

STOVER TRANSPORTATION, INC.
3710 Lacon Road Hilliard, Ohio 43026
Phone: 614-777-4184 Fax: 614-777-4363
APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer

Qualified applicants are considered without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability or other basis prohibited by law. This Company complies with applicable state and federal laws prohibiting discrimination.

Please print in ink. All questions must be answered!

I am applying for one of the following driving positions: Full-time Part-time Other _____

Experience Level:

Experienced _____ Years Apprenticeship Training Program Truck Driver School Training

Social Security # _____ - _____ - _____ Date of Birth (req. by 49 C.F.R 391.21) _____/_____/_____

Name: First _____ M.I. _____ Last _____

Address: _____ City _____ State _____ Zip _____

Telephone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

E-Mail Address: _____

Have you ever been known by any other name? Yes No Other name: _____

If employed, can you provide verification of your legal right to work in the United States? Yes No

Can you legally travel between the U.S. and Canada? Yes No

If no, please explain: _____

Who referred you to our Company? Name: _____

The conviction of a crime is not an automatic bar to employment. All circumstances will be considered including the nature of the offense and the relationship of the offense to this Company's business. Failure to disclose all convictions will result in immediate disqualification.

Yes/No If yes, provide dates and explain in details column Date / Details (If necessary, add additional sheets)

- | | |
|---|---------------------------|
| <p>1. <input type="checkbox"/> <input type="checkbox"/> Have you <u>ever</u> been convicted of a felony, received a deferred prosecution, or have any felony charges currently pending?</p> | <p>_____</p> <p>_____</p> |
| <p>2. <input type="checkbox"/> <input type="checkbox"/> Have you <u>ever</u> been convicted of a misdemeanor, received a deferred prosecution, or have any misdemeanors currently pending?</p> | <p>_____</p> <p>_____</p> |
| <p>3. <input type="checkbox"/> <input type="checkbox"/> Have you <u>ever</u> been convicted of operating a motor vehicle while under the influence of alcohol or a controlled substance, or are any charges pending, including reduction to a lesser charge? (List all dates)</p> | <p>_____</p> <p>_____</p> |
| <p>4. <input type="checkbox"/> <input type="checkbox"/> Have you <u>ever</u> been convicted of possession, sale, transfer or use of alcohol or a narcotic drug, amphetamine, inhalant, or derivative thereof, or have a current charge pending? (List all dates)</p> | <p>_____</p> <p>_____</p> |
| <p>5. <input type="checkbox"/> <input type="checkbox"/> Have you <u>ever</u> tested positive for drugs/controlled substance or alcohol, or refused to submit to a required drug/alcohol test?</p> | <p>_____</p> <p>_____</p> |
| <p>6. <input type="checkbox"/> <input type="checkbox"/> Have you <u>ever</u> been denied a license, permit or privilege to operate a motor vehicle?</p> | <p>_____</p> <p>_____</p> |
| <p>7. <input type="checkbox"/> <input type="checkbox"/> Has any driver's license, permit or privilege <u>ever</u> been suspended or revoked?</p> | <p>_____</p> <p>_____</p> |
| <p>8. <input type="checkbox"/> <input type="checkbox"/> Have you <u>ever</u> had a citation for leaving the scene of an accident?</p> | <p>_____</p> <p>_____</p> |

LIST ADDITIONAL ADDRESSES IN LAST 3 YEARS:

Street _____ City _____ State _____ Time Period _____

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LICENSES: (List all driver license numbers assigned to you in the past 10 years.)

State	License Number	(Type)		Hazmat		Expires
		Personal	Commercial	Yes	No	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

MOVING VIOLATIONS: List all tickets and forfeitures for the past 7 years. Be sure to list all careless or reckless driving convictions or pending reckless or careless driving citations as such. **(IF NONE, WRITE NONE)**

Date	Conviction/Type	(If speed, list mph over limit)	State	Details

ACCIDENTS: List all accidents you have been involved in within the last 7 years regardless of fault, severity, or motor vehicle type. **(IF NONE, WRITE NONE)** (Please use additional sheet of paper for complete accident description if necessary.) Please describe the type of accident in detail.

Date	Type Accident (backing, turning, etc.)	State	Preventable / Non-preventable	# Fatalities	# Injuries

If ever involved in a fatality accident, please explain: _____

EDUCATION:

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School: 9 10 11 12 GED College: 1 2 3 4

CDL Driving School Name _____ City _____ State _____

Phone: _____ Email: _____

Course Length: Weeks _____ Hours _____ CDL Graduation Date _____
Month/Day/Year

Starting with your most recent employer, provide 10 years of work history for driving jobs, 5 years of work history for non-driving jobs. Please include all phone numbers. Account for all time, including military service, periods of self-employment, and unemployment for more than 2 weeks. Provide documentation for periods of self-employment and military that includes affidavits, tax records, or DD214 long form for the last 5 years.

Have you ever worked for Stover before? Yes No If yes, when: _____ Position? _____

Current or Last Employer:

Employed From: (mo/yr)____/____ to (mo/yr)____/____ Full Time Part Time

Company name:_____ Phone: (with area code) _____

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

Position Held:_____ Truck Type: Semi: Straight:

No. States Operated: _____ Miles Driven: _____

Rate of Pay: _____

Reason for leaving: _____ May we contact current employer? Yes N

Period of Non-Employment: From To Reason

Previous Employer:

Employed From: (mo/yr)____/____ to (mo/yr)____/____ Full Time Part Time

Company name:_____ Phone: (with area code) _____

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

Position Held:_____ Truck Type: Semi: Straight:

No. States Operated: _____ Miles Driven: _____

Rate of Pay: _____

Reason for leaving: _____

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Employed From: (mo/yr)____/____ to (mo/yr)____/____ Full Time Part Time

Company name:_____ Phone: (with area code) _____

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

Position Held: _____ Truck Type: Semi: Straight:

No. States Operated: _____ Miles Driven: _____

Rate of Pay: _____

Reason for leaving: _____

APPLICANT AGREEMENT

To be carefully read and signed by applicant. If you have any questions or require an explanation of the terms of this Agreement, please ask for clarification.

I hereby authorize any law enforcement agency, court of record, or third party agency to furnish **Stover Transportation, Inc.** (The "Carrier") with information concerning my Motor Vehicle Record, or any felony or misdemeanor of which I have been convicted.

I understand and agree that the Carrier may procure my past employment records and background/credit information from a consumer credit bureau, as the Carrier deems necessary for the consideration of my employment.

I understand that this application for employment will not be accepted as final until satisfactorily completing a medical examination including drug testing, as well as a driving skill exam and personal interview. The location of these exams and requirements shall be at the sole discretion of the Carrier. I further agree to provide access to previous medical records if required.

I acknowledge and agree that, as a condition of employment with the Carrier, I will be subject to the alcohol and controlled substances regulations as published in the Federal Motor Carrier Safety Regulations (FMCSR), parts 40 and 382. I further agree to submit urine and breath samples as necessary to comply with the testing requirements of the regulations. I understand that a positive test result for controlled substances (including adulterated samples or refusals to test) or test results indicating a Blood Alcohol Content (BAC) of .04 or greater will be grounds for refusal to hire or immediate termination of my employment, if hired.

I understand that at any point in the future, whether I am actively employed by the Carrier or not, the Carrier may provide information concerning my employment and services with the Carrier to any party that requests such information. I agree that said information may be furnished on my behalf without any liability or damages to the Carrier.

I understand and agree that my submitting this application to the Carrier for employment in no way obligates the Carrier to offer me employment.

I understand that if I am hired, my employment will be "at will", meaning for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at any time with or without notice, and the Carrier has the same right. I understand that no supervisor, manager, or executive of the Carrier, other than the President, has the authority to alter the foregoing and the President may do so only in writing that is signed by both the President and the employee in question.

I hereby authorize, without liability, any person or organization whose name I have given as reference, or by whom I have been previously employed or contracted with, to furnish to **Stover Transportation, Inc.** any information they may have concerning my character, habits, ability, financial responsibility, job performance, reasons for leaving employment/lease, and all information concerning my employment/lease. I hereby release all such persons and organizations from any claims for damages of any kind, which may occur to me by reasons of furnishing such information.

This certifies that I completed this application and that all entries on it and information in it are true and complete to the best of my knowledge. Any false, misleading or incomplete statement of the information requested in this application and any supplemental material submitted shall be sufficient grounds for disqualification of this application or termination from employment, if this application results in employment.

I hereby authorize procurement of consumer report(s). It is without reservation that I understand if hired (or contracted), a Fifty Dollar fee for pulling and verifying all above mentioned information and a Fifty Dollar fee for pre-employment drug testing will be waived as long as I stay employed with Stover transportation for at least 90 days. If my employment lasts less than 90 days, the fee will be deducted from my final pay. This authorization will remain on file and shall serve as an ongoing authorization for Stover Transportation, Inc to procure consumer reports at any time during my employment (or contract) period with Stover Transportation, Inc.

I have read and understand the terms of the above Agreement.

Printed Name: _____ Social Security #: _____

Applicant's Signature _____ Date _____

STOVER TRANSPORTATION, INC. IS AN EQUAL OPPORTUNITY EMPLOYER