



## PRECISION MOTOR TRANSPORT GROUP

### **Employment Application Packet Instructions**

To provide a complete application to PMTG, please review and follow the instructions outlined below.

1. Review the Overview of Precision Motor Transport Group provided with this Application for Employment Packet.
  2. Review the Summary of Benefits provided with this Application for Employment Packet.
  3. Complete the Application for Employment and associated appendices included in this Application for Employment Packet.
- Please answer all of the questions completely and truthfully, as a misrepresentation or falsification is considered an act of dishonesty and could result in non-consideration or termination.
  - Please list all employment in the last ten (10) years when completing the Application for Employment. If more space is necessary please attach an additional sheet. If there are any periods of unemployment or self-employment, note them as such. Please note that it is imperative that you provide complete addresses and phone numbers of past employers to ensure the timely processing of your application.
  - Please review and sign the “Applicant Certification and Agreement” found in the Application for Employment as Appendix A.
  - Please review, complete, and sign the “Authorization for Release of Information from Current and Previous Employers and Others” found in the Application for Employment as Appendix B.
  - Please review and sign the “Credit Report Authorization” found in the Application for Employment as Appendix C.

4. Once all documents in the Application for Employment and accompanying appendices have been reviewed and completed, please place this entire Application for Employment (including signed appendices) in the enclosed envelope addressed to PMTG and return it to PMTG for employment consideration. If it is necessary for you to fax the completed application, please fax it to (517) 349-9264.

If you have any questions throughout the process, please do not hesitate to contact PMTG at (866) 701-JOBS.

Thank you again for your interest in PMTG. Good luck with your application and we look forward to hearing from you soon.



## **Driver Application for Employment**

Corporate Headquarters:  
3681 Okemos Road, Suite 500  
Okemos, MI 48864  
Telephone: (517) 349-3011  
Facsimile: (517) 349-9264

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**Military Service**

Have you served in the U.S. Armed Services?  Yes  No

If yes, please provide the following:

Date of Service (mm/yyyy): From \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_

Branch of Service: \_\_\_\_\_

Duties: \_\_\_\_\_

Rank or Rating at time of Enlistment: \_\_\_\_\_

Rank or Rating at time of Discharge: \_\_\_\_\_

How were you discharged?  Honorably  Dishonorably

If dishonorably discharged, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Criminal Background**

Have you ever been convicted of a misdemeanor?  Yes  No

If yes, please provide the following:

Date of Offense (mm/dd/yyyy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Nature of Offense: \_\_\_\_\_

\_\_\_\_\_

Location of Offense: \_\_\_\_\_

CITY

STATE

Have you ever been convicted of a felony?  Yes  No

If yes, please provide the following:

Date of Offense (mm/dd/yyyy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Nature of Offense: \_\_\_\_\_

\_\_\_\_\_

Location of Offense: \_\_\_\_\_

CITY

STATE

### 3. ACCIDENT RECORD

If applicable, please provide a list of any accidents, either on private or public property, whether a law enforcement officer was or was not involved, either as a private or commercial driver, involving property or vehicular damage of any amount within the last 3 years. Please begin with your most recent accident. Attach an additional sheet if more space is needed. If you have not had an accident in the last 3 years, please check the box below next to "Not Applicable".

- Not-Applicable – Have not had an accident (as defined above) in the last three (3) years. *If you are able to check this box, proceed to Section 4: Traffic or Motor Vehicle Law Convictions and/or Bond Forfeiture.*

Date of Accident (mm/dd/yyyy): ____ / ____ / ____	Location: _____ CITY STATE
Nature of Accident: _____	
Were you involved as a driver of a private vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you involved as a driver of a commercial vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If commercial, was this a preventable accident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were there any fatalities/injuries as a result of this accident?	<input type="checkbox"/> Yes and Number: _____ <input type="checkbox"/> No
If yes, please explain: _____	

Date of Accident (mm/dd/yyyy): ____ / ____ / ____	Location: _____ CITY STATE
Nature of Accident: _____	
Were you involved as a driver of a private vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you involved as a driver of a commercial vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If commercial, was this a preventable accident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were there any fatalities/injuries as a result of this accident?	<input type="checkbox"/> Yes and Number: _____ <input type="checkbox"/> No
If yes, please explain: _____	

Date of Accident (mm/dd/yyyy): ____ / ____ / ____	Location: _____ CITY STATE
Nature of Accident: _____	
Were you involved as a driver of a private vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you involved as a driver of a commercial vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If commercial, was this a preventable accident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were there any fatalities/injuries as a result of this accident?	<input type="checkbox"/> Yes and Number: _____ <input type="checkbox"/> No
If yes, please explain: _____	

**4. TRAFFIC OR MOTOR VEHICLE LAW CONVICTIONS AND/OR BOND FORFEITURE**

If applicable, please provide any traffic or motor vehicle law convictions and/or bond forfeiture occurring within the last 3 years in the table provided below. Please do not include parking violations or other non-moving violations. If this section is not applicable, please indicate below in the check box provided. If you have not had an accident in the last 3 years, please check the box below next to “Not Applicable”.

Not-Applicable - Have not had traffic or motor vehicle law conviction and/or bond forfeiture accident (as defined above) in the last three (3) years. *If you are able to check this box, proceed to the next question.*

**Traffic or Motor Vehicle Law Convictions and/or Bond Forfeiture**

State/Location	Date (mm/dd/yy)	Charge	Penalty

Do you currently have any pending traffic or motor vehicle violations?  Yes  No

If yes, explain: \_\_\_\_\_

**5. DRIVING EXPERIENCE AND QUALIFICATIONS**

Current motor vehicle operator’s license or permit which has been issued to you:

State: \_\_\_\_\_ License Number: \_\_\_\_\_

Type: \_\_\_\_\_ Expiration Date (mm/dd/yy): \_\_\_ / \_\_\_ / \_\_\_\_\_

Are you 23 years of age or older?  Yes  No

Do you believe you are able to push and pull 100 lbs?  Yes  No

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

If yes, explain: \_\_\_\_\_

Has a license/permit/privilege to operate a motor vehicle, ever been suspended or revoked?  Yes  No

If yes, explain: \_\_\_\_\_

Have you ever been disqualified to drive subject to The Federal Motor Carrier Safety Regulations?  Yes  No

If yes, explain: \_\_\_\_\_

Please provide your driving experience including class of equipment, type of equipment, dates driven, and approximate miles driven in the table provided below.

**Driving Experience**

Class of Equipment	Type of Equipment (Van, Tank Flat, Etc.)	Number of Years	Approximate Miles Driven	
			City	Over-the-Road
Straight Truck				
Tractor and Semi-Trailer				
Tractor and Two-Trailers				
Other				

Please provide the license/permit number, issuing state, expiration date, class, and endorsements for each motor vehicle operator's license/permit that has been issued to you within the past five (5) years in the table provided below.

**Driver Licenses**

License/Permit Number	State	Class	Endorsements	Expiration Date (mm/dd/yy)

**6. EDUCATION**

Please list any education, vocational, on-the-job, military, and other training you have received. Attach an additional sheet if more space is needed.

**High School**

Check the Highest Grade Completed:  7  8  9  10  11  12

Name of High School: \_\_\_\_\_

Address: \_\_\_\_\_  
CITY STATE ZIP

Years Attended: \_\_\_\_\_ Graduate:  Yes  No Date of Graduation (mm/yy) \_\_\_\_ / \_\_\_\_

**Precision Motor Transport Group, LLC**  
**Application for Employment**

**College**

Name of College/Trade School: \_\_\_\_\_

Address: \_\_\_\_\_  
CITY STATE ZIP

Major Course of Study: \_\_\_\_\_ Type of Degree: \_\_\_\_\_

Years Attended: \_\_\_\_\_ Graduate:  Yes  No Date of Graduation (mm/yy) \_\_\_\_ / \_\_\_\_

**Truck Driving School**

Name of Truck Driving School: \_\_\_\_\_

Address: \_\_\_\_\_  
CITY STATE ZIP

Years Attended: \_\_\_\_\_ Graduate:  Yes  No Date of Graduation (mm/yy) \_\_\_\_ / \_\_\_\_

**Other**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
CITY STATE ZIP

Course of Study: \_\_\_\_\_

Years Attended: \_\_\_\_\_ Graduate:  Yes  No Date of Graduation (mm/yy) \_\_\_\_ / \_\_\_\_

**7. REFERENCES**

Please provide at least three (3) references to verify your employment and personal history. Please DO NOT include relatives.

Reference Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
LAST FIRST

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Occupation: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Reference Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
LAST FIRST

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Occupation: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Reference Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
LAST FIRST

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Occupation: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Reference Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
LAST FIRST

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Occupation: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

**8. PRIOR WORK EXPERIENCE**

Please list your full and part-time employment (including military service, self employment, and periods of unemployment) beginning with the most recent. For applicants applying for a job operating a commercial motor vehicle, list all employment in the last ten (10) years. Attach an additional sheet if more space is needed.

**Current or Most Recent Employer**

Dates Employed (mm/yy): \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_

Company Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
LAST FIRST

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Position(s) Held: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_





## Appendix A: Applicant Certification Agreement

## APPLICANT CERTIFICATION AND AGREEMENT

Please read the following document and acknowledge by signing and dating this agreement on Page 2.

1. Certification of Truthfulness

I certify that all statements on this Application for Employment are made truthfully and without evasion, and further understand and agree that such statements may be investigated and if found to be false will be sufficient reason for not being employed, or if employed may result in my dismissal.

2. Authorization for Employment/Educational Information

I authorize the references listed in this Application for Employment, and any prior employer, educational institution, or any other persons or organizations to give this Company any and all information concerning my previous employment/educational accomplishments, disciplinary information or any other pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I hereby waive written notice that employment information is being provided by any person or organization.

3. Employment at Will

If I am hired, in consideration of my employer, I agree to abide by the rules and policies of this Company, including any changes made from time to time, and agree 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 understand that no manager or other representative of the Company, other than the President, has the authority to enter into any agreement for employment for any specific or indefinite period of time, or to make any agreement contrary to the foregoing. Any such agreement made by the President must be made in writing to be effective.

4. Authorization to Work

If I am selected for hire I will be offered employment provided that I am authorized to work as required by the Immigration Reform Control Act of 1986.

5. Limitations on Claims

I agree that any action or suit against the Company arising out of my employment or termination of employment, including but not limited to claims arising under State or Federal civil rights statutes, must be brought within one year of the event giving rise to the claim or be forever barred. I waive any statute of limitations to the contrary.

6. Need for Accommodation

If I am a handicapper who requires an accommodation to perform the job, I must notify the Company of that need within 182 days after I knew or reasonably should have known that an accommodation was needed. Failure to do so will bar me from alleging that the Company has not accommodated me as required by law.

7. Criminal Records Check

I agree to execute an authorization for the employer to secure criminal conviction history from the appropriate law enforcement agency, should the Company determine it is necessary to do so.

8. Driving Record Check

I agree to execute an authorization for the employer to inquire into, and obtain documents related to, any driving record from every state in which I have held a motor vehicle operator's license or permit.

9. Release of Medical Information

I authorize every medical doctor, physician, or other health care provider to provide any and all information, including but not limited to, all medical reports, laboratory reports, X-rays or clinical abstracts relating to my previous health history or employment in connection with any examination, consultation, test, or evaluation. I hereby release every medical doctor, health care personnel, and every other person, firm, officer, corporation, association, organization, or institution which shall comply with the authorization or request made in this respect from any and all liability. I understand that this release will not be sent to my physician or other health care provider until a job offer has been made.

10. Physical Exam and Drug and Alcohol Testing

I agree to take a physical exam and authorize the Company or its designated agent(s) to withdraw specimen(s) of my blood, urine, breath, or hair for chemical analysis. One purpose of this analysis is to determine or exclude the presence of alcohol, drugs or other substances. I understand that the decisions concerning my employment will be made as a result of this test.

11. Consideration for Employment

I understand that my application will be considered pursuant to the Company's normal procedures for a period of thirty (30) days. If I am still interested in employment thereafter, I must reapply.

I have read and understand the items one through eleven above and acknowledge that with my signature below.

I agree that if any of these commitments is ever found to be legally unenforceable as written, the particular commitment concerned shall be limited to allow its enforcement as far as legally possible.

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 Name: \_\_\_\_\_  
(PLEASE PRINT)

Applicant Signature: \_\_\_\_\_ Date : \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Appendix B: Authorization for Release of Information from Current  
and Previous Employers and Others**



**Appendix C: Credit Report Authorization**

CREDIT REPORT AUTHORIZATION

I understand that Precision Motor Transport Group may request a consumer report or an investigative consumer report, including information as to my character, general reputation, personal characteristics and mode of living for general purposes of evaluating my application for employment. I further understand that I may request in writing from the Company a complete and accurate disclosure of the nature and scope of the investigation requested. I consent to the furnishing of such report to the Company.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_