas' alcohol, drugs and other intoxicants policy.

3. Authorization for Information: I authorize the references I have listed above, any prior or current employer of mine, any educational institutions and any person or organization to give any and all information concerning my previous employment or educational accomplishments including any disciplinary information and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing information to you. In addition, I authorize Lin-Gas to obtain an investigative consumer and/or credit report on me.

I also agree to participate in any aptitude or other testing which Lin-Gas believes will assist in hiring or placement decisions.

I hereby waive written notice to me that the above employment information is being provided by any person or organization.

4. Criminal and Driving Record Check: I agree to cooperate with Lin-Gas by taking whatever steps are needed in order to allow Lin-Gas to secure my criminal conviction history and driving record from the appropriate agencies. The information provided concerning previous employers may be used to investigate your safety performance history, and you must be notified in writing of your due process rights.

5. Employment at Will: If hired, in consideration of my employment I agree to abide by the rules and policies of Lin-Gas and affiliates. I acknowledge that Lin-Gas may change its rules and policies at any time as it deems appropriate and that any changes will be binding on me.

I further agree that such employment and all compensation can be terminated with or without cause, and with or without notice, at any time; at the option of either Lin-Gas or me and nothing in any Company policy or handbook changes this employment at will status. I understand and agree that no agent or representative of Lin-Gas other than its President has any authority to enter into any agreement for employment for any specific or indefinite period of time or to make any agreement contrary to the foregoing and that the President's authority to do so may be exercised only by a written employment contract signed by Lin-Gas' President.

6. Statute of Limitations: I agree that any action, grievance or complaint against my employer or agent of my employer arising out of or relating to my application or candidacy for employment, my employment and/or the cessation of my employment for any reason, including claims and cause of action such as breach of express or implied contract, common law tort claims and claims arising out of violations of any federal and state civil rights statutes, such as Title VII of the Civil Rights Act, the Age Discrimination in Employment Act, the Family and Medical Leave Act, the Americans with Disabilities Act, the Elliot-Larson Civil Rights Act and the Michigan Person with Disabilities Act, **must be brought within 180 days from the date giving rise to the claim** or be forever barred. I expressly waive any statutory limitations period which is longer than this time.

Date: _____

Signature: _____