

PLEASE make sure that a COLOR copy has been made of the following & attached to this application:
1. Ohio Commercial Driver License (CDL) **AND** 2. Social Security Card **OR** Birth Certificate
They are needed to fully process the application. Please see Beth Leonard with questions.

FOR OFFICE USE ONLY
POSITION

1. _____ TO DRIVE 2. _____ B.W.C. CLAIMS

FOR OFFICE USE ONLY

- 1. Were all pages completed? YES NO
 - 2. Was a COLOR COPY of BOTH forms of I.D. above attached to application? BOTH NO
If NO; what is missing: _____
 - 3. Was applicant hired? YES NO If YES;
Hire Date: _____ & Pay Rate: _____
 - 4. SENT for Pre-Employment Drug Test On: _____
 - 5. Orientation (RCVD N.E.P. & Handbook): _____
 - 6. RCVD completed N.E.P. On: _____
- NOTES: _____

Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, handicap, veteran status or any condition prescribed by state and local law.

*Equal Opportunity Employer
Drug-Free Work Environment*

FOR OFFICE USE ONLY

- 1. Date Application RCVD: _____
- 2. Date B.W.C. SENT: _____
- 3. Date B.W.C. RCVD: _____
- # of Claims: _____ (Att.)
- 4. Check of Ohio Driving Record:
SENT: _____ RCVD: _____
- 5. OK to Drive?: YES NO N/A _____
- 6. Andrew Insurance? YES NO N/A
If YES; Added On: _____ (Receipt Att.)
- 7. COPY of Application Given To: _____
For Review On: _____

Chemcote DRIVER (CDL) Application For Employment

Please Print Legibly in ALL Sections of This Application.

Date: _____ Home Phone: _____ Cell Phone: _____

FULL Name: _____
Last First Middle

Current Address: _____
Street City State Zip Code

If at the above residence less than three (3) years, please list below all residences for the past three (3) years.

Street City State Zip Code

Position applying for: _____ Rate of pay expected? _____

Date of Birth: _____ (Required for Driver) Social Security No.: _____ -- --

Have you ever worked for this company before? Yes No
E-Mail Address: _____

Reason for leaving: _____

Names of any relatives employed by this company: _____

Were you referred by a current or past Chemcote employee? If "Yes," please list their name below.
Yes No _____

MISCELLANEOUS

Have you ever been convicted of a felony? Yes No If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

Are you familiar with DOT Hours-Of-Service and Substance Testing Regulations? Yes No

Have you ever tested positive, or refused to test, on any Pre-Employment Drug or Alcohol test administered by an employer with whom you never obtained employment? Yes No

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Name of last school attended _____

Address: _____

EMPLOYMENT RECORD

The U.S. Department of Transportation required that driver applications show all employment for the past three years. They must also show commercial driver employment for the seven years immediately preceding this three year period.

Start with **last or current** position, including military experience, and work back. (Complete a separate sheet of paper if necessary). This must be fully completed.

Current or Last Employer: _____ Supervisor's Name: _____

Address: _____

Phone: (____) _____ Position Held: _____

From: _____ To: _____ Salary: _____
(month/year) (month/year)

Reason for Leaving: _____

At this employer, were you subject to Federal Motor Carrier Safety Regulations? Yes No

Was your position designated as a "Safety Sensitive Function" (includes driving) subject to alcohol and drug testing requirements? Yes No

Previous Company: _____ Supervisor's Name: _____

Address: _____

Phone: (____) _____ Position Held: _____

From: _____ To: _____ Salary: _____
(month/year) (month/year)

Reason for Leaving: _____

At this employer, were you subject to Federal Motor Carrier Safety Regulations? Yes No

Was your position designated as a "Safety Sensitive Function" (includes driving) subject to alcohol and drug testing requirements? Yes No

Previous Company: _____ Supervisor's Name: _____

Address: _____

Phone: (____) _____ Position Held: _____

From: _____ To: _____ Salary: _____
(month/year) (month/year)

Reason for Leaving: _____

At this employer, were you subject to Federal Motor Carrier Safety Regulations? Yes No

Was your position designated as a "Safety Sensitive Function" (includes driving) subject to alcohol and drug testing requirements? Yes No

DRIVER EXPERIENCE & QUALIFICATIONS

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Estimated Miles Driven	Date	
			To	From
Straight Truck				
Tractor & Semi-Trailer				
Other				

List states operated in during last three years _____

List any driver related course or training _____

List any driving awards held _____

Presenting Company _____

Licenses (Held in Past 3 Years)

State	License #	Class	Endorsements			Expiration	Restrictions (If any)
			Haz-Mat	Tank	Double		

- A. Have you ever been denied a licenses, permit or privilege to operate a motor vehicle? Yes No
- B. Has any license, permit or privilege ever been suspended or revoked? Yes No
- C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes No

If you answered "yes" to A, B, or C attach a statement giving details.

Accident Review for Past 3 Years (Attach separate sheet of paper if more space is needed)

Dates	Nature of Accident	Any Fatalities?	Any Injuries?
Last Accident			
Next Previous			
Next Previous			

Traffic Convictions and Forfeitures for the Past 3 Years (Other Than Parking Violations)

Location	Date	Charge	Penalty



BUREAU OF MOTOR VEHICLES

**NOTARIZED WRITTEN CONSENT RELEASE OF
PERSONAL INFORMATION**

I, _____, _____ authorize the Ohio Bureau of
Full Name Social Security Number

Motor Vehicles and all Clerk of Courts Title Offices to release my personal information, (name, address, date of birth, and driver licenses number) and all other information to _____.

This authorization extends to the release of medical and disability information.

Yes No

Signature

The foregoing person came before me on the _____ day of _____, _____,
and acknowledged that this consent was voluntary.

Notary

Printed Name

My commission expires: _____

Ohio Bureau of Workers' Compensation
30 W. Spring St.
Columbus, OH 43215-2256

Attn: To Whom It May Concern

Re: *BWC Injury Information Release*

Dear Mr. / Ms.,

I hereby give the Ohio Bureau of Workers' Compensation permission to release any and all information pertaining to my historical work related accidents/injuries to Chemcote Inc., Chemcote Roofing Co., and/or the Cizar Corporation. If any other information or release is necessary or required please advise immediately, otherwise I will assume this satisfies your requirement to release the information requested.

If you should have any questions or require further information, please do not hesitate to contact me at (614) 792-2683.

FULL Name (Please Print)

Social Security Number

FULL Name (Signature)

Date

REQUEST FOR CHECK OF OHIO DRIVING RECORD

I hereby authorize to release the following information to Andrew Insurance Associates, Inc. on behalf of CHEMCOTE, INC. for purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability, which may result from furnishing such information.

Applicant or Employee Signature

Today's Date

1. In accordance with the provisions of Section 604 and Section 607 of the Fair Credit Reporting Act, Public Law No. 91-058, I hereby certify that the information requested below will be used for a "permissible purpose" as defined in the Act, and that the information received will be used for no other purpose.
2. I further certify that if the applicant named below is denied employment based upon the information received, I will identify the source of the report in accordance with Section 615(a) of the Fair Credit Reporting Act.

To Be Filled Out By Applicant or Employee:

A COPY OF YOUR OHIO COMMERCIAL DRIVER LICENSE MUST ACCOMPANY THIS FORM
PLEASE PRINT CLEARLY.

FULL NAME of Applicant or Employee: _____
First Middle Last

Address: _____
(Street Name)

(City, State & Zip Code)

Date of Birth: ____ / ____ / ____ Social Security#: ____ -- ____ -- ____

State of OHIO Driver License #: ____ -- ____ Expiration Date: ____ / ____ / ____
(2 Letters & 6 Numbers)

APPLICANT-Please DO NOT write below this line.

Position applying for OR current position: _____

Signature of Requester/Authorized Chemcote Employee

Today's Date

Printed Name of Requester/Authorized Chemcote Employee

** This form will be e-mailed (with a copy of OHIO Driver License) to: Becky Rager (rrager.andre02@insuremail.net) with Andrew Insurance. **

FOR OFFICE USE ONLY

1. Date Application RCVD: _____
2. Date B.W.C. SENT: _____
3. Date B.W.C. RCVD: _____
- # of Claims: _____ (Att.)
4. Check of Ohio Driving Record:
SENT: _____ RCVD: _____
5. OK to Drive?: YES NO N/A
6. Andrew Insurance? YES NO N/A
If YES; Added On: _____ (Receipt Att.)
7. COPY of Application Given To: _____
For Review On: _____



Fitness for Duty

As required in the Organization's Substance-Free (Drug-Free) Workplace program, I intend to under go a Pre-Employment drug and/or alcohol test.

I certify that I currently am not suffering any adverse effects from alcohol or any other drugs that would impair my behavior or ability to perform the duties and responsibilities of my job safely and satisfactorily while the results of the test(s) are pending.

Additionally, I certify that I have not had any previous work related or non-work related illness or injury that may impair my abilities to perform my job duties and responsibilities.

I realize that if the results of my test are positive or any information I have provided is found to be inaccurate in any way, I will be found in violation of this program, which may result in suspension and/or termination.

Name (Signature)

Date

Name (Print)