

Ray's, LLC
Employment Application / Qualification Record
 An Equal Opportunity Employer

Name _____ Phone () _____

*Current Address _____
 Street City State Zip Code

If the above residence for less than three years, list below all residence for past three years. Attach a separate sheet if necessary.

Street City State Zip Code

Street City State Zip Code

Position applying for: _____ Temporary _____ Part Time _____ Full Time _____

How did you hear of this opportunity/opening? _____ Rate of Pay expected _____

Have you worked for this company before? _____ Dates From _____ To _____
 Month/year month/year

Have you ever been known by another name? _____ If so, under what name _____

Do you have relatives employed/leased by this company? _____ If so, identify name(s) _____

Are you currently employed? ____ If not, what was your last day worked? ____/____/____ Are you on layoff and subject to recall? ____

In case of an emergency, notify (Name) _____ (Phone) _____
 (Address) _____

EDUCATION

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

Last school attended _____
 Name Address

GENERAL

Have you ever been bonded? _____ Name of bonding company _____

Have you ever been convicted of a felony? _____

Do you currently have any pending criminal charges? _____

If yes, to either question, please explain fully on a separate sheet of paper. Conviction of a crime, or pending charges, is not an automatic bar to employment/qualification. All circumstances will be considered.

SKILLS AND QUALIFICATIONS

Summarize special skills and qualification acquired from employment or other experiences that may qualify you to work with our company. (Attach separate sheet, if more space is needed)

Are you presently able to perform all of the essential duties of the job for which you have applied? _____

If no, please describe all duties you are unable to perform and tell what may be done to accommodate you:

**Answer questions in this section only if applying for a driver position
DRIVING EXPERIENCE AND QUALIFICATIONS**

Date of Birth ____/____/____ The U.S. Department of Transportation requires that driver applicants state their date of birth
(Month/day/year)
Have you been granted a *Waiver of a Physical Disqualification* issued under 49 CFR 391.49? Yes ___ No ___ If yes, attach copy.
Social Security Number _____

DRIVER LICENSES
Identify current license and all licenses held during prior *three* years

State	License No.	Type	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 within the last ten years? Yes ___ No ___
 C. Have you ever been disqualified for violation of the Federal Motor Carrier Safety Regulations? Yes ___ No ___
 D. Have you ever tested positive or refused a 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 covered by DOT Agency drug and alcohol testing rules during the past 2 years? Yes ___ No ___
 E. Have you ever tested positive or refused any drug or alcohol test during the past five (5) years? Yes ___ No ___

If you answered, "yes" to A, B, C, or D attach a statement giving details.

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc)	Dates		Approximate Total Miles
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Tanker				
Other				

List states operated in during last five years.

ACCIDENT REVIEW FOR PAST THREE YEARS

List and explain in detail, giving date, location of all accidents (regardless of fault) that you have been involved in during the past five (5) years in any type of vehicle. **FAILURE TO LIST ALL ACCIDENTS MAY RESULT IN YOUR DISQUALIFICATION.** If you have not been involved in any accidents in the past (5) years write "none" in each box.

Dates	Nature of Accident (Head-On, Rear-End, Upset, etc.)	Fatalities	Injuries
Last Accident ____/____/____			
Next Previous ____/____/____			
Next Previous ____/____/____			

TRAFFIC CONVICTIONS AND FORFEITURES FOR PAST FIVE YEARS (Other than parking violations)

I certify that the following is a true and complete list of all traffic violations for which I have been convicted or forfeited bond or collateral during the past five (5) years. FAILURE TO LIST ALL VIOLATIONS MAY RESULT IN YOUR DISQUALIFICATION. If you have not had a violations write "none"

Location	Date	Charge	Penalty

Have you ever been convicted of a DWI, DUI, OWI, Careless or Reckless Driving: Yes ___ No ___ Date: _____

Has your license (any) or privilege to drive ever been suspended or revoked for ANY reason? Yes ___ No ___

Have you ever been convicted any misdemeanor other than a traffic violation? ** Yes ___ No ___

Explain: _____

Have you ever been convicted of a felony? ** Yes ___ No ___ Explain _____

****Disclosure of this information does not necessarily disqualify you from consideration.**

EMPLOYMENT/WORK RECORD

The U.S. Department of transportation requires that driver applicants show all employment /work history for the past three years. Effective July 1987 they must also show commercial driver employment for the seven years immediately preceeding this three year period.391.21 (b)(10), (11) Applicants for other positions must show all employment for the past five years.

Start with **last or current position**; including military experience and work back (Attach a separate sheet of paper if necessary)

Current Employer/Lessor: _____ Supervisor's Name _____
Address: _____ Phone () _____
Position Held: _____ From: _____ / _____ To: _____ / _____ Salary \$ _____
Month Year Month Year
Reason for leaving: _____
Were you required to Comply with the FMSCR's: _____ Were you required to Submit to Drug/Alcohol Testing?

Employer/Lessor: _____ Supervisor's Name _____
Address: _____ Phone () _____
Position Held: _____ From: _____ / _____ To: _____ / _____ Salary \$ _____
Month Year Month Year
Reason for leaving: _____
Were you required to Comply with the FMSCR's: _____ Were you required to Submit to Drug/Alcohol Testing?

Employer/Lessor: _____ Supervisor's Name _____
Address: _____ Phone () _____
Position Held: _____ From: _____ / _____ To: _____ / _____ Salary \$ _____
Month Year Month Year
Reason for leaving: _____
Were you required to Comply with the FMSCR's: _____ Were you required to Submit to Drug/Alcohol Testing?

Employer/Lessor: _____ Supervisor's Name _____
Address: _____ Phone () _____
Position Held: _____ From: _____ / _____ To: _____ / _____ Salary \$ _____
Month Year Month Year
Reason for leaving: _____
Were you required to Comply with the FMSCR's: _____ Were you required to Submit to Drug/Alcohol Testing?

EMPLOYMENT/WORK RECORD, continued

Employer/Lessor: _____ Supervisor's Name _____
Address: _____ Phone () _____
Position Held: _____ From: _____ / _____ To: _____ / _____ Salary \$ _____
Month Year Month Year
Reason for leaving: _____
Were you required to Comply with the FMSCR's: _____ Were you required to Submit to Drug/Alcohol Testing?

Employer/Lessor: _____ Supervisor's Name _____
Address: _____ Phone () _____
Position Held: _____ From: _____ / _____ To: _____ / _____ Salary \$ _____
Month Year Month Year
Reason for leaving: _____
Were you required to Comply with the FMSCR's: _____ Were you required to Submit to Drug/Alcohol Testing?

Employer/Lessor: _____ Supervisor's Name _____
Address: _____ Phone () _____
Position Held: _____ From: _____ / _____ To: _____ / _____ Salary \$ _____
Month Year Month Year
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Address: _____ Phone () _____
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Month Year Month Year
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Employer/Lessor: _____ Supervisor's Name _____
Address: _____ Phone () _____
Position Held: _____ From: _____ / _____ To: _____ / _____ Salary \$ _____
Month Year Month Year
Reason for leaving: _____
Were you required to Comply with the FMSCR's: _____ Were you required to Submit to Drug/Alcohol Testing?

Answer the questions in this section only if applying for maintenance position

MAINTENANCE EXPERIENCE AND QUALIFICATIONS

List courses, training, and certifications in maintenance work _____

JOB FUNCTION

Indicate training and experience in the following Job Functions	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Drive Line Components			Body Work		
Diesel Engine Tune-up and Rebuild			Electrical Repair		
Gas Engine Tune-up and Rebuild			Frame and Wheel Alignment		
Tire Service			Brakes		
Trailer, tank, van Repair			Cooling System		
Air Conditioning			Inspections		
			HM 183 Qualified		

SHOP EQUIPMENT

Indicate training and experience with the following equipment	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Electrical Diagnostic Equipment			Tire Servicing Machine		
			Wheel & Tire Balancing Machine		
Sheet Metal Equipment			Tire Recapping Mold		
Frame & Axle Straightening Equipment			Engine Dynamometer		
Engine Rebuilding Equipment			Chassis Dynamometer		
Diesel Injection Equipment			Magnetic Crack Detector		
Electric Welder			Engine Analyzer		
Oxyacetylene Welder			Noise Measuring Equipment		
Paint Spray Gun			Smoke Measuring Equipment		
Air Conditioning			MIG & TIG Welding, Alum, Mild Steel, S/S		

REFERENCES

List 3 non-relatives who we may contact for a reference, other than those listed in employment history.

Name	Address & Telephone #	Nature of Relationship	Years known

MILITARY INFORMATION

Were you in U.S. Armed Forces? Yes _____ No _____ If yes, what Branch? _____

Dates of duty: From ____/____/____ to ____/____/____ Rank at discharge _____
Month Day Year Month Day Year

List duties in the service including special training _____

Are you presently a member of the National Guard or Reserves? _____

Are you a Disabled Veteran? _____ Are you a Vietnam Era Veteran? _____

PLEASE READ THE FOLLOWING BEFORE YOU SIGN THIS APPLICATION

I certify that I have read, understood, and personally completed all of this application. The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, will be justification for refusal of employment, or, if employed, termination from the Company's employ.

In consideration of my application, I authorize this Company and/or its agents to conduct a thorough investigation of my past employment history, education, character and mode of living, and release this company, including its officers, employees, agents and representatives from all liability or responsibility related to this investigation including, but not limited to, the performance of drug tests or medical examinations, reference checks, credit or consumer investigations, and criminal and driving histories.

I authorize all of my present and former employers and those individuals I have listed as personal references to furnish information about my employment record, including a statement of the reason for termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, and hereby release them from any and all liability for damages arising from furnishing the requested information. I understand that as an applicant for a position with this Company, I may be asked to demonstrate that I am capable of performing tasks that are pertinent to the job.

I understand that, as a condition of employment, I may be required to undergo and successfully pass a screening for alcohol and/or drugs. I agree and consent to give specimens of blood, breath, hair, urine and/or saliva to any medical facility, laboratory, medical personnel or any other person authorized by the Company to receive any such specimen. I acknowledge that these specimens shall be used to detect the presence, or prior use of, alcohol, marijuana and other narcotics or drugs in my body. I hereby consent to allowing disclosure to the Company or its agents the results of any such alcohol or drug screening that I may be required to undergo. The results of such tests will be considered in determining my suitability for employment.

I agree that, as a condition of my employment, if I am directly or indirectly involved in a work-related accident or if the Company believes I may be under the influence of drugs and/or alcohol or if I am randomly selected through the drug and alcohol testing program, I will give specimens of my blood, breath, hair, urine and/or saliva for the purpose of testing for the presence or prior use of drugs or alcohol. I consent and agree that if any such test and confirming test results are positive, the Company shall have the right to discharge me.

In consideration of the Company's provision of its facilities for my convenience, I agree that I will not use them for the purpose of possessing, using, buying, or selling drugs and/or alcohol, or for any other illegal purpose. Therefore, I give my consent to searches of lockers, desks, lunch boxes, briefcases, containers, drawers, parking lots, automobiles, handbags, and any and all other property which may be either provided to me by the company or which I bring with me onto Company property. I acknowledge that the right to search these items is expressly given to the Company for searches conducted for these reasons on Company premises.

I understand that I must satisfactorily serve a trial period of 180 working days from date of hire before becoming eligible for certain benefits of the Company. Any time lost during this trial period, for any reason, will not be counted toward the successful completion of the trial period.

If I am offered and accept employment with the Company, I understand that my employment can be terminated with or without cause or notice, at any time, at the option of either the Company or me. If hired, I agree to abide by all the rules and policies of the Company. I further understand that no manager or representative of the Company, other than a Manager, has any authority to enter into any agreement with me for employment for any specified period of time or to make any agreement different from or contrary to the foregoing. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and by the individual designated above.

I understand that this application will only be considered for thirty (30) days and if I am not employed by the Company during that period, it will be necessary for me to file a new application form with the Company to be considered further.

In accordance with Section 382.413 and 391.23 of the federal Motor Carrier Safety Regulations, I hereby authorize any and all persons and/or institutions to provide any relevant information that may be required to complete my qualifications.

Driver Certification for Other Compensated Work:

Section 395.2 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations require a driver to report all on duty time including time working for other employers. This includes time performing any work in the capacity of, or in the employ or service of a motor carrier (including private) on a non-motor carrier.

Are you currently working for another motor carrier or non-motor carrier? Yes _____ No _____

Do you intend to work for another motor carrier or non-carrier while working for this carrier: Yes _____ No _____

**Do you agree to notify this carrier if you do intend to work for another motor carrier or non-motor carrier while working for this carrier?
Yes _____ No _____**

Date _____ / _____ / _____ Applicant Signature _____

DISCLOSURE AND AUTHORIZATION TO
OBTAIN CONSUMER REPORT

I understand that Ray's, LLC in connection with my application for employment may obtain a consumer report on me as part of the application process. This report may include, but is not limited to, criminal history information and records of civil lawsuits in which I am or have been involved.

Information obtained as part of this consumer report will be used solely to determine my eligibility for employment with Ray's, LLC.

In the event that the information in the report is being considered, in whole or in part, in making an adverse decision with regard to potential employment with Ray's, LLC, I understand that I will be provided with a copy of the report and a description of my rights under the Fair Credit Reporting Act before the adverse decision is made.

My signature below authorizes Ray's, LLC to obtain a consumer report concerning me and acknowledges receipt of a copy of a summary of my rights under the Fair Credit Reporting Act.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for six (6) months from the date signed.

Signature

Name (Printed or Typed)

Date of Signature

Social Security Number

Current Home Street Address

Current Home Telephone Number
(with Area Code)

City, State, Zip Code