

# EMPLOYMENT APPLICATION

QSC LLC  
P.O. Box 1372  
Des Moines, IA 50305

**WE USE PRE-EMPLOYMENT DRUG SCREENING**

### APPLICANT INSTRUCTIONS

If you need help filling out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please read "APPLICANT NOTE" below.
2. Complete both sides of this page.
3. If more space is needed to complete any question, use comments section on the back of this page.
4. Print clearly: incomplete or illegible applications will not be processed.
5. Some packets may include an AFFIRMATIVE ACTION QUESTIONNAIRE. This information is being gathered for affirmative action under Section 503 of the Rehabilitation Act of 1973. The information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.

TODAY'S DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

LAST FIRST M.I.

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

STREET CITY STATE ZIP

### APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Affirmative action hiring may be requested by qualified applicants. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you are required to submit to a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

### AVAILABILITY

For which position are you applying? \_\_\_\_\_

What date can you start? \_\_\_\_\_ What category would you prefer?  Full-time  Part-time  Temporary  Labor pool

For which schedules are you available?  Weekdays  Weekends  Evenings  Nights  Overtime  Shift  Other \_\_\_\_\_

### EDUCATION

Please circle highest grade completed. 7 8 9 10 11 12 12+

If your school records are under a different name than above, please enter that name: \_\_\_\_\_

**Please list the schools attended in the table provided.**

Name	City/State	Graduate	Degree
		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> In Progress	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> In Progress
		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> In Progress	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> In Progress
		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> In Progress	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> In Progress

### SECURITY

**Please list your address(es) for the past three years.**

1. \_\_\_\_\_  
Street City St. Zip How long?

2. \_\_\_\_\_  
Street City St. Zip How long?

3. \_\_\_\_\_  
Street City St. Zip How long?

Yes  No Have you ever been denied a license, permit, or privilege to operate a motor vehicle? *If so, attach statement giving details.*

Yes  No Has any license, permit, or privilege ever been suspended or revoked? *If so, attach statement giving details.*

Yes  No Have you used any names or Social Security Numbers other than those on this page? *If so, attach statement giving details.*

Yes  No Have you been convicted of, or served time for a felony in the past seven years? *If so, please describe in table provided.*

(In accordance with company policy this information will be reviewed for job relatedness and time since last conviction.)

Incident	City/State	Charge

**Please list the different driver licenses you have used including your current license.**

State	License Number	Type	Expiration Date

**Please fill in the table below with your driving experience.**

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	From	To	Approximate Number of Miles (Total)
Straight Truck				
Tractor and Semi-Trailer				
Tractor and Two Trailers				
Other				

**Please fill in the table below with your accident record for the past five years or more.**

Dates	Nature of Accident (Rear-End, Upset, Etc.)	Fatalities	Injuries

**Please fill in the table below with your traffic convictions for the past five years (other than parking violations).**

Location	Date	Charge	Penalty

**JOB-RELATED SKILLS**

NOTE: Do not fill out any part of this section you believe to be non-job related.

List languages in which you are fluent \_\_\_\_\_

Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job or company. \_\_\_\_\_

\_\_\_\_\_

- Yes     No    Have you been given a job description or had the requirements of the job explained to you?
- Yes     No    Do you understand these requirements?
- Yes     No    Can you perform the requirements of this job with or without reasonable accommodations?

**PREVIOUS EMPLOYERS**

PLEASE NOTE. Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the *correct telephone numbers of past employers are critical*. Ask for a phone book or call information if you need. FOR EMPLOYERS OUTSIDE THE U.S., A CURRENT FAX NUMBER IS MANDATORY. You must show ALL employment for the last three years and all Commercial Driving Experience for the past 10 years.

**MOST RECENT EMPLOYER**

Yes  No Are you currently working for this employer?  
 Yes  No If yes, may we contact?

PHONE ( )  
FAX ( )

\_\_\_\_\_  
Company Name City State

FROM \_\_\_\_\_ TO \_\_\_\_\_  
Dates Employed Job Title Supervisor Name

\_\_\_\_\_  
Duties

\_\_\_\_\_  
Salary PER Reason for leaving

Subject to FMCSR's?  Yes  No Subject to drug/alcohol testing requirements per 49 CFR Part 40?  Yes  No

**SECOND MOST RECENT EMPLOYER**

PHONE ( )  
FAX ( )

\_\_\_\_\_  
Company Name City State

FROM \_\_\_\_\_ TO \_\_\_\_\_  
Dates Employed Job Title Supervisor Name

\_\_\_\_\_  
Duties

\_\_\_\_\_  
Salary PER Reason for leaving

Subject to FMCSR's?  Yes  No Subject to drug/alcohol testing requirements per 49 CFR Part 40?  Yes  No

**THIRD MOST RECENT EMPLOYER**

PHONE ( )  
FAX ( )

\_\_\_\_\_  
Company Name City State

FROM \_\_\_\_\_ TO \_\_\_\_\_  
Dates Employed Job Title Supervisor Name

\_\_\_\_\_  
Duties

\_\_\_\_\_  
Salary PER Reason for leaving

Subject to FMCSR's?  Yes  No Subject to drug/alcohol testing requirements per 49 CFR Part 40?  Yes  No

**FOURTH MOST RECENT EMPLOYER**

PHONE ( )  
FAX ( )

\_\_\_\_\_  
Company Name City State

FROM \_\_\_\_\_ TO \_\_\_\_\_  
Dates Employed Job Title Supervisor Name

\_\_\_\_\_  
Duties

\_\_\_\_\_  
Salary PER Reason for leaving

Subject to FMCSR's?  Yes  No Subject to drug/alcohol testing requirements per 49 CFR Part 40?  Yes  No

As a prospective employer, we must ask any applicant for a driving position with our company whether s/he has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the applicant applied for, but did not obtain, "safety-sensitive transportation work" (driving a commercial motor vehicle) during the past two years.

**Yes**, I have tested positive for drugs/alcohol, or refused to take a pre-employment drug/alcohol test in the two years preceding the date of this application.

**No**, I have not tested positive for drugs/alcohol, or refused to take a pre-employment drug/alcohol test in the two years preceding the date of this application.

DOT regulations prohibit our utilizing you to perform a safety-sensitive function" (driving a commercial motor vehicle) if you had a positive test, or a refusal to test, until and unless you provide documents showing successful completion of the return to-duty process in accordance with DOT regulations.

**REFERENCES**

**Include only individuals familiar with your work ability. Do not include relatives.**

Name	Address	Phone #	Years Known	Relationship

**COMMENTS**

---



---



---



---

ASK FOR ADDITIONAL PAGE, IF NECESSARY

**CERTIFICATION AND RELEASE**

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application of discharge at any time during my employment. I authorize the company and / or its agents, including consumer reporting bureaus, to verify any of this information. I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If the company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. My employment and compensation can be terminated with or without cause and with or without notice, at any time, at the option of either my employer or myself.

Today's 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.**