

Story Transportation, Inc.

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

How did you hear about us? _____

Full First Name _____ Middle Initial _____ Last Name _____

Suffix _____ Maiden / Former Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Are you 18 or older? (NOTE: YOU MUST BE AT LEAST 21 YEARS OLD TO WORK WITH HAZARDOUS MATERIALS)

YES NO

Have you ever been discharged from an employer as a result of a violation of any company policy or DOT regulation?

IF YES, EXPLAIN AND INCLUDE DATE(S):

YES NO _____

Do you have the physical and mental abilities to perform the essential functions of the job you are applying for?

IF NO, STATE ANY ACCOMMODATIONS THAT WOULD ALLOW YOU TO PERFORM THE JOB:

YES NO _____

Position applying for _____

Wage / Salary desired: \$ _____ Date you can start: _____ / _____ / _____

Have you ever applied for a job at Story Transportation? IF YES, PLEASE EXPLAIN AND INCLUDE DATE(S):

YES NO _____

EMPLOYMENT RECORD

List all jobs and activities which support your qualifications including: military service, schools, part time employment, and self employment for the past 10 years. Please also list significant experience more than **10 years** ago. Begin with most recent. Do not indicate "see resume."

May we contact your present employer? YES NO

Current Employer

Telephone

Street Address

Employment Dates

City State Zip

Name of Supervisor

Starting Salary

Job Title

Ending Salary

Description

Reason for leaving

Were you subject to the FMCSRs?

YES NO

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?

YES NO

Previous Employer

Telephone

Street Address

Employment Dates

City State Zip

Name of Supervisor

Starting Salary

Job Title

Ending Salary

Description

Reason for leaving

Were you subject to the FMCSRs?

YES NO

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?

YES NO

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.”

“I AUTHORIZE background investigations in connection with my application for employment with Story Transportation and Story Distributing Company. I understand that my background may be investigated to include the following types of information: names and dates of previous employers, reasons for termination of employment, work experience, and history, drug and alcohol test results (49CFR 382.413), accidents, spills, attendance, driving records, criminal history, safety performance, etc. I fully RELEASE Story Transportation and Story Distributing Company, its employees, its owner and all parties supplying such information from all liability for any damages which may hereafter result from furnishing this information.” “I further understand that this is an application for employment as an employee at will and that no employment contract, either express or implied, is being offered. I further understand that all employees of Story Transportation and Story Distributing Company are subject to a binding arbitration agreement (which is the subject matter of a separate document) which applies not only to any dispute or claim I may have with or against Story Transportation and Story Distributing Company but also to certain third parties.”

Date / /

I agree to the Terms & Conditions

Signature

Printed Name

Social Security (NEEDED FOR BACKGROUND / CREDIT CHECK)

Position applied for _____