



APPLICATION FOR EMPLOYMENT DOT DRIVERS

Crown Battery Mfg.
1445 Majestic Dr.
Fremont, OH 43420
Ph. (419) 334-7181
Fax: (419)334-7416

Crown Battery is an Equal Opportunity Employer. Applicants are considered on the basis of skills, experience and qualifications without regard to race, age, creed, color, national origin, sex, marital status or the presence of non-job-related medical disability or any other legally protected status. Please complete all sections of application.

PERSONAL DATA – please list address information for the past 3 years

Name (Last, First, Middle)	Social Security #	Birth Date	
Address (Street)	City, State	Zip Code	How Long?
Home Telephone Number	Work Telephone Number	Message Telephone Number	
Previous Address #1 (Street)	City, State	Zip Code	How Long?
Previous Address #2 (Street)	City, State	Zip Code	How Long?

POSITION INFORMATION

How were you referred to us?	When can you start?	Starting Salary Desired
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In accordance with the Federal Immigration and Reform Act of 1986, if you are employed by Crown Battery you will be asked to provide documentation that verifies your legal right to work in the United States. If you cannot provide acceptable documentation, we cannot legally employ you.

Can you provide such documentation? Yes No

Have you ever had your license denied, suspended or revoked? Yes No

If yes, please explain. _____

Have you ever been convicted of a felony? Yes No

If yes, please explain. Conviction does not automatically exclude you from consideration for employment.

Do you authorize a background investigation including prior employers, education and criminal records?
Yes No _____ (initial here)

Since you are applying for a position that requires a CDL license, we will require a DMV investigation. Do you authorize investigation of your DMV record?
Yes No _____ (initial here)

List all unexpired licenses you have:

Driver's License Number _____ State _____ Expiration Date of License _____

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For Office Use Only									
HIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	START DATE	S H I F T	TRAIN	REGULAR	FT PT TEMP			APPLICATION <input type="checkbox"/> ACCEPTED <input type="checkbox"/> FILED	
			<input type="checkbox"/> SLI	<input type="checkbox"/> OFFICE	RATE	DIFF.	LOCKER #	DATE	
POSITION		<input type="checkbox"/> IND	<input type="checkbox"/> SALES						

WORK HISTORY

This section must be filled in completely. You must list all employers, schools, military service and all periods of self-employment or unemployment. DOT requires ALL EMPLOYERS for at least 3 years and/or Commercial Driving Experience for the Past 10 years to be shown. Please start with current or most recent employer and work down in chronological order. **NOTE:** Dates, phone numbers, and addresses must be correct with no gaps in employment history. A resume is welcome addition to the application, however it should not replace any part of the application. "See Resume" is an unacceptable entry for employment history.

DATES (Month/Year)	NAME AND COMPLETE ADDRESS OF EMPLOYER (including City, State and Zip)	PHONE
FROM _____	_____	() _____
TO _____		_____
MAY WE CONTACT?	POSITION	RESPONSIBILITIES
YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
SUPERVISOR	ENDING SALARY	REASON LEFT
_____	_____	_____
Were you subject to the FMCSRs while employed? _____ Yes / No		Were you subject to DOT alcohol and drug testing requirements? _____ Yes / No

DATES (Month/Year)	NAME AND COMPLETE ADDRESS OF EMPLOYER (including City, State and Zip)	PHONE
FROM _____	_____	() _____
TO _____		_____
MAY WE CONTACT?	POSITION	RESPONSIBILITIES
YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
SUPERVISOR	ENDING SALARY	REASON LEFT
_____	_____	_____
Were you subject to the FMCSRs while employed? _____ Yes / No		Were you subject to DOT alcohol and drug testing requirements? _____ Yes / No

DATES (Month/Year)	NAME AND COMPLETE ADDRESS OF EMPLOYER (including City, State and Zip)	PHONE
FROM _____	_____	() _____
TO _____		_____
MAY WE CONTACT?	POSITION	RESPONSIBILITIES
YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
SUPERVISOR	ENDING SALARY	REASON LEFT
_____	_____	_____
Were you subject to the FMCSRs while employed? _____ Yes / No		Were you subject to DOT alcohol and drug testing requirements? _____ Yes / No

DATES (Month/Year)	NAME AND COMPLETE ADDRESS OF EMPLOYER (including City, State and Zip)	PHONE
FROM _____	_____	() _____
TO _____		_____
MAY WE CONTACT?	POSITION	RESPONSIBILITIES
YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
SUPERVISOR	ENDING SALARY	REASON LEFT
_____	_____	_____
Were you subject to the FMCSRs while employed? _____ Yes / No		Were you subject to DOT alcohol and drug testing requirements? _____ Yes / No



Have you ever tested positive, refused to test on any pre-employment, random, post-accident or reasonable suspicion drug or alcohol tests administered by an employer to which you applied, but did not obtain safety sensitive work covered by the DOT rules in past two years? _____

Yes/No

CITATIONS – List all accidents and violations for the past 3 years. If none, write NONE below.

Date	Citation	Violation Location	Type of Vehicle

ACCIDENTS – List any accidents for the past 3 years. If none, write NONE below.

Date	Nature of accident	Number of injuries	Number of fatalities

DRIVING EXPERIENCE – List all types of vehicles you have driven and dates. If none, write NONE

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approximate Total Miles
		From	To	
Straight Truck				
Tractor & Semi-Trailor				
Twin Trailers—LCV's				
Other				

EDUCATIONAL INFORMATION

	Name/Location	Subjects Studied	Degrees or Credits
High School			
Junior College/Trade School			
University/College			
Graduate School			
Truck Driving School			

ACKNOWLEDGEMENT

The Applicant has the right to review information provided by previous employers, have errors corrected and re-sent to prospective employer and provide a rebuttal statement to erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.



APPLICATION SUMMARY

To be read and signed by applicant:

By completing and submitting this application, I

- authorize Employer or its agent to investigate my background, character, general reputation and prior employment by contacting my prior employers, references or any other individuals Employer considers necessary. (understanding that I may have the right to request in writing disclosures of certain information obtained by Employer in the course of its investigation of my background and experience.
- Authorize my prior employers, references and any other individuals contacted by Employer to release any and all information requested and absolve those parties who provide information requested from any and all liability related to their doing so.
- Authorize my previous employers to furnish Crown Battery Mfg. Co. the following information concerning drug and alcohol tests, including pre-employment tests, the carriers conducted during the past two years: (1) the dates on which I tested positive for drugs, and the drug(s) involved; (2) the dates on which I tested 0.02 or greater for alcohol and the test result levels; (3) the dates on which I refused to be tested for drugs or alcohol. (In accordance with sections 382.413, 382.405 and 391.89 of line 49 of the Code of Federal Regulations)
- I fully understand that the information I authorize Crown Battery to receive involves tests which were required by the Department of Transportation (DOT), and may also include information concerning tests which DOT did not require but which the carriers listed may have voluntarily conducted under their own authority, unless I instruct the carriers in writing not to release information concerning non-DOT tests to Crown Battery. If any carrier listed below furnishes Crown Battery with information concerning items (1), (2) or (3), I also authorize that carrier to release and furnish: (4) the dates of my negative drug tests and/or alcohol tests and/or tests with results below 0.02 during the two-year period; and (5) the name and phone number of any substance abuse professional who evaluated me during the past two years.
- Acknowledge that any employment offered to me is at the will of Employer and may be terminated by Employer at any time, with or without cause.
- Acknowledge that I will be required and agree to submit to a physical examination and testing for drug use as part of Employer's evaluation procedures and authorize release of my results to Employer and Employer's unrestricted use of those results in deciding whether I should be offered employment.
- Acknowledge and agree that evidence of drug use prior to or during my employment will be grounds for immediate termination without recourse.
- Certify 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 in accordance with PUCO code 391.21.
- Certify that this application was completed by me in my own handwriting and acknowledge and agree that providing false, misleading or incomplete statements in this application or in connection with Employer's evaluation of me as a candidate for employment is grounds for immediate termination of my employment, regardless of when such information is discovered.
- Further understand that no employee of the Company has the authority to modify the understanding orally or in writing except with the written permission of the President and CEO of Crown Battery Mfg., Inc.

By signing below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information which I have furnished on this form is true and complete, and that I have listed every company that I worked for as a driver during the past two years, and every company that I took a pre-employment drug and/or alcohol test for during the past two years.

Print Name: _____
(Applicant Name)

Signed: _____
(Applicant Signature Required)

Social Security No. ____ - ____ - ____

Date: _____