

**APPLICATION FOR EMPLOYMENT
EQUAL OPPORTUNITY EMPLOYER**

- INSTRUCTIONS:** 1. Please type or print legibly in black ink.
2. All areas must be completed for consideration.
3. Return completed form to Human Resources

TITLE OF POSITION		DATE
COMPANY APPLYING TO		
<input type="checkbox"/> 		
<input type="checkbox"/> CONSTRUCTION TRANSPORTATION INC. (Driver's Only)		

Applicant Personal Data

Name of applicant (<i>last, first, middle</i>)			
Mailing address (<i>number and street</i>)			
City	County	State	Zip Code
E-mail Address:	Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Eligible to work in U.S. <input type="checkbox"/> Yes <input type="checkbox"/> No	Area code and telephone: (Home) ()	Additional Telephone: ()	
Have you been previously employed by Reese Wholesale or Construction Transportation Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide dates of employment below:	Referral Information: How did you find out about this <input type="checkbox"/> Job Bank <input type="checkbox"/> Internet <input type="checkbox"/> Newspaper <input type="checkbox"/> Radio Employment opportunity? Please check appropriate box on the right. <input type="checkbox"/> TV <input type="checkbox"/> Job Fair <input type="checkbox"/> Other _____ (Please Explain)		
Dates Employed: (MO/YR):	Mark type(s) of employment acceptable to you: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary		

Education

List below all high schools and post high schools attended. A copy of applicable transcripts may be required.

Name/Location of School	From (MO/YR)	To (MO/YR)	Fields of Study	Number of Semester Hours	Number of Quarters	Diploma (GED) or type of

(For Office Use Only) When education verification completed please sign and date here for verification:

Specialized Training or Classes Relevant to the Job

Title of Specialized Courses	Company/School	Dates Attended	Credits Earned

Criminal Record

Have you ever been arrested for or convicted of a crime that has not been expunged by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide information regarding the conviction (offense, date, sentence) on a separate, attached sheet.	Notice: A "yes" response will not necessarily eliminate you from consideration for employment.
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Work Experience

1. List below, beginning with your most recent position, **all of your work experience**, including military service (specify highest rank held) and all volunteer activities. Attach additional 8-1/2" x 11" sheets of paper if necessary.
2. **If your title and duties changed substantially in the course of your service in any one organization, indicate such changes clearly and as separate employment.**
3. **Experience that cannot be confirmed is not acceptable.**
4. **Please do not submit a resume for this portion of the application.**

Title of present or previous job:	From (MM/DD/CCYY):	To (MM/DD/CCYY):	Approximate number of hours worked per week:
Name of Employer / Organization and address (number and street, city, state, zip code)			Telephone number (area code)
Name of Supervisor / Title:		Number and job types of the employees you supervised (if any). (Example: 3 managers, 2 clerks)	
Describe the duties of your position in the order of importance. Indicate what machinery or office equipment was utilized.			
Reason for Leaving:	Final Salary \$	Per	(For DOT Drivers Only) Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Title of present or previous job:	From (MM/DD/CCYY):	To (MM/DD/CCYY):	Approximate number of hours worked per week:
Name of Employer / Organization and address (number and street, city, state, zip code)			Telephone number (area code)
Name of Supervisor / Title:		Number and job types of the employees you supervised (if any). (Example: 3 managers, 2 clerks)	
Describe the duties of your position in the order of importance. Indicate what machinery or office equipment was utilized.			
Reason for Leaving:	Final Salary \$	Per	(For DOT Drivers Only) Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Title of present or previous job:	From (MM/DD/CCYY):	To (MM/DD/CCYY):	Approximate number of hours worked per week:
Name of Employer / Organization and address (number and street, city, state, zip code)			Telephone number (area code)
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Describe the duties of your position in the order of importance. Indicate what machinery or office equipment was utilized.			
Reason for Leaving:	Final Salary \$	Per	(For DOT Drivers Only) Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Title of present or previous job:	From (MM/DD/CCYY):	To (MM/DD/CCYY):	Approximate number of hours worked per week:
Name of Employer / Organization and address (number and street, city, state, zip code)			Telephone number (area code)
Name of Supervisor / Title:		Number and job types of the employees you supervised (if any). (Example: 3 managers, 2 clerks)	
Describe the duties of your position in the order of importance. Indicate what machinery or office equipment was utilized.			
Reason for Leaving:	Final Salary \$	Per	(For DOT Drivers Only) Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been discharged by any employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

References (Please do not list relatives as references)	
Name of Reference	Area Code and telephone number ()
Address (number and street, city, state, zip code)	
Name of Reference	Area Code and telephone number ()
Address (number and street, city, state, zip code)	
Name of Reference	Area Code and telephone number ()
Address (number and street, city, state, zip code)	
Name of Reference	Area Code and telephone number ()
Address (number and street, city, state, zip code)	

Military Status		
<input type="checkbox"/> Active	Branch	
<input type="checkbox"/> Discharged	Rank	
<input type="checkbox"/> Reserve	Entry Date	Exit Date

(For Office Use Only) When military status verification completed sign and date:

Drug and Alcohol Policy
 Reese Central Wholesale and Construction Transportation, Inc. have a vital interest in maintaining a drug and alcohol free environment for its employees, customers and visitors. Therefore, Reese Central Wholesale and Construction Transportation, Inc. prohibits the use of, possession of, distribution of, purchase or sale of, offering to purchase or sell, transfer of, trafficking in, and working or reporting for work under the influence of intoxicants, drugs or controlled or illegal substances. Applicants for employment will undergo a post-offer, pre-employment drug and alcohol screening as a condition of employment. Results of such tests will be kept confidential in accordance with applicable laws.

Please Read and Sign Below

I hereby certify that the information contained in this application is true and correct to the best of my knowledge and agree to have any of the statements checked by Reese Central Wholesale and Construction Transportation, Inc. unless I have indicated to the contrary. I authorize references listed above to provide Reese and/or CTI with any and all information concerning my previous employment and any pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to Reese and/or CTI as well as from the use or disclosure of such information by Reese/CTI or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, in my dismissal from employment.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. I understand that employment with Reese Central Wholesale or Construction Transportation, Inc. is "at-will" meaning that the terms and conditions of employment may be changed with or without notice, with or without cause, including, but not limited to, termination, demotion, promotion, compensation, benefits, duties, and location of work. I understand that no representative of Reese or CTI has authority to make assurances to the contrary.

Signature of Applicant	Date Signed
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* In accordance with the Immigration Reform and Control Act of 1986, any offer of employment is conditioned upon satisfactory proof of applicant's identity and legal ability to work in the United States.

D.O.T. COMMERCIAL DRIVERS ONLY

(Commercial Driving Positions Must Complete This Section in Full)

D.O.T. Regulations require the following additional information from all prospective commercial drivers engaged in interstate or intrastate commerce. Information provided may be used for the purpose of investigating safety performance history. Please complete the following sections and attach additional sheets if necessary for completion of any section.

Driver's License

State	License Number	Type	Class	Endorsements	Restrictions	CDL Permit	Expiration Date

Traffic Violations for the Past 5 Years (If none have occurred, please write "none")

Date	Location	Charge	Penalty	Vehicle Operated

Accident Record for the Past 5 Years (If none have occurred, please write "none")

Date	Nature of Accident	Fatalities	Injuries	Violation Issues

Driving Experience & History

Class of Equipment	Type of Equipment	Transmission	Trailer Length	Approx. Miles Driven	Dates
Straight Truck		Auto Manual			To
Tractor Trailer		Auto Manual			To
Crane/Boom		Auto Manual			To
Laddervator/Conveyor		Auto Manual			To
Forklift		Auto Manual			To
Other:		Auto Manual			To

List states where you have operated in the past 5 years:

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No

If yes, explain why:

Has your license ever been revoked or suspended? Yes No

If yes, explain why:

Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes No

If yes, explain why:

Have you ever refused any drug or alcohol test in the past 5 years? Yes No

If yes, list the company name, date, and phone number:

Have you ever tested positive for drugs or alcohol in the past 5 years? Yes No

If yes, list the company name, date, and phone number:

Do you have a current medical certification card? Yes No

Expiration Date: _____ Date of Birth: _____

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. I understand that I must comply with all Federal, State, D.O.T., and Company regulations.

Commercial Driver Signature

Date

Equal Employment Opportunity Information

The following information is requested in order to ensure equal employment opportunity and for record keeping purposes only. **Disclosure is completely voluntary.** Your application will not be rejected if you choose not to disclose the requested information. If you choose to disclose the following information, it will not be used to discriminate against you in the employment process.

Social Security Number

Part 1 – Race

Check One:

White

Hispanic

Asian or Pacific Islander

Black

American Indian or Alaskan Native

Other (specify)

Part 2 – Sex (Gender)

Check One:

Male

Female

Part 3 - Age

Are you over 40?

Yes

No

Part 4 – Disability

The government defines an individual with a disability as any person who:

1. has a physical or mental impairment that substantially limits one or more major life activities (e.g. seeing, hearing, working);
2. has a record of such impairment; or
3. is regarded as having such an impairment.

In accordance with this definition, do you regard yourself as an individual with a disability?

Yes

No