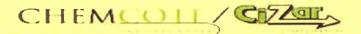
Application Updated: 02.25.16



PHONE (614) 792-2683 FAX (614) 792-0688

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:	1T	O 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	1. Date Applica 2. Date B.W.C. 3. Date B.W.C. # of Claims: 4. Check of Oh SENT: 5. OK to Drive? 6. Andrew Insu If YES; Added 7. COPY of Ap	ition RCVD: SENT: RCVD: RCVD: (Att.) io Driving Record: RCVD: RCVD
Chemcote DRI	VER (CDL) Applicat	tion For Em	ployment
	Print Legibly in ALL Sections of		
Date:Home Phone: _ FULL Name:	Cel	l Phone:	
Current Address:Street	First City	Middle State	Zip Code
If at the above residence less than three (3) ye	ears, please list below all residences	for the past three (3) y	vears.
Street City	State	Zip C	
Position applying for:			
Date of Birth: (Requestion Have you ever worked for this company before	e? Yes 🗆 No 🗆		
Reason for leaving:			
Names of any relatives employed by this comp	pany:		
Were you referred by a current or past Chemo Yes □ No □			
Have you ever been convicted of a felony? A Yes automatic bar to employment-all circumstances will	MISCELLANEOUS Do No If yes, please explain fully obe considered.		paper. Conviction of a crime is not an
Are you familiar with DOT Hours-Of-Service and Su	bstance Testing Regulations? Yes	ı No	
Have you ever tested positive, or refused to test, o employment? □ Yes □ No	n any Pre-Employment Drug or Alcohol I	test administered by an	employer with whom you never obtained
Circle highest grade completed: 1 2 3 4 Name of last school attendedAddress:	5 6 7 8 9 10 11 12		ge: 1 2 3 4

XC: _____)

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:(month/year)	To:(month/year)	Salary:					
Reason for Leaving:							
At this employer, were you subject to Fed	leral Motor Carrier Safety Regu	ulations?	□ Yes	□ No			
Was your position designated as a "requirements? □ Yes □ No	Safety Sensitive Function" (includes driving)	subject	to alcohol	and o	drug	testing
Previous Company:	8	Supervisor's Name					
Address:							
Phone: ()	Position Held:					_	
From:(month/year)	To:(month/year)	Salary:					
Reason for Leaving:							
At this employer, were you subject to Fed	eral Motor Carrier Safety Regu	ulations?	□ Yes	□ No			
Was your position designated as a "requirements? □ Yes □ No	Safety Sensitive Function" (includes driving)	subject	to alcohol	and o	drug	testing
Previous Company:		Supervisor's Name					
Address:							
Phone: ()	Position F	łeld:					
From:(month/year)							
Reason for Leaving:							
At this employer, were you subject to Fed	eral Motor Carrier Safety Regu	ulations?	□ Yes	□ No			
Was your position designated as a "requirements? Yes No	Safety Sensitive Function" (includes driving)	subject	to alcohol	and o	drug	testing

DRIVER EXPERIENCE & QUALIFICATIONS

Driving Experience

				ing Experie	nce			
Class of Eq	uipment		of Equipment ank, Flat, Etc.)	Estimat	ed Miles D	riven	To D	ate From
Straight Truck								
Tractor & Semi-	Trailer							
Other	1							
List states opera	ated in during la	ast three	years					
List any driver re	elated course o	or training						
List any driving	awards held _							
Presenting Com	pany							
			Licenses (Held in Pas				
State	License	#	Class	一次加维	ndorseme: Tank	Double	Expiration	Restrictions
	H 3 4 1 1 1 1 1		(A) (1) (A) (A)	Haz-Mat	Idiik	Double	1.0%, 27.55(Sa.50	(If any)
C. Have	you ever been	disqualifi	vilege ever been su ed for violations of th a statement givin	the Federal		er Safety Re		Yes □ No Yes □ No
NEW YEAR OF THE PERSON OF THE	Accident Revi	ew for P	ast 3 Years (Attac	h separate	sheet of pa	per if more	space is neede	d)
Date	es	N	ature of Accident	THE WORLD	Any Fata	alities?	Aı	ny Injuries?
Last Accident								
Next Previous								
Next Previous								
Local		ictions a	nd Forfeitures for Date	the Past 3		er Than Par narge	king Violations	Penalty

APPLICANT MUST READ AND SIGN

I understand that the information provided on this Application concerning previous employers may be used and that my previous employers will be contacted for the purpose of investigating my safety performance history. I understood and agree that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account for furnishing such information. I also understand that if offered a job, it may be conditioned upon demonstrating that I am capable of all functions relating to the position and on the results of a physical examination and drug test

I acknowledge that I have notified of the following due process rights:

- > The right to review information provided by previous employers;
- > The right to have errors in the information corrected by the previous employer, and for that previous employer to resend the corrected information to the prospective employer; and
- > The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

I further certify that I am genuine applicant for employment and this Application is being submitted solely for the purpose of seeking employment wit the employer and for no other reason.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508; I have been told that this investigation may include an investigative Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal. I agree to furnish such additional information and complete such examinations as may be required to complete my employment file. If hired, I agree to abide by all the rules and policies of the employer.

This certifies that this application was completed by me, I understand that contents, and that all entries are true and complete to the best of my knowledge.

(Date)	-	(Applicant Signature)			
FOR C	OFFICE USE APPLICA	ANTS DO NOT WRITE IN THIS SPACE			
Applicant Employed?	□ Yes □ No	Hire Date			
IN CASE OF EMERGENO	CY NOTIFY:	Phone ()			
Address					



BUREAU OF MOTOR VEHICLES

NOTARIZED WRITTEN CONSENT RELEASE OF PERSONAL INFORMATION

Ĭ,	authorize the Ohio Bureau of
Full Name	Social Security Number
Motor Vehicles and all Clerk of Courts Title Office licenses number) and all other information to	ces to release my personal information, (name, address, date of birth, and driver
This authorization extends to the release of med ¬ Yes ¬ No	lical and disability information.
	Signature
	Signature
	son came before me on the day of,, day of, day of,
	Notary
	Printed Name
	My commission expires:

BMV 5008 6/01



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



PHONE (614) 792-2683 FAX (614) 792-0688

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.

A CONTRACT OF THE PROPERTY.	THE RESERVE OF THE PARTY OF THE
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:	/O1 1 N		
	(Street Name		
	(City, State & Zip C	ode)	e e e e e e e e e e e e e e e e e e e
Date of Birth:		Social Security#:	The state of the s
Date of Birtin.		Social Security#.	
State of OHIO Driver License #:		Expiration Date:	
	ters & 6 Numbers)		
•	•	Furito bolow this	line *
APPLICA	NT-Please <u>DO NO</u>	i while below this	ilile.
Position applying for OR	current position:		
odition applying for <u>one</u>	ourront poolson:		
=		·	1.0
Signature of Requester/Authorized Chemcote I	<u>-mployee</u>	roday	r's Date
Printed Name of Requester/Authorized Chemo	ote Employee		

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:

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





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)	