

Employment Application



We appreciate the opportunity to review your qualifications for employment with the company. So that we can thoroughly consider your special skills and abilities, we would appreciate your completion of our Employment Application. This employment application will only be valid for 30 days from the date of the application. If you wish to be considered for employment subsequent to that date, a new application must be completed.

Thank You

Applicant Name:



EMPLOYER INSTRUCTIONS:

- Please detach this instruction page prior to giving the application form to the applicant.
- This employment application can be used by applicants for any position within your company.
- At the back of the application, there is a special section for Applicants for Commercial Motor Vehicle Driver Positions.

CONVICTION INFORMATION

- The laws for use of this information vary by state. In many states, you can not inquire about conviction information unless it relates specifically to the position applied for.
- State specific differences are noted below. Please review the information for your state, and contact your HR professional for further guidance. ***If you will not be asking for conviction information, please tear pages 7 and 8 out prior to asking the applicant to complete the employment application.***
- Colorado, Minnesota, Missouri, New Hampshire, Ohio, South Dakota, Utah, Washington, and West Virginia:** Conviction inquiry must be substantially job-related.
- Hawaii:** Conviction inquiry must bear rational relationship to the duties of the position AND can only take place after a conditional offer of employment has been extended.
- Kansas:** Conviction information requested must have reasonable bearing on the applicant's trustworthiness or safety and well-being of employers, employees or customers AND the inquiry must be job-related.
- New York:** In certain cases, you cannot deny employment based upon prior conviction. State law requires you to give written statement explaining denial of employment based upon conviction record within 30 days of applicant request.

(PLEASE PRINT AND COMPLETELY ANSWER ALL QUESTIONS)

ADP TotalSource and its Clients fully subscribe to the principles of Equal Employment Opportunity. It is our policy to provide employment, compensation, and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status, disability, or any other basis prohibited by federal, state or local law. In accordance with requirements of the Americans With Disabilities Act, it is our policy to provide reasonable accommodation upon request during the application process to eligible applicants in order that they may be given a full and fair opportunity to be considered for employment. As Equal Opportunity Employers, we intend to comply fully with applicable federal and State employment laws and the information requested on this application will only be used for purposes consistent with those laws. Applications are only accepted for positions currently available and will only be considered for thirty (30) days from today's date or until the position applied for is filled, whichever first occurs.

POSITION APPLIED FOR: _____ DATE: _____

PERSONAL DATA:

Salary expectations: _____

_____	_____	_____	_____
Last Name	First	Middle	Social Security Number
_____	_____	_____	_____
Street Address	City	State/Zip Code	Telephone Number

If you are under 18 years of age, please specify your age here _____. This information will be used only for child labor law purposes.

Are there any days, shifts or hours you will not work?_____If yes, please explain: _____

Are you available for out of town work? _____ Will you work overtime, if required? _____

When will you be able to start work? _____

Have you taken any illegal drugs in the last 30 days? _____

Have you ever been a defendant in a civil action for an intentional tort (intentional commission of a wrongful act)? Yes No

Note: Answering "yes" does not automatically exclude you from further consideration for the position.

If yes, include nature of the intentional tort and the disposition of the action: _____

How did you learn of our Company? _____

If referral, who were you referred by? _____

Have you ever applied or worked here before? Yes No If yes, provide dates: _____

Have you ever applied or worked at ADP TotalSource before? Yes No If yes, provide dates: _____

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

Will you now or in the future require sponsorship for employment visa status (e.g.,H-1B visa status)? Yes No

Note: The Federal Immigration and Reform and Control Act of 1986 requires that a DHS Employment Eligibility Verification "Form I-9" be completed for every new hire and that within 3 business days of beginning work every new hire must present to the employer documentation establishing his/her identity and authorization to work. This federal requirement must be satisfied as a condition of employment.

KB-9101 Employment Application

DRIVING RECORD (Answer only if driving is a requirement of the job for which you are applying)

Do you have a valid drivers license? Yes No State _____ License No.: _____

Have you had any tickets? Yes No If yes, please explain: _____

Has your license ever been suspended or revoked? Yes No If yes, please explain: _____

Note for Massachusetts applicants ONLY: In the following question, the reference to DUI/DWI includes OUI. You are only required to list convictions within the past 5 years.

Do you have any DUI or DWI convictions? Yes No If yes, please state when you were convicted and explain: _____

If you are an applicant for a commercial motor vehicle position, you must also complete the special section at the back of this application.

RESIDENCES: (Part 391.21 (b)(3)) (Please provide your addresses of residence for the past seven years beginning with the most recent address.)

Street Address	City, State and Zip Code	From	To

EDUCATION: (May or may not be considered depending on job applied for.)

Describe any educational degrees, skills, training or experience you believe are relevant to the job applied for:

Name, City and State of Educational Institution	Graduated?		If no Degree, Credits earned	Type of Degree Received or Expected	Major	Minor	Grade Point
	Yes	No					Overall GPA
High School							
College or University							
Technical/GED							
Licenses/Certifications/Other							

EMPLOYMENT HISTORY:

Please complete for all full-time or part-time employment beginning with most recent employer. You may include as part of your employment history any verified work performed on a volunteer basis.

Special Notice for Applicants for Commercial Motor Vehicle Driver Positions

All applicants seeking to drive a commercial motor vehicle as defined by 49 C.F.R. 383.5 should start with their most recent job, include active military assignments and voluntary employment and provide ten (10) years of history. (A separate sheet may be attached.) You must explain any gaps in your employment history.

49 C.F.R. 383.5 defines commercial motor vehicle as a motor vehicle or combination of motor vehicles used in commerce to transport passengers or property if the motor vehicle –

- (a) Has a gross combination weight rating of 11,794 kilograms or more (26,001 pounds or more) inclusive of a towed unit(s) with a gross vehicle weight rating of more than 4,536 kilograms (10,000 pounds); or
- (b) Has a gross vehicle weight rating of 11,794 kilograms or more (26,001 pounds or more); or
- (c) Is designed to transport 16 or more passengers, including the driver; or
- (d) Is of any size and is used in the transportation of hazardous materials as defined in this section.

All applicants seeking to drive a commercial motor vehicle as defined by 49 C.F.R. 390.5 should start with their most recent job, include active military assignments and voluntary employment and provide three (3) years of history. (A separate sheet may be attached.) You must explain any gaps in your employment history.

49 C.F.R. 390.5 defines commercial motor vehicle as any self-propelled or towed motor vehicle used on a highway in interstate commerce to transport passengers or property when the vehicle –

- (1) Has a gross vehicle weight rating or gross vehicle weight or gross combination weight of 4,536 kilograms (10,000 pounds) or more, whichever is greater; or
- (2) Is designed or used to transport more than 8 passengers (including the driver) for compensation; or
- (3) Is designed or used to transport more than 15 passengers, including the driver, and is not used to transport passengers for compensation; or
- (4) Is used in transporting material found by the Secretary of Transportation to be hazardous under 49 U.S.C. 5103 and transported in a quantity requiring placarding under regulations prescribed by the Secretary under 49 CFR, subtitle B, chapter I, subchapter C.

EMPLOYMENT HISTORY:

Company Name		Tel #		
Address		Dates Employed	From	To
Name of Supervisor	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Rate of Pay	Start	Last
State job titles and describe job duties		Reason For Leaving		

For Driver Applicants only:

Were you subject to the FMCSA Regulations while employed? Yes No
 Was your job designated as a safety-sensitive function in any DOT-Regulated mode¹ subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Company Name		Tel #		
Address		Dates Employed	From	To
Name of Supervisor	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Rate of Pay	Start	Last
State job titles and describe job duties		Reason For Leaving		

For Driver Applicants only:

Were you subject to the FMCSA Regulations while employed? Yes No
 Was your job designated as a safety-sensitive function in any DOT-Regulated mode¹ subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Company Name		Tel #		
Address		Dates Employed	From	To
Name of Supervisor	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Rate of Pay	Start	Last
State job titles and describe job duties		Reason For Leaving		

For Driver Applicants only:

Were you subject to the FMCSA Regulations while employed? Yes No
 Was your job designated as a safety-sensitive function in any DOT-Regulated mode¹ subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Company Name		Tel #		
Address		Dates Employed	From	To
Name of Supervisor	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Rate of Pay	Start	Last
State job titles and describe job duties		Reason For Leaving		

For Driver Applicants only:

Were you subject to the FMCSA Regulations while employed? Yes No
 Was your job designated as a safety-sensitive function in any DOT-Regulated mode¹ subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

¹DOT modes include the United States Coast Guard, the Federal Aviation Administration, the Federal Highway Administration, the Federal Railroad Administration, the Federal Transit Administration, the Federal Motor Carrier Safety Administration and the Research and Special Programs Administration.

REFERENCES: (Please list three persons not related to you who know your qualifications.)

NAME	ADDRESS	PHONE	RELATIONSHIP

Please explain any gaps in your employment history. _____

Have you ever been discharged or forced to resign? Yes No If yes, explain: _____

Did you receive any discipline in the last 12 months of active employment? Yes No If yes, please explain: _____

Were you given a performance evaluation within the last 12 months of active employment? Yes No If yes, what was the range of scores used and what was your score? _____

Have you signed any non-compete or non-solicit agreement with any other employer that might restrict you from working for this company? Yes No If yes, please explain: _____

(You may be required to furnish a copy of the agreement)

MILITARY SERVICE: (Complete only if you served in the military)

Branch of Service: _____ Number of Years/Months of Service: _____

Rank at Discharge: _____ Date of Discharge: _____ Reason for leaving: _____

Describe any military skills, training or experience you believe are relevant to the job applied for: _____

LIE DETECTOR TESTS

Massachusetts Applicants Note: It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

Maryland Applicants Only: An employer may not require or demand, as a condition of prospective employment or continued employment, an individual submit to or take a lie detector or similar tests. An employer who violates this law is guilty of a misdemeanor and subject to a fine not exceeding \$100. I have read and acknowledge this notice:

Applicant's Signature: _____

CRIMINAL RECORD INFORMATION

All Applicants: You must answer all four questions below (with the exception of New Hampshire applicants, who must answer questions "a" through "c" in the New Hampshire box, and then question #4 on the following page). When answering the following questions, you may exclude any records expunged, annulled, sealed, discharged, dismissed, erased under first-offender law or otherwise eradicated by statute or court order. You may also exclude a first conviction for any of the following misdemeanors; drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace.

A criminal conviction will not necessarily be a bar to employment but will be considered in relation to specific job requirements.

California Applicants: When answering questions #1 through #4 below, you need not identify any conviction for a marijuana-related offense if the conviction is more than two years old, or any information pertaining to referral to and participation in any pre-trial or post-trial diversion program.

Connecticut Applicants: When answering questions #1 through #4 below, you need not disclose the existence of any arrest, criminal charge or conviction records which have been erased pursuant to Conn. Gen. Stat. §§46b-146, 54-760, 54-142a. Also note that the aforementioned criminal records subject to erasure are records pertaining to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nulled, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon; and any person whose criminal records have been erased pursuant to the aforementioned sections is deemed to have never been arrested within the meaning of the general statutes with respect to the proceedings so erased and may so swear under oath.

Massachusetts Applicants: An applicant for employment with a sealed record on file with the commissioner of probation may answer "no record" with respect to an inquiry herein relative to prior arrests, criminal court appearances, or convictions. In addition, any applicant for employment may answer "no record" with respect to any inquiry relative to prior arrests, court appearances, and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution. When answering question #3, you may exclude a first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace. You may also exclude any convictions of misdemeanors which are more than five years old if you have not been convicted of a misdemeanor in the past five years.

New Hampshire Applicants: Answer the following questions (a, b, and c) and then skip to question #4 on the next page (do not answer questions 1 through 3).

- a. Have you ever been convicted of a crime that has not been annulled by a court?

Yes No

Date of Conviction: _____

- b. Have you been convicted within the last seven years of any of the following crimes that have not been annulled by a court: misappropriation of funds, embezzlement, or similar for other dishonest conduct; or an offense involving the use of a weapon; for burglary, robbery, breaking and entering or theft; or physical assault or other violent crime?

Yes No

Date of Conviction: _____

- c. Have you been convicted of or completed a period of incarceration within the past five years for any misdemeanor that has not been annulled by a court?

Yes No

Date of Conviction: _____

1. Have you been convicted of a felony within the last seven years?

Yes No

Date of Conviction: _____

2. Have you been convicted within the last seven years of misappropriation of funds, embezzlement, or similar for other dishonest conduct; or an offense involving the use of a weapon; for burglary, robbery, breaking and entering or theft; or physical assault or other violent crime?

Yes No

3. Have you been convicted of or completed a period of incarceration within the past five years for any misdemeanor?

Yes No

If the answer to the above question is "yes", please state whether you were convicted more than five years ago for any offense?

Yes No

4. A criminal conviction will not necessarily be a bar to employment. To help us evaluate your application, please describe your criminal conviction(s) including penalty (ies) imposed, listing the nature of your offense(s), and your rehabilitation since the conviction(s). _____

Applicants for Commercial Motor Vehicle Driver Positions

Note to Driver Applicants: (Part 391.21 (d)) The information provided in this section may be used, and prior employers may be contacted, for the purpose of investigating the applicant's background as required by FMCSR Part 391.23. In compliance with FMCSA Regulations Section 40.25 (j), all driver applicants are required to answer the following two questions:

1. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years? Check one: YES NO

2. If you answered YES, have you successfully completed the DOT return-to-duty requirements? Check one: YES NO
 You must provide documents supporting your successful completion of these requirements.

In order to drive a commercial motor vehicle, you must have a Commercial Driver's License (CDL). Do you currently have a valid Commercial Driver's License? Yes No

Please provide the following information for each unexpired motor vehicle license or permit which has been issued to you (include both CDL and non CDL) (Part 391.21(b)(5)):

Issuing State _____ License Number _____ Type _____ Expiration Date _____

Indicate all CDL Endorsements and Restrictions you currently hold:

Double/Triple Trailers Tank Vehicle Hazardous Materials Passenger

Air Brake Restriction _____

Driving Experience (Part 391.21(b)(6))

Type of Equipment			Dates		Approximate Miles
	Yes	No	From	To	
Bus	<input type="checkbox"/>	<input type="checkbox"/>			
Straight truck	<input type="checkbox"/>	<input type="checkbox"/>			
Tractor semi-trailer	<input type="checkbox"/>	<input type="checkbox"/>			
Tractor trailer	<input type="checkbox"/>	<input type="checkbox"/>			
Twin trailers	<input type="checkbox"/>	<input type="checkbox"/>			
Triple trailers	<input type="checkbox"/>	<input type="checkbox"/>			
Tankers	<input type="checkbox"/>	<input type="checkbox"/>			
Other (please specify)					

Have you completed any special courses or training you believe will help you as a driver? Yes No

Have you received any safe driving award(s)? Yes No

If yes, please indicate when and from whom:

Vehicle Accident Record: Have you been involved in any accidents (preventable and non-preventable) as a driver during the previous three (3) years from the date of this application?

Yes No

If yes, please provide the following information.
Attach additional sheet if more space is needed.

	Date	Location	Nature of Accident (E.G., Head-on, rear-end, overturn, etc.)	Fatalities (Number of)	Injuries (Number of)	Hazardous Materials Spill
Last Accident						
Previous						
Previous						
Previous						
Previous						
Previous						

Violations: Please list all violations of motor vehicle laws or ordinances (excluding parking) for which you have been convicted, or have forfeited a bond or collateral during the three (3) years preceding this application. (Part 391.21 (b)(8))
Attach additional sheet if more space is needed.

Date	Location	Offense	Penalty	Type of Vehicle

Driving Privileges:

Has a State ever denied you a driver's license, permit or privilege to operate a motor vehicle? Yes No

Has a State ever suspended or revoked your driver's license, permit or privilege to operate a motor vehicle? Yes No

If the answer to either of the above questions is "yes," please give details. _____

Have you ever been disqualified from driving for any of the following:

1. Driving a commercial motor vehicle with a blood alcohol concentration of 0.04 or more? Yes No
2. Driving under the influence of alcohol, as defined by State law? Yes No
3. Refusing to submit to an alcohol test at the direction of State, local or enforcement personnel? Yes No
4. Driving a motor vehicle with a gross vehicle weight rating of 10,001 pounds or more while under the influence of an illegal drug (including the improper use of a prescription drug)? Yes No
5. Transporting, possessing or using illegal drugs (including the improper use of a prescription drug) while on-duty? Yes No
6. Leaving the scene of an accident while operating a commercial motor vehicle? Yes No
7. Committing a felony involving the use of a motor vehicle with a gross vehicle weight rating of 10,001 pounds or more?
Yes No

APPLICANT'S ACKNOWLEDGMENT

I hereby certify that I have read and fully understand this application. Prior to signing below, I had the opportunity to ask the Company and ADP TotalSource about this application and to clarify any questions I might have had concerning this application form.

I hereby certify that the answers given herein are true and complete to the best of my knowledge. I understand that any misrepresentations, omissions of facts or incomplete answers in any application document may disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentations or omissions of facts in any application document may be cause for my dismissal at any time without prior notice. I consent to and authorize Company or ADP TotalSource to contact my former employers, references, and any and all other persons and organizations for information bearing upon my qualifications for employment. I further authorize the listed employers, schools and personal references to give the Company or ADP TotalSource (without further notice to me) any and all information about my previous employment and education, along with any other pertinent information they may have and hereby waive any actions which I may have against either party(ies) for providing a good faith reference.

I understand that the Company and ADP TotalSource may require additional Information from me and others regarding a driving position with the Company and ADP TotalSource and I agree to provide that information.

I EXPRESSLY AGREE AND UNDERSTAND THAT, IF EMPLOYED, MY EMPLOYMENT IS NOT FOR A SPECIFIC TERM, IS BASED ON MUTUAL CONSENT AND MAY BE TERMINATED BY ME OR MY EMPLOYER(S) WITH OR WITHOUT NOTICE OR CAUSE AT ANY TIME. I FURTHER UNDERSTAND THAT NO ORAL PROMISE, EMPLOYER(S) POLICY, CUSTOM, BUSINESS PRACTICE OR OTHER PROCEDURE (INCLUDING THE BASIC EMPLOYMENT POLICIES, PERSONNEL HANDBOOK OR ANY PERSONNEL MANUALS) CONSTITUTE AN EMPLOYMENT CONTRACT OR MODIFICATION OF THE AT-WILL EMPLOYMENT RELATIONSHIP BETWEEN ME AND THE EMPLOYER(S). I ALSO UNDERSTAND THAT THIS ASPECT OF MY EMPLOYMENT MAY NOT CHANGE ABSENT AN INDIVIDUAL WRITTEN AGREEMENT SIGNED BY BOTH ME AND THE PRESIDENT OF THE COMPANY OR OF ADP TOTALSOURCE.

I understand that applicants for certain positions may be required to qualify for employment based on additional employment criteria. For example, I may be required to take job-related tests; take a driver's examination; submit to a background investigation; take a pre-employment drug test. If I am offered employment or start work before any required test is completed, my employment is contingent on a satisfactory result on all required tests. I authorize ADP TotalSource and its clients to release the results of background checks (if any) and my pre-employment drug/alcohol test (if any), any information on this application and any relevant information about me to each other and to other ADP TotalSource clients for whom I have applied for employment, and release ADP TotalSource and its clients from any and all claims related to the lawful release of this information. I further authorize the release of any background check results of any drug/alcohol test to any state or federal authority requesting such information and in response to a valid subpoena or other legal document.

I acknowledge that this application will remain active for 30 days from this date. If I have not heard from the Company at the conclusion of this 30 day period, it is my responsibility to complete a new application if I still wish to be considered for employment.

CALIFORNIA APPLICANTS ONLY: I understand the Company or ADP TotalSource may obtain, without using the services of a third party investigative consumer reporting agency, public records pertaining to my character, general reputation, personal characteristics or mode of living during its evaluation of my application for employment and, if employed, during my employment. By checking the following box, I waive my right to receive copies of public records obtained by the Company or ADP TotalSource.

NOTIFICATION OF RIGHTS FOR APPLICANTS FOR A COMMERCIAL MOTOR VEHICLE DRIVER POSITION

The Information you provide in accordance with FMCSA regulations may be used, and your previous employers may be contacted for the purpose of investigating your safety performance history information (as required by 49 C.F.R. 391.23). You have the following rights regarding the investigative information that will be provided to the Company. (1) The right to review information provided by previous employers; (2) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the Company; (3) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and you cannot agree on the accuracy of the information. If you wish to review previous employer-provided investigative information, you must submit a written request to the Company, no later than 30 days after being employed or being notified of denial of employment. The Company will provide the requested investigative information to you within five (5) business days of receiving this written request, or five (5) business days of receipt of the requested information from the previous employer, whichever is later.

CERTIFICATION FOR ALL APPLICANTS - PLEASE READ CAREFULLY

This 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. (Part 391.21(b) (12))

Signature: _____

Date: _____