

Logan Corporation

Application for Employment



Logan Corporation
P.O. Box 58
555 7th Ave.
Huntington, WV 25706

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Please Print

Position(s) Applied for _____ Date of Application _____

Name _____ Social Security # _____
 Last _____ First _____ Middle _____

Current Address _____
 Street _____ City _____ State _____ Zip Code _____ How Long? _____

Previous Addresses
 (Required for the past 3 years
 for interstate commerce
 driving applicants only) _____
 Street _____ City _____ State _____ Zip Code _____ How Long? _____
 Street _____ City _____ State _____ Zip Code _____ How Long? _____

Telephone # _____ Mobile/Other # _____ E-mail Address _____

Referral Source (How did you hear about us?) _____

Have you worked for this company before? _____ Dates Worked: From _____ To _____

Position(s) Held _____ Reason for leaving? _____

Can you provide proof of eligibility to legally work in the United States? _____ Are you 18 or older? _____

Date Available for Work _____ Desired Rate of Pay? _____

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? _____

If yes, please provide date(s) and details: _____

Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Yes No Need more information about the job's "essential funtions" to respond.

Educational Background

Starting with your most recent school attended, provide the following information.

School (Include City & State)	Years Completed	Certification / Degree / Other	GPA Class Rank	Major / Minor

Military Service

Branch _____ Rank at Discharge _____
 Dates Served: From _____ To _____ Special Skills _____

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Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

Computer Skills (Check appropriate boxes. Include software titles and years of experience)

<input type="checkbox"/> Word Processing	_____	Years: _____	<input type="checkbox"/> E-mail	_____	Years: _____
<input type="checkbox"/> Spreadsheet	_____	Years: _____	<input type="checkbox"/> Internet	_____	Years: _____
<input type="checkbox"/> Presentation	_____	Years: _____	<input type="checkbox"/> Other	_____	Years: _____

References

List name and telephone number of three (3) business/work references who are *not* related to you and are *not* previous supervisors.

If not applicable, list three (3) school or personal references who are not related to you.

Name	Title	Relationship to You	Telephone	Number of Years Known

Employment History

All driver applicants to drive a commercial motor vehicle* in intrastate or interstate commerce must provide the following information on all employers during the preceding 3 years and must further provide an additional 7 years of information on those employers for whom the applicant operated such vehicle. List complete mailing address, street number, city, state and zip code.

Starting with your most recent employer, provide the following information. Add another sheet as necessary.

Employer	Telephone #	Dates employed: From: _____ To: _____
Street address	City	State & Zip Code
Compensation (Starting): _____		
Commission/Bonus/Other Compensation: _____		
Starting job title / final job title	Commission/Bonus/Other Compensation	
Immediate supervisor and title (for most recent position held)	May we contact for reference?	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Compensation (Ending): _____		
Reason for leaving	Commission/Bonus/Other Compensation	
Summarize the type of work performed and job responsibilities		
Were you subject to the FMCSRst while employed?	Was your job designated as a safety-sensitive function in an DOT-regulated mode subject to the Drug and Alcohol testing requirements of 49 CFR Part 40?	
Employer	Telephone #	Dates employed: From: _____ To: _____
Street address	City	State & Zip Code
Compensation (Starting): _____		
Commission/Bonus/Other Compensation		
Starting job title / final job title	Commission/Bonus/Other Compensation	
Immediate supervisor and title (for most recent position held)	May we contact for reference?	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Compensation (Ending): _____		
Reason for leaving	Commission/Bonus/Other Compensation	
Summarize the type of work performed and job responsibilities		
Were you subject to the FMCSRst while employed?	Was your job designated as a safety-sensitive function in an DOT-regulated mode subject to the Drug and Alcohol testing requirements of 49 CFR Part 40?	

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Employer	Telephone #	Dates employed: From:	To:
Street address	City	State & Zip Code	
		Compensation (Starting):	
Starting job title / final job title		Commission/Bonus/Other Compensation	
Immediate supervisor and title (for most recent position held)		May we contact for reference?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Compensation (Ending):	
Reason for leaving		Commission/Bonus/Other Compensation	
Summarize the type of work performed and job responsibilities			
Were you subject to the FMCSRs† while employed?		Was your job designated as a safety-sensitive function in an DOT-regulated mode subject to the Drug and Alcohol testing requirements of 49 CFR Part 40?	
Employer		Telephone #	
Street address		Dates employed: From:	
		To:	
Starting job title / final job title		Commission/Bonus/Other Compensation	
Immediate supervisor and title (for most recent position held)		May we contact for reference?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Compensation (Final):	
Reason for leaving		Commission/Bonus/Other Compensation	
Summarize the type of work performed and job responsibilities			
Were you subject to the FMCSRs† while employed?		Was your job designated as a safety-sensitive function in an DOT-regulated mode subject to the Drug and Alcohol testing requirements of 49 CFR Part 40?	
Employer		Telephone #	
Street address		Dates employed: From:	
		To:	
Starting job title / final job title		Commission/Bonus/Other Compensation	
Immediate supervisor and title (for most recent position held)		May we contact for reference?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Compensation (Ending):	
Reason for leaving		Commission/Bonus/Other Compensation	
Summarize the type of work performed and job responsibilities			
Were you subject to the FMCSRs† while employed?		Was your job designated as a safety-sensitive function in an DOT-regulated mode subject to the Drug and Alcohol testing requirements of 49 CFR Part 40?	

* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

† The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

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Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only six (6) months. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply.

If I am hired, I understand that Logan Corporation has a "Trial Period" of three (3) months for all employees and that at any time during that period, Logan Corporation may or may not choose to terminate my employment for any reason. I further understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's Human Resources Manager.

If requested, I agree to submit to a physical exam (if required for the position), a criminal and possibly a credit background investigation and screening for illegal substances upon conditional offer of employment. I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form no later than my third day of employment in this regard.

Logan Corporation does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, military status or any other protected status under applicable federal, state, or local laws. Logan Corporation likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age, disability, military status or any other protected status. Logan Corporation takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered. I understand, also, that I am required to abide by all rules and regulations of Logan Corporation.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____

Date _____

FOR COMPANY USE

Process Record

Reason for open position New Temp Replacement for _____ Interview Date _____

Position for which interviewed _____ Interviewers _____

2nd Interview Date _____ Interviewers _____

Cost Center _____ Date Offer Made _____ Salary Offered _____

Applicant Hired Yes No Date of Hire _____ Trial Period Ending Date _____

HR Signature _____

Termination Record

Date Terminated _____ Terminating Supervisor _____

Reason for Termination _____

If Voluntary Quit, was notice given? Yes No If yes, how many days? _____

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For Driver Applicants Only

Accident Record

For Past 3 Years or More (Attach additional sheet if more space is needed). If none, write "NONE". Please list most recent first.

	Date	Nature of Accident (Head-on, Rear-End, Upset, Etc.)	Fatalities	Injuries	Hazardous Material Spill
Last Accident					
Next Previous					
Next Previous					

Traffic Convictions and/or Forfeitures

For past 3 years (other than parking violations). If none, write "NONE". Please list most recent first.

Location	Date	Charge	Penalty

Driver Licenses

List all driver licenses or permits held in the past 3 years. Please list current one first.

Issuing State	License Number	Type	Restrictions	Expiration Date

Date of Birth _____

Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____

Has any license, permit or privilege ever been suspended or revoked? _____

IF THE ANSWER TO EITHER OF THE ABOVE 2 QUESTIONS IS YES, GIVE DETAILS _____

Experience and Qualifications - Driver

Class of Equipment	Yes / No	Type of Equipment (Van, Tank, Flat, Dump, Refer)	Dates Operated From	To	Approximate No. of Miles Driven (Total)
Straight Truck					
Tractor & Semi-Trailer					
Tractor - 2 Trailers					
Tractor - 3 Trailers					
Motorcoach (more than 8 passengers)					
Motorcoach (more than 15 passengers)					
Other: List:					

List States operated in for last five years: _____

List any special courses or training that will help you as a driver: _____

Which Safe Driving Awards do you hold and from whom?

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Experience and Qualifications - Other

List any trucking, transportation or other experience that may help in your work for Logan Corporation. _____

List courses and training other than shown elsewhere in this application. _____

List special equipment or technical materials you can work with (other than those already listed). _____

TO BE READ AND SIGNED BY DRIVER APPLICANTS ONLY

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) 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 employers will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

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.

Signature of Applicant _____

Date _____