

# Earley & Associates, Inc.

7626 Douglas Ave

Kalamazoo, MI 49009 Phone(269)383-1555

Fax (269) 383-6211

## APPLICATION FOR EMPLOYMENT

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

### TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision . (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application and/or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 cfr 391.23 (d) and (a) I understand that I have the right to the following:

- Review information provided by previous employers;
- Have error in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## APPLICATION FOR EMPLOYMENT

**PERSONAL INFORMATION:**

Last Name:	First Name:	Middle Initial
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List your addresses of residency for the past 3 years

Current Address:	City:	State:	Zip:	Duration
Previous Address:	City:	State:	Zip:	Duration
Previous Address:	City:	State:	Zip:	Duration
Previous Address:	City:	State:	Zip:	Duration
Home Telephone:			Cell Phone:	
Email Address: (optional)			Are you 21? (required for commerical drivers)	
Are you seeking Full-Time or Part-Time Employment?			Expected Salary:	Hours Per Week:

**Availability:**

	Mornings	Afternoons	Evenings	Overnight	Weekends	Are there shifts you are unable to work?
Yes						
No						

**References:**

Name:	City:	State:	Yrs Known:	Phone Number:	Relation:
Name:	City:	State:	Yrs Known:	Phone Number:	Relation:

**Education:**

Name of School:	City:	State:	Yrs Complete:	Course of Study:	Did you graduate?
HIGH SCHOOL					
COLLEGE/UNIVERSITY					
VOCATIONAL/TRADE SCHOOL					

**EMPLOYMENT EXPERIENCE:**

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address - street number, city, state and zip code. Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional 7 years of information on those employers for whom the applicant operated such vehicle. List employers in reverse order starting with the most recent

**Most Recent Employer**

Start Date:	End Date:	Job Title:	May We Contact?
Company Name:		Telephone Number	
Street Address:	City:	State:	Zip Code:
Supervisors Name:	Starting Salary:	Ending Salary:	Reason for Leaving:
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing required of			49CFR Part 40?

Start Date:	End Date:	Job Title:	May We Contact?
Company Name:		Telephone Number	
Street Address:	City:	State:	Zip Code:
Supervisors Name:	Starting Salary:	Ending Salary:	Reason for Leaving:
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing required of			49CFR Part 40?

Start Date:	End Date:	Job Title:	May We Contact?
Company Name:		Telephone Number	
Street Address:	City:	State:	Zip Code:
Supervisors Name:	Starting Salary:	Ending Salary:	Reason for Leaving:
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing required of			49CFR Part 40?

Start Date:	End Date:	Job Title:	May We Contact?
Company Name:		Telephone Number	
Street Address:	City:	State:	Zip Code:
Supervisors Name:	Starting Salary:	Ending Salary:	Reason for Leaving:
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing required of			49CFR Part 40?

**EXPERIENCE AND QUALIFICATIONS:**

Class of Equipment Please check all that apply	Circle Type of Equipment	Date		Approximate Miles Driven
		From (m/y)	From (m/y)	
Straight Truck	Van Tank Flat Dump Refer			
Tractor and Semi Trailer	Van Tank Flat Dump Refer			
Tractor - Two Trailers	Van Tank Flat Dump Refer			
Tractor - Three Trailers	Van Tank Flat Dump Refer			
Motorcoach - School Bus 8+pass.				
Motorcoach - School Bus 15+pass.				
Other				

List states operated in for the last 5 years:

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List other experiences, skills, abilities or recognition you feel should be considered in evaluating your qualifications for this job

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List all driver's licenses or permits held within the past 3 years

State	License Number	Type of License	Expiration Date

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

Has any license, permit or privilege ever been suspended or revoked?

If either of the above answers were yes, please give details:

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**ACCIDENT RECORD**

Please list all accidents for the past 3 years. If none, write NONE	Date	Nature of Accident head-on, rear-end, upset, etc	Circle all that apply:		
Most Recent Accident			Fatality	Injury	Hazardous Material Spill
Next Previous			Fatality	Injury	Hazardous Material Spill
Next Previous			Fatality	Injury	Hazardous Material Spill

**TRAFFIC CONVICTIONS AND FORFEITURES:**

List all

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

Date	Charge	Location	Penalty	CDL Charge?

Have you ever been convicted or plead guilty to a felony or misdemeanor other than a traffic violation or been on or are currently on deferred adjudication or probation? (A conviction will not necessarily bar you from employment)

Nature of Conviction:	City Where Convicted	State	Date of Conviction
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I authorize Earley & Associates, Inc. to make an investigation of all information contained in this employment application, and I release from liability all companies and corporations supplying such information. I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge. I specifically authorize and direct my current and former employers from liability to providing information to Earley & Associates, Inc. Upon termination of my employment for whatever reason, I release Earley & Associates, Inc. from all liability for supplying any information concerning my employment to any potential employer. I authorize Earley & Associates, Inc. if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report deemed necessary through various third party sources. As required by law upon request within a reasonable period of time, I will be notified as to the nature and scope of such investigations.

I hereby agree to submit to any drug test required of me, whether prior to or during the course of my employment with Earley & Associates, Inc. Upon request I will take a post-job offer physical examination, as well as during the course of my employment in the event I receive medical treatment for any condition (including but not limited to physical, psychological, emotional, or psychiatric condition). I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company designated position.

I further understand that if I am employed, such employment is for an indefinite period of time and Earley & Associates, Inc. may change wages, benefits and conditions at any time. My employment is at will. No individual with the company is authorized to change the employment-at-will status except an officer of the company who may only do so in writing.

I understand that Earley & Associates, Inc. may test my various job skills or aptitudes as applicable to the job which I am applying.

Signature: \_\_\_\_\_

Date \_\_\_\_\_