



DRIVER'S APPLICATION FOR EMPLOYMENT

Company: MACK GROUP OF COMPANIES

Address: 201 Columbia Road

City: Valley City State: Ohio Zip: 44280

(answer all questions – please print)

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-job related disability.

Date: _____

Position(s) Applied For: _____

Name: _____ Social Security No: _____
Last First Middle

List your addresses of residency for the past 3 years.

Current Address: _____
Street City

State Zip Code Phone: _____ How Long? _____

Previous Addresses _____ How Long? _____
Street City State & Zip Code

Street City State & Zip Code How Long? _____

Street City State & Zip Code How Long? _____

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

Date of Birth: _____ Can you provide proof of age? _____
(Required for Commercial Drivers)

Have you worked for this Company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay: _____ Position: _____

Reason for leaving: _____

Are you now employed? _____ If not, how long since leaving your last employment? _____

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 in the attached job description)?

_____ If yes, explain if you wish. _____

**** Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, in the past seven years which has not been annulled or expunged by a court? _____ If yes, please explain: _____**

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state, and zip code.

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.

(NOTE: List employers in reverse order starting with the most recent. 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 NUMBER		REASON FOR LEAVING			

EMPLOYER			DATE			
NAME			FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY / WAGE			
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING			

EMPLOYER			DATE			
NAME			FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY / WAGE			
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING			

EMPLOYER			DATE			
NAME			FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY / WAGE			
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING			

EMPLOYER			DATE			
NAME			FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY / WAGE			
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING			

EMPLOYER			DATE			
NAME			FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY / WAGE			
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING			

EMPLOYER			DATE			
NAME			FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY / WAGE			
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING			

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

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ECT.)	FATALITIES	INJURIES
LAST ACCOUNT			
NEXT PREVIOUS			
NEXT PREVIOUS			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACES ARE NEEDED)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED:

(NAME)

(CITY)

EXPERIENCE AND QUALIFICATIONS – DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	CLASS	EXPIRATION 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 STATEMENT GIVING DETAILS

DRIVING EXPERIENCE IF NONE, WRITE NONE.

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ECT.)	DATES		APPROX NO OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR –TWO TRAILERS				
MOTOR COACH – SCHOOL BUS				
OTHER				

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 WHOM? _____

EXPERIENCE AND QUALIFICATIONS – OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

TO BE READ AND SIGNED BY APPLICANT

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. 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 regarding 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 given 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.

Our organization abides by employment-at-will, which permits the organization or the employee to terminate the employment relationship at anytime, for any reason, with or without notice. Neither the policies contained in the employee handbook, nor any other written or verbal communication are intended to create a contract of employment for any specified period of time or a warranty of benefits.

(Date)

(Applicant's Signature)

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

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

SUPERIOR GOOD FAIR BELOW AVERAGE POOR WRITTEN RECORD ON FILE

1. APPLICATION
2. INTERVIEW
3. PAST EMPLOYMENT
4. WRITTEN EXAM
5. ROAD TEST
6. CRIMINAL AND TRAFFIC CONVICTIONS

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
1. APPLICATION						
2. INTERVIEW						
3. PAST EMPLOYMENT						
4. WRITTEN EXAM						
5. ROAD TEST						
6. CRIMINAL AND TRAFFIC CONVICTIONS						

SIGNATURE OF INTERVIEWING OFFICER _____

TRANSFERS

FROM: _____ TO: _____
DATE: _____
REASON FOR TRANSFER _____

FROM: _____ TO: _____
DATE: _____
REASON FOR TRANSFER _____

FROM: _____ TO: _____
DATE: _____
REASON FOR TRANSFER _____

FROM: _____ TO: _____
DATE: _____
REASON FOR TRANSFER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____



MACK INDUSTRIES, INC.

Authorization for Information Release

I, _____

Social Security Number: _____

Hereby authorize and permit the release to any authorized representative of **MACK INDUSTRIES, INC.** (or any of its sister companies), any and all records in your possession pertaining to me, including but not limited to the following: credit information and records, bank account records, criminal and arrest records, medical records, employment information (including wages and benefits), driving and accident records.

A photographic copy of this authorization shall serve as if it were an original.

(Signature of Prospective Employee)

(Date)

For Driving Position:

Drivers License No: _____

Date of Birth: _____

(Witness Signature)

(Date)

(Witness Print)



MACK INDUSTRIES, INC.

**AUTHORIZATION FOR ALCOHOL & CONTROLLED SUBSTANCES TESTING
RELEASE**

I, _____

Social Security Number: _____

Hereby authorize and permit the release to any authorized representative of **MACK INDUSTRIES, INC..** (or any of its sister companies), any and all records in your possession pertaining to me regarding my alcohol / controlled substance information.

*This is in compliance with §382.405(f) and (h), which state:
(f) Records shall be made available to a subsequent employer upon receipt of a written request from a driver. Disclosure by the subsequent employer is permitted only as expressly authorized by the terms of the driver's request.*

(h) An employer shall release information regarding a driver's records as directed by the specific written consent of the driver authorizing release of information to an identified person. Release of such information by the person receiving the information is permitted only in accordance with the terms of the employee's consent:

§382.413(a)(b)(d)(e)(f)(h) further state:

§382.413 Inquiries for alcohol and controlled substances information from previous employers.

(a)(f) An employer shall, pursuant to the driver's written authorization, inquire about the following information on a driver's previous employers, during the preceding two years from the date of application, which are maintained by the driver's previous employers under §382.40(b)(1)(i) through (iii) of this subpart:

(i) Alcohol tests with a result of 0.04 alcohol concentration or greater;

(l) Verified positive controlled substance test results; and

(ll) Refused to be tested.

(2) The information obtained from a previous employer may contain any alcohol and drug information obtained from other previous employers under paragraph (a)(1) of this section.

(b) If feasible, the information in paragraph (a) of this section must be obtained and reviewed by the employer prior to the first time a driver performs a safety-sensitive functions for the employer. If not feasible, the information must be obtained and reviewed as soon as possible, but no later than 14-calendar days after the first time a driver performs a safety-sensitive functions for the employer. An employer may not permit a driver to perform safety-sensitive functions after 14 days without having made a good faith effort to obtain information as soon as possible. If a driver hired or used by the employer ceases performing safety-sensitive functions for the employer before expiration of the 14-day period or before the employer has obtained the information in paragraph (a) of this section, the employer must still make a good faith effort to obtain the information

(d) The prospective employer must provide to each driver's previous employer the driver's specific, written authorization for release of the information in paragraph (a) of this section.

(e) The release of any information under this section may take the form of personal interviews, telephone interviews, letters, or any other method of transmitting information that ensures confidentiality.

(f) The information in paragraph (a) of this section may be provided directly to the prospective employer by the driver, provided the employer by the driver, provided the employer assure itself that the information is true and accurate.

(h) Employers need not obtain information under paragraph (a) of this section generated by previous employers prior to starting dates in §382.115 of this part.

A photographic copy of this authorization shall serve as if it were an original.

(Signature of Prospective Employee)

(Date)

(Witness Signature)

(Date)

(Witness Print)



MACK INDUSTRIES, INC.

DRUG / ALCOHOL AUTHORIZATION

Date: _____

I, _____ hereby authorize testing as a required by Mack Group of Companies, as a condition of employment, this may also include Drug / Alcohol testing.

Further, I hereby authorize Mack Group of Companies, to release all Drug and or Alcohol results to prospective employers who may request such information.

I also understand that if I am involved in an accident that I must take both DOT and NON-DOT drug and alcohol tests because the company test requirements and the DOT regulations are different.

This authorization is valid until withdrawn by me in writing.

Sincerely,

Signature of Job Applicant/Employee

Date

Printed Name of Job Applicant/Employee

Testing Requested:

_____ Random DOT Drug

_____ Post Accident DOT Drug

_____ Random DOT Breath Alcohol

_____ Post Accident DOT Alcohol

_____ Pre-Employment DOT Drug

_____ Post Accident Non-DOT Drug

_____ Pre-Employment Non-DOT Drug

_____ Post Accident Non-DOT Alcohol

Requested By: _____

PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b)(5) and (e))

Company Name: Mack Industries, Inc.

Street: 201 Columbia Road

City: Valley City

State, Zip: OH 44280

Prospective Employee Name: _____ ID Number: _____

The prospective employee is required by Sec. 40.25(j) to respond to the following questions

- 1.) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check

One: Yes No

- 2.) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check

One: Yes No

Prospective Employee Signature: _____ Date: _____

Witnessed By Signature: _____ Date: _____

Requests for National Driver Register (NDR) Record Checks

Who May Obtain an NDR Record Check

Any person may ask to know whether there is an NDR record on him or her and may obtain a copy of the record if one exists. Requests from individuals require form NDR-PRV.

Employers of drivers and locomotive engineers may also obtain NDR record checks. **Every driver or operator on whom an NDR file check is requested is entitled to review the NDR report(s) provided to the employer.** The results of the NDR check will be mailed only to the current or prospective employer. If no employer is named on the form or it is changed, the request will not be processed.

The following authorization applies to Railroad Company Requests

NDR Check Authorization: The U.S. Department of Transportation, Federal Railroad Administration, in accordance with 49 CFR, Part 240.111, requires that I hereby request and authorize the National Highway Traffic Safety Administration (NHTSA) to perform an NDR check of my driving record for a 36-month period prior to the date of this request **including license withdrawal actions open at time of file check.** I hereby authorize the NDR to furnish a copy of the results of this NDR directly to the railroad company identified on the inquiry form.

What NDR Records Contain

NDR results for employers will contain only the identification of the state(s) which have reported information on the driver to the NDR and only information reported with the past 3 years from the date of the inquiry. Driver control actions initiated prior to that time, even if still in effect, will not be included.

Detailed information to confirm identity or to describe the contents of the driver record can be obtained only from the State(s) listed when probable matches are reported. The name and address of the driver licensing official will be provided for each state listed.

How to Request an NDR Record Check

Using this form, which may be completed by either the current or prospective employer or the current or prospective employee, (1) the driver must authorize the request by his or her signature or mark as witnessed and (2) the driver must certify his or her identity.

Any mailed NDR record check request must be notarized to certify identity. Requests made in person require certification of identity acceptable to the state through one or more documents issued by a recognized organization (e.g., a driver's license or a credit card) which contains a means of verification such as a photograph or a signature.

Requests must be made to the state in which the driver is licensed.

Location of NDR Records

Records on individuals can be made available to those individuals, within a reasonable time after request, for personal inspection and copying during regular working hours at 7:45 a.m. to 4:15 p.m., each day except Saturday s, Sunday s, and Federal legal holidays. The address for requesting record information in writing directly from the NDR:

National Driver Register
Nassif Building
400 7th Street, S.W., 6124
Washington, DC 20590

BUREAU OF MOTOR VEHICLES

*** Please Supply a Copy of Your Current Driver's License ***

BUREAU OF MOTOR VEHICLES

EMPLOYER / EMPLOYEE REQUEST FOR NATIONAL DRIVER REGISTER (NDR) FILE CHECK ON CURRENT OR PROSPECTIVE EMPLOYEE

CURRENT OR PROSPECTIVE EMPLOYER TO RECEIVE THE NDR SEARCH RESULTS			
EMPLOYER NAME	<i>Mack Industries, Inc.</i>	<input checked="" type="checkbox"/> Driver Employer	<input type="checkbox"/> Railroad Company
MAILING ADDRESS (NUMBER AND STREET)	<i>201 Columbia Road</i>	BUSINESS TELEPHONE	<i>(330) 483-3111</i>
CITY, STATE, ZIP	<i>Valley City, Ohio 44280</i>		
ATTENTION	<i>Pam Palos</i>		

TYPE OR PRINT LEGIBLY (AVOID DELAYS, INQUIRES THAT CANNOT BE READ WILL NOT BE PROCESSED.)				
DRIVER'S FULL LEGAL NAME (FIRST, MIDDLE, AND LAST AS SHOWN ON YOUR DRIVERS LICENSE)				
OTHER NAMES USED (MAIDEN, PRIOR NAME, NICKNAME, PROFESSIONAL NAME, OTHER)				
ADDRESS (NUMBER AND STREET WITH APARTMENT NUMBER IF ANY OR RURAL ROUTE / CARRIER AND BOX NUMBER – AS SHOWN ON YOUR DRIVER LICENSE)				
CURRENT MAILING ADDRESS IF DIFFERENT (NUMBER, STREET, APARTMENT NUMBER OR RURAL ROUTE / CARRIER AND BOX NUMBER)			HOME TELEPHONE	(VOLUNTARY)
CITY, STATE, ZIP			WORK TELEPHONE	(VOLUNTARY)
DRIVER LICENSE NUMBER AND STATE			SOCIAL SECURITY NUMBER (VOLUNTARY)	
MONTH, DAY, AND YEAR OF BIRTH	SEX	EYE COLOR	HEIGHT	WEIGHT

EMPLOYEE UNDERSTANDING: I understand that the National Driver Register (NDR) search will result in a printed report which will be sent only to the employer listed on this form. The report will indicate either (1) that the NDR does **not** contain a record matching my identification or (2) that the NDR has a probable identification (match) from one state (or more) which will be named on the report. A separate check of state files would be required (1) to verify the identification or (2) to obtain the driving record. It is the responsibility of the employer to obtain the driver records and to determine or verify records which apply to me. Under the Privacy Act I, I have the right to request records(s) pertaining to me from the NDR. I hereby, with my signature, authorize a one-time file search of the NDR and the report to be sent to the employer named on this form.

X _____
 Driver Signature _____
 Date

NOTARY:
 Subscribed and sworn to before me on this _____ Day of _____ 20 _____ In the county of _____ State of _____
 My commission expires _____

 NOTARY PUBLIC

STATE USE ONLY				
DATE RECEIVED	DATE SENT	CONTROL SECTION	EMPLOYEE VERIFYING APPLICANT IDENTIFICATION	DATE
TYPE OF IDENTIFICATION: <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"> <div style="width: 30%;"><input type="checkbox"/> VALID PHOTO DRIVER LICENSE</div> <div style="width: 30%;"><input type="checkbox"/> STATE-ISSUED PHOTO ID</div> <div style="width: 30%;"><input type="checkbox"/> BIRTH CERTIFICATE</div> <div style="width: 30%;"><input type="checkbox"/> VALID PASSPORT</div> <div style="width: 30%;"><input type="checkbox"/> MILITARY ID</div> <div style="width: 30%;"><input type="checkbox"/> MILITARY DISCHARGE PAPERS</div> <div style="width: 30%;"><input type="checkbox"/> OTHER (SPECIFY) _____</div> </div>				