

## LORTSCHER EMPLOYMENT INC. APPLICATION FOR EMPLOYMENT

Lortscher Employment Inc. is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion, national origin, marital status, physical or mental handicap or arrest record. This application will remain effective for a period of thirty (30) days or until the position is filled.

**Notice: Substance and Alcohol Testing is required of applicant driver.**

### PERSONAL INFORMATION

Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_ Dates: \_\_\_\_\_  
Street City State Zip Code From To

#### Addresses for the past three (3) years:

Previous Address: \_\_\_\_\_ Dates: \_\_\_\_\_  
Street City State Zip Code From To

Previous Address: \_\_\_\_\_ Dates: \_\_\_\_\_  
Street City State Zip Code From To

(ATTACH SHEET IF MORE SPACE IS NEEDED)

Phone Number: (     ) \_\_\_\_\_ - \_\_\_\_\_ Are you 18 years old or older?  Yes  No

Are you authorized to work in the U.S.?  Yes  No Referred by: \_\_\_\_\_

State the name of any relatives, other than spouse, already employed by this company. \_\_\_\_\_

### POSITION DESIRED

Position: \_\_\_\_\_ Date you can Start: \_\_\_\_\_ Salary desired: \_\_\_\_\_

Have you previously worked for this company?  Yes  No If so, from \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Former supervisor(s) at this company: \_\_\_\_\_

How did you learn of this opening: \_\_\_\_\_

### EDUCATION

Name and Location of School	Circle Last Year Completed	Did you Graduate?	Subjects Studies & Degree (s)
High School	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business or Correspondence School	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Other education or training: \_\_\_\_\_

Other special skills: \_\_\_\_\_

Have you ever been convicted of a crime? \*  Yes  No If yes, give details, including date(s): \_\_\_\_\_

\*A "yes" answer will not automatically disqualify you from employment. We will consider the nature and date of the offense and the job for which you are applying for job-related purposes only, and only to the extent permitted by applicable law.

## Employment History

Please provide information on past employers during the **proceeding 10 years**, beginning with the most recent.  
If you need more room, you may attach another sheet of paper.

Employer: \_\_\_\_\_ Position Held: \_\_\_\_\_

Address: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Street City Zip Code (Date) (Date)

Duties: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_ May we contact:  Yes  No

Starting Salary: \_\_\_\_\_ Final Salary \_\_\_\_\_

Did you operate a Commercial Motor Vehicle for this employer?  Yes  No

Were you subject to the Federal Motor Carrier Safety Administration Regulations while employed with this employer?  Yes  No

Were you subject to alcohol and controlled substance testing requirements under 49 CFR part 40?  Yes  No

List type of Commercial Motor Vehicle or Equipment operated for this Employer: (i.e. Tractor Trailer, Bobtail, Straight Truck, Forklift, Applicator, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

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**EXPERIENCE AND QUALIFICATIONS - DRIVERS**

Drivers License # \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**List Traffic Convictions and Forfeitures for the past three (3) years (Other than Parking Violations)**  
**If you have not had any convictions in the past three years than write, NONE, in the space provided.**

Date	Location	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 the answer is yes to either of the two previous questions, attach a statement giving the details)**

**ACCIDENT RECORD FOR THE PAST THREE (3) YEARS OR MORE**

Date	Nature of Accident (Head-on, Rear-end, Upset, Etc)	Fatality	Injury	Non-Injury
Last Accident: _____				
Next Previous: _____				
Next Previous: _____				

**If you need more room, you may attach another sheet of paper.**

**PREVIOUS EMPLOYER REFERENCES**

Give below the name of three persons not related to you, whom you have known and worked for in your previous jobs.

Name	Company Name/PositionTitle	Years Acquainted	Phone Number

**TO BE READ AND SIGNED BY APPLICANT**

I certify that the foregoing statements are true and correct. I authorize Lortscher Employment Inc. to make investigation of my personal or employment history and authorize any present/former employer, person, firm, corporation, credit agency or government agency to give Lortscher Employment Inc. any information they may have regarding me, and I understand that any misrepresentation or omission shall be cause for dismissal. In consideration of the prospective employer review of this application, I release Lortscher Employment Inc. and all providers of information from any liability as a result of furnishing and receiving this information.

I further agree that, if employed, I will conform my conduct to Lortscher Employment Inc. rules, regulations and personnel policies. I understand that no personnel recruiter, interviewer or other representative other than an officer of the Company has authority to enter into any agreement for employment for any specified period of time and that any employment manuals or handbooks that may be distributed to me during the course of my employment shall not be construed as a contract. I further understand that nothing contained in this application or the granting of an interview creates a contract for either employment or providing any benefit, and THAT I HAVE THE RIGHT TO TERMINATE EMPLOYMENT AT ANY TIME AND THAT LORTSCHER EMPLOYMENT INC. HAS THE SAME RIGHT.

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

Return signed application to: Lortscher Employment Inc.  
 PO Box 124  
 310 Railroad Street  
 Bern, KS 66408  
 (785) 336-6171 Fax# (785) 336-2809

# Lortscher Employment Inc.

PO Box 124 310 Railroad Street Bern, KS 66408  
785-336-6171

## Driver Violation and Review Record

Drivers Name:

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### I. Certification of Violations

Date of Conviction	Offense	Location	Type of Vehicle

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

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(Date of Certification)

(Driver Signature)

Lortscher Employment Inc.

Bern, KS 66408

(Company Name)

(Company Address)

Human Resource Mgr.

(Reviewed by: Signature)

(Title)

### II. Review and Evaluation of Driver Record:

In accordance with Section 391.25, Motor Carrier Safety Regulations, all information pertinent to the above driver's safety operations, including the list of violations furnished by him in accordance with Section 391.27, has been reviewed for the past 12 months.

Action Taken:

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**Lortscher Employment Inc. PO Box 124 310 Railroad – Bern, KS 66408**

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Reviewed By:

Date

Title

# Lortscher Employment Inc.

PO Box 124 310 Railroad Street Bern, KS 66408  
785-336-6171

## EMPLOYER DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION

As part of our hiring background and investigation, and continuing employment practices, we may obtain employee driving history records. Under the provisions of the Drivers' Privacy Protection Act of 1994 (18 U.S.C. § 2721) before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation.

## **EMPLOYEE AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION**

Under the provisions of the said Drivers' Privacy and Protection Act and all applicable federal, state, and local laws, and as a condition of my employment with Lortscher Employment Inc. I hereby authorize and permit Lortscher Employment Inc. and its successors throughout the course of my employment to obtain:

1. Records concerning any driving, criminal history, workers' compensation and drug testing;
2. (For truck drivers only) In accordance with the Department of Transportation Motor Carrier Safety Regulations, Section 382.413, information concerning alcohol and controlled substances for the past 2 years;

I agree that a copy of this authorization has the same effect as an original.

I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as Employer from my liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

Drivers License number \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_

Full Name \_\_\_\_\_  
(Please print clearly) Signature Date