

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 Kathy Laurie with any 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. Added to AssuredPartners? YES NO N/A
If YES: Added On: _____
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: _____

XC: _____ (Date: _____)

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

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 re-send 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 with 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 OFFICE USE APPLICANTS DO NOT WRITE IN THIS SPACE

Applicant Employed? Yes No Hire Date _____

IN CASE OF EMERGENCY NOTIFY: _____ Phone (_____) _____

Address _____



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 Ohio Driver License 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: _____

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*

To whom it may concern:

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 Incorporated or Chemcote Roofing Company. If any other information or release is necessary or required please advise me 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.

**** Please print legibly in the noted areas below. ****

FULL Name

(Please **PRINT LEGIBLY**)

Social Security Number

(Please **PRINT LEGIBLY**)

FULL Name (Signature)

(Please sign your **FULL NAME**)

Date

(Please **PRINT LEGIBLY**)

**DISCLOSURE UNDER
FAIR CREDIT REPORTING ACT
AND
CONSENT TO PROCUREMENT OF
CONSUMER REPORT
FOR
EMPLOYMENT PURPOSES**

The undersigned hereby authorizes the Chemcote, Inc.,
Name of Employer

or its insurance agency AssuredPartners of Ohio, or its assigns, to obtain copies of consumer reports, including a motor vehicle report, pertaining to me for employment purposes, and for use in rating and/or underwriting insurance for which the above-named employer may apply, and any renewal thereof. I understand that in obtaining such consumer reports, a consumer reporting agency may be used, and I do hereby authorize such use.

Dated: _____ **Signed:** _____
Employee Signature

Print Name

Driver's License Number: _____

State: _____

Birth Date: ____/____/____

Years of Driving Experience: _____

Social Security Number: XXX-XX-_____

**** A color copy of your Driver's License must accompany this form before it can processed. ****

Fitness for Duty

As required in the Organization's Substance-Free (Drug-Free) Workplace program, I intend to undergo 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 (Print)

Date

Name (Signature)