

Mechanic's Application For Employment

Redbank Transport, Inc.
Bluford Jackson & Son, Inc.
910 US Route 50
Milford, Ohio 45150

PLEASE READ CAREFULLY, SIGN AND DATE

I authorize Bluford Jackson & Son, Inc. to make such inquiries of my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision.

I hereby release employers, schools, health care providers, and other persons from *all liability* in responding to inquiries and releasing any 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 Bluford Jackson & son, Inc.

I understand that information provided 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.

Signature

Print Name

Date

Name _____
Last First Middle

Home Phone: _____ Cell Phone: _____

Social Security No. _____

List your address of residency for the past 3 years.

Current Address _____
Street City
State Zip How Long? Yr Mo

Previous Address _____
Street City
How Long? Yr Mo

Previous Address _____
Street City
How Long? Yr Mo

Do you have the right to work in the United States? _____

Date of Birth ____ / ____ / ____ Can you provide proof of age? _____

Have you worked for this company before? _____

If so, Dates: From _____ to _____ Rate of pay _____ Position _____

Reason for leaving _____

Who referred you? _____ Rate of pay expected \$ _____

Have you ever been convicted of a felony? _____ Reason? _____

***If yes, conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied?

Is yes, explain _____

Drivers Licenses

List all driver licenses or permits held in the past 3 years.

State	License Number	Type	Expiration Date

Accident Record

Accidents for the past 3 years or more. If none, write NONE.

Date	Nature of accident Head-On, Rear-End, Upset etc.	Fatalities: y/n	Injuries: y/n

Traffic Convictions

Convictions and forfeitures for the past 3 years (Other than parking violations) If none, write NONE.

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 yes to either, please give details _____

EMPLOYMENT HISTORY

Employer

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Contact Person: _____ Phone Number: _____
Employment Date: _____ Position: _____
Salary: _____ Reason for leaving: _____

Employer

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Contact Person: _____ Phone Number: _____
Employment Date: _____ Position: _____
Salary: _____ Reason for leaving: _____

Employer

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Contact Person: _____ Phone Number: _____
Employment Date: _____ Position: _____
Salary: _____ Reason for leaving: _____

Employer

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Contact Person: _____ Phone Number: _____
Employment Date: _____ Position: _____
Salary: _____ Reason for leaving: _____

Education

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/State

Zip

Maintenance Experience & Qualification

List courses and training in maintenance work _____

Job Function

Indicate training and Experience in the following:	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years Of Experience
Drive Line Components			Body Work		
Diesel Engine Tune-Up And Rebuild			Electrical Repair		
Gas Engine Tune-Up And Rebuild			Frame and Wheel Alignment		
Tire Service			Brakes		
Trailer Repair			Cooling System		
Air Conditioning (Cab)			Inspections (State/Federal)		
			General Car Repair		

Shop Equipment

Indicate training and Experience	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years Of Experience
Diagnostic Equipment (type(s))			Tire Servicing		
Sheet Metal Equipment			Wheel /Tire Balancing Machine		
Frame & Axel			Tire Recapping		
Straightening Equipment			Engine		
Engine Rebuilding			Dynamometer		
Diesel Injection			Chassis Dynamometer		
Equipment			Magnetic Crack Detector		
Electric Welder			Engine Analyzer		
Oxyacetylene Welder			Noise Measuring Equipment		
Paint Spray Gun			Emissions/Smoke Testing		
Air Conditioning (Cab)			Inspections (State/Federal)		
ASE Certification(s) (Specify)			General Car Repair		

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.

Signature: _____ Date: _____

REQUEST FOR CHECK OF DRIVING RECORD

Redbank Transport
910 U.S. Route 50
Milford, OH 45150

I hereby authorize you to release the following information to _____

for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

(Applicant's Signature)

(Date)

In accordance with the provisions of Sections 604 and 607 of the **Fair Credit Reporting Act**, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the **Driver's Privacy Protection Act of 1994** (Public Law 103-322, Title XXX, Section 300002(a)).

(Signature of Requester)

(Date)

TO: _____

DEAR SIR/MADAM:

☐ The following named person has made application with our company for the position of _____. In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

☐ The following named person is employed with our company in the position of _____. In accordance with Section 391.25, Federal Department of Transportation Regulations, please furnish the undersigned with the employee's driving record for the past year.

NAME OF APPLICANT/DRIVER _____

ADDRESS _____
(Number & Street) (City) (State) (Zip Code)

FORMER ADDRESS _____
(Number & Street) (City) (State) (Zip Code)

DATE OF BIRTH _____ SSN _____ LICENSE NO. _____

REQUESTED BY

Redbank Transport
910 U.S. Route 50
Milford, OH 45150

(Typed Name)

(Address)

(Title)

(City)

(State)

(Signature)