



Application for Employment

Main Office/Terminal Location: 6001 Palmer Avenue ♦ Eddyville, IA 52553 ♦ Phone: 641/969-4534 ♦ Fax: 641/969-4338

Terminal Location: 2216 East Main Street ♦ Knoxville, IA 50138 ♦ Phone: 641/842-4410 ♦ Fax: 641/842-4418

Terminal Location: 3082 330th Street ♦ Ellsworth, IA 50075 ♦ Phone: 515/836-4141 ♦ Fax: 515/836-4160

APPLICANT READ AND SIGN BEFORE SUBMITTING THIS APPLICATION

I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation as required by 391.23 of the Federal Motor Carrier Safety Regulations.

Your Email Address: (Required)

First Name	MI	Last Name	Maiden (If any)	
Address Number & Street		City	State	Zip
Home Phone Number		Cell Phone Number		
Date of Birth		Social Security Number		
Address for Past 3 Years (If different than above)	Number and Street	City	State	Zip
	Number and Street	City	State	Zip
	Number and Street	City	State	Zip

Driver Licenses	State	License Number	Type/Class	Expiration Date

Driving Experience				
Class of Equipment	Type of Equipment (Van, Tank, Flat, Dump, Ect)	Dates From	To	Approximate Number of Miles
Straight Truck				
Tractor-Trailer				
Tractor-doubles/triples				
Specialized Equipment				
Other				

Accident Record for Past 3 years (attach sheet if more space if needed)			
Dates	Nature of Accident (Head-on, Rear-end Over-turn, Ect)	Fatalities (If yes #)	Injuries (If yes #)
Last Accident		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Next Previous		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Next Previous		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Next Previous		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Traffic Convictions and Forfeitures for the Past 3 Years (Other Than Parking Violations)			
Location	Date	Charge	Penalty

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

Has any license, permit, or privilege ever been suspended or revoked? Yes No

If the answer to either of the above is YES, please explain (attach additional sheet if necessary)

Have you ever been employed by this company previously? Yes No

If YES give dates:

Are you currently employed? Yes No May we contact your present employer? Yes No

Are you prevented from becoming lawfully employed in this country because of Visa or Immigration Status? Yes No

Proof of Citizenship or Immigration Status will be required upon employment

On what date are you available for work?

Are you available to work Full- Time Part-Time Permanent Temporary

This position may require travel for a period of 5-7 days or more at a time!

Have you ever been convicted of a misdemeanor or felony?

Yes No

Conviction will not necessarily disqualify an applicant from employment!

If Yes, please explain & give dates:

Education	Elementary School	High School	College or University
School Name & Location			
Years Completed			
Diploma/Degree			
Course of Study			

Have you ever Served in the Armed Forces?

Yes No

If Yes, please describe and provide dates:

Emergency Contact Information

Name:				
Address				
City		State		Zip
Day Phone:			Cell Phone	
Name:				
Address				
City		State		Zip
Day Phone:			Cell Phone	

EMPLOYMENT RECORD

Note: DOT Requires That Employment For At Least 10 Years Be Shown
Start with your present job and work backwards. Attach additional sheet if necessary.

Current Employer:		
Address:		
City:	State:	Zip:
Phone Number:	Rate of Pay:	
Position Held:	From:	To:
Reason for Leaving:		
Were you subject to the Federal Motor Carriers Safety Regulations (FMCSRs) while employed by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was this job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Second Employer:		
Address:		
City:	State:	Zip:
Phone Number:	Rate of Pay:	
Position Held:	From:	To:
Reason for Leaving:		
Were you subject to the Federal Motor Carriers Safety Regulations (FMCSRs) while employed by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was this job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Third Employer:		
Address:		
City:	State:	Zip:
Phone Number:	Rate of Pay:	
Position Held:	From:	To:
Reason for Leaving:		
Were you subject to the Federal Motor Carriers Safety Regulations (FMCSRs) while employed by this employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Was this job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Fourth Employer:		
Address:		
City:	State:	Zip:
Phone Number:	Rate of Pay:	
Position Held:	From:	To:
Reason for Leaving:		
Were you subject to the Federal Motor Carriers Safety Regulations (FMCSRs) while employed by this employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Was this job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Fifth Employer:		
Address:		
City:	State:	Zip:
Phone Number:	Rate of Pay:	
Position Held:	From:	To:
Reason for Leaving:		
Were you subject to the Federal Motor Carriers Safety Regulations (FMCSRs) while employed by this employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Was this job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?		<input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICANTS'S STATEMENT AND RELEASE OF INFORMATION PERMISSION

I certify that the answers given herein are true and complete to the best of my knowledge.

For purposes of consideration of employment, I authorize and request that my current and former employers furnish Ben Shinn Trucking, Inc. with information about my employment record, including a statement of the reason for termination of my employment, work performance abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them and Ben Shinn Trucking, Inc. from all liability and responsibility arising from any information provided. A copy of this release is valid as an original signature.

I hereby understand and acknowledge that employment with Ben Shinn Trucking, Inc. is at-will. That means either Ben Shinn Trucking, Inc. or the employee may end the employment relationship at any time, for any reason or no reason at all. No oral representation by any Ben Shinn Trucking, Inc. employee will create a contract of employment. No employment practice by Ben Shinn Trucking, Inc. is intended to create a contract of employment.

No changes in Ben Shinn Trucking, Inc. employment-at-will policy will be effective unless executed in writing and signed by the President. In the event that I am employed by Ben Shinn Trucking, Inc. I understand that false or misleading information given in this application or during an interview may result in my discharge. I understand also, that I am required to abide by all the rules and regulations as set by Ben Shinn Trucking, Inc.

Signature of Applicant	Date
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Application Data Record

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status. We comply with the American's with Disabilities Act.

As an employer, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation. Refusal to provide this information will not subject you to adverse treatment.

This data is for periodic government reporting and will be kept in a Confidential File, separate from the Application for Employment

Name:	
Position Applied For:	Date:

AFFIRMATIVE ACTION SURVEY

Government agencies require periodic reports on the sex, ethnicity, disability and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information about disability is voluntary.

Check One: Male Female

Check one of the following:

Race/Ethnic Group:

American Indian or Alaskan Native- A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains a tribal affiliation or community attachment.

Asian- A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand or Vietnam.

Black or African American – a person having origins in any of the Black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black or African American”.

Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

White – A person having origins in any of the original peoples of Europe, North Africa or the Middle East

Hispanic or Latino (All Races) – A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin regardless of race

Hispanic or Latino (White Race Only) – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of the white race

Check either of the following if applicable: Veteran Disabled Individual

Request for Information from Previous Employer

Ben Shinn Trucking, Inc.

PO Box 286

Knoxville, IA 50138

Phone: 641/969-4534 ♦ Fax: 641/969-4338

Please return fax to: Sandy Carlson @ 641/969-4687

Applicant Name: _____ Social Security Number: _____

I hereby certify that all information on this form is correct and complete to the best of my knowledge. I hereby authorize Ben Shinn Trucking, Inc. to do a complete background investigation in accordance with state and federal laws. I authorize release of any information, including all information related to my alcohol and controlled substance testing and training records required by the Federal Highway Administration (FHWA) 49 CFR Parts 391 or 382, including but not limited to the following:

- a. alcohol tests with a result of 0.04 or higher
- b. verified positive drug tests
- c. refusals to be tested (including verified adulterated or substituted results)
- d. information obtained from previous employers or a drug or alcohol rule violation(s) by any past or current employer(s)

I hereby release all such person from any liability or damages. I consent to the procurement and use of any consumer reports, including reports from DAC Services, Inc., deemed necessary by Ben Shinn Trucking, Inc. in their consideration of my employment.

Ben Shinn Trucking, Inc. has listed below the requirements that must be met in order to make a final offer of employment:

- a. complete and pass a pre-employment drug screen
- b. present a valid CDL
- c. present a valid Social Security Card
- d. complete and pass a pre-employment physical

I understand that I have the right to review information provided by previous employers, have errors corrected by previous employers and resubmitted to Ben Shinn Trucking, Inc. and/or have a rebuttal statement attached to erroneous information, if my previous employer and I cannot agree on the accuracy of the information. I understand that I must request past employer information obtained by Ben Shinn Trucking, Inc. in writing within 60 days of my employment.

Applicant's Signature

Date

If this application is submitted electronically please enter your social security number as proof of acceptance of this request for information.