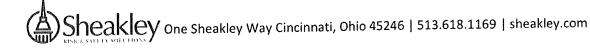
DRIVER'S APPLICATION F	OR EMPLOY	MENT			
APPLICANT NAME: (PRINT)	DATE OF APPLICATION	ION			
COMPANY McClelland, Inc.					
COMPANY ADDRESS 98 E. LaSalle St.					
COMPANY CITY Zanesville	COMPANY STATE Ohio	COMPANY ZIP 43701			
EMAIL:					
Qualified applicants are considered for employment without regard to race, religion, so veteran status, disability, or other protected characteristic.	ex, national origin, age, marital status,	sexual orientation,			
TO BE READ AND SIGNED BY	APPLICANT				
In the event of employment, I understand that false or misleading information discharge. I understand, also, that I am required to abide by all rules and re-	gulations 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				
FOR COMPANY USE					
PROCESS RECORD					
APPLICANT HIRED	REJECTED				
DATE EMPLOYED	POINT EMPLOYED				
DEPARTMENT	CLASSIFICATION				
(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED					
SIGNATURE OF INTERVIEWING OFFICER					

Sheakley assumes no responsibility for the use of this form, or any decision made by an employer which may violate local, state, or federal law.



none grad or more a constant		NT TO CON I questions – please		Transfer of the second	
Position(s) Applied for					
Last Name	First Name Middle Name		Middle Name	Name Social Sec	
List your addresses of residency for the past	3 years.		1		
Current Address	•			C:L.	
Street				City	
State	Zip Code	Phone		How Long? yr	./mo.
Previous Addresses Street	City	State & Zip Code		How Long? yr	./mo.
Street	City	State & Zip Code		How Long? yr	./mo.
Street	City	State & Zip Code		How Long? yr	r./mo.
Do you have the legal right to work in the U					
Date of Birth	Ca	n you provide pro	of of age?		
(Required for Commercial Drivers)					
Have you worked for this company before?		Where?			
Dates: From To	Rate of Pay	P	osition		
Reason for leaving					
Are you now employed? If	not, how long si	nce leaving last en	nployment?		
Who referred you?			_ Rate of pay ex	pected	
Have you ever been bonded?(Answer only if a job requirement)					

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceeding 3 years. List complete mailing address, street number, city, state, and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also proved an additional 7 years' information on those employers for whom the applicant operated such vehicle.

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

* Includes vehicles having a GVWR of 26,001 pounds or more, vehicles designed to transport 16 or more passengers, (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

2.0000000000000000000000000000000000000	EMPLOYER.	.		F	DATE	
NAME		FROM		то		
		MO.	YR.	MO.	YR.	
ADDRESS			POSITI	ON HELD		
CITY	STATE	ZIP	1	SALARY/WAGE		
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING			
CONTACT PERSON'S EMAIL ADDRESS						
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED?		YES		NO		
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?		YES		NO		

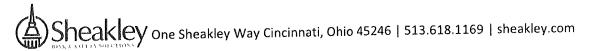
EMPLOYMENT HISTORY (continued)

	MPLOYMENT HISTO	KI (continues)	. DVA	ATTE:	
EMPLO	YUR		FROM	TO	
NAME			MO. YR.	MO.	YR.
ADDRESS			POSITION HELD		
CITY	STATE	ZIP	SALARY/WAGE		
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVI	NG	
CONTACT PERSON'S EMAIL ADDRESS				T	
WERE YOU SUBJECT TO THE FMCSRs† WHILE EM	PLOYED?		YES	NO	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENS MODE SUBJECT TO THE DRUG AND ALCOHOL TE	ITIVE FUNCION IN ANY DO	OT-REGULATED 49 CFR PART 40?	YES	NO	
EMPLO				ATE TO	i.
NAME			FROM MO. YR.	MO.	YR.
ADDRESS			POSITION HELD		
CITY	STATE	ZIP	SALARY/WAGE		
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVI	ING	
CONTACT PERSON'S EMAIL ADDRESS					
WERE YOU SUBJECT TO THE FMCSRs† WHILE EM	PLOYED?		YES	NO	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENS MODE SUBJECT TO THE DRUG AND ALCOHOL TE	SITIVE FUNCION IN ANY DO	OT-REGULATED 49 CFR PART 40?	YES	NO	
EMPLO				ATE	
NAME			FROM MO. YR.	TO MO.	YR.
			POSITION HELD	1	
ADDRESS	OTT LOTT	ZIP	SALARY/WAGE		
CITY	STATE	_ ZIF	REASON FOR LEAV	ING	
CONTACT PERSON	PHONE NUMBER		-		
CONTACT PERSON'S EMAIL ADDRESS			YES	NO	
WERE YOU SUBJECT TO THE FMCSRs† WHILE EM	IPLOYED?	OT BEGIN ATED			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENS MODE SUBJECT TO THE DRUG AND ALCOHOL TE	ESTING REQUIREMENTS OF	F 49 CFR PART 40?	YES	NO ATE	i e
EMPLO		1	FROM	ATE TO	
NAME			MO. YR.	MO.	YR.
ADDRESS			POSITION HELD		
ADDRESS	STATE	ZIP	SALARY/WAGE		
CITY	PHONE NUMBER		REASON FOR LEAV	'ING	
CONTACT PERSON	THORE HOMBON		<u> </u>		
CONTACT PERSON'S EMAIL ADDRESS	APLOYED?		YES	NO	
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCION IN ANY DOT-REGULATED WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCION IN ANY DOT-REGULATED WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE PROPERTY OF 40 CFR PART 40?			YES	NO	
MODE SUBJECT TO THE DRUG AND ALCOHOL TO	ESTING REQUIREMENTS OF	F 49 CFR PART 40?		ATÉ	
EMPLO	DYPER		FROM	ТО	
NAME			MO. YR.	MO.	YR.
ADDRESS			POSITION HELD		
CITY	STATE	ZIP	SALARY/WAGE		
CONTACT PERSON PHONE NUMBER		REASON FOR LEAV	/ING		
CONTACT PERSON'S EMAIL ADDRESS					
WERE YOU SUBJECT TO THE FMCSRs† WHILE EN	MPLOYED?		YES	NO	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?			YES	NO	
MODE SURJECT TO THE DRUG AND ALCOHOL T	ESTING REQUIREMENTS O	r 49 CFK PAKT 40?			

† The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pound or more, (2) is designed or used to transport 8 or more passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

Sheakley One Sheakley Way Cincinnati, Ohio 45246 | 513.618.1169 | sheakley.com

ACCIDENT RECORD FOR PAST 3	YEARS OR MORE (ATTACH SHEE	Γ IF MORE SPACE IS NI	EEDED) IF NONE,	WRITE NONE
DATES DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC	FATVILLIE2	INJURIES	HAZARDOUS MATERIAL SPILL
14 Te 14			<u> </u>	Sti Meter
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				
	ORFEITURES FOR THE PAST 3 YEA	DC (OTHER THAN PAR'	KING VIOLATION	NS) IF NONE.
	ORFEITURES FOR THE PAST 3 TEA.	KS (OTTER TIME TAR		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
WRITE NONE LOCATION	DATE	CHARGE	PEN	ALTY
<u> </u>				
	(ATTACH SHEET IF MORE SP.	ACE IS NEEDED)	1	
	(
EXPERIENCE AND QUALIFICAT	IONS - DRIVER		D.VI.O.	DATION DATE
STATE 1	ICENSE NO. CLASS	ENDORSEMENT(S)	ievia	RATION DATE
Driver				
license or permits				
held in the				
past 3 years				
A. Have you ever been denied a lic	ense, permit, or privilege to operate a	***************************************		NO
B Has any license, permit, or privi	lege ever been suspended or revoked?	?	YES	NO
IF THE ANSWER TO EITHER	A OR B IS YES, GIVE DETAILS _			
	TEG OR NO			
DRIVING EXPERIENCE CHECK	No. Property Communication Com	DATES	IN PEN	ALTY
CLASS OF EQUIPMENT	CHOOSE TYPE OF EQUIPMENT	FROM (M/Y) TO(M/Y)	100	
STRAIGHT TRUCK YES NO	□ VAN □ TANK □ FLAT □ DUMP □ REFER			
TRACTOR AND SEMI-TRAILER	O VAN D TANK D FLAT D DUMP D REFER			
TRACTOR – TWO TRAILERS	□ VAN □ TANK □ FLAT □ DUMP □ REFER			
TRACTOR - THREE TRAILERS	□ VAN □ TANK □ FLAT □ DUMP □ REFER			
MOTORCOACH - SCHOOL BUS YES NO More than 8 passengers				
MOTORCOACH - SCHOOL BUS YES NO				
More than 15 pessengers OTHER				
LIST STATES OPERATED IN FOR THE L.	AST FIVE YEARS:			
CHOW CRECIAL COURSES OF TRAINING	G THAT WILL HELP YOU AS A DRIVER:			
WHICH SAFE DRIVING AWARDS DO YO	OU HOLD AND FROM WHOM?			
The state of the s	EXPERIENCE AND QUALIFIC TION OR OTHER EXPERIENCE THAT MAY	ATTONS – OTHER V HELP IN YOUR WORK FC	R THIS COMPANY	
SHOW ANY TRUCKING, TRANSPORTAT	TON OR OTHER EXPERIENCE THAT MA	THEBI IN TOOK WOLGET I		
		T. C. MICH		
LIST COURSES AND TRAINING OTHER	THAN SHOWN ELSEWHERE IN THIS APP	LICATION		
LIST SPECIAL EQUIPMENT OR TECHHN	IICAL MATERIALS YOU CAN WORK WIT	H (OTHER THAN THOSE A)	LREADY SHOWN)	
-				
		NA ADDI ICIANT		
	TO BE READ AND SIGNED I			
This certifies that this application was comple	eted by me, and that all entries on it and inform	ation in it are true and complet	e to the best of my know	wledge.
Signature:				



Acknowledgment and Authorization for Background Check

I acknowledge receipt of the seperate documents entitled below and certify that I have read and understand those documents.

- Consumer Report Disclosure
- A Summary of Your Rights Under the Fair Credit Reporting Act
- A Summary of Your Rights Under California Law
- A Summary Of Your Rights Under The State Of Washington Fair Credit Reporting Act
- New York Correction Law Article 23-A
- A Summary Of Your Rights Under The State Of New Jersey
- Employee Rights under San Francisco Police Code Article 49
- Washington State Drivers Disclosure

I hereby authorize the obtaining of "consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by AssureHire, Inc., 2206 Plaza Drive Suite 100, Rocklin, CA 95765, 1-737-258-2571, assurehire.com (https://assurehire.com). I agree that an electronic copy of this Authorization shall be as valid as the original.

valid as the original.		
Check this box if you would like to rece	ive a free copy of the consumer report	
Printed Name		
Signature	Date	
If person above is under the age of 18, a p	parent or legal guardian must sign below:	
Parent/Legal Gaurdian Printed Name		
Parent/Legal Gaurdian Signature	Date	

This consent form will be used ONLY for a yearly motor vehicle license status check. There will be no credit report check, background check, or SS admisintraiton check.