

LEWIS C. Howard, INC.

760 E Vine Street
Kalamazoo, MI 49001
Ph: (269) 344-0144
Fax: (269) 344-1241

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

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

Position Applied for: _____

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: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

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

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

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.

Signature: _____ Date: _____

**Request/Consent for information from Previous Employer(s)/Carrier(s) for Alcohol and Controlled
Substances Testing Records
And changes in Parts 390 and 391 of the FMCSA**

X _____
Date

X _____
Social Security Number

X _____
Print Name (First, MI, Last)

X _____
Signature

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 _____

DOT DRUG AND ALCOHOL RELEASE

In accordance with DOT Regulation 49 CFR Part 391.23, I authorize the release of information from my DOT regulated drug and alcohol testing records by the carriers (company/school) listed above to Lewis C. Howard, Inc. for the sole purpose of transmitting such records to Lewis C. Howard, Inc. or directly to Lewis C. Howard, Inc. I authorize release of the following information concerning DOT drug and alcohol testing violations including pre-employment tests during the past three 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) or other violations 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.

The information that I have authorized Lewis C. Howard, Inc. to review involves tests required by DOT. If any carrier (company/school) listed above furnishes Lewis C. Howard, Inc. with information concerning items (i) thru (vi) above, I also authorize that carrier (company/school) to release and furnish the dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the three-year period and the name and phone number of any substance abuse professional who evaluated me during the past three years.

Authorization for Release of Motor Vehicle Report

As part of our hiring background and investigation, we may obtain a motor vehicle report/driving history records on you. Under the provisions of the Fair Credit Reporting Act (15USC at 1681-1681u) as amended, before we can seek such reports, we much have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Consumer Rights Under the Fair Credit Reporting Act (see attached).

Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681 et seq., I hereby authorize and permit Lewis C. Howard, Inc. (Employer) to obtain records concerning my driving history.

I agree that a copy of this authorization has the same effect as an original.

I hereby release and hold harmless any person, firm or entity that discloses matters in accordance with this authorization, as well as Lewis C. Howard, Inc. (Employer) from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

I hereby authorize Lewis C. Howard, Inc. (Employer) to obtain records concerning my driving history as part of its investigation of my employment application.

I acknowledge receipt of the "A Summary of Your Rights Under the Fair Credit Reporting Act" provided by Lewis C. Howard, Inc.

Employee's Full Name: _____
Drivers License Number: _____
State Licensed: _____
Date of Birth: _____

Employee's Signature

Date

THIS FORM IS NOT MEANT TO PROVIDE LEGAL ADVICE OF ANY KIND. LEGAL ADVICE SHOULD BE GIVEN ONLY BY YOUR ATTORNEY. WE MAKE NO CLAIMS, PROMISES OR GUARANTEES ABOUT THE ACCURACY, COMPLETENESS, OR ADEQUACY OF THE INFORMATION CONTAINED HEREIN AND NO CLAIM THAT THIS FORM IS APPROPRIATE FOR YOUR PARTICULAR NEEDS