

## APPLICATION FOR EMPLOYMENT

COMPANY LIMA PALLET COMPANY INC. ADDRESS 1470 NEUBRECHT ROAD LIMA, OH 45801

NAME \_\_\_\_\_  
 (FIRST) (MIDDLE) (LAST) (MAIDEN, IF ANY)

ADDRESS \_\_\_\_\_ HOW LONG \_\_\_\_\_

DATE OF BIRTH \_\_\_/\_\_\_/\_\_\_ SOCIAL SEC. NO. \_\_\_-\_\_\_-\_\_\_

ADDRESS \_\_\_\_\_ HOW LONG \_\_\_\_\_

FOR PAST THREE YEARS \_\_\_\_\_ HOW LONG \_\_\_\_\_

(ATTACH SHEET IF MORE SPACE IS NEEDED)

### EXPERIENCE AND QUALIFICATIONS- DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION 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				

### ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

- 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 ever been suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_

\* IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

EMPLOYMENT RECORD (Attach Sheet If More Space Is Needed)

NOTE: DOT Requires Past Employment for at Least 3 Years and/or Commercial Driving Experience for the Past 10 Years Be Shown

LAST EMPLOYER: NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_  
 REASON FOR LEAVING \_\_\_\_\_

SECOND LAST EMPLOYER: NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_  
 REASON FOR LEAVING \_\_\_\_\_

THIRD LAST EMPLOYER: NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_  
 REASON FOR LEAVING \_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

**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.**

DATE \_\_\_\_\_

APPLICATES 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

**LIMA PALLET COMPANY, INC.  
AUTHORIZATIONS AND CERTIFICATIONS:**

I understand that as part of the Department of Transportation Driver Qualification process (specifically DOT 49 CFR Parts 382: CONTROLLED SUBSTANCES AND ALCOHOL USE AND TESTING) Lima Pallet Company is required to obtain the results of all DOT required drug and/or alcohol tests (including refusals to be tested).

I understand that I must give Lima Pallet Company, Inc. written authorization to obtain the above mentioned information from all of the companies for which I performed a safety sensitive function, or for which I took a pre-employment drug and/or alcohol test, during the last three years. I hereby authorize the companies to furnish Lima Pallet Company, Inc. the following information concerning my drug and/or alcohol tests:

1. All verified positive drug test results during the past three years.
2. All alcohol tests with a result of 0.04 or higher alcohol concentration during the past three years.
3. All refusals to be tested (including verified adulterated or substituted drug test results) during the past three years.
4. Any violations of DOT agency drug and alcohol testing regulations or alcohol and controlled substance prohibitions during the past three years.
5. Any drug and/or alcohol rule violations provided by a previous employer during the last three years.
6. Documentation of successful completion of DOT return to duty requirements, to include SAP information and follow-up tests and/or documentation of non-completion or refusal of SAP referral during the past three years.
7. All testing violations subsequent to the successful completion of a SAP rehabilitation during the past three years.

COMPANY NAME	DATES WORKED (MONTH/YR)	COMPANY NAME	DATES WORKED (MONTH/YR)

- I authorize Lima Pallet to use my Social Security number to investigate my background, character, general reputation, record of convictions, deferred prosecutions, charges pending, and prior employment by contacting my prior employers/lessors, references or any other individuals or agencies Employer considers necessary;
- I authorize Employer, my prior employers/lessors, educational institutions, references, and any other individuals or agencies contacted by Employer to release any and all information they may have regarding me and resolve those parties who provide information requested from any and all liability related to their doing so;
- I acknowledge that I will be required and agree to submit to a physical examination and controlled substance and alcohol use testing as part of Employer's evaluation procedures and authorize release of my results to Employer and Employer's use of those results in deciding whether I should be offered or continued in employment;
- I acknowledge that illegal alcohol or drug use during my employment will be grounds for immediate termination without notice and without recourse;
- I certify by my signature that all entries and information on and in this application and/or supplemental document changes, whether before or after employment, I will immediately provide Employer with new and updated information;
- I agree that not updating, or providing false, misleading or incomplete statements or data in this application and/or supplemental documents of, in connection with Employer's evaluation of me as a candidate for employment, is grounds for immediate termination of my employment, regardless of when such information is discovered.

I understand that Lima Pallet Company, Inc. (Employer) must investigate the information I have provided by contacting all previous DOT regulated employers under which I was employed/leased in a safety-sensitive function that required alcohol and controlled substance testing within the previous three years from the date of this employment application. This investigation must be conducted in order to investigate my safety performance history, specified by FMCSA 49 CFR Part 40 and 391. The investigation will include (at a minimum) general applicant identification and employment verification information as well as all DOT recordable accident information for the previous three years.

Applicants have the following rights regarding the investigative information that will be provided to Lima Pallet Company, Inc. (Employer) pursuant to FMCSA Reg. 391.23 (i) (1):

1. The right to review information provided by previous employers. Applicants 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 Lima Pallet Company, Inc., ATTN: Human Resources (Employer), within 30 days after being employed or of being notified of denial of employment.
2. The right to have errors in the information corrected by their previous employer and for that previous employer to re-send the corrected information to Lima Pallet Company, Inc. (Employer). Applicants must send the request for the correction to the previous employer that provided the records to Lima Pallet Company, Inc. (Employer).
3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the applicant cannot agree on the accuracy of the information. Applicant must send the rebuttal to the previous employer with instructions to include the rebuttal in that applicant's safety performance history.

By completing, submitting and signing this application, I hereby agree to all of the above.

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

LIMA PALLET COMPANY, INC.  
1470 Neubrecht Road  
Lima, Ohio 45801  
419-229-5736

**Applicant Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: ( ) E-mail Address:

Date Available: Social Security No.: Desired Salary: \$

Position Applied for:  General labor  Truck Driver  Builder  Teardown Tech  Saw Tech  Other

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for this company? YES  NO  If yes, when?

Have you ever been convicted of a felony? YES  NO

If yes, explain:

**Previous Employment**

Company: Phone: ( )  
Address: Supervisor:  
Job Title: Starting Salary: \$ Ending Salary: \$

Responsibilities:

From: To: Reason for Leaving:  
May we contact your previous supervisor for a reference? YES  NO

Company: Phone: ( )  
Address: Supervisor:  
Job Title: Starting Salary: \$ Ending Salary: \$

Responsibilities:

From: To: Reason for Leaving:  
May we contact your previous supervisor for a reference? YES  NO

Company: Phone: ( )  
Address: Supervisor:  
Job Title: Starting Salary: \$ Ending Salary: \$

Responsibilities:

From: To: Reason for Leaving:  
May we contact your previous supervisor for a reference? YES  NO

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

*I understand the Age Discrimination in Employment Act prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.*

*I understand that a prior felony conviction does not necessarily disqualify me from employment. Factors such as the date, seriousness, and nature of the violation will be taken into account.*

*I understand that by signing below I give Lima Pallet Company, Inc. authorization to verify information that I have provided from my past employers for the purpose of pre-employment screening.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

Date: \_\_\_\_\_

**1. Why do you want to work for Lima Pallet?**

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**2. In what ways would you be an asset to Lima Pallet?**

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**3. What type of expectations do you have for your employer?**

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**4. How did you hear about Lima Pallet.**

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## REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

I hereby authorize the release of the following information to LIMA PALLET COMPANY, INC. for the purposes of investigation as required by Section 291.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

Date \_\_\_\_\_ APPLICANT'S SIGNATURE \_\_\_\_\_

Please mail, email or fax to the one of the below:

Mail:

LIMA PALLET COMPANY, INC.  
1470 Neubrecht Rd.  
Lima, Ohio 45801

Email: [HR@limapallet.com](mailto:HR@limapallet.com)

Fax: 419-229-6038

Dear Sir/Madam:

The below named individual has applied for employment with our company as a TRUCK DRIVER and states that he/she was employed by you as a \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_.

We appreciate your time in completing, in confidence, the information requested below.

Sincerely,

Human Resources, LIMA PALLET COMPANY, INC.

Name of Applicant \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

- 1) Employed From \_\_\_\_\_ To \_\_\_\_\_ Job Title \_\_\_\_\_
- 2) Pay Rate \_\_\_\_\_
- 3) Was he/she a safe and efficient driver? \_\_\_\_\_
- 4) Reason for leaving? \_\_\_\_\_
- 5) Was his/her general conduct satisfactory? \_\_\_\_\_
- 6) Eligible for rehire? \_\_\_\_\_
- 7) Please advise of past driving record if available for past 3 years \_\_\_\_\_

**LIMA PALLET COMPANY, INC. EMPLOYMENT VERIFICATION**  
**IN COMPLIANCE WITH FMCSA REGULATION 391.23(g) (1) and 390.5**

**RETURN INFORMATION TO:**

LIMA PALLET COMPANY, INC. 1470 NEUBRECHT ROAD LIMA, OHIO 45801

Phone #: 419-229-5736 Return Fax #: 419-229-6038

APPLICANTS NAME: \_\_\_\_\_ COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ SOC SEC #: \_\_\_\_\_

DATE OF BIRTH: \_\_/\_\_/\_\_\_\_ DATES ON APP: \_\_/\_\_/\_\_\_\_

SS# ON EMPLOYERS RECORDS: \_\_\_\_\_

DATES ON EMPLOYERS RECORDS: \_\_\_\_\_ TO \_\_\_\_\_ ; \_\_\_\_\_ TO \_\_\_\_\_

WHAT WERE HIS/HER JOB RESPONSIBILITIES: \_\_\_\_\_  FULL TIME  PART TIME  TEMP  
 SEASONAL

REASON FOR LEAVING? \_\_\_\_\_ WAS NOTICE GIVEN?  YES  NO

WOULD YOU REHIRE HIM/HER?  YES  NO IF NO, WHY?  
\_\_\_\_\_

TYPE OF EQUIPMENT DRIVEN?  T/T  STRIGHT  DUMPTRUCK  OTHER \_\_\_\_\_  
TRAILER TYPE:  DRY VAN  REEFER  TANKER  DOUBLES  FLAT  OTHER \_\_\_\_\_  
AREA DRIVEN:  LOCAL  REGIONAL  OTR DRIVER TYPE:  TEAM  SOLO

AVERAGE VERIFIABLE MILES DRIVEN PER WEEK: \_\_\_\_\_

# OF DOT RECORDABLE ACCIDENTS: \_\_\_\_\_ DATE(S): \_\_\_\_\_

CITY/STATE: \_\_\_\_\_

# FATALITIES: \_\_\_\_\_ HAZMAT SPILL: \_\_ YES \_\_ NO COST: \$ \_\_\_\_\_

IF YOU HAVE ADDITIONAL DOT ACCIDENTS, PLEASE ATTACH AN ADDITIONAL SHEET

#OF NON DOT RECORDABLE ACCIDENTS \_\_\_\_\_ DATES \_\_\_\_\_

WORK HISTORY/COMMENTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Use This Space for Any Additional Information that is Needed:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





**REQUEST/CONSENT FOR INFORMATION FROM PREVIOUS EMPLOYER(S) FOR DRUG AND ALCOHOL TESTING RECORDS**

I, the above mentioned signer, hereby authorize \_\_\_\_\_ to release and forward in accordance with the following regulation. all known information pertaining to my alcohol and controlled substances testing/training records to **LIMA PALLET COMPANY INC.**

I hereby authorize the stated previous employer to release and forward the information requested in this document concerning my alcohol and controlled substances testing records within the previous three (3) years to LIMA PALLET COMPANY, INC. 1470 Neubrecht Rd., Lima, Ohio 45801 Attention: Human Resources, Phone 419-229-5736.

In accordance with D.O.T. Regulation 49 CFR Part 391.23, I hereby authorize release of my D.O.T.-regulated drug and alcohol testing records with D.O.T.-regulated employer(s) listed above. I understand that information/documents released pursuant to this is limited to the following items including pre-employment testing results, occurring during the previous three(3) years; (i) Alcohol test with a result of 0.04 or higher; (ii) Verified positive drug tests; (iii) Refusals to be rested (including adulterated and/or substituted test); (iv) other violations of D.O.T. 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) Documentation, if any, of completion of the return-to-duty process following a rule violation.

If any company listed provides information concerning items (i) through (vi) above, I also authorize such company to furnish the following information, if applicable: (i) dates of my negative drug and/or alcohol tests and/or test with results of 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.

By signing below, I certify that (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this disclosure and authorization for release; (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 documentation with legal counsel prior to signing; and (vi) facsimile or photographic copies of the authorization are as valid as an original.

X \_\_\_\_\_ X \_\_\_\_\_  
(PRINTED NAME) (SIGNATURE)

X \_\_\_\_\_ X \_\_\_\_\_  
(DATE) (SOCIAL SECURITY NUMBER)



FOUNDED 1905

LIMA, OHIO 45802-0539 · P.O. BOX 539 • 212 WEST HIGH STREET · ZIP 45801  
(800) 727-1113 (419) 228-3211

BLUFFTON, OHIO 45817 · 138 NORTH MAIN STREET  
(419) 358-4015

\_\_\_\_\_  
Name of Job Applicant/Employee

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Date

Applicant Date of Birth \_\_\_\_\_

Applicant Social Security # \_\_\_\_\_

Applicant Driver License# \_\_\_\_\_

Lima Pallet Company, Inc.  
1470 Neubrecht Rd  
Lima, OH 45801

Dear Lima Pallet Company, Inc. :

Consumer reports may be obtained as part of Lima Pallet Company, Inc.'s evaluation of my job application /employment. The reports may be procured by Webb Insurance Agency, Inc., and may include my driving record, an assessment of my insurability under the Company's insurance coverage and other consumer reports. By signing this disclosure, I hereby authorize the Company to procure such reports and additional reports about me from time to time, as it deems appropriate, to evaluate my insurability or for other permissible purposes.

Sincerely,

\_\_\_\_\_  
Signature of Applicant or Employee

\_\_\_\_\_  
Typed or Printed Name of Applicant or Employee

LIMA'S HOME OF FULL CIRCLE PROTECTION

