

Position Applied for *		Date of Application *	
Name *	Last First Middle	Social Security Number *	

List address for past 3 years

Current Address *	Street City Phone #: (Home) How Long?	Zip Code State -Select- (Cell)
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Do you have the legal right to work in the United States? *	Yes No
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Date of Birth? (MM-DD-YY) (Required for Commercial Drivers) *		Can you provide proof of age? *	Yes No
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Have you worked for this company before? *	Yes No
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Where? *

Dates: * FROM TO

Positions *

Are you currently employed? *	Yes No
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If not, how long since leaving last employment? *

How did you hear about Stranco? * Please Select

Is there any reason you might be unable to perform the functions of the job for which you have applied? If yes, please explain:*

Expected Rate of Pay *

EMPLOYMENT HISTORY

Most Recent Employer *

Name	FROM: MO Select Month YR	TO: MO Select Month YR
Position Held		
Address	City	
State -Select-	Zip	
Phone#	Type Of equip. operated/pulled?	
Contact Person		

IF NO ACCIDENTS HAVE OCCURED FOR THE PAST 3 YEARS, PLEASE INDICATE NONE IN TOP FIELDS ONLY

DATES	NATURE OF ACCIDENT	FATALITIES	INJURIES
LAST ACCIDENT *			
Previous			
Previous			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS. IF NONE, PLEASE INDICATE NONE IN TOP FIELDS ONLY

LOCATION	DATE	CHARGE	PENALTY

DRIVER QUALIFICATIONS AND EXPERIENCE			
DRIVER'S LICENSE *			
STATE	TYPE		
LICENSE NO.	EXPIRATION DATE		
A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No			
B. Has a license, permit or privilege ever been suspended or revoked? Yes No			
IF THE ANSWER TO EITHER A OR B IS YES, PLEASE GIVE DETAILS *			
TO BE READ BEFORE SUBMITTING			
<p>This certifies that this application was completed by me, and that all entries and information are true and complete to the best of my knowledge. I authorize you to make such knowledge, investigations and inquiries of my personal, employment, financial, medical or drug and alcohol history and other related matters as may be necessary in arriving at an employment decision. (General inquiries regarding medical history will be made, only if after a conditional offer of employment has been extended.) I hereby release employers, schools, healthcare 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 Stranco, Inc.</p>			
Date *			
APPLICANT'S NAME *		SOCIAL SECURITY NUMBER *	
<p>YOU ARE AUTHORIZED TO FURNISH STRANCO, INC. ALL INFORMATION REGARDING MY SERVICES, CHARACTER, AND CONDUCT WHILE IN YOUR EMPLOYMENT. YOU ARE RELEASED FROM ANY/ALL LIABILITY WHICH MAY RESULT FROM PROVIDING SUCH INFORMATION. I ALSO AUTHORIZE YOU TO PROVIDE STRANCO, INC. WITH INFORMATION IN ACCORDANCE WITH SECTION 382.413 OF THE FMCSR REGARDING ALCOHOL TESTS WITH A CONCENTRATION OF 0.04 OR GREATER; POSITIVE CONTROLLED SUBSTANCE TEST RESULTS, REFUSALS TO BE TESTED, ANY VIOLATIONS OF DOT AGENCY DRUG AND ALCOHOL TESTING REGULATIONS, DOCUMENTATION OF COMPLETED DOT RETURN TO DUTY REQUIREMENTS, IF APPLICABLE; AND ANY DRUG AND ALCOHOL INFORMATION RECEIVED FROM PREVIOUS EMPLOYERS WITHIN THE THREE (3)YEARS PRECEDING THE DATE OF THIS SIGNED RELEASE. I HEREBY AUTHORIZE STRANCO, INC. TO RELEASE ANY SUCH INFORMATION TO ANY OF ITS PERSONNEL WHOSE DUTIES REQUIRE THEM TO ASSESS THIS APPLICATION OR TO MAKE ANY RECOMMENDATIONS OR DECISIONS WITH RESPECT TO IT. I FURTHER AUTHORIZE STRANCO, INC. TO PHOTOCOPY THIS FORM AS MANY TIMES AS REQUIRED TO OBTAIN INFORMATION FROM ALL PREVIOUS EMPLOYERS. A COPY OF THIS FORM IS VALID.</p>			
APPLICANT'S SIGNATURE *		DATE *	