

**Five Star Transportation, LLC.
54374 Smilax Road
New Carlisle, Indiana 46552
Employment Application**

NAME: _____
(LAST) (MIDDLE) (FIRST)

CURRENT ADDRESS:

(STREET) (PO BOX) (APT#)

(CITY) (STATE) (ZIPCODE)

PLEASE LIST ADDRESSES FOR PRIOR 3 YEARS (IF NOT APPLICABLE, PLEASE PUT N/A):

(STREET) (PO BOX) (APT#)

(CITY) (STATE) (ZIPCODE)

(STREET) (PO BOX) (APT#)

(CITY) (STATE) (ZIPCODE)

PHONE: _____ **POSITION APPLYING FOR:** _____

ARE YOU SEEKING: FULLTIME: _____ PART TIME: _____ TEMPORARY: _____

PREFERRED RATE OF PAY: _____

SPECIFY DAYS AND HOURS YOU ARE WILLING TO WORK: _____

HOW DID YOU LEARN ABOUT THE POSITION? _____

Minimum age requirement to work for FS Transportation is 18 years of age.

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification form upon hire.

DRIVER EXPERIENCE & QUALIFICATION

(Answer the questions in this section only if applying for driver or maintenance technician position)

DATE OF BIRTH: _____ The US Department of Transportation requires that driver applicants state their date of Birth. (49 CFR §391.21 (b) (2)).

SOCIAL SECURITY NUMBER: _____

EDUCATION AND TRAINING

NAME/CITY

LAST GRADE COMPLETED

MAJOR

HIGH SCHOOL _____

COLLEGE _____

GRADUATE SCHOOL _____

VOCATIONAL _____

APPRENTICESHIP _____

OTHER _____

DRIVER EXPERIENCE & QUALIFICATION

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

List all unexpired commercial motor vehicle operator's licenses or permits that have been issued to you:

STATE	LICENSE NO.	CLASS	ENDORSEMENT(S)	EXPIRATION DATE

- 1) Have you been denied a license, permit or privilege to operate a motor vehicle? YES ___ NO ___
- 2) Has any license, permit or privilege ever been suspended or revoked? YES ___ NO ___
- 3) Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? YES ___ NO ___

If you answered "yes" to 1, 2, or 3 attach a statement giving details.

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ECT)	FROM	TO	APPROXIMATE TOTAL MILES
Straight Truck				
Tractor & Semi-Trailer				
Twin Trailer- LCVs				
Other				

List 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: _____

List all motor vehicle accidents in which you have been involved during the past three years.

	DATE	NATURE OF ACCIDENT (Head-On, Rear-End, Overturn, etc.)	CHARGE/PENALTY	INJURIES/FATALATIES
Last accident				
Next previous				
Next previous				
Next previous				

List all traffic convictions and infractions for the past three years, other than parking violations.

LOCATION	DATE	CHARGE	PENALTY

All applicants complete the following section:

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.

49 CFR §391.21 (b)(10),(11). Pursuant to 49 CFR §391.21(d), any information you provide in response to this section regarding your previous employment history may be used, and your prior employers may be contacted, for the purpose of investigating your safety performance history information as required by paragraph (D) and (E) of 49 CFR §391.21. You have the right to review information provided by previous employers; the right to have errors in the information corrected by the previous employer and for that previous employer to resend the corrected information to us; and the right to have a rebuttal statement attached to the alleged erroneous information that you and your previous employer cannot agree on the accuracy of the information.

List past employment. If applying for a driver position, include all commercial driver employment for the past (10) years. Start with last or current position, including military experience, and work back. (Attach a separate sheet of paper if necessary.)

Current Employer:			
Full Address:			
Supervisor Full Name:			
Position Held:			
Dates:	From (month/year):		To (month/year):

Reason For Leaving:		
Were you subject to Federal Motor Carrier Safety Regulations?	YES	NO
Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance tests and requirements as required by 49 CFR part 40?	YES	NO

Previous Employer:		
Full Address:		
Supervisor Full Name:		
Position Held:		
Dates:	From (month/year):	To (month/year):
Reason For Leaving:		
Were you subject to Federal Motor Carrier Safety Regulations?	YES	NO
Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance tests and requirements as required by 49 CFR part 40?	YES	NO

Previous Employer:		
Full Address:		
Supervisor Full Name:		
Position Held:		
Dates:	From (month/year):	To (month/year):
Reason For Leaving:		
Were you subject to Federal Motor Carrier Safety Regulations?	YES	NO
Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance tests and requirements as required by 49 CFR part 40?	YES	NO

Previous Employer:		
Full Address:		
Supervisor Full Name:		
Position Held:		
Dates:	From (month/year):	To (month/year):
Reason For Leaving:		
Were you subject to Federal Motor Carrier Safety Regulations?	YES	NO
Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance tests and requirements as required by 49 CFR part 40?	YES	NO

Previous Employer:		
Full Address:		
Supervisor Full Name:		
Position Held:		
Dates:	From (month/year):	To (month/year):
Reason For Leaving:		
Were you subject to Federal Motor Carrier Safety Regulations?	YES	NO
Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance tests and requirements as required by 49 CFR part 40?	YES	NO

Is there any reason you might be unable to perform the functions of the job for which you have applied {as described in the Job Description}? YES ___ NO ___

If yes, explain if you wish: _____

Additional Information

List any special skills or training relevant to the position for which you are applying:

List any hobbies, interests or community involvement relevant to the position for which you are applying:

Professional References

(Please list two people you have worked with in the past two years we may contact for references.)

NAME: _____

NAME: _____

PHONE: _____

PHONE: _____

NAME: _____

NAME: _____

PHONE: _____

PHONE: _____

Thank you

Thank you for your interest in working for Five Star Transportation, LLC. We are an equal opportunity employer. Employment with us is based on your merit, past experience, and ability to perform the job.

Certification

I further understand that if I am employed, my employment is not for a definite period and the company or I can terminate it at any time, with or without notice or cause.

APPLICANT MUST READ AND SIGN

1. I certify that the answers and information given in this application are true and complete. I understand that any false or misleading information provided, or omitted, on this application, in my resume, or during any interview is grounds to disqualify me for consideration for employment and, if discovered after my hire, is grounds for discharge.
2. I authorize you to contact my present and former employers, references, schools, and other sources to investigate my background and to verify any of the information contained in this application, in any accompanying resume, or in any interview. I further authorize those employers, references, schools, and other sources to give FS Transportation, LLC any and all information concerning my previous

employment, education, conduct, and any other relevant information they may have, personal or otherwise.

3. I release and forever discharge all such persons, companies or other sources, and their agents and employees, and FS Transportation, LLC and its agents and employees, from any and all claims, known or unknown, which may result from the disclosure or collection of the requested information.
4. I understand that as an applicant for a position with FS Transportation, LLC, 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 physical examination and drug test.
5. I understand that FS Transportation, LLC. follows an employment-at-will policy, in that I or FS Transportation, LLC. may terminate my employment at any time, for any reason consistent with applicable state or federal law. I further understand that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the manager of FS Transportation, LLC.
6. 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 only. Date of submission: _____

FS Transportation, LLC
Background Check Authorization

By signing below, I authorize: (a) [Hire Right] to request information about me from any public or private information source; (b) anyone to provide information about me to [Hire Right]; (c) [Hire Right] to provide FS Transportation, LLC, with one or more reports based on that information; and (d) FS Transportation, LLC, to share those reports with others for legitimate business purposes related to my employment. I understand that [Hire Right] may investigate my criminal record, address history, social security number validity, criminal record, driving record and any other information with public or private information sources.

I acknowledge that a fax, image, or copy of this authorization is as valid as the original. I make this authorization to be valid for as long as I am an applicant or employee with FS Transportation, LLC.

I also authorize FS Transportation, LLC, to obtain “consumer reports” (including “investigative consumer reports” under California law) about me at any time during the hiring process and throughout my employment, if applicable.

I acknowledge that I have received, read, and understood the document entitled “A Summary of Your Rights Under the Fair Credit Reporting Act.”

Signature: _____

Date: _____

Printed Name: _____
