

PHOTO COPY DRIVER'S LICENSE & DOT PHYSICAL CARD

**ALL AMERICAN TRUCKING CO. LLC
EMPLOYMENT APPLICATION**

1340 Windsor Avenue
Columbus, OH 43211
614-291-5931 x105
FAX: 614-291-9054

**WE ARE A DRUG FREE WORKPLACE
WE DO RANDOM DRUG TESTING**

An Equal opportunity Employer

*We consider applicants for all positions without regard to race, color, sex, religion, national origin, age, marital or veteran status, the presence of non-job related medical conditions or disabilities or any other legally protected status.

- 1) Name: _____ Date: _____
- 2) Address: _____ City: _____ State: _____ Zip: _____
- 3) Home phone: () _____ Work Phone () _____ SSN: _____
- 4) Position for which you are applying _____
- 5) Lowest acceptable wage \$ _____ per hour Date you can start: _____
- 6) Are you available to work: _____ Full-time _____
- 7) Part-time _____ Temp _____ Days _____ Evenings _____ Weekends _____ All _____
- 8) Referred by: _____ Newspaper Ad _____ Recruited _____ Walk-In _____ Other, please list _____
- 9) Are you legally eligible to hold employment in the United States: _____ Yes _____ No
- 10) Are you at least 18 years old? _____ Yes _____ No If no, birth date: _____
- 11) Are you related to anyone employed by Conie Construction Company _____ Yes _____ No.
- 12) Have you ever worked for All American Trucking Co. LLC _____ Yes _____ No If yes give date _____

Location: _____ Supervisor's name _____

13) EDUCATION			
Type of School	Name and Address of School	Degree	No. Yrs. Completed
High School		Yes No	
College		Yes No	
Technical, trade, grad school or other		Yes No	

Are you capable of satisfactorily performing the essential job duties required for the position for which you are applying?
_____ Yes _____ No.

Have you ever been terminated or asked to resign from any job? _____ yes _____ no

If yes, please explain circumstances: _____

Do you have adequate transportation to and from work? _____ yes _____ no.

14) List any additional or special education, training, skills or machines operated: _____

15) Have you ever been convicted(found guilty) of attempting or committing any crime other than a minor traffic violation?
_____ Yes _____ No If yes, when? _____ For what? _____

Have you been arrested for any matters for which you are out on bail or your own recognizance pending trial? _____ yes _____ no
If yes, when? _____ For what? _____

Note: A conviction record will not necessarily bar individuals from employment. You are not required to reveal records that have been judicially expunged, sealed or eradicated.

Yes No (Mark One) Do you agree to a pre-employment physical?

Mandatory Drug Test \$50.00 which will be refunded upon passing results.

List all former and current employers in reverse order. Give present or most recent employer first. Include any periods of unemployment, self-employment, military service, etc. Information provided is subject to verification.

A resume MAY NOT be submitted as a substitute to filling out this section

Company Name: _____ **Position/Title:** _____

Address: _____ **City** _____ **State** _____ **Zip** _____

Dates Employed: From _____ to _____

Supervisor's

Name: _____ **Title:** _____ **Ph.No.** _____

Starting rate of pay: \$ _____ per _____ **Last rate of pay:** \$ _____ per _____

Responsibilities: _____

Reason for leaving: _____

If time elapsed between positions, please explain: _____

Company Name: _____ **Position/Title** _____

Address: _____ **City** _____ **State** _____ **Zip** _____

Dates Employed: From _____ To _____

Supervisor's

Name: _____ **Title:** _____ **Ph.No.** _____

Starting rate of pay: \$ _____ per _____ **Last rate of pay:** \$ _____ per _____

If time elapsed between positions, please explain: _____

Company Name: _____ **Position/Title** _____

Address: _____ **City** _____ **State** _____ **Zip** _____

Dates Employed: From _____ To _____

Supervisor's

Name: _____ **Title:** _____ **Ph.No.** _____

Starting rate of pay: \$ _____ per _____ **Last rate of pay:** \$ _____ per _____

Responsibilities: _____

Reason for leaving: _____

If time elapsed between positions, please explain: _____

Immigration Act

I understand that, if hired, I will be required to offer examination documents proving that I am a United States citizen or an alien currently authorized to Work in the United States, I also understand that my continued employment is contingent upon my proving the necessary documentation within the prescribed time frames.

Acknowledgement: _____ **Date** _____

Applicant's Signature

READ CAREFULLY BEFORE SIGNING

I hereby certify, to the best of my knowledge, that the answers given are true and complete. I also understand that an omission or falsification may disqualify me from consideration for employment or may be grounds for my immediate dismissal. I agree to conform to the rules and regulations of the company and, if employed, I understand and agree that my employment is at-will and that no employment contract rights have been created. I also understand and agree that my employment may be terminated at any time with or without cause and with or without advance notice at the option of either the company or myself. I understand that no supervisor, manager or other representative of the company has any authority to enter into any express or implied contract for employment for any specific period of time. Any agreement contrary to the above must be in writing and expressly state that it is a contract and be signed by the authorized representative of the company. I agree to a physical examination, if requested, and understand that failure to meet any medical and/or health requirements for the position will prevent my employment with the company. I also understand that employment, for certain positions, and is conditional upon successful completion of a substance abuse screening test as part of the company's pre-employment policy.

Acknowledgement: _____ **Date** _____

Applicant's Signature

**DISCLOSURE UNDER
FAIR CREDIT REPORTING ACT
AND
CONSENT TO PROCUREMENT OF
CONSUMER REPORT
FOR EMPLOYMENT PURPOSES**

The undersigned hereby authorizes, All American Trucking Co. LLC or its insurance agency, HUNTINGTON INSURANCE or its Assigns to obtain copies of consumer reports, including a motor vehicle report, company pre-employment physical pertaining to me for employment purposes and for use in rating and or underwriting insurance for which the above named employer may apply and any renewal thereof. I understand that in obtaining such consumer reports a consumer reporting agency may be used and I do hereby authorize such use. Information from company physical is used to determine if applicant is physically able to complete job requirements. Reasonable accommodations can be made without detriment to All American Trucking Co. LLC, applicant, and does not hinder ability to perform job requirements. Results will not be used for any other purpose purpose.

Dated: _____

Signed: _____

Print Name

Social Security Number

License Number/State