

# 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 accomodation)?

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):
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 #	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?	

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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?		Compensation (Ending):			
		<input type="checkbox"/> Yes <input type="checkbox"/> No					
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 #		Dates employed: From:		To:	
Street address		City		State & Zip		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?		Compensation (Final):			
		<input type="checkbox"/> Yes <input type="checkbox"/> No					
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 #		Dates employed: From:		To:	
Street address		City		State & Zip		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?		Compensation (Ending):			
		<input type="checkbox"/> Yes <input type="checkbox"/> No					
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	
<b>Process Record</b>	
Reason for open position <input type="checkbox"/> New      Temp <input type="checkbox"/> Replacement for _____	Interview Date _____
Position for which interviewed _____	Interviewers _____
2nd Interview Date _____	Interviewers _____
Cost Center _____	Date Offer Made _____      Salary Offered _____
Applicant Hired <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Hire _____      Trial Period Ending Date _____
HR Signature _____	
<b>Termination Record</b>	
Date Terminated _____	Terminating Supervisor _____
Reason for Termination _____	
If Voluntary Quit, was notice given? <input type="checkbox"/> Yes <input type="checkbox"/> 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		Approximate No. of Miles Driven (Total)
			From	To	
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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<b>Experience and Qualifications - Other</b>
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** \_\_\_\_\_