

ST. HENRY TILE CO., INC.

Main Office: 281 W Washington Street, St. Henry OH 45883

Please select the location where the application was completed:

- St. Henry Tile Co. Berne Ready Mix Grand Lake Builders Minster Supply
 Richmond Builders Supply Wayne Builders Supply Pennville Sand & Gravel

DRIVER'S APPLICATION FOR EMPLOYMENT

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, veteran status, non-job related disability, or any other protected group status.

Date of Application: _____

Position Applied for: _____

Name: _____
Last First Middle Initial Social Security No.

Phone: _____ Cell Phone: _____

List your addresses of residency for the past 3 years.

Current Address: _____
Street How Long: _____
City State Zip Code

Past 3 year Residency How Long: _____
Street City State & Zip Code How Long: _____
Street City State & Zip Code How Long: _____
Street City State & Zip Code

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

Date of Birth: _____ Can you provide Proof of Age? Yes No

Have you worked for this company before? Yes No If yes, Where? _____

If so, from (dates): _____ to _____ Pay Rate: _____ Position: _____

Reason for leaving: _____

Are you now employed? Yes No How long since last employment: _____

Who referred you? _____ Acceptable Pay Rate: _____

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.

EMPLOYMENT RECORD

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on **all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).**

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.

Must list complete mailing address, street number, city, state, and zip code & answer all the questions.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

LAST EMPLOYER	DATE
Name _____	From: _____ To: _____
Address _____	Position Held: _____
City _____ State _____ Zip _____	Wage: _____
Contact Person: _____ Phone: _____	Reason for leaving: _____
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol & controlled substances testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

ANY GAPS IN EMPLOYMENT &/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (month/year) AND REASON.

SECOND LAST EMPLOYER	DATE
Name _____	From: _____ To: _____
Address _____	Position Held: _____
City _____ State _____ Zip _____	Wage: _____
Contact Person: _____ Phone: _____	Reason for leaving: _____
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol & controlled substances testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

ANY GAPS IN EMPLOYMENT &/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (month/year) AND REASON.

THIRD LAST EMPLOYER	DATE
Name _____	From: _____ To: _____
Address _____	Position Held: _____
City _____ State _____ Zip _____	Wage: _____
Contact Person: _____ Phone: _____	Reason for leaving: _____
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol & controlled substances testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

ANY GAPS IN EMPLOYMENT &/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (month/year) AND REASON.

FOURTH LAST EMPLOYER	DATE
Name _____	From: _____ To: _____
Address _____	Position Held: _____
City _____ State _____ Zip _____	Wage: _____
Contact Person: _____ Phone: _____	Reason for leaving: _____
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol & controlled substances testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

ANY GAPS IN EMPLOYMENT &/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (month/year) AND REASON.

FIFTH LAST EMPLOYER	DATE
Name _____	From: _____ To: _____
Address _____	Position Held: _____
City _____ State _____ Zip _____	Wage: _____
Contact Person: _____ Phone: _____	Reason for leaving: _____
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol & controlled substances testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

ANY GAPS IN EMPLOYMENT &/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (month/year) AND REASON.

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

	DATE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS	
LAST					<input type="checkbox"/> Yes	<input type="checkbox"/> No
PREVIOUS					<input type="checkbox"/> Yes	<input type="checkbox"/> No
PREVIOUS					<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

DATE CONVICTED (month/year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (forfeited Bond, collateral &/or points)

(ATTACH SHEET IF MORE SPACE IS 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 _____
SCHOOL, CITY

EXPERIENCE AND QUALIFICATION - DRIVER

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
If yes, explain _____

Has any license, permit, or privilege ever been suspended or revoked? Yes No
If yes, explain _____

DRIVING EXPERIENCE IF NONE, WRITE NONE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	DATES		APROX. NUMBER OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK <input type="checkbox"/>				
TRACTOR OR SEMI-TRAILOR <input type="checkbox"/>				
TRACTOR - TWO TRAILERS <input type="checkbox"/>				
MOTORCOACH - SCHOOL BUS <input type="checkbox"/>				
OTHER <input type="checkbox"/>				

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 OTHER QUALIFICATIONS - OTHER

List any trucking, transportation or other experience that may help in your work for this company.

List special equipment or technical materials you can work with (other than those already shown)

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries to 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.

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

I understand that I have the right to:

Review information provided by current/previous employers;

Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and

Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information."

DATE _____ APPLICANT'S SIGNATURE _____

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.

DATE _____ APPLICANT'S SIGNATURE _____

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

All information below for official use only.

Process Record

Applicant Hired Date Hired _____ Start Date: _____

Applicant Rejected Date Pre-Employment Controlled Substance Results received: _____

Pay Rate: _____

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

	Superior	Good	Fair	Below Average	Written Record on File
1. Application					
2. Interview					
3. Past Employment					
4. Written Exam					
5. Road Test					
6. Criminal/Traffic Convictions					

Signature of Interviewing Officer

Transfers

From: _____ To: _____ From: _____ To: _____

Date: _____ Date: _____

Reason for Transfer: _____ Reason for Transfer: _____

Termination of Employment

Dismissed Date Terminated: _____

Voluntarily Quit Supervisor: _____

Other Termination Report Placed in File: YES NO

**Disclosure Under
Fair Credit Reporting Act
and
Consent to Procurement of
Consumer Report
for
Employment Purposes**

The undersigned hereby authorizes

ST. HENRY TILE CO INC

Application Location: _____

Or its insurance agency

STAMMEN INSURANCE AGENCY

FAX: 419-678-8974

Or its assigns, to obtain copies of consumer reports, including a motor vehicle report, 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.

Dated _____

Signed _____

Printed Name _____

Soc.Sec# _____

D.O.B. _____

DL# _____

***NOTE TO STAMMEN INSURANCE:
Please fax MVR results requested by the
St. Henry office to 419-678-8974.***