

Employment Application

ELDON C. STUTSMAN, INC.

121 Lassie St. / P.O. Box 250

Hills, IA 52235

Phone: (319) 679-2281

Confidential Fax: (888) 696-9854

Website: www.stutsmans.com



DATE of APPLICATION: _____

Desired Position(s): _____

APPLICANT INFORMATION

Name: Last:		First:		Middle:		Suffix:	
Street Address:			Apt. #	Social Security #:			
City, State, Zip:				Date of Birth: (Necessary for MVR/background)			
Mailing Address:			City, State, Zip:				
Previous Address: (within last 3 yrs.)			City State, Zip:				
Previous Address: (within last 3 yrs.)			City State, Zip:				
Previous Address: (within last 3 yrs.)			City State, Zip:				
Cell phone:		Home phone: (If none, please check: ___)		E-mail Address:			
Are you authorized to work in the U.S.? Yes No <i>(Please note: All applicants will be required to provide acceptable documents to establish identity, proof of age and employment authorization. Such documents most commonly include, but are not limited to, a current U.S. Passport, or two of the following: state issued driver's license, government issued ID card, Social Security card, and / or government issued birth certificate.)</i>							
Have you ever worked for this company before? Yes No			If yes, dates: From: _____ To: _____				
Reason for leaving:							
Have you ever been convicted of a felony? Yes No <i>(A felony conviction does not necessarily bar applicant from employment. Factors such as nature of violation, seriousness and age at time of offense will be taken into account.)</i>			If yes, date of offense: _____ Explanation:				
Have you ever failed or refused a pre-employment drug / alcohol test given by a company where you did NOT accept employment?			Yes No (If yes, please provide documentation of successful completion of a return-to-duty process.)				

EDUCATION

High School:		City, State:					
From:	To:	Graduate? Yes No		Degree?			
College:		City, State:					
From:	To:	Graduate? Yes No		Degree?			
Other:		City, State:					
From:	To:	Graduate? Yes No		Degree?			

EMPLOYMENT / LEASE HISTORY

FILL IN ALL INFORMATION!

IF NECESSARY, ATTACH A SEPARATE SHEET FOR ADDITIONAL EMPLOYERS.

- All drivers and / or owner-operators must list previous employment or lease for the past 3 years. If you have been driving for more than 3 years, you must list employment for up to 7 additional years ... for vehicles with a GVWR of 26,001 or more, vehicles designed to haul 15 or more passengers or vehicles transporting hazardous materials in quantities requiring placards.

Employer:		From:
Address:		To:
City:	State:	Zip:
Contact Person:	Telephone:	Wage:
Reason for leaving:		
Were you subject to Federal Motor Carrier Safety Regulations? Yes No		
Was this job designated as a "Safety Sensitive Function" subject to the Drug & Alcohol testing requirements of 49 CFR Part 40? Yes No		

Employer:		From:
Address:		To:
City:	State:	Zip:
Contact Person:	Telephone:	Wage:
Reason for leaving:		
Were you subject to Federal Motor Carrier Safety Regulations? Yes No		
Was this job designated as a "Safety Sensitive Function" subject to the Drug & Alcohol testing requirements of 49 CFR Part 40? Yes No		

Employer:		From:
Address:		To:
City:	State:	Zip:
Contact Person:	Telephone:	Wage:
Reason for leaving:		
Were you subject to Federal Motor Carrier Safety Regulations? Yes No		
Was this job designated as a "Safety Sensitive Function" subject to the Drug & Alcohol testing requirements of 49 CFR Part 40? Yes No		

Employer:		From:
Address:		To:
City:	State:	Zip:
Contact Person:	Telephone:	Wage:
Reason for leaving:		
Were you subject to Federal Motor Carrier Safety Regulations? Yes No		
Was this job designated as a "Safety Sensitive Function" subject to the Drug & Alcohol testing requirements of 49 CFR Part 40? Yes No		

- MAKE SURE ALL REQUIRED INFORMATION HAS BEEN PROVIDED ABOVE**

PERSONAL REFERENCES

Please list three professional references, not including family members.

Full Name:	Relationship:
Company:	City, State:
Telephone: (bus)	(cell)

PERSONAL REFERENCES, Cont.

Full Name:	Relationship:
Company:	City, State:
Telephone: (bus) _____ (cell) _____	

Full Name:	Relationship:
Company:	City, State:
Telephone: (bus) _____ (cell) _____	

LICENSE / DRIVING INFORMATION

Driver's License (All licenses used during the past 3 yrs.)

License #	State	Type	Expiration Date
(Current)			

ACCIDENT HISTORY

List all accidents in the past 3 years. If none, write "None".

Date	Location (City / Town, State)	# Injuries	# Fatalities	HAZMAT Involved?	
				Yes	No

TRAFFIC VIOLATIONS

List all moving violation citations in the past 3 years. If none, write "None".

Date	Violation	State	CMV?		Penalty
			Yes	No	

Have you ever been denied a license to operate a motor vehicle? Yes No (If Yes, give details on a separate sheet.)

Have you ever had your license suspended or revoked? Yes No (If Yes, give details on a separate sheet.)

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat-bed, etc.)	Dates		Approximate Total Number of Miles
		From	To	

In what states have you operated in the past 3 years?

Any special courses or training taken?

Any safety awards? Yes No From whom?

ADDITIONAL TRAINING, SKILLS, QUALIFICATIONS & EXPERIENCE

(Please provide any other experience or training relevant to the position for which you are applying and not previously mentioned; i.e. technical, equipment, fork-lift, mechanical training, certifications, etc.)

GOALS

(Given appropriate training & experience, is there any job(s) other than the one you are applying for in which you might have a strong interest, either within the company or outside the company?)

I authorize Eldon C. Stutsman, Inc. to make such investigations and inquiries of my references, personal & professional history, including employment, financial or medical history, including drug & alcohol background checks, motor vehicle driving history (MVR) and other related matters as may be necessary in arriving at an employment decision and whatever is necessary for required periodic investigations such as motor vehicle driving records (MVR). I hereby release from liability Eldon C. Stutsman, Inc., and its agents for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information. (* NOTE: Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.)

I hereby certify that the answers and other information on this application are true and correct. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of this company.

I understand nothing contained in this employment application or the granting of an interview is intended to create an employment relationship between Eldon C. Stutsman, Inc., and me. If an employment relationship is established in the future, I understand I may terminate employment at any time and that Eldon C. Stutsman, Inc. has the same right to terminate my employment at any time.

Pre-employment drug screening with a negative test result is required of *all* applicants, regardless of position applied for, before any employment relationship is established.

Eldon C. Stutsman, Inc. is an Equal Opportunity Employer.

Applicant's Signature

Date

I understand that the information I have provided in regard to my current employer and / or my previous employers may be used, and those employers will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) & (e).

I understand that I have the right to:

1. Review information provided by previous employers;
2. Have errors in the information corrected by employers and for those previous employers to re-send the corrected information to the prospective employer;
3. Have a rebuttal statement attached to the alleged erroneous information, if the previous employer and I cannot agree on the accuracy of the information.

Applicant's Signature

Date

**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 Eldon C. Stutsman, Inc. _____ (“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 Eldon C. Stutsman, Inc. (“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

DRIVER MOTOR VEHICLE RECORD RELEASE

DISCLOSURE TO CONSUMER

Eldon C. Stutsman, Inc.

Name of Company

As part of our employment process, we may obtain where permitted, one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as:

iiX, a Verisk Analytics Business
1716 Briarcrest Drive
Suite 200
Bryan, Texas 77802

- Consumer reports may include background, employment history, academic and/or professional credentials, military service, credit history, and driving history. The information gathered also may involve a criminal history and/or alcohol or drug use history, if any.
- An investigative consumer report may include information about your character, general reputation, personal characteristics and mode of living that may be obtained by interviews with individuals who may have knowledge concerning any such items of information. This also may include contacts of all listed prior employers to verify your employment history.
- If your employment falls under the federal Department of Transportation (“DOT”) and the Federal Motor Carrier Safety Administration (“FMCSA”), including 49 CFR § 391.23, the report could include your driving, safety inspection and performance history from the FMCSA.

Under the provisions of the Fair Credit Reporting Act (“FCRA”), 15 U.S.C. § 1681 et seq.; FMCSA regulations in the Federal Code of Regulations, including 49 CFR § 40.329; and certain state laws, before we can seek such reports, where permitted, we must have your written permission to obtain the information.

You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You also are entitled to a copy of that document entitled “Rights Under the Fair Credit Reporting Act”. Under the FCRA, before we take adverse action on the basis, in whole or in part, of information in a consumer report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

- **Notice to California Applicants:** Under California law, the reports ordered about you for employment purposes within the State of California are defined as “investigative consumer reports.” These reports may contain information on your character, general reputation, personal characteristics and mode of living. Under California Civil Code § 1786.22, you may view the report(s) maintained at iiX during normal business hours. You also may obtain a copy by submitting proper identification and paying the cost of duplication by appearing at iiX in person, by mail, or by telephone. iiX is required to have personnel available to explain the report(s) and to explain any coded information. If you appear in person, you may be accompanied by a person of your choice, if s/he furnishes proper identification.
- **Notice to Massachusetts Applicants:** Under Massachusetts law, an employer is prohibited from making written, pre-employment inquiries of an applicant about his or her criminal history. MASSACHUSETTS APPLICANTS SHOULD NOT RESPOND TO ANY OF THE QUESTIONS SEEKING CRIMINAL RECORD INFORMATION.

AUTHORIZATION TO OBTAIN INFORMATION

Eldon C. Stutsman, Inc.

Name of Company

I have read and understood the preceding Disclosure to Consumer. Under the Fair Credit Reporting Act ("FCRA"), 15 U.S.C. § 1681 et seq., the regulations applicable to the federal Department of Transportation's Federal Motor Carriers Safety Administration, including 49 CFR § 40.329, the Americans with Disabilities Act and all other applicable federal, state, and local laws, I hereby authorize and permit the above named company to obtain information about me, where permitted, which may pertain to my employment records, driving history records, driving performance and safety history, criminal history, credit history, civil records, workers' compensation (post-offer only), alcohol and drug testing, verification of my academic and/or professional credentials, and information and/or copies of documents from any military service records.

I understand an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living that may be obtained by interviews with individuals who may have knowledge concerning any such items of information. I authorize information to be obtained from my former employers to satisfy driver qualification regulations.

DOT Drivers. I understand that Title 49 of the Federal Code of Regulations, § 391.23, requires that my prospective employer and/or its agent(s) may contact all former employers of a driver within the last three years under the regulation of the Department of Transportation. Information such as dates of employment, position, accident history, as well as information pertaining to my drug and alcohol testing history, may be requested from each employer in accordance with Section 391.23 and 49 CFR 40.25.

By signing below, I consent to and authorize the gathering of this information by my prospective employer or employer and those who my prospective employer or employer has engaged to request and obtain this information including former employers, and/or from or through a consumer reporting agency, such as iiX, a Verisk Analytics Business.

I understand and acknowledge that the information provided in the consumer reports or investigative consumer reports may assist my employer or prospective employer to make a determination regarding my suitability as an employee.

I further understand that, under the FCRA, in the event of Adverse Action, I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I agree that a copy of this authorization has the same effect as an original. Where permitted, this authorization shall remain in effect over the course of my employment and reports may be ordered periodically during the course of my employment.

I understand and acknowledge that, in order to obtain the necessary information from a consumer reporting agency and fully process my Application for Employment, my **FULL name, date-of-birth, driver's license number & state, and current address** must be provided in the Application for Employment.

Applicant's / Employee's **Full** Name (Print clearly)

Applicant's / Employee's Signature

Date of Signature