

CHURCH TRANSPORTATION & LOGISTICS, INC.

Application For Employment

2300 Nabors Rd, Birmingham, AL 35211 • Phone: 205-925-1977 • Fax: 205-925-6055

_____ FT/PT

_____ **Date of Application**

_____ **Terminal Location**

_____ **Position Applied For**

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 disability. This application is valid for only 60 days from the date of application. To be considered for employment after that time the application must be renewed in writing.

Name _____ Social Security Number _____
Last First MI

Address _____
Street City Phone Number _____

Previous address if less than three years at current address

_____ Street City State Zip How Long?

Date of Birth? _____ (Age over 40 is not an employment factor) Can you provide proof of age? _____

Are you a U.S. citizen or lawfully in the U.S. and eligible for work? _____ If employed, you must provide documentation establishing that you may legally be employed in the U.S.

In Case of Emergency Notify _____
Name Address City State Zip Phone #

Are you currently employed? _____ Where? _____

May we contact your present employer? _____

When would you be available for an interview? _____

When would you be available to start work? _____

Are you fluent in any foreign languages? _____ What Language(s)? _____

Do you have any relatives working for CT& L, Inc.? _____ Who? _____

Referred By? _____

Have you ever been convicted of a felony? _____ If yes, please explain _____
(Conviction of a felony will not necessarily disqualify you from employment.)

MILITARY STATUS

Branch Served _____ Dates from _____ to _____

Rank at Discharge _____ Date of Discharge _____ Type of Discharge _____

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College 13 14 15 16 17 18

Last School Attended: _____ Dates: _____

Received Degree Yes No Degree In _____

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

**EMPLOYMENT HISTORY
(MINIMUM OF 10 YEARS)**

Start with you present or last job. Include any military service and school attendance.

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGES	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMC5RS+ WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGES	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMC5RS+ WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGES	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMC5RS+ WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGES	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMC5RS+ WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGES	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMC5RS+ WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGES	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMC5RS+ WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

* Includes vehicles having a GVWR of 26,001 lbs. 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.

+ 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 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quality requiring placarding.

DRIVER EXPERIENCE AND QUALIFICATIONS

DRIVER LICENSES		STATE	LICENSE #	ENDORSEMENTS	RESTRICTIONS	CLASS	EXPIRATION DATE
	CURRENT						
	PREVIOUS						
	PREVIOUS						

Do you have a current DOT physical? Yes No Exp. Date _____

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No Year _____

Has any license, permit or privilege ever been suspended or revoked? Yes No Year _____

Have you ever been disqualified from operating any motor vehicle by any Federal, State, or local enforcement agency? Yes No Year _____

IF THE ANSWER TO ANY OF THE ABOVE IS YES, THEN ATTACH A STATEMENT GIVING THE DETAILS

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VANS, TANK, FLAT, ETC.)	DATES		APPROX. # OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR-TWO TRAILERS				
OTHER				

LIST STATES OPERATED IN OVER THE PAST TEN YEARS

Show any special courses or training received that will help you as a driver: _____

What safe driving awards do you hold and from where: _____

List all chargeable and non-chargeable accidents (any vehicle, company or personal)

DATES (mo/yr)	ACCIDENT DETAILS	FATALITIES	INJURIES
LAST			
NEXT			
NEXT			

List all convictions and forfeitures (any vehicle, company or personal)

LOCATION	DATES (mo/yr)	CHARGE	PENALTY

DOCK/PLATFORM EXPERIENCE

TYPE OF EQUIPMENT	COMPANY OPERATED FOR	DATES		SPECIAL COURSES
		FROM	TO	

Please list any other driving or dock/platform skills, courses or experience you may have which would aid us in determining your qualifications:

MAINTENANCE EXPERIENCE

EQUIPMENT OPERATED	✓	YEARS	EQUIPMENT OPERATED	✓	YEARS
SHEET METAL EQUIPMENT			PAINT SPRAY GUN		
CLUTCH REBUILDING			WHEEL AND TIRE BALANCING		
DIFFERENTIAL REBUILDING			ELECTRIC WELDER		
TRANSMISSION REBUILDING			OXYACETYLENE WELDER		
BODY WORK			ENGINE DYNAMOMETER		
FRAME AND AXLE EQUIPMENT			CHASSIS DYNAMOMETER		
ELECTRICAL & IGNITION REPAIR			MAGNETIC CRACK TESTER		
ENGINE REBUILDING EQUIPMENT			VACUUM & AIR BRAKES		
DIESEL INJECTION EQUIPMENT			OTHER:		

List types of maintenance experience and years of each _____

List courses and training in maintenance work _____

CLERICAL EXPERIENCE

EQUIPMENT/ EXPERIENCE	TRAINING ✓	YEARS OF EXPERIENCE	EQUIPMENT/ EXPERIENCE	TRAINING ✓	YEARS OF EXPERIENCE
TYPING *			RATES **		
SHORTHAND *			OS & D		
BILLING			INTERLINE		
FAX MACHINE			CLAIMS		
SWITCHBOARD			CASHIER		
KEY PUNCH OPERATOR			ACCOUNTING		
CALCULATOR			DISPATCHER		
DICTATING TRANSCRIBER			CUSTOMER SERVICE		
WORD PROCESSOR			TELEMARKETING		
OTHER:					
* = INDICATE WORDS PER MINUTE		** = INDICATE TARIFFS WITH WHICH YOU HAVE WORKED			

Please list any other clerical or office skills, courses, or experience you may have that would aid us in determining your qualifications: _____

By my signature below I authorize Church Transportation & Logistics, Inc. (CT&L, Inc.) and /or its agents(s) to act on my behalf to conduct a criminal background check. Under the provisions of the Fair Credit Reporting Act, 15 U.S.C. § 1681, et seq. Notice is hereby given that an investigative consumer report may be made which may include information pertaining to your credit worthiness, character, general reputation, personal characteristics, and mode of living, which will be used for employment purposes. You are further advised that under said Act you have the right to request the company to make a complete and accurate disclosure of the nature and scope of the investigation requested by the company. Your request must be in writing and submitted within a reasonable period of time after your application. The company shall respond in writing, mailed or otherwise delivered, to you, not later than five days after the date on which the request for such disclosure was received from you or such report was first requested, whichever is the later. I also authorize the investigation of all statements contained in this application. I understand that any misrepresentation or omission of facts called for on this application is cause for immediate dismissal. I hereby grant permission to verify employment with former employers to obtain information regarding my previous employment record. Further, I understand that my employment is for no definite period and may, regardless of the date of payment of my wages, be terminated at any time without previous notice. I also understand that as a condition of my employment, I will be required to pass a controlled substance test involving a collection of my urine and that a post offer physical may be required. I understand that I may be required to submit to a D.O.T. recertification physical and/or a random controlled substance test as a continuing condition of employment. All information gathered shall be held in strict confidence between CT&L, Inc. and the applicant/employee. My signature also 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 OF APPLICANT

DATE