

# APPLICATION FOR EMPLOYMENT

OSBORN TRANSPORTATION, INC.

P.O. BOX 1830

GADSDEN, ALABAMA 35902

PHONE: 256-442-2514 • 800-383-4850

FAX: 256-413-0002

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, gender, national origin, age, marital status, or the presence of a non-job related medical condition or disability.

## TO BE READ AND SIGNED BY APPLICANT

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.

I authorize you to make such investigations and inquiries of my personal, employment, or financial history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application. IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S), OR AT ANY TIME DURING THE HIRING PROCESS, MAY RESULT IN DISCHARGE AND/OR VOID WORKERS COMPENSATION BENEFITS. I understand, also, that I am required to abide by all rules and regulations of the Company, as permitted by Law.

I further acknowledge that if I am employed, my employment will be at will and may be terminated with or without cause at any time by me or by the company.

If there are any words, questions, or sections you do not understand, obtain explanation before submitting application.

Date _____		Applicant's Signature _____	
Position Applied for _____		Date of Birth _____	
Name _____		Social Security Number _____	
Last First Middle			
Address _____		City _____	
Street			
State _____		Zip _____	
		Phone _____	
ADDRESS FOR PAST THREE YEARS	}	_____ How Long? _____	
		_____ How Long? _____	
		_____ How Long? _____	
		_____ How Long? _____	
Street		City	
State & Zip Code			
Street		City	
State & Zip Code			
Do you have the legal right to work in the United States? _____ Have you applied here before? _____			
Have you worked for this company before? _____ Where? _____			
Dates: From _____ To _____ Rate of Pay _____ Position _____			
Reason for leaving _____			
Are you now employed? _____ If not, how long since leaving last employment? _____			
Who referred you? _____ Rate of pay expected _____			
Are you physically capable of heavy manual work? _____			
(Required for Truck Drivers, Mechanics and Laborers)			
How much time lost from work in past three years? _____			

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	ENDORSEMENTS	EXPIRATION DATE

A. Have you ever been denied a license, 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. IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS \_\_\_\_\_

### EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 10 years or previous 3 employers whichever is longer.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

#### EMPLOYER

NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		PHONE NUMBER	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		PHONE NUMBER	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		PHONE NUMBER	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		PHONE NUMBER	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		PHONE NUMBER	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		PHONE NUMBER	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		PHONE NUMBER	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		PHONE NUMBER	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		PHONE NUMBER	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		PHONE NUMBER	

LIST ANY ACCIDENT FOR THE PAST 10 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, OVERTURN, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT _____			
NEXT PREVIOUS _____			
NEXT PREVIOUS _____			

LOCATION	DATE	CHARGE	PENALTY

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED: \_\_\_\_\_  
(NAME) (CITY)

I do hereby consent to any medical drug screen test(s) conducted at the request of Osborn Transportation, Inc. The test will consist of a urinalysis or other test which will analyze for the presence of certain foreign chemical substances not normally found in the human body including drugs of abuse and marijuana. Further, I understand and do hereby authorize and direct those connected with the administration of the test to provide the results of the test to the company. I understand that a positive test or my refusal to submit to the test may adversely affect my employment or the company's decision to hire me. I hereby consent to said test that is to be conducted for the company. A photo copy, or exact reproduction of this consent and release, as duly executed, shall have the same force and effect as this original.

Have you ever been convicted of a crime involving moral turpitude for which you could receive a penitentiary sentence? If yes, give complete details:

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

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Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

DRIVING EXPERIENCE		DATES		APPROX. NO. OF MILES (TOTAL)
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	FROM	TO	
STRAIGHT TRUCK _____				
TRACTOR AND SEMI-TRAILER _____				
TRACTOR - TWO TRAILERS _____				
OTHER _____				

LIST STATES OPERATED IN FOR LAST FIVE YEARS \_\_\_\_\_

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER \_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? \_\_\_\_\_



**WRITTEN AUTHORIZATION FOR BACKGROUND  
INVESTIGATION AND THE RELEASE OF INFORMATION IN  
ACCORDANCE WITH THE REQUIREMENT OF FEDERAL  
MOTOR CARRIER SAFETY REGULATION 391.53**

**TO BE READ AND SIGNED BY APPLICANT**

I authorize you –the representatives of Osborn Transportation, Inc. - 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.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand 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.

Signature\_\_\_\_\_ Date\_\_\_\_\_

Printed Name\_\_\_\_\_

**CONSUMER REPORT DISCLOSURE & RELEASE  
(EMPLOYMENT)**

**DISCLOSURE**

In connection with your employment or application for employment (including contract for services), consumer reports may be requested from USIS Commercial Services ("USIS"). These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, academic history, professional credentials, and drugs/alcohol use. Such reports may contain public record information concerning your driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from USIS concerning previous driving record requests made by others from such state agencies and state provided driving records.

You have the right to make a request to USIS, upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the sources of information and the recipients of any reports on you that USIS has previously furnished within the two-year period preceding your request. USIS may be contacted by mail at P. O. Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800) 381-0645.

- ☐ Oklahoma Applicants Only: I request a copy of any *credit* report requested on me.
- ☐ Minnesota Applicants Only: I request a copy of any consumer report requested on me.

**RELEASE**

**I AUTHORIZE, WITHOUT RESERVATION, USIS, AND ANY PARTY OR AGENCY CONTACTED BY USIS, TO FURNISH THE ABOVE-MENTIONED INFORMATION.**

USIS is authorized to disclose all information obtained to the requesting entity for the purpose of making a determination as to my eligibility for employment, promotion or any other lawful purpose. I agree that such information which USIS has or obtains, and my employment history if I am hired, may be supplied by USIS to other companies that subscribe to USIS. If hired or contracted, this authorization shall remain on file and shall serve as ongoing authorization for the procurement of consumer reports at any time during my employment or contract period.

By signing below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired, my employment, or my eligibility for promotion.

\_\_\_\_\_  
Print Applicant Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

**Notice to California Applicants**

Under California law, the consumer reports we order on you for employment purposes within the State of California are defined as investigative consumer reports. These reports may contain information on your character, general reputation, personal characteristics and mode of living.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by USIS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at USIS in person, by mail, or by telephone. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

I request to receive a free copy of any investigative consumer report ordered on me by checking this box.  
☐ (California applicants only)