

# Linn Star Transfer, Inc

## Application for Employment

9440 Wright Brothers Ct SW

Cedar Rapids, IA 52404

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First MI

Telephone: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_ Part-Time Full-Time

Present Address: \_\_\_\_\_  
Number/Street City State Zip

How long have you lived at this address: \_\_\_\_ Years \_\_\_\_ Months

**If you have lived at the residence listed above less than 7 years, please list your addresses of residency for the past 7 years.**

\_\_\_\_\_  
Number/Street City State Zip How Long? \_\_\_\_\_

\_\_\_\_\_  
Number/Street City State Zip How Long? \_\_\_\_\_

Do you have legal right to work in the United States? \_\_\_\_\_ Can you provide proof? \_\_\_\_\_

Have you ever worked for this company before? \_\_\_\_ Where? \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ to \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_ If yes, please explain, \_\_\_\_\_

Is there any reason you might be unable to perform the functions of the job for which you have applied? \_\_\_\_

If yes, please explain, \_\_\_\_\_

Are you currently enlisted in the United States Military? \_\_\_\_ Please Specify: \_\_\_\_\_

## Work Experience – Enter all jobs for the last 10 years

(Please write complete addresses, including zip codes)

Name of Employer _____ Address _____ City, State, Zip Code _____ Phone Number _____ Supervisor's Name _____ Reason for Leaving _____	Dates Employed: From _____ to _____ Salary / Wage _____ Job Title: _____
Name of Employer _____ Address _____ City, State, Zip Code _____ Phone Number _____ Supervisor's Name _____ Reason for Leaving _____	Dates Employed: From _____ to _____ Salary / Wage _____ Job Title: _____
Name of Employer _____ Address _____ City, State, Zip Code _____ Phone Number _____ Supervisor's Name _____ Reason for Leaving _____	Dates Employed: From _____ to _____ Salary / Wage _____ Job Title: _____
Name of Employer _____ Address _____ City, State, Zip Code _____ Phone Number _____ Supervisor's Name _____ Reason for Leaving _____	Dates Employed: From _____ to _____ Salary / Wage _____ Job Title: _____

## Education History

Type of School	Name of School	Location	# of Yrs	Major/Degree
High School				
College				
Business or Trade School				

## Additional Experiences and Qualifications

List any additional courses and/or training you've had, not listed on this application already. \_\_\_\_\_

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List any special skills that help qualify you for this position. \_\_\_\_\_

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### Office Use Only

Applicant Hired / Rejected: \_\_\_\_\_

Date Employed: \_\_\_\_\_ Department: \_\_\_\_\_ Classification: \_\_\_\_\_

## To be Read and Signed by Applicant

In exchange for the consideration of my job application by Linn Star Transfer, Inc. (hereinafter called “the Company”), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Linn Star Transfer, Inc, or otherwise to change in any respect the employment – at – will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President / General Manager of the Company. Both the undersigned and Linn Star Transfer, Inc. may end the employment relationship at any time, without specific notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies, and procedures and such changes may include a reduction in benefits.

I authorize investigations of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contact.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I also understand that (1) the Company has a drug and alcohol policy that provides for **Pre – Employment** drug testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job – related physical examinations.

**If I am applying for a driver position** I understand that as required by the federal Motor Carrier Safety Regulations, Title 49 Code of Federal Regulations, Section 391.103, all driver – applicants of this company must be tested for controlled substances as a pre – condition for employment.

The medical review officer will maintain the results of my negative test results, positive results will be reported to the company. If the results are positive, the controlled substances will be identified. The results will not be released to other parties without my written authorization.

I understand the above conditions and hereby agree to comply with them.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Driver Applicants Only

Do You Have A Valid Driver's License? \_\_\_\_\_

Please List Driver's Licenses held in the Past 3 Years

State Issued	Class License	Number	Endorsements	Expiration Date

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? \_\_\_\_\_

Has any license, permit or privilege been suspended or revoked? \_\_\_\_\_

If yes to any of the above questions, please explain. \_\_\_\_\_

List any moving violations during the past 5 years (other than parking violations) If none write NONE:

Location	Date	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Accident record for past 3 years. If None, write NONE.

Dates	Nature of Accident (Head-On, Rear-End, etc.)	Fatalities (Y or N)	Injuries (Y or N)	Hazardous Material Spill (Y or N)
<b>Last Accident</b> _____				
<b>Next Previous</b> _____				
<b>Next Previous</b> _____				

## Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, Dump, Refer)	Dates		Approx. No. of Miles (Total)
		From	To	
Straight Truck				
Tractor & Semi Trailer				
Tractor – Two Trailers				
Motorcoach – School Bus				
Other – (List)				

List states operated in for last 5 years. \_\_\_\_\_

Which Safe Driving Awards do you hold and from whom? \_\_\_\_\_

List any special courses or training that will help you as a driver: \_\_\_\_\_

If an applicant is applying to be a driver, please read the following statement and sign and date at the bottom:

I understand that information I provide regarding present and/or previous employers will be used, and those employer(s) will be contacted for the purpose of investigating my safety performance history required by 49 CFR 391.23(d) and (e). I understand that I will have the right to:

- Review information provided by previous employers;
- Refute errors in information sent by previous employers and for those previous employers to resend the corrected information to the prospective employer, and
- Submit rebuttal statements to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information

Signature: \_\_\_\_\_ Date: \_\_\_\_\_