



Pre-employment:

Before a potential employee may be considered for an available position at Coburn's, he/she must:

1. Fill out an Application for Employment and
2. Sign the Consent to Drug Testing and Post Offer Medical Examination and Release Form.
3. Sign the Authorization and Consent to check Motor Vehicle Record (Applicable for individuals driving a vehicle)

FOR OFFICE USE ONLY	
Possible Work Locations	Possible Positions

FOR OFFICE USE ONLY	
Work Location _____	Rate _____
Position _____	Date _____

Application for Employment

TO APPLICANT: We deeply appreciate your interest in our organization. Thank you for taking the time to complete this application.

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits other types of discrimination such as age, citizenship, disability, veteran status, attainment of benefits, and participation in union activities. The laws of most states and many localities also prohibit some or all of the above types of discrimination as well as some additional types including, but not limited to, discrimination based upon ancestry, marital status, parental status, sexual orientation, or source of income. The Fair Credit Reporting Act imposes restrictions with respect to information obtained from a consumer reporting agency, including but not limited to information regarding credit data, personal character, general reputation and mode of living. **This list, however, is not exhaustive of the grounds on which discrimination is prohibited.**

(PLEASE PRINT PLAINLY)

PERSONAL

Date _____

Name _____

Last First Middle

Telephone No. _____

Address _____

No. Street City State Zip

Are you legally eligible for employment in the U.S.A.? Yes__ No__ If hired, you are required to submit proof of your eligibility to work in the U.S.A.

Are you over the age of eighteen? Yes__ No__ If no, hire is subject to verification that you are of minimum legal age.

Position(s) applied for _____

Were you previously employed by us? Yes__ No__ If yes, when? _____

If your application is considered favorably, on what date will you be available for work? _____

Are there any other job related experiences, skills, or qualifications which will be of special benefit in the job for which you are applying? _____

EMPLOYMENT HISTORY

List below present and past employment, beginning with your most recent

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone								

II

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone								

III

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone								

IV

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone								

I hereby give permission to contact the employers listed above concerning my prior work experience as indicated below.

Employer I? Yes _____ No _____

Employer II? Yes _____ No _____

Employer III? Yes _____ No _____

Employer IV? Yes _____ No _____

Signed _____

RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Circle Last Year Completed				Did You Graduate?	List Diploma or Degree
			5	6	7	8		
Elementary		X					<input type="checkbox"/> Yes <input type="checkbox"/> No	X
High							<input type="checkbox"/> Yes <input type="checkbox"/> No	
College							<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)							<input type="checkbox"/> Yes <input type="checkbox"/> No	

PERSONAL REFERENCES (Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number

May we telephone you to follow up on this application at home? Yes___ No___

If yes, what is the best time to call? _____

May we telephone you to follow up on this application at work? Yes___ No___

If yes, what is the best time to call? _____

What is your business telephone number? _____

PLEASE READ AND SIGN BELOW

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason. No one other than an officer of the Company has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in a writing signed by an officer.

APPLICANT - Do not write on this page

FOR INTERVIEWER'S USE

INTERVIEWER	DATE	COMMENTS

FOR TEST ADMINISTRATOR'S USE

TESTS ADMINISTERED	DATE	RAW SCORE	RATING	COMMENTS AND INTERPRETATION

REFERENCE CHECK

*Position Number	RESULTS OF REFERENCE CHECK	*Position Number	RESULTS OF REFERENCE CHECK
		IV	
II			
III			

***See Page 2**



CoburnSupply Company, Inc.

**CONSENT TO DRUG TESTING AND POST OFFER
MEDICAL EXAMINATION AND RELEASE**

I understand that prior to being offered employment, I may be requested **and** I hereby **agree and** consent to submit to drug testing to determine whether I am illegally using drugs or whether I am presently **under** the influence of alcohol, illegal or controlled drugs, or intoxicants, and that such drug testing may take the form of a urinalysis or blood test (drug testing); and that Coburn Supply Company, Inc. and its affiliates (the Company) may use the results of such drug testing to make decisions concerning my employment based on such drug tests.

Further, I hereby agree and consent to submit to a post offer medical examination upon request and I further acknowledge and agree that the Company's offer of employment will be conditioned upon the results of such post offer medical examination.

In the event I am employed by the Company, I further agree and consent, if requested, to submit to medical examinations and drug testing as required by the Company. I understand that if I **refuse** to submit to drug testing such refusal will be treated in the same manner as a positive drug test for the purpose of discipline under the company's policy. Further, I understand that any post employment drug testing will not be at my expense and that I may receive a copy of the results of any such testing.

I HEREBY RELEASE COBURN SUPPLY COMPANY, INC. AND/OR ITS AFFILIATES, EMPLOYEES, OFFICERS AND DIRECTORS FROM ANY AND ALL LIABILITIES AND CLAIMS RELATED TO OR ARISING OUT OF ANY DRUG TESTING AND MEDICAL EXAMINATIONS TO WHICH I AM REQUIRED BY THE COMPANY TO SUBMIT.

I have read the above CONSENT TO DRUG TESTING AND POST OFFER MEDICAL EXAMINATION AND RELEASE and acknowledge that I fully understand the contents and its purposes. I have been encouraged to consult with any member of the Company's management about any questions I may have regarding the terms of this consent.

Signature of Applicant

Date

Company Representative

APPLICATION FOR EMPLOYMENT

COMPANY _____ STREET ADDRESS _____

CITY, STATE AND ZIP CODE _____

NAME _____
(First) (Middle) (Maiden, if any) (Last)

DATE OF BIRTH _____ SOCIAL SEC. NO. _____

EACH ADDRESS FOR THE LAST THREE YEARS (ATTACH SHEET IF MORE SPACE IS NEEDED):

ADDRESS _____ HOW LONG? _____
(Street) (City) (State) (Zip Code)

ADDRESS _____ HOW LONG? _____
(Street) (City) (State) (Zip Code)

ADDRESS _____ HOW LONG? _____
(Street) (City) (State) (Zip Code)

EXPERIENCE AND QUALIFICATION (ATTACH SHEET IF MORE SPACE IS NEEDED):

DRIVER LICENSES	STATE	LICENSE NUMBER	TYPE		EXPIRATION

DRIVING	CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	DATES FROM TO		APPROXIMATE NUMBER OF MILES (TOTAL)
	STRAIGHT TRUCK				
	TRACTOR AND SEMI-TRAILER				
	TRACTOR-MULTIPLE TRAILERS				
	OTHER				

ACCIDENTS	DATE (LAST THREE YEARS) (LIST MOST RECENT FIRST)	NATURE OF ACCIDENT (HEAD-ON, REAR END, UPSET, ETC)	FATALITIES	INJURIES

TRAFFIC CONVICTIONS AND FORFEITURES	LOCATION	DATE	CHARGE	PENALTY

Application for Employment (Reverse side, or page 2)

ADVERSE LICENSING ACTIONS:

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Y/N

B. Has any license, permit, or privilege to operate a motor vehicle been suspended or revoked? Y/N

Explain below (or attach separate sheet if more space is needed):

EMPLOYMENT RECORD (ATTACH SHEET IF MORE SPACE IS NEEDED):

NOTE: USDOT requires that you list your employment history for at least the last 3 years and your Commercial Driving Experience for the past 10 years

LAST EMPLOYER

NAME: _____ FROM: _____
ADDRESS: _____ TO: _____
POSITION HELD: _____ SALARY \$ _____ per _____
SUBJECT TO FMCSRs? _____ SUBJECT TO DOT ALCOHOL AND DRUG TESTING? _____
REASON FOR LEAVING: _____

SECOND LAST EMPLOYER

NAME: _____ FROM: _____
ADDRESS: _____ TO: _____
POSITION HELD: _____ SALARY \$ _____ per _____
SUBJECT TO FMCSRs? _____ SUBJECT TO DOT ALCOHOL AND DRUG TESTING? _____
REASON FOR LEAVING: _____

THIRD LAST EMPLOYER

NAME: _____ FROM: _____
ADDRESS: _____ TO: _____
POSITION HELD: _____ SALARY \$ _____ per _____
SUBJECT TO FMCSRs? _____ SUBJECT TO DOT ALCOHOL AND DRUG TESTING? _____
REASON FOR LEAVING: _____

**APPLICANT MUST COMPLETE OR REVIEW THE ABOVE
APPLICANTS ORIGINAL SIGNATURE MUST APPEAR BELOW**

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)

(Applicant's signature)

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

From (Requesting employer): _____
 To (Prior Employer): _____ Date: _____
 Applicant: _____ SSN: _____ Position Sought: _____
 Position held with your company: _____ From: _____ To: _____

The applicant named above has made an application for a position at this company, and as part of the application process indicates he/she was employed by you for the dates indicated. Will you please respond to the inquiry below respecting this application? Your reply will be held in strict confidence and will in no way involve you in any responsibility. For your convenience in replying by mail, we have enclosed a stamped, self-addressed envelope.

Very Truly Yours,
 Safety Department,

 Signature of Requesting Employer's Representative

1. Is the employment stated above correct according to your records? Y / N. If No, please provide correct information.

2. What kind of work did applicant do? _____ Duty title? _____

3. Did the applicant drive motor vehicles for you? Passenger Car Straight Truck Bus/Motor Coach
 Construction Vehicle/Equipment Tractor/Semi-trailer Other (specify) _____

4. Was the applicant a safe and efficient driver? Y / N
 If No, please explain: _____

5. Was the applicant involved in any motor vehicle accidents while working for you? Y / N
 If Yes, please give dates: _____

6. How did this applicant leave your employment? Discharged Laid Off Resigned
 Remarks: _____

7. Was the applicant's conduct satisfactory? Y / N
 If No, please explain: _____

8. In your opinion, is the applicant competent for the position currently sought? Y / N
 If No, please explain: _____

9. Did the applicant drink any alcoholic beverages or use controlled substances while on duty? Y / N
 If Yes, please explain: _____

Please Evaluate the Applicant on:	Excellent	Good	Fair	Poor	Very Poor
Quality of Work	_____	_____	_____	_____	_____
Cooperation with Others	_____	_____	_____	_____	_____
Safety Habits	_____	_____	_____	_____	_____
Personal Habits	_____	_____	_____	_____	_____
Driving Skills	_____	_____	_____	_____	_____
Attitude	_____	_____	_____	_____	_____
Other Remarks:	_____				

Date: _____ Signature: _____

Company: _____ Printed Name of Person Signing: _____

 (Detach here for your records)

Company: _____, you are hereby authorized to give to the Requesting Employer named above all information regarding my services, character, and conduct while in your employ, and you are released from any and all liability which may result from furnishing such information to the Requesting Employer named above.

Date: _____ Signature of Applicant: _____

Printed Name of Applicant: _____