

# DOT EMPLOYMENT APPLICATION

(THIS APPLICATION EXPIRES AFTER 30 DAYS)

## Alaplex AutoTransport, LLC

**We are an Equal Opportunity Employer. Race, color, religion, age, sex, marital status, veteran status, non job related disability, national origin or any other protected group are not factors in decisions relating to employment, promotion, compensation or working conditions. Those applicants requiring reasonable accommodations to the application and/or interview process should notify a representative of the Human Resources Department.**

Dear Applicant: Per FMCSR 391.21(d) Before an application is submitted, the motor carrier shall inform the applicant that the information he/she provides for the employment history may be used, and the applicant's prior employers may be contacted, for the purpose of investigating the applicant's safety performance history information. The prospective employer must also notify the driver in writing of his/her due process rights as specified in FMCSR 391.23(i) regarding information received as a result of these investigations. You have the following rights: (i) review information provided by previous employers: (ii) have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer: (iii) have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and driver cannot agree on the accuracy of the information.

**Please Print**

### Application Information

Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone #: ( ) \_\_\_\_\_  
*Last First Middle Initial*

Address: \_\_\_\_\_ Alternate Phone #: ( ) \_\_\_\_\_  
*Street Apt. #*

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

(Previous Address if current residence is less than 3 years):

Address: \_\_\_\_\_  
*Street Apt. #*

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Have you ever been employed by The Company or its affiliated companies?  Yes  No If so, when? \_\_\_\_\_

Do you have any friends or relatives working for The Company or its affiliated companies?  Yes  No

If yes, state name and relationship: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: ( ) \_\_\_\_\_  
*Street City, State, Zip Code*

Do you have a valid commercial driver's license?  Yes  No

Issuing State: \_\_\_\_\_ License #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (Required for Commercial Drivers)

Have you ever been bonded? \_\_\_\_\_ Name of the bonding company: \_\_\_\_\_

## General Information About Employment Desired

Position you are applying for: \_\_\_\_\_ Full-time or Part-time (*circle one*)

Days of the week you are available to work: \_\_\_\_\_

Hours you are available to work: \_\_\_\_\_ Are you available to work weekends and/or holidays? \_\_\_\_\_

If not, why? \_\_\_\_\_

If part-time, number of hours per week desired: \_\_\_\_\_ Are you available to be on-call?  Yes  No

Are you available to work evenings and nights?  Yes  No Are you available to work overtime?  Yes  No

What date could you start work? \_\_\_\_\_ Are you able to travel on company business?  Yes  No

Hourly rate of pay or monthly salary desired: \_\_\_\_\_ Are you open to relocation?  Yes  No

Source of referral:  Employee \_\_\_\_\_  Agency \_\_\_\_\_  
(Employee Name)

Advertisement \_\_\_\_\_  Other \_\_\_\_\_  
(Please Specify)

Have you ever been convicted of or pled guilty or no contest to any crime other than a minor traffic violation or as a youthful offender?  Yes  No

Are you currently on probation under the terms of deferred adjudication?  Yes  No

Mere conviction of a crime is not an automatic bar to employment. All factors will be considered.

If yes, explain giving relevant dates and details: \_\_\_\_\_

## Education & Training (Including On-the-Job Training)

	Name of School or Seminar Sponsor	City, State	Course of Study	Did You Graduate?		Type of Degree Received
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
High School				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Community College				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Trade School				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
College/ University				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Advanced Degrees				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Seminars/ Other				N/A		

Computer Skills	Dates Used	Level of Proficiency <small>(1 = lowest to 10 = highest)</small>
Hardware:		
Software:		

## Special Skills

Describe any other experience, training, qualifications, special equipment, technical materials or skills which will enhance your contribution to the work environment: \_\_\_\_\_

Professional Society Memberships: \_\_\_\_\_

Licenses (including issuing states): \_\_\_\_\_

What safe driving awards do you hold and from whom? \_\_\_\_\_

## Employment History

List below all previous employers starting with your present or most recent position (last 10 years is sufficient).

**May we contact your PRESENT employer for references?**  Yes  No

Employer #1:

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: ( Street ) \_\_\_\_\_ - \_\_\_\_\_ City State Zip Code

Name of Supervisor: \_\_\_\_\_

Position and Duties: \_\_\_\_\_

Date of Employment: \_\_\_\_\_  
Start Date (Month/Year) End Date (Month/Year)

Starting rate of Pay: \_\_\_\_\_ Ending rate of pay: \_\_\_\_\_  
Base Pay Bonus Potential Base Pay Bonus Received

Reason for Leaving: \_\_\_\_\_

Were you subject to the FMCSRs† while employed?  Yes  No

Was your job designated as a safety-sensitive function in any DOT- Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No

†The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 8 or more passengers(including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

Employer #2:

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip Code*

Telephone #: ( ) \_\_\_\_\_ - \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Position and Duties: \_\_\_\_\_

Date of Employment: \_\_\_\_\_  
*Start Date (Month/Year) End Date (Month/Year)*

Starting rate of Pay: \_\_\_\_\_ Ending rate of pay: \_\_\_\_\_  
*Base Pay Bonus Potential Base Pay Bonus Received*

Reason for Leaving: \_\_\_\_\_

Were you subject to the FMCSRs† while employed?  Yes  No

Was your job designated as a safety-sensitive function in any DOT- Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No

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Employer #3:

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip Code*

Telephone #: ( ) \_\_\_\_\_ - \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Position and Duties: \_\_\_\_\_

Date of Employment: \_\_\_\_\_  
*Start Date (Month/Year) End Date (Month/Year)*

Starting rate of Pay: \_\_\_\_\_ Ending rate of pay: \_\_\_\_\_  
*Base Pay Bonus Potential Base Pay Bonus Received*

Reason for Leaving: \_\_\_\_\_

Were you subject to the FMCSRs† while employed?  Yes  No

Was your job designated as a safety-sensitive function in any DOT- Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No

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Employer #4:

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip Code*

Telephone #: ( ) \_\_\_\_\_ - \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Position and Duties: \_\_\_\_\_

Date of Employment: \_\_\_\_\_  
*Start Date (Month/Year) End Date (Month/Year)*

Starting rate of Pay: \_\_\_\_\_ Ending rate of pay: \_\_\_\_\_  
*Base Pay Bonus Potential Base Pay Bonus Received*

Reason for Leaving: \_\_\_\_\_

Were you subject to the FMCSRs† while employed?  Yes  No

Was your job designated as a safety-sensitive function in any DOT- Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No

*†The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 8 or more passengers(including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.*

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

	<b>Dates</b>	<b>Nature of Accident: (Head-On, Rear-End, Upset etc.)</b>	<b>Fatalities</b>	<b>Injuries</b>	<b>Hazardous Material Spill</b>
Last Accident					
Next Previous					
Next Previous					

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

<b>Location</b>	<b>Date</b>	<b>Charge</b>	<b>Penalty</b>

Experience and Qualifications (Licenses held in the last 3 years):

State Issued	License Number	Type	Expiration Date

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?  Yes  No

Has any license, permit, or privilege ever been suspended or revoked?  Yes  No

If answered "Yes" to any of the above, please give details.

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Driving Experience:

Class of Equipment	Type of Equipment	Dates		Approximate Number of Miles (Total)
Car Hauler				
Straight Truck				
Tractor & Semi Trailer				
Tractor – Two Trailer				
Tractor – Three Trailers				
Motor coach				
Other				

List all the states operated in during the last 3 years: \_\_\_\_\_

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**Please read each paragraph below carefully. If there is any part of this page you do not understand, please ask for clarification.**

I understand that nothing contained in the application or conveyed to me during any interview which may be granted is intended to create an employment contract, implied or explicit, between me and **Alaplex AutoTransport, LLC** (the "Company"). In addition, I understand and agree that if I am employed, my employment is for no definite period and may be terminated at any time, with or without prior notice, with or without cause or reason, at the option of either myself or the Company, and that no promises or representations modifying this at will employment relationship are binding on the Company unless made in writing and signed jointly by an authorized agent of the Company and myself.

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the responses to this application (including any attachments) given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement on this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize the Company and its affiliated companies to thoroughly investigate my references, work records, education and other matters related to my suitability for employment and, further, authorize my current and former employers to disclose to the Company and its affiliated companies any and all letters, reports, and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release the Company and its affiliated companies, my current and former employers, all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I understand that employment is contingent on my passing a pre-employment drug screen and post-offer physical examination (if a physical is relevant to the position for which I am applying). By signing this application, I voluntarily agree to submit to a pre-employment drug screen and post-offer physical examination. I understand that failure to pass either will result in withdrawal or denial of an offer for employment.

If hired, I also agree to submit to random drug testing as a condition of employment. I agree that the Company and/or its affiliated companies may conduct drug screenings at its sole discretion with or without notice, with or without cause or reason. I also understand that refusal to submit to a random alcohol/drug screen will be considered a voluntary resignation of employment.

If the position applied for requires driving in the course of work, I understand that I will be required to possess a current and valid driver's license and understand that I may be required to provide a copy of my official driving record and proof of insurance. I also understand that any offer of employment is contingent on my ability to be covered by the Company's insurance policy if required for my position.

**My signature below certifies that I have read and understand the paragraph above, and agree to the terms and conditions outlined in the document.**

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Applicant's Signature

Date

