

Fax

To: Human Resources

From:

Fax: 515-574-4892

Pages:

Phone: 515-576-4141

Date:

Re: Application for Employment

Position Applying For:

Decker Truck Line, Inc.

P.O. Box 915

Fort Dodge, IA 50501

EQUAL OPPORTUNITY
EMPLOYER

APPLICATION FOR EMPLOYMENT

DATE _____

PERSONAL INFORMATION

Legal Name _____ Phone No. _____
Last First Middle

Maiden Name or Previous Names _____

Present Address _____
Street City State Zip

Permanent Address _____
Street City State Zip

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

E-Mail Address: _____

DESIRED POSITION

Title of Position _____ Date You Can Start _____ Salary Desired _____

Shift Desired _____

Ever applied to this Company before? Yes No Where? _____ When? _____

EDUCATION

Name and Location of School

Still Did You Diploma or
Attending? Graduate? Or Degree Earned

High School		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
		<input type="checkbox"/> No	<input type="checkbox"/> No	
College		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
		<input type="checkbox"/> No	<input type="checkbox"/> No	
Trade, Business Correspondence		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
		<input type="checkbox"/> No	<input type="checkbox"/> No	

GENERAL

Subjects of Special Study or Research Work _____

Job Related Skills (typing, driver's license, etc.) _____

Activities Other Than Religious (Civic, Athletic, etc.) _____
 Exclude organizations, the name or character of which indicates the race, sex, color or national origin of its members.

REFERENCES

LIST BELOW THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	PHONE	ADDRESS	RELATION	# OF YEARS
1.				
2.				
3.				

EMPLOYMENT HISTORY (Please include address and phone numbers of former employers.)Are You Employed Now? Yes NoMay We Contact Your Current Employer? Yes No

EMPLOYER	PHONE #	SUPERVISOR'S NAME
ADDRESS:	CITY:	STATE:
YOUR JOB TITLE	DATES EMPLOYED From:	To:
DUTIES		
WEEKLY/ HOURLY SALARY	REASON FOR LEAVING	

EMPLOYER	PHONE #	SUPERVISOR'S NAME
ADDRESS:	CITY:	STATE:
YOUR JOB TITLE	DATES EMPLOYED From:	To:
DUTIES		
WEEKLY/ HOURLY SALARY	REASON FOR LEAVING	

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ADDRESS:	CITY:	STATE:
YOUR JOB TITLE	DATES EMPLOYED From:	To:
DUTIES		
WEEKLY/ HOURLY SALARY	REASON FOR LEAVING	

EMPLOYER	PHONE #	SUPERVISOR'S NAME
ADDRESS:	CITY:	STATE:
YOUR JOB TITLE	DATES EMPLOYED From:	To:
DUTIES		
WEEKLY/ HOURLY SALARY	REASON FOR LEAVING	

I certify that I personally completed this application and that all of the information is true and correct. I authorize Decker Truck Line, Inc. or their agents to make investigations, inquiries and to obtain any and all information and /or reports regarding my personal, employment, financial or medical history in accordance with state and federal laws in order to arrive at an employment decision. I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. I understand that information I provide regarding current and/or previous employers may be used, and those employer (s) may be contacted.

I understand that false or misleading information in this application will be considered an act of dishonesty and disqualify me from further consideration and that I am subject to immediate termination if this becomes known after employment has begun. Applicants not offered employment will not be provided any detail, as company policy does not allow disclosure of this information. I understand the policy not to provide any reasons or details if employment is not offered, and I agree to be bound by the policy. When an employment decision is based in whole or in part upon a consumer report, I will be notified in compliance with the Fair Credit Reporting Act. By my signature below, I certify that I am a bona fide applicant for employment and this application is being submitted solely for the purpose of seeking employment and for no other purpose.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise, or guarantee is binding upon the Company unless made in writing.

If I am offered employment I agree to submit to a medical examination and drug test before starting work. I consent to such examinations and tests, and I request that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy. I understand that I am required to abide by all rules and regulations of the Company.

Signature _____ Date _____

ADDENDUM TO EMPLOYMENT APPLICATION

[NOTE: If the answer to “A”, “B”, “C”, or “D” is “Yes,” please provide a statement providing complete details.]

A. Have you ever been found guilty, entered a plea of guilty or received a deferred judgment or deferred sentence in connection with any criminal charges that have ever been brought against you for any violation of any state, territory, tribal, or local government law (other than violation of traffic laws)?

____ YES ____ NO

B. Have you ever been found guilty, entered a plea of guilty or nolo contendere in connection with criminal charges that have ever been brought against you for any violation of any federal law?

____ YES ____ NO

C. Have you ever been found guilty, entered a plea of guilty or nolo contendere, or received a deferred judgment or deferred sentence in connection with the operation of a motor vehicle while under the influence of alcohol or an illegal substance in any local, state, federal, territorial, or tribal court?

____ YES ____ NO

D. Are you currently out on bail, the subject of a current warrant for arrest, or released on your own recognizance pending trial?

____ YES ____ NO

I understand that whether a conviction will disqualify my application depends upon the nature of the offense, the nature of the job I have applied for, and the length of time since the conviction and/or incarceration.

Signature: _____

Date: _____

**CONSUMER REPORT AND INVESTIGATIVE CONSUMER REPORT DISCLOSURE
(FOR EMPLOYMENT PURPOSES)**

In connection with your employment or application for employment (including contract for services) and in accordance with applicable laws, **Decker Truck Line, Inc.** (the Company), may obtain or assemble consumer reports and/or investigative consumer reports (collectively, "Reports") which may include information about you related to: previous employment (including employers, dates of employment, salary information, reasons for termination, etc.), accident history, academic history, verification of references and other information supplied by applicant, professional credentials, drug & alcohol use in violation of law and/or company policy, driving record, workers' compensation claims, credit history, creditworthiness, credit capacity, bankruptcy filings, criminal history records, information about your character, general reputation, personal characteristics and mode of living (collectively, "Information"). Information may be obtained from Background Screening Agencies (the Agency), government agencies, educational institutions, personal references, personal interviews and other information suppliers (collectively, "Suppliers"). Upon providing proper identification and complying with any applicable legal requirements, you have the right to request the nature and substance of all information in the Agency's files pertaining to you at the time of your request, including but not limited to: (i) whether any Reports have been provided by the Agency to other parties; (ii) identification of any Suppliers utilized by the Company in compiling such Reports; and (iii) identification of any recipients of Reports furnished by the Agency within the **two (2) year** period preceding your request. Contact the Company for the Agency contact information.

Check this box if you are applying for employment in **California** and/or you are a California resident and, in either case, you wish to receive a copy of your **credit report or investigative consumer report** if one is obtained or assembled by the Agency. Pursuant to the California Civil Code, you may view the file maintained on you by the Agency during normal business hours. You may also obtain a copy of this file by submitting proper identification and paying applicable costs for such file, if required by law, by contacting the Agency in person or by mail. The Agency is required to have personnel available to explain your file to you and must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

Check this box if you are applying for employment in **Oklahoma** and/or you are an Oklahoma resident and, in either case, you wish to receive a copy of your **consumer report** if one is obtained or assembled by the Agency.

Check this box if you are applying for employment in **Minnesota** and/or you are a Minnesota resident and, in either case, you wish to receive a copy of your **consumer report** if one is obtained or assembled by the Agency.

AUTHORIZATION FOR RELEASE OF INFORMATION (FOR EMPLOYMENT PURPOSES)

I hereby authorize any Agency the Company contacts to receive information and disclose such information to the Company for the purpose of making a determination as to my eligibility for employment, promotion, retention or other lawful purpose. If hired or contracted, I authorize the Company to retain this document on file to act as ongoing authorization for the procurement and possession of Reports at any time during my employment or contract period. I fully release the Agency and Suppliers from all claims of damages related to the investigation of my background and provision of information as set forth in this disclosure and authorization. I agree that information in the Agency's possession and my employment history with the Company if I am hired, may be supplied by the Agency to other Agency customers for legally permissible purposes.

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 document with legal counsel prior to signing; (vi) I authorize the Company and any person or entity contacted by the Company to furnish the above-mentioned information; and (vii) facsimile or photographic copies of this authorization are as valid as an original.

In order to obtain public record reports, you must provide the following information. The information supplied below will only be used to request and verify records.

Social Security Number: _____ Date of Birth: _____

Driver's License #: _____ State of License: _____ Type of License: _____

Print Applicant Name: _____

Applicant Signature: _____ Date: _____