

Application for Employment



R. W. SIDLEY, INC.
P.O. Box 150 • Painesville, OH 44077

DATE OF APPLICATION _____ / _____ / _____

POSITIONS APPLIED FOR _____ RATE OF PAY EXPECTED \$ _____ WEEK

REFERRAL SOURCE ADVERTISEMENT EMPLOYEE RELATIVE GOVERNMENT EMPLOYMENT AGENCY
 WALK-IN PRIVATE EMPLOYMENT AGENCY OTHER _____

NAME OF SOURCE (IF APPLICABLE) _____

SECT. I. GENERAL

NAME _____
LAST FIRST MIDDLE

ADDRESS _____
STREET CITY COUNTY STATE ZIP

TELEPHONE NUMBER (_____) _____ SOCIAL SECURITY NUMBER _____
AREA CODE

If necessary, best time to call you at home is _____

May we contact you at work? Yes No

If yes, work number and best time to call (_____) _____
AREA CODE TIME

If you are under 18, can you furnish a work permit? Yes No

Have you filed an application here before? Yes No

If yes, give date ____ / ____ / ____

Have you ever been employed here before? Yes No

If yes, give dates From ____ / ____ / ____ to ____ / ____ / ____

Are you legally eligible for employment in this country? Yes No
(Proof of U.S. citizenship or immigration status will be required upon employment.)

Date available for work ____ / ____ / ____

Type of employment desired: Full Time Part Time Temporary Seasonal Educational Co-Op

Will you work overtime if required? Yes No

R. W. SIDLEY is strongly committed to maintain a DRUG-FREE WORKPLACE. As such, all candidates for employment with **R. W. SIDLEY** will be required to complete a pre-employment drug screen.

Have you been convicted of a felony? Yes No

If yes, please explain _____

Driver's license number (If required by job) _____ State _____

AN EQUAL OPPORTUNITY EMPLOYER

SECT. II DRIVERS INFORMATION

TO APPLICANT: If you are applying specifically for a truck driver's position or want consideration for employment as a truck driver with **R.W. SIDLEY**, you must complete this section in its entirety. **R.W. SIDLEY** also owns a separate subsidiary, **J.P. JENKS, INC.** Positions at **JENKS** entail interstate, over night hauls using flat and drop-deck trailers. Do you also wish to be considered for these employment opportunities? Yes No. If you do not want consideration for employment as a driver at either entity, then go to **SECTION III** entitled **EMPLOYMENT HISTORY**.

DRIVERS LICENSE Current & Prior	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

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

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK _____				
TRACTOR AND SEMI-TRAILER _____				
TRACTOR-TWO TRAILERS _____				
OTHER _____				

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

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

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

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

LOCATION	DATE	CHARGE	PENALTY

SECT. III EMPLOYMENT HISTORY

List your last employers, assignments or volunteer activities, starting with the most recent. Explain any gaps in employment in comments section below.

EMPLOYER	TELEPHONE () -	DATES EMPLOYED		Summarize the nature of the work performed and job responsibilities.
		FROM	TO	
ADDRESS				
JOB TITLE		HOURLY RATE / SALARY		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATE		
		FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	
EMPLOYER	TELEPHONE () -	DATES EMPLOYED		Summarize the nature of the work performed and job responsibilities.
		FROM	TO	
ADDRESS				
JOB TITLE		HOURLY RATE / SALARY		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATE		
		FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	
EMPLOYER	TELEPHONE () -	DATES EMPLOYED		Summarize the nature of the work performed and job responsibilities.
		FROM	TO	
ADDRESS				
JOB TITLE		HOURLY RATE / SALARY		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATE		
		FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	

Comments (including explanation of any gaps in employment)

SKILLS AND QUALIFICATIONS. Summarize special skills and qualifications acquired from employment or other experience that may qualify you for work with our Company.

SECT. IV MILITARY

HAVE YOU SERVED IN THE U.S. ARMED FORCES? _____ BRANCH _____ YEARS OF SERVICE _____

RANK AT DISCHARGE _____

SPECIAL TRAINING _____

SECT. V EDUCATIONAL BACKGROUND

A. List last three (3) schools attended, *starting with the last one*, B. List number of years completed, C. Indicate degree or diploma earned, if any, D. Grade Point Average or Class Rank and E. major and minor field of study (if applicable)

A. SCHOOL	B. NO. YEARS COMPLETED	C. DEGREE DIPLOMA	D. GPA CLASS RANK	E. MAJOR	F. MINOR

SECT. VI OTHER

List any additional information you would like us to consider: _____

Vietnam Era Veteran?..... YES NO

If you are handicapped and wish to be identified as such according to the Rehabilitation Act of 1973, please indicate by checking the box..... YES

SECT. VII PERSONAL REFERENCES

NAME	TELEPHONE	YEARS KNOWN
	() -	
	() -	
	() -	

APPLICANT'S STATEMENT AND AUTHORITY TO RELEASE INFORMATION

The facts set forth above are true and complete. I understand that any misrepresentation or omission on this application may preclude an offer of employment, or may result in a withdrawal of an employment offer, or may result in my discharge from employment if I am already employed at the time the misrepresentation or omission is discovered.

I hereby authorize R. W. Sidley, Inc., and / or any authorized representative(s) bearing this release to obtain any information pertaining to my employment, military, credit history, criminal, law enforcement, medical or educational records. This release is executed with full knowledge and understanding that the information will be used in connection with consideration of employment by R. W. Sidley, Inc. I further release any and all custodians of such records both individually and collectively, from any and all liability pertaining to this release.

I understand that this application is not, and is not intended to be, a contract of my employment. If, as a result of this application, an employment relationship ensues, it is my full understanding, the continuance of such relationship is at the will of R. W. Sidley, Inc. and may be terminated by either party with or without cause. If I accept a position at any time with R. W. Sidley, Inc., I agree to abide by all rules, regulations, and policies of the company as a condition of employment.

I have read and agree to the above applicant's statement and authority to release information YES (required)

FOR OFFICE USE ONLY _____	WORK LOCATION _____
POSSIBLE POSITION(S) _____	POSITION _____
_____	FOREMAN _____ EMPLOYEE NO. _____
APPOINT. WITH DR. _____ DATE _____	RATE: _____ DATE HIRED _____