

JERRY LIPPS, INC.
3888 Nash Road
Cape Girardeau, MO 63701

Signature of Applicant

Date

Name _____
First Middle Last

Phone (_____) _____

*Current Address _____
Street City State ZIP Code

*If at the above residence less than three years, list below all residences for the past three years.

Street City State ZIP Code

Street City State ZIP Code

Position applying for _____ Temporary _____ Part time _____ Full time _____

Who referred you? _____ Expected rate of pay _____

Have you worked for this company before? _____ Dates: From _____ To _____
month/year month/year

Where? _____ Rate of Pay _____ Position _____

Reason for leaving _____

Names of any relatives employed by this company _____

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Last school attended: _____
Name Address

GENERAL

Have you ever been bonded: _____ Name of bonding company _____
(Answer only if a job requirement)

Have you ever been convicted of a felony? _____

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

Have you ever worked for this company under another name: _____ What Name? _____

Driver Experience & Qualification

Answer the questions in this section only if applying for driver position

Date of Birth _____ The U.S. Department of Transportation requires that driver applicants state their date of birth (391.21 (b)(2)).

Social Security Number: _____ - _____ - _____

DRIVER EXPERIENCE & QUALIFICATION (cont'd) Answer the questions in this sections only if applying for a driver position License

Drivers Licenses held in past 3 years must be shown	State	License No.	Class	Endorsement (s)	Expiration Date

- 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 ___
 C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes ___ No ___

If you answered "yes" to A, B, C attach a statement giving details.

Driving Experience

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

Lists states operated in during last five years _____

List special courses or training that will help you as a driver _____

List driving awards held and who awards were presented by _____

Accident Review for past 3 years (Attach separate sheet of paper if more space is needed)

Dates	Nature of accident (Head-On, Rear-End, Overturn, 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

EMPLOYMENT RECORD

The U.S. Department of Transportation requires that driver applications show all employment for the past three years. They must also show commercial driver employment for the seven years immediately preceding this three year period.

(391.21(b)(10),(11))

Start with **last or current** position, including military experience, and work back. (Attach a separate sheet if necessary)

Current Employer: _____ Supervisor's Full Name: _____
 Full Address: _____ Zip: _____ Phone: (____) _____
 Position Held: _____ From: _____ To: _____ Salary: _____
Month/year Month/year

Reason for Leaving: _____

Company: _____ Supervisor's Full Name: _____
 Full Address: _____ Zip: _____ Phone: (____) _____
 Position Held: _____ From: _____ To: _____ Salary: _____
Month/year Month/year

Reason for Leaving: _____

Company: _____ Supervisor's Full Name: _____
 Full Address: _____ Zip: _____ Phone: (____) _____
 Position Held: _____ From: _____ To: _____ Salary: _____
Month/year Month/year

Reason for Leaving: _____

MAINTENANCE EXPERIENCE & QUALIFICATIONS

List courses and training in maintenance work _____

Job Function

Indicate training & experience in the following:	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Drive Line Components			Body Work		
Diesel Engine Tune-up and Rebuild			Electrical Repair		
Gas Engine Tune-up and Rebuild			Frame & Wheel Alignment		
Tire Service			Brakes		
Trailer Repair			Cooling System		
Air Conditioning (Cab)			Inspections		
Refrigeration (Cargo)			General Car Repair		

Shop Equipment

Indicate training & experience in the following:	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Diagnostic Equipment (Type(s))			Tire Servicing		
			Wheel & Tire Balancing Machine		
Sheet Metal Equipment			Tire Recapping		
Frame & Axle Straightening Equipment			Engine Dynamometer		
Engine Rebuilding			Chassis Dynamometer		
Diesel Injection Equipment			Magnetic Crack Detector		
Electric Welder			Engine Analyzer		
Oxyacetylene Welder			Noise Measuring Equipment		
Paint Spray Gun			Emissions/Smoke Testing		
Air Conditioning (Cab)			Inspections (State/Fed)		
Refrigeration (Cargo)			General Cab Repair		
ASE Certification(s) (Specify):					

CLERICAL EXPERIENCE & QUALIFICATIONS

List courses and training in office work _____

Indicate Training & Experience in the following:	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Shorthand (wpm)			Bookkeeping Machine		
Billing			Switchboard Equipment (indicate type)		
Filing					
Computers (Ind. Software)			Tabulator		
Word Processing Equip.			Accounting		
Key Punch			OS & D		
Calculator			Interline		
Adding Machine			Claims		
Telecopier			Cashier		
Photocopier			Dispatcher		

Rates (indicate tariffs with which you have worked)

PLATFORM EXPERIENCE & QUALIFICATIONS

List types of platform experience and number of years of each _____

List platform equipment you can operate (lift truck, etc.) _____

List courses or training in platform work _____

APPLICANT MUST READ AND SIGN

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigative Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file. I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal. If hired, I agree to abide by all the rules and policies of the employer.

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.

_____ Date _____ Applicant Signature

FOR OFFICE USE – DO NOT WRITE IN THIS SPACE

PROCESS RECORD

Applicant Hired? ____ Yes ____ No Date of Birth: _____ (month/day/year)*
Date Employed: _____ Point Employed: _____
Department: _____ Classification: _____
(If not hired, summary report of reasons should be placed in file)
IN CASE OF EMERGENCY NOTIFY: _____ Phone: (____) _____
Address: _____

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	Superior	Good	Fair	Below Average	Poor	Written Record on File
1. Application						
2. Interview						
3. Physical Exam*						
4. Past Employment						
5. Written Exam						
6. Road Test						
7. Policy & Traffic Record						

*driver applicants only

TRANSFERS

From: _____ To: _____ From: _____ To: _____
Date: _____ Date: _____
Reason for Transfer: _____ Reason for Transfer: _____

TERMINATION OF EMPLOYMENT

Date Terminated: _____ Department Release From: _____
Dismissed: _____ Voluntarily Quit: _____ Other: _____
Termination Report Placed in File: _____ Supervisor: _____

**MOTOR VEHICLE DRIVER'S
Certification of Violations/Annual Review of Driving Record**

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of full violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (Section 391.27). Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he/she shall so certify (Section 391.27).

COMPLETED BY DRIVER – CERTIFICATION OF VIOLATIONS			
Name of Driver (Print)	Social Security Number	Date of Employment	
Home Terminal (City & State)	Driver License Number	Expiration Date	
I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 month.			
DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED
(If you have had no violations, check the following box - <input type="checkbox"/> None			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.			
Date of Certification _____		Driver's Signature _____	

COMPLETED BY MOTOR CARRIER – ANNUAL REVIEW OF DRIVING RECORD	
MOTOR CARRIER INSTRUCTIONS: Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.	
I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one):	
<input type="checkbox"/> Meets minimum requirements for safe driving	<input type="checkbox"/> Is disqualified to drive a motor vehicle pursuant to Section 391.15
<input type="checkbox"/> Does not adequately meet satisfactory safe driving performance	
Action taken with driver: _____	
Reviewed by: _____	
Signature	Date
Printed Name	Title
Motor Carrier Name	Motor Carrier Address

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to _____
(Prospective Employer)
for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

(Applicant's Signature) (Date)

In accordance with the provisions of Sections 604 and 607 of the **Fair Credit Reporting Act**, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the **Driver's Privacy Protection Act of 1994** (Public Law 103-322, Title XXX, Section 300002 (a)).

(Signature of Requestor) (Date)

TO: _____

DEAR SIR/MADAM:

- The following named person has made application with our company for the position of _____. In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.
- The following named person is employed with our company in the position of _____. In accordance with Section 391.25, Federal Department of Transportation Regulations, please furnish the undersigned with the employee's driving record for the past year.

NAME OF APPLICANT/DRIVER _____

ADDRESS _____
(Number & Street) (City) (State) (Zip Code)

FORMER ADDRESS _____
(Number & Street) (City) (State) (Zip Code)

DATE OF BIRTH _____ SSN _____ LICENSE NO. _____

REQUESTED BY

(Name of Company) (Typed Name)

(Address) (Title)

(City) (State) (Signature)

DRIVER NOTIFICATION AND RELEASE

In connection with my application for employment (including contract for services) with you, I understand that a consumer report which may contain public record information is being requested from DAC services, Tulsa, Oklahoma. This report may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. as permitted under the law. I further understand that such report may contain public record information concerning my driving record and any other public records permitted under the law from Federal, State, and other agencies which maintain such reports as well as information from DAC concerning (1) previous driving record requests made by others from such state agencies and (2) state provided driving record.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY DAC TO FURNISH THE ABOVE MENTIONED INFORMATION.

I have the right to make a request to DAC, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request; the sources of information; the recipients of any reports on me which DAC has previously furnished within the two year period preceding my request. I hereby consent to you obtaining the above information from DAC, and I agree that such information which DAC has or obtains, and my employment history with you if I am hired, will be supplied by DAC to other companies which subscribe to DAC Services.

Print Name

Social Security Number

Applicant's Signature

Date

JERRY LIPPS, INC.
CAPE GIRARDEAU, MISSOURI

Company Name _____

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for you employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant's Signature

Date

Print Name

Social Security Number