

State Paper & Metal Company, Inc.
1118 W. Central Ave.
Toledo Ohio 43610

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status or non-related disabilities.

Position(s) applied for _____ Date of Application _____

Name _____ Social Security Number _____
(Last) (First) (M.I)

Address _____
(Street) (City)

(State) (Zip) Phone _____

ADDRESS FOR PAST THREE YEARS

(Street) (City) (State) (Zip) How Long? _____

(Street) (City) (State) (Zip) How Long? _____

Do you have the legal right to work in the United States? Y / N _____

Date of Birth _____ Can you provide proof of age? Y / N _____

Have you worked for this company before? Y / N _____ Where? _____

Dates From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you employed now? Y / N If No, how long since leaving your last employer? _____

Who referred you? _____ Rate of pay expected _____

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described by you)?

If yes, explain if you wish. _____

Employment History

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. Applicants to drive a commercial motor vehicle * in intrastate or interstate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle. **This is a total of 10 years.**

NOTE: List employers in reverse order starting with the most recent and moving down the list. Add another sheet if necessary.

Employer		Date	
Name		From: Mo. Yr:	To: Mo. Yr:
Address		Position Held	
City	State: Zip	Salary / Wage	
Contact Person	Phone:	Reason for leaving	

Employer		Date	
Name		From: Mo. Yr:	To: Mo. Yr:
Address		Position Held	
City	State: Zip	Salary / Wage	
Contact Person	Phone:	Reason for leaving	

Employer		Date	
Name		From: Mo. Yr:	To: Mo. Yr:
Address		Position Held	
City	State: Zip	Salary / Wage	
Contact Person	Phone:	Reason for leaving	

Employer		Date	
Name		From: Mo. Yr:	To: Mo. Yr:
Address		Position Held	
City	State: Zip	Salary / Wage	
Contact Person	Phone:	Reason for leaving	

Employer		Date	
Name		From: Mo. Yr:	To: Mo. Yr:
Address		Position Held	
City	State: Zip	Salary / Wage	
Contact Person	Phone:	Reason for leaving	

Employer		Date	
Name		From: Mo. Yr:	To: Mo. Yr:
Address		Position Held	
City	State: Zip	Salary / Wage	
Contact Person	Phone:	Reason for leaving	

*Includes vehicles having a GVWR of 26,001 lbs. Or more, vehicles designed to transport 15 or more passengers, any size vehicle used to transport hazardous material in quantity requiring placarding.

EXPERIENCE AND QUALIFICATIONS

List states operated in for last five years _____

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

Which safe driving awards do you hold and from who? _____

Show any trucking, transportation or other experience that may help in your work for this company: _____

List courses and training other the show elsewhere in this application: _____

List special equipment or technical materials you can work with (other then those already shown elsewhere) _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that I completed this application, and that all entries on it and information in it are 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 and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries relating to medical history will be made only if and after 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 that false or misleading information giving in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the company.

Date _____ Applications Signature _____

PROCESS RECORD

Applicant Hired _____ Rejected _____

Date Employed _____ Point Employed _____

Department _____ Classification _____

(If rejected, Summary report should be placed in file)

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

	Superior	Good	Average	Mediocre	Poor	Written Record on File
Application						
Interview						
Past Employment						
Written Exam						
Road Test						
Criminal & Traffic Convictions						

Signature of Interviewing Officer _____

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

DATES	Nature of Accident	FATALITIES	INJURIES
Last Accident			
Next Previous			
Next Previous			

Traffic Convictions and Forfeitures for the past 3 years (Other then Parking Violations)

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EDUCATION

CIRCLE Highest Grade Completed 1 2 3 4 5 6 7 8 **High School:** 9 10 11 12 **College** 1 2 3 4

LAST SCHOOL ATTENDED _____
 (Name) (City)

EXPERIENCE AND QUALIFICATIONS – DRIVER

DRIVER LICENSE	STATE	LICENSE #	TYPE	EXP. 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

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

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc)	Date From:	Date to:	Approx No. of Miles Total
Straight Truck				
Tractor –Semi Trailer				
Tractor – Two Trailers				
Other				

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 them with a list of all violations of motor vehicle traffic laws and ordinances (Other than parking violations) 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).

TO BE COMPLETED BY DRIVER – CERTIFICATION OF VIOLATIONS

Name _____ SSN: _____ Date of Employment _____

Home Terminal _____ Driver License # _____ State _____ Exp 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 last 12 months.

If no violations have occurred please state "No violations have occurred"

Date	Violation	Location	Type of Vehicle
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 provided under part 383) required to be listed during the past 12 months.

Date of Certification _____ Signature _____

DRIVERS DO NOT WRITE BELOW THIS LINE

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 below.

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she:

_____ Meets the requirements for Safe Driving _____ is disqualified to drive a motor vehicle pursuant to section 391.15

_____ Does not meet satisfactory safe driving requirements.

Action taken with Driver: _____

Reviewed by _____ Title: _____ Date _____

Motor Carrier Name: _____ Address: _____