



3681 Okemos Road, Suite 500 - Okemos, Michigan 48864

MECHANIC APPLICATION FOR EMPLOYMENT

=====

TODAY'S DATE: _____

NAME: _____
(LAST) (FIRST) (MIDDLE)

SOC.SEC.NO: _____ / _____ / _____ **TELEPHONE:** (____) _____ - _____

EMAIL ADDRESS: _____ **CELL PHONE:** (____) _____ - _____

CURRENT ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

LENGTH OF TIME AT THIS ADDRESS:

PREVIOUS ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

LENGTH OF TIME AT THIS ADDRESS:

Other previous addresses at which you have resided during the past three (3) years:

(STREET) (CITY) (STATE) (ZIP)

(STREET) (CITY) (STATE) (ZIP)

How many years have you lived in this city? _____

Job(s) applied for: 1. _____ Rate of pay expected \$ _____ per _____

2. _____ Rate of pay expected \$ _____ per _____

Do you want to work: Full-Time ___ Part-Time ___? If applying for only part-time, what days and hours? _____

Have you ever applied for work with us before? Yes ___ No ___ If yes, when? _____

List anyone you know who works for us: _____

Do you have any skills, qualifications or experiences which you feel would especially fit you for work with us?

Current motor vehicle operators license or permit which has been issued to you:

State: _____ License No.: _____ Type: _____ Expiration Date: ___/___/___ .

Are you 18 years of age or older? Yes _____ No _____

U.S. Armed Forces Service? Yes _____ No _____ From _____ to _____

Branch of Service: _____ Duties: _____

Rank or rating at time of enlistment: _____

Rating at time of discharge: _____

Were you dishonorably discharged? Yes _____ No _____ If yes, explain: _____

Are you able to do the job(s) for which you are applying? Yes _____ No _____ If not, please explain:

Have you ever been convicted of a crime? Yes ___ No ___ If yes, explain when, where, and the nature of the offense.

Are there any felony charges pending against you now? Yes ___ No ___ If yes, describe _____

Are you authorized to work in the United States? Yes ___ No ___ If hired, when can you start? _____

BUSINESS REFERENCES

NAME	ADDRESS AND TELEPHONE NO.	OCCUPATION

EDUCATION

SCHOOL	NO. OF YEARS ATTENDED	NAME OF SCHOOL	CITY/STATE	COURSE	DATE YOU GRADUATED?
HIGH					
COLLEGE					
OTHER					

APPLICANT'S CERTIFICATION AND AGREEMENT

PLEASE READ CAREFULLY:

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 employment, 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 any 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 I verify that I am authorized to work as required by the Immigration Reform and Control Act of 1986.

5. Limitation 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 this employer to secure criminal conviction history from the appropriate law enforcement agency, should the Company determine it is necessary to do so.

8. Ownership of Tools.

I understand that I am expected to supply any and all tools required for the execution of my duties during my employment.

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 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 items one through eleven above, and acknowledge that with my signature below.

I agree that if any of the above 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.

Dated: _____

Applicant's Signature



3681 Okemos Road, Suite 500
 Okemos, Michigan 48864
 Recruiting Phone (866) 701-JOBS

(800) 448-4285 Watts

(517) 349-3011 Local

(517) 349-9244 Fax

AUTHORIZATION FOR RELEASE OF INFORMATION FROM CURRENT AND PREVIOUS EMPLOYERS AND OTHERS

I, _____, authorize Bavarian Motor Transport , LLC (BMT) and/or Tri-Star Transport, LLC. (TST) to inquire into any and all employment records; and other areas which may become pertinent in securing my employment. I further understand that D.O.T. regulations require that my current and past employers must provide my drug and alcohol testing records. I agree to hold BMT and TST blameless regarding any information that is obtained during this background inquiry.

The following information being necessary to obtain public records (motor vehicle records, credit reports, past work history, etc.). I am voluntarily supplying same:

_____/_____/_____
 Name Date of Birth

 Social Security No. Driver's License No. License State

To all of my previous employers and holders of public records:

I authorize per 49 CFR Part 40, the release of information from my DOT regulated drug and alcohol testing records by the carriers listed below for the sole purpose of transmitting such records to the above named employer. I authorize release of the following information concerning DOT drug and alcohol testing violations during the past 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 verified adulterated or substituted results) (iv) other violation(s) of DOT drug and alcohol testing regulations (v) information obtained from previous employers of a drug and alcohol rule violation(s) and (vi) documents, if any of completion of a return-to-duty process following a rule violation. This document, whether faxed or mailed, original or copy, also serves as my original release of any information as required by Section 391.23 of the Federal Motor Carrier Safety Regulations (regarding my past employment history, including accident history). You are released from any and all liability which may result from furnishing such information. I request such records be released immediately.

_____/_____/_____
 Signature Date

 Employer City State Zip

