

## ☑ Employment Application

Name: \* \_\_\_\_\_  
Social Security No: \* \_\_\_\_\_  
Address: \* \_\_\_\_\_  
City: \* \_\_\_\_\_  
State/Province: \* \_\_\_\_\_  
Postal Code: \* \_\_\_\_\_  
Telephone: \* \_\_\_\_\_  
Date of Birth: \* \_\_\_\_\_  
Check One:  Owner Operator  Driver

How did you hear about us?  
\_\_\_\_\_

### Driver's License Information

State: \_\_\_\_\_  
License Number: \_\_\_\_\_  
Issue Date: \_\_\_\_\_  
Expiration date: \_\_\_\_\_  
List endorsements: \_\_\_\_\_  
List all licenses held in the last 3 years:  
\_\_\_\_\_  
Any DWI's or DUI's:  Yes  No  
If Yes, list dates:  
\_\_\_\_\_  
Any felony convictions:  Yes  No  
If Yes, list dates:  
\_\_\_\_\_  
List all accidents in last 3 years::  
\_\_\_\_\_  
Chargable: \_\_\_\_\_  
Non-chargable: \_\_\_\_\_

### Employment History

List all employment for the most recent 5 years of employment. List present employment first.

|  |  |  |
|--|--|--|
| Employer: _____  | Employer: _____  | Employer: _____  |
| From: _____  | From: _____  | From: _____  |
| To: _____  | To: _____  | To: _____  |
| Address: _____   | Address: _____   | Address: _____   |
| City: _____  | City: _____  | City: _____  |
| State/Province: _____  | State/Province: _____  | State/Province: _____  |
| Postal Code: _____   | Postal Code: _____   | Postal Code: _____   |
| Telephone: _____   | Telephone: _____   | Telephone: _____   |
| Position: _____  | Position: _____  | Position: _____  |
| No of States: _____  | No of States: _____  | No of States: _____  |
| Is it OK to contact this employer:<br><input type="radio"/> Yes <input type="radio"/> No | Is it OK to contact this employer:<br><input type="radio"/> Yes <input type="radio"/> No | Is it OK to contact this employer:<br><input type="radio"/> Yes <input type="radio"/> No |



### Dick Lavy Trucking, Inc.

8848 State Route 121  
Bradford, OH 45308  
Fax: 937.448.2163 (Safety & HR)

### Disclaimer

Before sending this application read this disclaimer.

I hereby certify that I personally completed this form, and, that the information is true, correct and complete, to the best of my knowledge. I authorize Dick Lavy Trucking, Inc. to obtain information relating to my past or present work history, and to do a complete background investigation in accordance with state and federal laws. Furthermore, I give my express consent for Dick Lavy Trucking, Inc., any previous employer, their agent, or Medical Review Officer of their agent to release information concerning any of my past controlled substance tests. I release all persons from any liability or damages. I authorize release of any information, including all information related to my alcohol and controlled substances testing and training records, by any former employers and hold them harmless of any liability from release of said information.

### Authorizing Signature:

\_\_\_\_\_

### Date:

\_\_\_/\_\_\_/\_\_\_