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DOT EMPLOYMENT APPLICATION

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. All employee applications will be given active consideration for six months and will receive consideration without discrimination of sex, marital status, race, age, creed, national origin or the presence of disabilities. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the applicant process or, if discovered after employment, terminating employment. A felony conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you are required to submit to a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

Please print clearly ALL sections of this employment application- incomplete or illegible applications will not be processed.			
Full Name:	Today's Date:	Plant Site:	
Home Phone:	Cell Phone:		
E-mail Address:			How Long?
Other Address in Past 3 Years:			How Long?
Social Security Number:		Date of Birth:	
Current Mailing Address:			
For which position are you applying?		What date can you start?	
Check position option: <div style="display: flex; justify-content: space-around; width: 100%;"> Full-Time Part-Time </div>		List relatives currently employed with SII:	
Are you a minor?		If employed can you show proof of U.S. Citizenship? <div style="display: flex; justify-content: space-around; width: 100%;"> Yes No </div>	
Have you been convicted of a felony in the last ten (10) years?		If you are NOT a U.S. citizen, can you submit documents, after employment showing your legal right to work permanently in the United States? <div style="display: flex; justify-content: space-around; width: 100%;"> Yes No </div>	

EDUCATION			
Please indicate the highest grade level completed - 7 8 9 10 11 12 13 14 15 16 16+ or GED:			
Name & Address of Education Facility	Graduate / Degree		Major
	Yes	No	
If Yes, indicate Mo / Yr Graduated			

EXPERIENCE AND QUALIFICATIONS - DRIVERS				
	State	License No.	Type	Expiration Date
Driver Licenses				

Driving Experience				
Class of Equipment	Type of Equipment	Dates		Approx. No. of Miles (Total)
		From	To	
Straight Truck				
Tractor & Semi-Trailer				
Tractor-Two Trailers				
Other				

Accident Record for Past 3 Years or More (Attach Sheet if More Space is Needed)			
Dates	Nature of Accident (Head-on, Rear-end, Upset, etc.)	Fatalities	Injuries
Last Accident _____			
Next Previous _____			
Next Previous _____			

Traffic Convictions and Forfeitures for the Past 3 Years (Other than Parking Violations)			
Location	Date	Charge	Penalty

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

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

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

Applicants must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years of employment record). Attach sheet if more space is needed.

EMPLOYMENT HISTORY			
<i>Since we make every effort to contact previous employers, the correct phone number is critical</i>			
MOST RECENT EMPLOYMENT			
Are you currently working for this employer? Yes No		If yes, may we contact this employer? Yes No	
Company Name:		Phone Number:	
Address:		Dates Employed	
		From:	To:
Job Title:		Supervisor Name:	
Duties:			
Salary:	Pay Per:		Reason For Leaving:
	Hour	Week Month	

SECOND MOST RECENT EMPLOYMENT			
Are you currently working for this employer? Yes No		If yes, may we contact this employer? Yes No	
Company Name:		Phone Number:	
Address:		Dates Employed	
		From:	To:
Job Title:		Supervisor Name:	
Duties:			
Salary:	Pay Per:		Reason For Leaving:
	Hour	Week Month	

THIRD MOST RECENT EMPLOYMENT			
Are you currently working for this employer? Yes No		If yes, may we contact this employer? Yes No	
Company Name:		Phone Number:	
Address:		Dates Employed	
		From:	To:
Job Title:		Supervisor Name:	
Duties:			
Salary:	Pay Per:		Reason For Leaving:
	Hour	Week Month	

CERTIFICATION AND RELEASE

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me, the foregoing questions, and the statements made by me are true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of facts called for in this application may result in rejection of my applications or discharge at any time during my employment. I authorize the company, and/or its agents, including consumer reporting bureaus, to verify any of this information including but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information.

Signature & Date	Printed Name
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