

NAME:
POSITION:
PHONE:
EMAIL:
DATE:



APPLICATION FOR EMPLOYMENT

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APPLICATION FOR EMPLOYMENT

Please type or print. Complete all sections even if accompanied by a resumé.

GENERAL INFORMATION

Name			Phone Number		
Address		City	State	Zip Code	For How Long?
Do you have a valid drivers license? <input type="checkbox"/> Yes <input type="checkbox"/> No	DL Number		State	Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you legally eligible to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you use tobacco products? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you wear contact lenses? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain: _____			Social Security Number (DOT APPLICANTS ONLY)		

JOB INFORMATION

Position(s) Desired:		Salary Desired	Date Available to Work
<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Either		Are you willing you work weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will you work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Can you travel if the job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How were you referred to us? _____			

EDUCATION List all High School, College, Vocational or Business Schools attended.

Name of School	Location	Type of Course	Years Attended	Degree or Diploma

APPLICANTS: PLEASE READ CAREFULLY BEFORE SIGNING

DATE INITIALS

_____ _____ I understand that any material misrepresentation, omission, or falsification of any information provided on this application, if discovered anytime during my employment, will be considered grounds for discharge.

_____ _____ I understand that neither the acceptance of this application, nor the granting of an interview creates, or is intended to create a contract or contract right between Mears and/or its subsidiaries and myself for the employment or any other benefit. No oral or written promise or guarantee of employment has been made, and I understand that no such promise or guarantee is binding upon Mears and/or its subsidiaries unless made in writing and signed by the President of the company or his designee. If an employment relationship is established, I agree to conform to the rules and regulations of Mears and/or its subsidiaries and recognize that my employment and compensation 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 hereby authorize the companies or persons named in the employment history portion of this application to furnish any information regarding me or my period of employment, whether or not it is in their records, personnel or otherwise, thereby releasing said companies or persons and Mears and/or its subsidiaries from all liability for damages whatsoever for issuing and obtaining this information.

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.

Applicant's Signature _____ **Date** _____

You agree your electronic signature is the legal equivalent of your manual signature.

EMPLOYMENT HISTORY

List present employer first. Go Back 10 years and include any military service. If additional sheets are necessary, please attach.

Employer	Address	Telephone No.	Supervisors Name
Job Title	Duties		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employed From: To:	Salary Start: End:	Reason for Leaving or Wanting to Leave	

DOT APPLICANTS ONLY

Did you operate a commercial motor vehicle for this employer? Yes No

Were you subject to the Federal Motor Carrier Safety Administration Regulations while employed with this employer? Yes No

Were you subject to alcohol and controlled substance testing requirements under 49 CFR part 40? Yes No

Employer	Address	Telephone No.	Supervisors Name
Job Title	Duties		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employed From: To:	Salary Start: End:	Reason for Leaving or Wanting to Leave	

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DOT APPLICANTS ONLY

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Were you subject to alcohol and controlled substance testing requirements under 49 CFR part 40? Yes No

INTERESTS

List any specific skills or courses you have completed, which would directly apply to the type of position(s) for which you have an interest.

DOT APPLICANTS ONLY

EMPLOYMENT HISTORY

LIST ALL ADDRESSES AT WHICH YOU HAVE RESIDED IN THE LAST 3 YEARS.

Street	City	State	Zip	To	From

DRIVER EXPERIENCE AND QUALIFICATIONS

Drivers License# _____ State: _____ DOB: _____

Expiration Date: _____ Endorsements: _____

List traffic convictions and forfeitures for the past three (3) years (other than parking violations) if you haven't had any convictions in the past three years then write none in the space provided.

Date	Location	Charge	Penalty

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

Has any license, permit or privilege ever been suspended or revoked? Yes No

(If the answer is yes to either of the two previous questions, attach a statement giving the details)

List commercial vehicles or equipment experience below (i.e. trucks, buses, semitrailers, truck tractors, full trailers, and pole trailers.)

DRIVER ACCIDENT RECORD FOR THE PAST THREE (3) YEARS OR MORE

Date	Nature of Accident (Head-on, Rear-end, Upset, Etc.)	Any Fatalities?	Any Injuries?

APPLICANT: PLEASE READ AND SIGN BEFORE SUBMITTING THIS APPLICATION FOR EMPLOYMENT.

DATE INITIALS

I authorize the Company to make such investigations and inquiries of 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.

It is understood that employment is subject to satisfactory completion of a physical examination, a drug screening urinalysis, and a check of my driving record at the time of employment, and at such other times as may be required by the company, in accordance with Part 391 of the Federal Motor Carrier Safety Regulations.

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: (1) Review information provided by previous employers. (2) Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer. (3) 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.

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.

Applicant Signature _____

Date _____

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