



3068 Highland Drive
 Hudsonville, MI 49426
 616-667-5100 / HR@hollandspecial.com

Application for Employment

Applicants will receive consideration without regard to race/color sex, age, national origin, disability, marital status, veteran status, or religion

PERSONAL

Last Name	First	Middle	Date
Street Address			Cell Phone ()
City, State, Zip			Home Phone ()
E-mail Address:			Business Telephone ()
Position Desired			Pay Expected
Have you applied here previously? Yes No If yes, when? Month Year			
Have you worked for this company before? Yes No If yes, where?			
Dates: Month and Year			Rate of Pay
From		To	Position
Are you legally eligible to work in the United States?			Date you are available?
Are you currently employed? If not, when did you leave your last employment?			
Individual (whom) Website Social Media Job Fair Indeed Other			
How were you referred to this company?			

EDUCATION

School	Name and School Location	Course of Study	Years Completed	Did You Graduate?	Degree or Diploma
High School				Yes No	
Business Trade Technical				Yes No	
College				Yes No	
Graduate				Yes No	

Membership in Professional or Civic Organizations

(Exclude those which may disclose your race, color, religion or national origin)

EMPLOYMENT - Last 10 Years

Please give an accurate and complete record of your full and part time employment. Start with your present or most recent employer.

Company Name	Telephone ()
Address	Started (Month/Year)
Supervisor	Ended (Month/Year)
Your Title and Job Duties	Reason for Leaving
Company Name	Telephone ()
Address	Started (Month/Year)
Supervisor	Ended (Month/Year)
Your Title and Job Duties	Reason for Leaving
Company Name	Telephone ()
Address	Started (Month/Year)
Supervisor	Ended (Month/Year)
Your Title and Job Duties	Reason for Leaving
Company Name	Telephone ()
Address	Started (Month/Year)
Supervisor	Ended (Month/Year)
Your Title and Job Duties	Reason for Leaving
Company Name	Telephone ()
Address	Started (Month/Year)
Supervisor	Ended (Month/Year)
Your Title and Job Duties	Reason for Leaving

Have you ever been discharged from a job? Yes _____ No _____
 If "yes", what were the circumstances? _____

Employer Name: _____ When? _____

DRIVING EXPERIENCE/CERTIFICATION Social Security no. _____

Commercial Driver License Number	Expires	Issuing State	Date of Birth	Endorsements

Have you held a driver's license in any other state in the last 5 years? Y _____ N _____ If so, which state(s) _____

Equipment	Number of		Miles (approx.)	
	Years	City	Highway	
Straight				
Tractor/Trailer				
Van				
Other				

Specialized training _____

Did you attend a CDL School? If yes, when? _____ Where? _____

Please list any special courses for training that will help your employment as a driver: i.e. defensive driving, skid pad, etc.
 _____ Date & location _____
 _____ Date & location _____
 _____ Date & location _____

Have you ever received safe driving awards? _____ If yes, when and from whom? _____

ACCIDENT RECORD - past 10 years

Date	Type	Vehicle	Injuries	Location	Disposition

VIOLATION RECORD - past 10 years

Date	Type	Vehicle	Injuries	Location	Disposition

Has your license ever been suspended or revoked? Yes _____ No _____ If yes, when? _____
 Have you ever been convicted of reckless driving, careless driving or careless operation of a motor vehicle? Yes _____ No _____ If yes, when? _____
 Have you ever been convicted of driving under the influence of alcohol, narcotics, drugs, marijuana, amphetamines, or any illegal substance? Yes _____ No _____ If yes, when? _____

MILITARY

Did you serve in the US Armed Services? Yes _____ No _____ If "Yes", what Branch? _____

Describe any training you received in the military that is relevant to the work for which you are applying. _____

CRIMINAL RECORD

Have you ever been convicted of a felonious crime? Yes _____ No _____ Date of Conviction? _____
 If "Yes", what was the crime? _____

WORK REFERENCES

Person	Title	Business	Contact Information

PERSONAL REFERENCES

Person	Relationship	Contact Information

EMPLOYMENT RELATIONSHIP

- I agree that any misleading or untrue statement, answer or omission herein or hereafter, at the sole option of the company, may render void this application for employment and may result in termination should employment have been offered or granted.
- I understand and agree that this application for employment may be used for background and security investigation. I authorize the company to inquire into my application and background. I authorize the company to contact former employers, educators, references and other persons and organizations for any and all information regarding my qualifications for employment.
- In the event the company offers employment to me, I understand and agree that such an offer is conditional on my demonstrating through a company-paid physical examination the ability to perform essential functions of the offered position with or without reasonable accommodation. I authorize the company to inquire into my medical background as it affects my qualifications for employment and eligibility for health plans and insurance. I request and authorize all doctors, treatment providers, hospitals or medical facilities to release and furnish such information regarding my medical history and records and, in consideration for doing so, I especially discharge, relieve and release any persons and facilities furnishing such information from any liability.
- I understand and agree that my employment with the company, including employment in subsequent positions or status, may be terminated by me or by the company at any time, for any reason, with or without cause and with or without notice. This agreement can be modified only by specific agreement in writing, signed by both parties, and cannot be modified by subsequent conduct of the parties. I understand that no manager or agent of the company other than the CEO has any authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the foregoing.
- In the event I accept employment with the company, I agree and promise to ascertain and abide by all pertinent company rules, policies and procedures, and I agree that failure to do so may result in termination of such employment. I understand that these rules, policies and procedures may be amended at any time the company deems appropriate. I understand that this does not alter my right nor the company's right to terminate my employment at any time, for any reason, with or without notice.
- I hereby authorize the company to deduct from each and every pay period any amounts necessary to offset any damages caused by me or the value of property or money entrusted to me by, or owed by me to, the company during the course of my employment.
- I acknowledge that any claim that "may arise out of my employment or termination of employment must be brought within 180 days of the event giving rise to the claims or be forever barred."
- I acknowledge the employer's right to recoup attorney fees if the employer prevails in the defense of any employment claims initiated by me.

Signature _____ Date _____



**Certification of a Positive Pre-Employment Drug or Alcohol
Test Result or Report of Refusal to Test**

In compliance with the provisions of the Federal Motor Carrier Safety Regulations regarding the Procedures of Transportation Workplace Drug and Alcohol Testing Programs (49 CFR Part 40.25 j), every person applying for a safety-sensitive position with a Commercial Motor Carrier must answer the following:

1. In the past two years have you ever tested positive on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive work in areas covered by DOT agency Drug and Alcohol Testing rules?
Drug? Yes___ No___
Alcohol? Yes___ No___

2. In the past two years have you ever refused any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency Drug and Alcohol testing rules?
Yes___ No___

3. In the past have you ever refused or tested positive for any random drug or alcohol tests administered by your employer?
Yes___ No___

If any of the above were answered YES, please complete the following:

Company name and address for which you applied for, but did not obtain, safety-sensitive transportation work:

Name: _____
Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Name of Contact: _____ **Phone Number:** _____
Date of Positive Test or Test Refusal: _____

Name, address, and telephone number of the Substance Abuse Professional (SAP) that approved your return to duty:

Name: _____
Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Phone Number: _____

I did not see a Substance Abuse Professional following this event.

I certify, by my signature, that the information above is true and correct. I understand that providing false or misleading information is a serious violation of federal law and, if approved for a driving position, doing so could be cause for the immediate termination of any employment or contractual agreement I may have with the company.

(Applicant Signature) (Date) (Social Security Number)

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

**IMPORTANT DISCLOSURE
REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service***

In connection with your application for employment with Holland Special Delivery (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Holland Special Delivery (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear

on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report. I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

LAST UPDATED 12/22/2015

REQUEST FOR PAST EMPLOYMENT HISTORY



3068 Highland Drive
Hudsonville, MI 49426

616-667-5100 / HR@hollandspecial.com

To: _____
Phone Number: _____
Fax Number: _____

Date: _____

The individual listed, _____, has applied with us for employment. Your company is listed as a past employer. Please complete the following items at your earliest convenience. As you will note from the waiver stated below, the applicant has waived any claim of liability against your company (and its' agents) for information submitted in response to this inquiry. **You may e-mail your response to HR@hollandspecial.com or fax to 616-667-5141 with Attn. Human Resources. Thank you!**

DATES OF EMPLOYMENT: From _____ To _____

POSITION HELD: _____ If driver, OTR _____ Regional _____ Local _____

TYPE OF VEHICLE OPERATED: Tractor/Trailer _____ Straight Truck _____ Other (please specify) _____

NUMBER OF ACCIDENTS: Preventable _____ Non-Preventable _____ Amount of Damage _____

TO YOUR KNOWLEDGE, WAS THIS PERSON'S CHAUFFEUR/OPERATOR'S LICENSE SUSPENDED WHILE IN YOUR EMPLOY? _____ IF SO, PLEASE EXPLAIN: _____

REASON FOR LEAVING YOUR EMPLOY: Discharged _____ Laid Off _____ Resigned _____

Remarks: _____

ELIGIBLE FOR REHIRE: Yes _____ No _____ Remarks: _____

In compliance with the Department of Transportation Regulation 382.405, if the above applicant was employed with your company as a driver, please provide the following information:

In the past three years has the above individual ever:

1. tested positive for a controlled substance? Yes _____ No _____
2. had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater? Yes _____ No _____
3. refused a required test for drugs or alcohol? Yes _____ No _____
4. violated any other DOT drug and alcohol testing regulations to your knowledge? Yes _____ No _____
5. have you ever received information from a previous employer that this individual has violated any DOT Drug and Alcohol testing regulations? Yes _____ No _____

If you answered yes to any of the above questions, please give the SAP's (Substance Abuse Professional) name, address, and phone number for further reference.

Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____ Phone Number: _____

Please disclose any information you received from previous employers who were required to perform DOT drug and alcohol test (382.413) _____

COMPLETED BY: _____ TITLE: _____ DATE: _____

APPLICANT CONSENT & RELEASE:

I hereby authorize the company to release all information concerning records of employment, including oral assessments of my job performance, ability, and fitness and drug/alcohol information, to each and every company (or their authorized agents) that may request such information in connection with my application for employment with said company. I hereby release this company from any and all liability of any type as a result of providing the above-mentioned information to the above-mentioned person/company.

Applicant Signature/Date

Witness Signature/Date