



Motor Carrier Service, Inc.

tucker@mcstrucks.com

DRIVER EMPLOYMENT APPLICATION

Motor Carrier Service, Inc.

815 Lemoyne Rd.

Northwood, Ohio, 43619

PH (419) 693-6207

FAX (419) 693-2501

ADVERTISING SOURCE, CHECK AS MANY AS APPLY:

- Advertising source checkboxes: Newspaper, Seminar, TV, Radio, Driver, Trade Magazine, School Recommendation, Rehire, Other.

APPLICANT: READ BEFORE SUBMITTING THIS APPLICATION

Sections below in RED must be completed

I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation as required by section 391.23 of the Motor Carrier Safety Regulations.

I understand the Company also may request or obtain investigative consumer report(s) including information about my character, reputation, personal characteristics and mode of living;

I understand that I must pass a pre-employment drug test. I also understand that, if I am employed, I will be required to submit to and pass drug and alcohol tests on a reasonable cause and random basis, as well as drug and alcohol testing after any recordable accident or otherwise as may be required or permitted by law or Company policy.

I understand that my employment, if any, can be terminated with or without cause, and with or without notice, at any time, at the option of either the Company or myself.

I certify that I am providing this information and submitting this application solely in order for a driver position with Motor Carrier Service, Inc.. I understand that I will be considered only for a driving position and that Motor Carrier Service, Inc. will consider this application active for no more than 30 days.

DATE _____ x _____ APPLICANT'S SIGNATURE

Name _____ Date of Birth _____ Social Security No. _____
First Middle Last

Phone: (____) _____ Message Phone: (____) _____ Relationship: _____

Present Address: _____ How Long: _____

Previous Address: _____ How Long: _____

Residence for Past 3 Years: _____ How Long: _____

Are you 23 years or older? [] Yes [] No

Are you a US Citizen? [] Yes [] No If no, do you have a legal right to live and work in the U.S.? _____

Have you worked for this company before? [] Yes [] No If yes, when? _____

Have you previously applied for employment with this firm? [] Yes [] No If yes, when? _____

Driver Referrals
Name _____
Employee or Truck # _____

DRIVER SELECTION STANDARDS

Motor Carrier Service, Inc. selection standards and requirements for hiring drivers include:

1. Must live within the Motor Carrier Service, Inc. hiring area.
2. Must be at least 23 years old and have at least 1 year verifiable experience.
3. Must have CDL License with Hazardous Material endorsement issued by the state in which you reside.
4. Must be able to meet all applicable D.O.T. regulations. D.O.T. physical administered by Motor Carrier Service, Inc. company doctor at Motor Carrier Service, Inc. expense.
5. No license suspension for moving violations in the past 5 years.
6. No B.A.Cs, D.U.I.s or D.W.I.s in the past five (5) years or more than one (1) in a lifetime.
7. Must pass pre-employment drug test.
8. Must have and maintain neat, clean appearance.
9. * Must be able to meet all legal requirements to drive a commercial truck in both USA and Canada.
10. * No felony convictions in history. Cannot be on probation for any reason.
11. Must be able to meet Motor Carrier Service, Inc. work attendance/availability requirements.
12. Must complete personal interview.
13. With regard to preventable motor vehicle accidents and moving violations, Motor Carrier Service, Inc. reserves the right to judge each applicant on an individual basis.

* These standards may be waived in Motor Carrier Service, Inc. sole discretion if applicant holds a valid waiver issued by Canadian immigration law officials or the U.S. probation office that you report to.

CHECK ONE OF THE FOLLOWING: I will drive a: Company Truck Owner/Operators truck
Discontinuation of the qualification process will be enforced if you fail the drug screen or falsify the application.
I have read and agree to the standards presented above.

DATE

X _____
APPLICANT'S SIGNATURE

To submit an application, you will need to account for the last ten (10) years of your activities.

You will need:

1. Company names, addresses, phone numbers, and name of person to contact.
2. All motor vehicle accidents or incidents listed that you have been involved in for the last three (3) years.
3. All tickets listed in all states and in all vehicles in the last three (3) years.
4. Beginning and ending dates of employment, self-employment or unemployment (month/year).
5. If (1) a company you worked for is out of business, (2) you were self-employed, or (3) you were unemployed and not drawing unemployment, you will need two (2) personal references with specific dates from two separate individuals or businesses (other than a relative)
6. If you received unemployment benefits, a printout of benefits can be obtained from your employment office.

EMPLOYMENT RECORD

Begin with your present or most recent job and work backward in order, listing your employers for ***the last 10 years*** if applicable based on your age. We are especially interested in the most recent three year period when you were an operator of a commercial motor vehicle (driving jobs only). Use another sheet of paper if necessary.

Current/Most Recent Employer: Name _____ Phone: (____) _____
Are you presently employed? Yes No May we call your current employer? Yes No

Address _____
Street City State/Zip Code

Position Held _____ From _____ To _____
(month/year) (month/year)

Reason For Leaving? _____

Second Last Employer: Name _____ Phone: (____) _____

Address _____
Street City State/Zip Code

Position Held _____ From _____ To _____
(month/year) (month/year)

Reason For Leaving? _____

Third Last Employer: Name _____ Phone: (____) _____

Address _____
Street City State/Zip Code

Position Held _____ From _____ To _____
(month/year) (month/year)

Reason For Leaving? _____

Fourth Last Employer: Name _____ Phone: (____) _____

Address _____
Street City State/Zip Code

Position Held _____ From _____ To _____
(month/year) (month/year)

Reason For Leaving? _____

Fifth Last Employer: Name _____ Phone: (____) _____

Address _____
Street City State/Zip Code

Position Held _____ From _____ To _____
(month/year) (month/year)

Reason For Leaving? _____

LICENSE

List all drivers licenses held in the past three (3) years.

STATE	LICENSE NUMBER	CLASS/ENDORSEMENTS	EXPIRATION DATE

TRAFFIC CITATIONS

Traffic convictions and forfeitures for the past three (3) years on record (if none, write "none")
Truck and Car (other than parking violations)

DATE	LOCATION (STATE)	CHARGE	PENALTY

MOTOR VEHICLE ACCIDENTS

Motor Vehicle Accident Record for last 3 years(if none, write none)
List all involvement with truck and car including property damage, regardless of fault.

DATE	TYPE VEHICLE	NATURE OF ACCIDENT	WHO WAS AT FAULT	FATALITIES	INJURIES

- 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 been suspended or revoked? Yes No
- C. Have you ever been convicted of any alcohol related driving offense? Yes No
- D. Have you ever been convicted for possession, sale, or use of a narcotic drug, amphetamine, or other controlled substance? Yes No
- E. Have you ever been convicted of a crime? Yes No

If you answered yes to either A, B, C, D, or E, please state the circumstances and date.

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, Etc.)	DATES		APPROX. NO. OF MILES (Total)
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Tractor - Two-Trailers				
Other				

List States Operated in for the last 5 Years _____

DO YOU HAVE A D.O.T. PHYSICAL CERTIFICATE? _____
Doctor Address Date

CAN YOU DO THE FOLLOWING THINGS?

- Yes No Get in and out of a semi-truck?
- Yes No Get in and out of a semi-trailer?
- Yes No Get under unit to perform duties, such as checking brakes and visual inspection of equipment?
- Yes No Raise and lower trailer dollies when under a load?
- Yes No Unload insulation?
- Yes No Apply enough pressure to release fifth wheel pin?
- Yes No Apply enough force to open and close semi-trailer doors?
- Yes No Repeatedly lift and carry cargo weighing up to 70 lbs. per item?
- Yes No Sit stationary in a driver's seat for long periods of time?
- Yes No Apply enough pressure to trailer tandem lever to release locking pins when sliding tandems?
- Yes No Be on duty the maximum hours allowed by D.O.T. Hours of Service Regulations?

IF ANY "NO" ANSWERS TO ABOVE, COULD YOU DO WITH REASONABLE ACCOMOCATION? EXPLAIN _____

EDUCATION

Highest Grade Completed: 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Did you graduate High School or College? _____ When? _____

List any other training or schools _____

Truck Driving School _____ Did you graduate? _____ When? _____

Can you read and write the English language? _____

MISCELLANEOUS INFORMATION

Have you ever been discharged or requested to resign from a position? Yes No
How many days were you absent from work during the past year? _____ Three Years _____

I authorize my past employers and any other person or entity who has drug tested me in the past to release to Motor Carrier Service, Inc. the results and information regarding such testing. I further agree that if I am employed by Motor Carrier Service, Inc. I will submit to physical examinations, blood and urine tests as requested by the Company.

I understand that if I am employed by Motor Carrier Service, Inc., I will be an employee at will. I will not have any employment contract, but instead, I will be hired at the mutual consent of the Company and myself. Under this arrangement, my employment can be discontinued at any time, with or without cause, and with or without notice, at the option of either the Company or myself. I expressly deny that I am contractually bound to the Company, or that the Company is contractually bound to me.

I understand that the Company may provide me with employee handbooks, employee benefits manuals, and other written materials intended to help employees follow and understand the Company's work rules, personnel policies, benefits, etc. I also understand that such materials are not contracts, and that the Company may update, supplement, increase, decrease, eliminate, or otherwise change any policies, rules, or benefits as it deems appropriate. If employed, I agree to familiarize myself with such materials as to abide by all present and future rules, policies, or procedures of the Company.

I understand that no representative of the company has any authority to make any agreement contrary to the foregoing. I also agree that my employment relationship with the Company should be construed according to the laws of the State of OHIO.

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. I UNDERSTAND THAT ANY MISSTATEMENT OR OMISSION OF INFORMATION IN THIS APPLICATION MAY RESULT IN MY DISMISSAL.

DATE

x _____
APPLICANT'S SIGNATURE



Office Use Only	HireRight Customer:
Company Name:	_____
Company Contact Name:	_____
Fax #:	(____) _____ - _____
HireRight Customer #:	_____ Sub-account: _____

TRUCKING INDUSTRY:
DOT D/A Disclosure and Authorization

Send to Fax # (800) 267-4093 (Manual Service)
 OR Fax # (800) 257-8069 (Database Retrieval)

PART I – DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES – 49 CFR PART 391.23. DOT DRUG AND ALCOHOL TESTING

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to HireRight for the purpose of HireRight transmitting such records to the HireRight customer listed above. I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous **three (3) years**: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes HireRight with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to HireRight, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous **three (3) years**; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous **three (3) years**.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous **three (3) years**. If necessary, attach additional pages, including the date, your name, social security number and signature.

Previous DOT-Regulated Employer	City	State	Phone Number
_____	_____	_____	(____) ____ - _____
_____	_____	_____	(____) ____ - _____
_____	_____	_____	(____) ____ - _____
_____	_____	_____	(____) ____ - _____
_____	_____	_____	(____) ____ - _____

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I disclosure and authorization for release as well as the attached FMCSA Notification of Driver Rights and any applicable state law notices; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original.

Print Applicant Name: _____ Social Security #: _____

Applicant Signature: _____ Date: _____

PART II – CONSUMER REPORT AND INVESTIGATIVE CONSUMER REPORT DISCLOSURE
(FOR EMPLOYMENT PURPOSES)

In connection with your employment or application for employment (including contract for services) and in accordance with applicable laws, HireRight may obtain or assemble consumer reports and/or investigative consumer reports (collectively, "Reports") which may include information about you related to: previous employment (including employers, dates of employment, salary information, reasons for termination, etc.), safety performance including accident history and inspection history, academic history, verification of references and other information supplied by applicant, professional credentials, drug/alcohol use in violation of law and/or company policy, driving record, workers' compensation claims, credit history, creditworthiness, credit capacity, bankruptcy filings, criminal history records, information about your character, general reputation, personal characteristics and mode of living (collectively, "Information"). Information may be obtained from government agencies, educational institutions, HireRight clients, personal references, personal interviews and other Information suppliers (collectively, "Suppliers").

Upon providing proper identification and complying with any applicable legal requirements, you have the right to request the nature and substance of all Information in HireRight's files pertaining to you at the time of your request, including but not limited to: (i) whether any Reports have been provided by HireRight to other parties; (ii) identification of any Suppliers utilized by HireRight in compiling such Reports; and (iii) identification of any recipients of Reports furnished by HireRight within the **two (2) year** period preceding your request. HireRight may be contacted by mail at P.O. Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800) 381-0645.

- ← Check this box if you are applying for employment in **California** and/or you are a California resident and, in either case, you wish to receive a copy of your **credit report or investigative consumer report** if one is obtained or assembled by HireRight. Pursuant to the California Civil Code, you may view the file maintained on you by HireRight during normal business hours. You may also obtain a copy of this file by submitting proper identification and paying applicable costs for such file, if required by law, by contacting HireRight in person or by mail. HireRight is required to have personnel available to explain your file to you and must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.
- ← Check this box if you are applying for employment in **Oklahoma** and/or you are an Oklahoma resident and, in either case, you wish to receive a copy of your **consumer report** if one is obtained or assembled by HireRight.
- ← Check this box if you are applying for employment in **Minnesota** and/or you are a Minnesota resident and, in either case, you wish to receive a copy of your **consumer report** if one is obtained or assembled by HireRight.

PART II – AUTHORIZATION FOR RELEASE OF INFORMATION (FOR EMPLOYMENT PURPOSES)

I hereby authorize HireRight to receive Information and disclose such Information to its customers for the purpose of making a determination as to my eligibility for employment, promotion, retention or other lawful purpose. If hired or contracted, I authorize HireRight and the HireRight customer named above ("Customer") to retain this document on file to act as ongoing authorization for the procurement and possession of Reports at any time during my employment or contract period. I fully release HireRight and Suppliers from all claims of damages related to the investigation of my background and provision of Information as set forth in this disclosure and authorization. I agree that Information in HireRight's possession and my employment history with Customer if I am hired, may be supplied by HireRight to other HireRight customers for legally permissible purposes; provided, such Information will not include the Drug and Alcohol information set forth in Part I above, unless I have given a separate specific consent for HireRight to share such Information.

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part II disclosure and authorization for release as well as the attached FMCSA Notification of Driver Rights and any applicable state law notices; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the Information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; (vi) I authorize HireRight and any person or entity contacted by HireRight to furnish the above-mentioned Information; and (vii) facsimile or photographic copies of this authorization are as valid as an original.

NOTE - THIS AUTHORIZATION DOES NOT APPLY TO DRUG & ALCOHOL INFO. ADDRESSED IN PART I.

Print Applicant Name: _____ Social Security #: _____

Applicant Signature: _____ Date: _____

FMCSA Notification of Driver Rights

In compliance with 49 CFR Part 40 §391.23 you have certain rights regarding the safety performance history information that will be provided to prospective employers. I) You have the right to review information provided by previous employers. II) You have the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to prospective employers. III) You have the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information. (2) Drivers who have previous DOT regulated employment history in the preceding three years and wish to review previous employer-provided investigative information must submit a written request to prospective employers. This may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. Prospective employers must provide this information within five business days of receiving the written request. If prospective employers have not yet received the requested information from the previous employer, then the five day deadline will begin when the requested safety performance history information is received. If you have not arranged to pick up or receive the requested records within 30 days of prospective employers making them available, the prospective employers may consider you to have waived your request to review the record.

ADDITIONAL STATE LAW NOTICES

MAINE: You have the right, upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from us, within five business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any such reports.

MASSACHUSETTS: If we request an investigative consumer report, you have the right, upon written request, to a copy of the report.

NEW YORK: You have the right, upon request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting that agency. Also attached please find additional information under Article 23-A of New York law.

WASHINGTON STATE: If we request an investigative consumer report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from us a complete and accurate disclosure of the nature and scope of the investigation requested by us. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Notices continue on next page

**NEW YORK CORRECTION LAW
ARTICLE 23-A**

**LICENSURE AND EMPLOYMENT OF PERSONS PREVIOUSLY
CONVICTED OF ONE OR MORE CRIMINAL OFFENSES**

Section 750. Definitions.

751. Applicability.

752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.

753. Factors to be considered concerning a previous criminal conviction; presumption.

754. Written statement upon denial of license or employment.

755. Enforcement.

§750. Definitions. For the purposes of this article, the following terms shall have the following meanings:

(1) "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission.

(2) "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons.

(3) "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license, opportunity, or job in question.

(4) "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.

(5) "Employment" means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that "employment" shall not, for the purposes of this article, include membership in any law enforcement agency.

§751. Applicability. The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.

§752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited. No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable, shall be denied or acted upon adversely by reason of the individual's having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of "good moral character" when such finding is based upon the fact that the individual has previously been convicted of one or more criminal offenses, unless:

(1) There is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or

(2) the issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.

§753. Factors to be considered concerning a previous criminal conviction; presumption.

1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:

(a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.

(b) The specific duties and responsibilities necessarily related to the license or employment sought or held by the person. (c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.

(d) The time which has elapsed since the occurrence of the criminal offense or offenses. (e) The age of the person at the time of occurrence of the criminal offense or offenses. (f) The seriousness of the offense or offenses.

(g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.

(h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.

2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

§754. Written statement upon denial of license or employment. At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.

§755. Enforcement.

1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules.

2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.

PLEASE READ THE FOLLOWING AGREEMENT

I understand that my eligibility is contingent upon satisfactory application and background reports. I hereby authorize the company to inquire of each of my former employers, references and all other persons having information concerning me. I also authorize the release of my traffic violation record, as well as my PSP Detailed Inspection Report provided by the FMCSA (Federal Motor Carrier Safety Administration) for the previous three (3) years and Crash Data for the previous five (5) years, to the company. This release shall remain in full force and effect until formal withdrawal is filed by me. I acknowledge the company's right to use any recognized investigative technique for the detection of illegal drug or alcohol use or abuse; or for the detection of possession or theft of property on or involving the company's or its customers' property or premises as well as any criminal background history from a consumer reporting agency. As a condition of eligibility, I agree to cooperate fully in any such investigation, including participation in blood or urine test. I understand that this information and any other company documents are not contracts of employment, and that any individual who is hired may voluntarily leave upon proper notice, and may be terminated by the company at any time for any reason. I understand that oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee or contractor. I also understand that I will be subject to a probationary period. This certifies that I agree with the above information and that all entries on this inquiry are true and complete to the best of my knowledge. I understand that this inquiry I have submitted is voluntary and is not an application, and is used for information purposes only.

In exchange for Prospective Employer's consideration of my employment application, I agree not to file or pursue any complaints, claims or legal action of any kind against any organization or individual that provides work-related information about me to Prospective Employer or its agents in accordance with the terms and intent of this release. I also agree not to file or pursue any complaints, claims or legal actions against Prospective Employer or any of its employees, representatives, or agents arising out of their efforts to obtain work-related information about me.

Please indicate if you have read and ACCEPT the terms and conditions of the preceding officially-approved agreement:

I ACCEPT

I DO NOT ACCEPT

If you choose to DECLINE this agreement, please contact our Recruiting Department directly at 1-800-359-9710 to speak with a Recruiter.

Please indicate that you have reviewed your application for accuracy, prior to submitting:

I HAVE REVIEWED

I HAVE NOT REVIEWED




Date: _____

Signature: _____

Must complete this section in RED

Name (Please Print) _____

There are 3 methods of sending the completed form to us.

- 1) EMAIL - Click on the email button (envelope) in the upper left to auto generate the email process. This will open your default email program with the saved forms already attached. Enter nathant@mcstrucks.com as the recipient. *(If you do not see an email icon, you might not have the latest version of Adobe Reader. Please choose another option below.)*  
- 2) EMAIL - Click on the save icon (disk) in the upper left to save a copy of this form to your computer. Then open up your email program manually and attach the files. Enter nathant@mcstrucks.com as the recipient. 
- 3) FAX - Click on the save icon (disk) in the upper left to save a copy of this form to your computer. Print the forms and fax them to 419-693-2510. 