

**For Employer Use Only:**

Supervisor: \_\_\_\_\_

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

Classification:  Commercial Driver's License  Commercial Motor Vehicles  Non/CMV  Non-Driver**Employment Application***Please print all information clearly*

<b>Last Name</b>		<b>First Name</b>		<b>Middle Name</b>	
<b>Current Address</b>				<b>Telephone Number</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>	
<b>County</b>					
Are you legally eligible to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO If you are offered a position, you will be required to produce evidence of your identity and employment eligibility.			What are your wage/salary expectations? \$ _____ / hour year		When would you be able to start working? _____
Are you 18 years or older? <input type="checkbox"/> YES <input type="checkbox"/> NO		In accordance to FMCSR, to operate a Commercial Motor Vehicle (CMV) interstate you need to be at least 21 years old. Only complete if applicable to the job you are applying for. <input type="checkbox"/> YES <input type="checkbox"/> NO			
Have you ever been employed by Mears Group, Inc. and/or an affiliate? If so, what company did you work for and what date?					
Do you have any relatives working for Mears Group, Inc. and/or an affiliate? If so, who is your relative?					
Do you have a valid driver's license? As applicable to the job you are applying for. <input type="checkbox"/> YES <input type="checkbox"/> NO					
Have you ever been denied a license, permit, or privilege to operate a motor vehicle? As applicable to position applying for. <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details.					
Has any license, permit, or privilege ever been suspended or revoked? As applicable to position applying for. <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide details.					
Are you willing to participate in a background check upon conditional job offer? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Are you able to perform the essential functions of the job for which you are applying for, with or without reasonable accommodation? If no, please explain: <input type="checkbox"/> YES <input type="checkbox"/> NO					
<b>School Name</b>		<b>Location</b>		<b>Years Attended</b>	
<b>GED, Diploma or Degree</b>					
High School					
College or University					
Other (Technical, Vocational, Business, etc.)					
List any achievements, awards, honors, etc.					

# Employment History

Please print all information clearly.

**Instructions:** Please list your employer(s) for the past three years, listing the most recent employer first. Any gaps in employment and/or unemployment must be explained. If additional space is required, please enter on a separate sheet.

\* **CDL Drivers:** Please list your employers for the past ten years, listing the most recent employer first.

**When answering questions A and B, please refer to the following information.**

\* The Federal Motor Carrier Safety Regulations (FMCSR's) 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 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

<b>Work Ended</b>  ----- Month / Year	<b>Company Name</b>  <b>Address</b> (street address, city, state, zip code)	<b>Position Held</b>  <b>Phone Number</b>
<b>Work Began</b>  ----- Month / Year	<b>Supervisor Name</b>  <b>Reasons for Leaving</b>	<b>Supervisor Phone Number</b>  <b>Pay Earned</b> per hour / year
<b>A. Were you subject to the FMCSRs* while employed?</b> YES NO		
<b>B. 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?</b> YES NO		
<b>Account for Period between Jobs with Reason (if applicable)</b> From To (Current) ----- Month / Year Month / Year		
<b>Work Ended</b>  ----- Month / Year	<b>Company Name</b>  <b>Address</b> (street address, city, state, zip code)	<b>Position Held</b>  <b>Phone Number</b>
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<b>Account for Period between Jobs with Reason (if applicable)</b>		<b>From</b>	<b>To (Current)</b>
		_____/_____/_____ Month / Year	_____/_____/_____ Month / Year
<b>Work Ended</b>	<b>Company Name</b>	<b>Position Held</b>	
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		_____/_____/_____ Month / Year	_____/_____/_____ Month / Year
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		_____/_____/_____ Month / Year	_____/_____/_____ Month / Year

**References**

*If you did not provide work references in your employment history, list three individuals who have knowledge of your occupational skills and background.*

<b>Name</b>	<b>Telephone Number</b>	<b>Occupation</b>	<b>Length of Time Known</b>

# Employment Statement

## An Equal Opportunity Employer

*Mears Group, Inc. and/or affiliates, provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability or genetics. In addition to federal law requirements, Mears Group, Inc. and/or affiliates complies with applicable state and local laws governing nondiscrimination in employment in every location in which the company has facilities.*

### Please read the following statement before signing.

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 (e). I understand that I have the right to:

- Review information provided by current/previous employers:
- Have errors 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.”

I understand that the hiring process may require interviews, written tests and job demonstrations. I agree that I will state whether I need any reasonable accommodations for the job selection procedures.

I understand and agree that I will participate in a Drug and Alcohol test and a physical examination if a job offer is made and that my employment is contingent on satisfactory completion of the test and the examination.

Furthermore, I understand that misrepresentation or omission of requested information may result in my disqualification of employment or dismissal from employment process.

This application is not an employment contract. Any offer of employment will be on an employment-at-will-basis. This means that I will not have an express or implied employment contract and that both the employer and I will have the right to terminate my employment at any time and for any reason.

**My signature certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.**

**Name (Printed):** \_\_\_\_\_ **Date:** \_\_\_\_\_

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