

# ZINSER COMPANIES

## APPLICATION FOR DRIVERS

*It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability, sexual orientation, gender identify, or other protected classifications.*

NAME

DATE

ADDRESS

Street

City

State

Zip Code

Telephone #

Cell Phone #

Email Address

Are you over 18  
Years of Age?

YES

NO

Are you authorized to work in the U.S. on an unrestricted basis?

YES

NO

*Note: If hired, you will be required to furnish proof of U.S. citizenship to work in the U.S. as specified under applicable U.S. immigration laws.*

POSITION(S) APPLIED FOR

1.

2.

Wage/Salary desired

When can you start?

Can you travel if the job requires it?

YES

NO

How did you learn of this opening?

Have you ever worked for this company?

YES

NO

Have you been told the essential functions of the job or have you been shown a copy of the job description?

YES

NO

Can you perform the essential functions of the job with, or without, reasonable accommodation?

YES

NO

Are there any hours, shifts, or days that you cannot or will not work?

YES

NO

Employment status preferred:

Part-time

Full-time

Are you willing to work overtime as required?

YES

NO

*Zinser Companies requires pre-employment drug testing of applicants. A copy of the substance abuse policy is available upon request.*

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Have you ever been convicted of a felony (including a plea of guilty or "no contest") under your current name or any other name? YES NO

Have you been convicted of a misdemeanor (including a plea of guilty or "no contest" under your current name or any other name within the past 7 years? YES NO

If Yes to either of the above, give the date, name, court, nature of offence and disposition:

Date	Name	Court	Nature of Offense	Disposition
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**EDUCATION: NAME & LOCATION, MAJOR, DIPLOMA/DEGREE OF SCHOOL GRADUATED**

High School

College/University

Other Training/  
Education

In addition to your work history, what other experiences, skills, or qualifications would especially fit you for work with our company?

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<b>WORK HISTORY</b>	May we contact your present or most recent employer?	<b>YES</b>	<b>NO</b>
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391.21 (b)(10) A list of the names and addresses of the applicant's employers during the 3 years preceding the date the application is submitted, together with the dates he/she was employed by, and his/her reason for leaving the employ of, each employer; (b)(11) For those drivers applying to operate a commercial motor vehicle as defined by Part 383 of this subchapter, a list of the names and addresses of the applicant's employers during the 7 year period preceding the 3 years contained in paragraph (b)(10) of this section for which the applicant was an operator of a commercial motor vehicle, together with the dates of employment and the reasons for leaving such employment. (Attach another sheet if more space is needed).

**A total of 10 years work history is required. All gaps in time must be shown.**

Most Recent  
Employer:

Address:

Telephone:

Date Started:

Starting Salary:

Starting Position:

Date Left:

Ending Salary:

Ending Position:

Name/Title of  
Supervisor:

Reason for  
Leaving:

Description of Duties:

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Previous Employer:

Address:

Telephone:

Date Started:

Starting Salary:

Starting Position:

Date Left:

Ending Salary:

Ending Position:

Name/Title of  
Supervisor:

Reason for  
Leaving:

Description of Duties:

May we Contact?            YES            NO

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Previous Employer:

Address:

Telephone:

Date Started:

Starting Salary:

Starting Position:

Date Left:

Ending Salary:

Ending Position:

Name/Title of  
Supervisor

Reason for  
Leaving:

Description of Duties:

May we Contact?            YES            NO

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Previous Employer:

Address:

Telephone:

Date Started:

Starting Salary:

Starting Position:

Date Left:

Ending Salary:

Ending Position:

Name/Title of  
Supervisor:

Reason for  
Leaving:

Description of Duties:

May we Contact?            YES            NO

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Previous Employer:

Address:

Telephone:

Date Started:

Starting Salary:

Starting Position:

Date Left:

Ending Salary:

Ending Position:

Name/Title of  
Supervisor:

Reason for  
Leaving:

Description of Duties:

May we Contact?            YES            NO

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**PREVIOUS EMPLOYEE PRE-EMPLOYMENT DRUG & ALCOHOL TESTING STATEMENT**

Have you ever failed a D.O.T. Drug and/or Alcohol Test?            YES            NO

Have you ever refused to take a D.O.T. Drug and/or Alcohol Test?            YES            NO

Have you ever violated any other D.O.T. Drug and/or Alcohol Regulations?            YES            NO

If the answer is yes to the above questions, provide details, attach second sheet if necessary.

In the past two years have you tested positive, or refused to test, on any pre-employment drug or alcohol test, but did not get hired for a safety sensitive position as a result of the refusal or failure?            YES            NO

If yes to any of the above questions, please provide proof that you have successfully completed the SAP Evaluation, recommended treatment, return to duty testing and follow up testing. (Attach another sheet with this.)

Signature

Date

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Accident record for past 3 years or more (attach sheet if more space is needed)

Last Accident::	Date	Nature of Accident	Injuries
Next Previous::	Date	Nature of Accident:	Injuries
Next Previous:	Date	Nature of Accident:	Injuries

Traffic convictions and license forfeitures for the last three years (*other than parking violations*)

Location	Date	Charge/Penalty
Location	Date	Charge/Penalty
Location	Date	Charge/Penalty

Do you have a valid driver's license?                      YES              NO

Driver's License State                      License Type                      Expiration Date

License Number

Have you ever been denied a license, permit, or privileges to operate a motor vehicle?                      YES              NO

If YES, explain:

Has any license, permit, or privilege ever been suspended or revoked?                      YES              NO

If YES, explain:

Have you ever been disqualified from driving subject to CFR49 Section 391 of the Federal Motor Carrier Regulations?                      YES              NO

**Driving Experience: (Class of Equipment)**

Straight Truck:	Equipment Type	Dates	# Miles
Tractor Trailer:	Equipment Type	Dates	# Miles
Other:	Equipment Type	Dates	# Miles

List all states operated in for the last five years:

**CRAFT TRAINING/EXPERIENCE: Complete this section if job applying for is a craft trade, ie: mechanic**

What types and makes/models of construction equipment can you operate or repair?

List any craft training programs in which you have participated:

Do you have your own craft tools?

YES

NO

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### APPLICANT'S STATEMENT

In connection with my application to the company, I understand that the Fair Credit Reporting Act, Public Law 91-508 & 104-208 requires that I be advised that routine inquiry may be made during the company's initial or subsequent processing which will provide applicable information concerning character and general reputation. I also understand that investigative background inquiries as required by the Federal Motor Carrier Safety Regulations 391.23 may be made on me including previous employers, along with schools, consumer credit, criminal convictions, motor vehicle records, and other reports.

These reports will include information as to my character, work, habits, performance, education, compensation, and experience along with reasons for termination of employment from previous employers. Furthermore, I understand that the company may be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. This authorization and consent shall be valid in original, fax, email, other electronic form, or copy form.

I release and agree to hold harmless any individual, company, business institution or government agency from all liability with regard to furnishing information to this company. I agree to release and hold harmless this company from all liability with respect to the receipt of such information.

I certify that this application was only completed by me, and that all entries on it and the information I have furnished on this application form is true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, financial, or medical history. (Generally, inquiries regarding medical history will be made only and if 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 false or misleading information given in my application or in interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the company if a conditional offer of employment is made.

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 49CFR 391.23. I have a right to: Review information provided by current previous employers; have errors in the information corrected by previous employers and those previous employers to resend 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.

Applicant's Signature:

Date: