

WE DRUG SCREEN FOR ALL POSITIONS

APPLICATION FOR EMPLOYMENT (revised 2016)

AN INCOMPLETE APPLICATION WILL NOT BE CONSIDERED FOR EMPLOYMENT

Greensboro Raleigh Charlotte Columbia Rocky Mt Asheville Kinston
 Hickory Lumberton Greenville Charleston Other

POSITION APPLYING FOR:

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, genetic info, gender identity, gender orientation, national origin, citizenship status, age, pregnancy, disability or veteran status. **DIRECTLINK LOGISTICS** is an equal opportunity employer.

Please print in ink using your handwriting. Incomplete information will delay the processing of your application.

PERSONAL

Driver's License Number and State _____
 Legal Name _____
 Home Phone No. () _____ Cell Phone No. () _____
 E-mail address: _____
 Do you have the legal right to work in the US.. Yes No

Are you 18 years or older? _____
 If applying for driver, are you 21 years or older? Yes No
 *The Department of Transportation requires that a person be at least 21 years old to drive a commercial motor vehicle.

Have you ever previously applied for employment with **DIRECTLINK**? Yes No When? _____
 Have you ever been employed by **DIRECTLINK**? Yes No From _____ To _____
 Were you referred by a **DIRECTLINK** employee? Yes No Name _____
 Do you have a relative currently employed by **DIRECTLINK**? Yes No Name _____
 Do you have experience driving a commercial vehicle? Yes No How long? _____
 Have you ever been known by another name (i.e., nickname, maiden etc.)? Yes No Name _____

ADDRESS HISTORY (within the last 10 years)

Current Address _____ How Long? _____
 Previous Address _____ How Long? _____
 Previous Address _____ How Long? _____

EDUCATION AND DRIVER TRAINING

a. Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12
 b. If you did not complete high school, do you have a high school equivalency diploma? Yes No
 c. Circle number of years of post high school education 1 2 3 4 5 6 7

Name and location of Institution:	Hours	Degree Received	Major	Minor
1 _____	_____	_____	_____	_____
2 _____	_____	_____	_____	_____
3 _____	_____	_____	_____	_____

List any driver training program currently attending or completed.
 School Name _____ City _____ State _____
 d. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date: _____

EMPLOYMENT HISTORY (within the last 3 years, 10 for experienced Drivers)

Have you ever been terminated from a job? Yes No When? _____

Are you currently unemployed? Yes No When did unemployment begin? _____

Current Employer (or most recent employer)

Job Title:		Duties:	
Employer Name:			
Address:			
City/ State:		Type of Business:	Supervisor Name:
Phone:		Hire Date:	Last Day Worked: Pay Rate:\$
Full-Time	Part-Time	Hours/week:	Number of employees you supervised in position:
Your name if different from present:		Reason for leaving:	
Were you subject to the FMCSRs while employed?		Yes No	
Was your job designated as a safety sensitive function in any Dot-Regulated mode subject to the Drug and Alcohol Testing requirements of 49 CFR Part 40? Yes No			

Second Last Employer

Job Title:		Duties:	
Employer Name:			
Address:			
City/ State:		Type of Business:	Supervisor Name:
Phone:		Hire Date:	Last Day Worked: Pay Rate:\$
Full-Time	Part-Time	Hours/week:	Number of employees you supervised in position:
Your name if different from present:		Reason for leaving:	
Were you subject to the FMCSRs while employed?		Yes No	
Was your job designated as a safety sensitive function in any Dot-Regulated mode subject to the Drug and Alcohol Testing requirements of 49 CFR Part 40? Yes No			

Third Last Employer

Job Title:		Duties:	
Employer Name:			
Address:			
City/ State:		Type of Business:	Supervisor Name:
Phone:		Hire Date:	Last Day Worked: Pay Rate:\$
Full-Time	Part-Time	Hours/week:	Number of employees you supervised in position:
Your name if different from present:		Reason for leaving:	
Were you subject to the FMCSRs while employed?		Yes No	
Was your job designated as a safety sensitive function in any Dot-Regulated mode subject to the Drug and Alcohol Testing requirements of 49 CFR Part 40? Yes No			

Explain any gaps in employment _____

DRIVER LICENSES (If applying for driver, list all Driver License held within the last 10 years)

State	License No	Expiration Date	Commercial License?		Endorsements / Restrictions
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____

Section 383.21 FMCSR states "No person who operates a commercial vehicle shall at any time have more than one Driver License."

I certify that I do not have more than one Driver License, the information which is listed below:

State	License No.	Expiration Date	Type	Signature	Date
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DRIVING AND SPECIALIZED EQUIPMENT USED

<input type="checkbox"/> Tow Motor	<input type="checkbox"/> Forklift	<input type="checkbox"/> Van	<input type="checkbox"/> Truck < 10,001	<input type="checkbox"/> Truck <26,001	<input type="checkbox"/> Truck >26,001
<input type="checkbox"/> PC	<input type="checkbox"/> Copier	Date: _____	Date: _____	Date: _____	Date: _____
<input type="checkbox"/> Fax Machine	<input type="checkbox"/> Fax Machine	Miles Per Year: _____		Miles Per Year: _____	Miles Per Year: _____
<input type="checkbox"/> Office Phone	<input type="checkbox"/> Manual Shift Vehicle				

POSITION SPECIFICS DESIRED

Check which shift you will accept: Day Evening Night Rotating Weekends Special Hours

Job Status desired: F/T P/T Hourly Salary No Benefits Benefits

TRAFFIC CONVICTIONS (If applying for Driver)

List all traffic convictions/forfeitures within the last 7 years (in any motor vehicle, other than parking violations).

Date	Location (City,State)	Violation (if speeding, how MPH)	Penalty/Amount of Fine
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ACCIDENT RECORD (If applying for Driver)

List all vehicle accidents in which you were involved within the last 7 years (even if not at fault)

Date	Location (City,State)	Commercial Vehicle	Type of Accident	Were you at fault?	Were you ticketed?
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

MOTOR VEHICLE RECORD (If applying for Driver)

- Has any license, permit, or privilege ever been suspended or revoked for any reason? Yes No
- Have you ever been convicted of driving while license suspended or revoked or driving without valid license? Yes No
- Have you ever been convicted for any alcohol or controlled substance related offense while operating a motor vehicle? Yes No
- Have you ever been convicted for possession, sale, or transfer of a narcotic drug, marijuana amphetamines, or derivatives thereof? Yes No
- Have you ever been convicted of reckless driving, careless driving or careless operation of a motor vehicle? Yes No

If you answered "yes" or have charges pending to any of the above, please explain: _____

RECORD OF CONVICTION AND DEFERRED PROSECUTIONS

List all incidents for the past 10 years. A conviction will not necessarily be a bar to employment.

This information will only be used for job-related purposes and only to the extent permitted by applicable law. List all crimes for which you have ever pled "guilty" to, been convicted of, or had prosecution deferred in connection with, or pled "no contest"

If none to all of the above, write NONE in the space below. If any of all of the above apply, list the month and year, city, state, county, and country, whether a misdemeanor or felony, and the sentence.

M= Misdemeanor F= Felony

YEAR	OFFENSE	BRIEFLY EXPLAIN CIRCUMSTANCES	M	F

OTHER ACHIEVEMENTS AND SKILLS

Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills:

REFERENCES (list 3 person not related to you who know of your qualifications)

NAME	ADDRESS	PHONE	RELATIONSHIP

POLICY STATEMENTS AND UNDERSTANDING (Please read policies, initial boxes and sign below)

Initials	Policy Statement
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Employment Classifications:

Full-time: Employees averaging 30 hours or more per week in current measurement period

Part-time: Employees averaging less than 30 hours per week in current measurement period

Temporary: Any employee scheduled to fill a temporary job assignment that has a predetermined beginning and ending date and is less than 6 months in length

Benefits eligibility: (benefits are outlined in interview, job offer and job documentation upon hire)

Full-time employees described above may be eligible for standard company benefits based on job classifications 1st of month after 60 days of continuous employment

Part-time employees may be eligible for limited/ selected benefits based on job classifications after introductory period met for those benefits

Temporary employees are never eligible for benefits with **DIRECTLINK**

Background checks and pre-employment screening: (Criminal, Drug, Reference, DMV/MVR, DOT)

I understand and acknowledge that **DIRECTLINK** required a complete background check prior to consideration for hire; This check includes Criminal, Drug, References, DMV/ MVR and DOT as prescribed by Job Description for position applied for.

NO DRUG USE POLICY: **DIRECTLINK** does not hire persons who use illegal drugs. All persons seeking employment or employed with **DIRECTLINK** are required to take and PASS a drug screen for illegal drugs and may be subject to periodic tests for illegal drugs. If considered for employment, I hereby voluntarily consent to provide a urine specimen (or blood specimen as required for alcohol testing only) at a collection facility designated by **DIRECTLINK** and, further, consent to have specimen tested at a laboratory selected by **DIRECTLINK**. I hereby certify that I DO DO NOT use illegal drugs.

WHAT DIRECTLINK WILL EXPECT OF YOU: (as an applicant and potential employee, you deserve to know what we expect of you)

- * Arrive at work on time everyday, (unless there is an emergency), because others are counting on you.
- * Bring a good and positive attitude every day.
- * Come prepared to be as productive and efficient as possible, because in a competitive business only the best survive.
- * Be courteous and helpful at all times to your customers, both externally and internally
- * Consistently apply the training information and instructions you receive.
- * Learn from your mistakes and don't repeat those mistakes.
- * Understand that it always takes a superior effort to produce a superior result.

DIRECTLINK POSITION STATEMENT

In order for **DIRECTLINK** to continue to survive and prosper, there are some things which must happen on a consistent basis. This business must be made up of people who believe in **DIRECTLINK** and must understand the importance of their position. Every employee who makes up **DIRECTLINK** must work toward the goal of meeting the customers needs in a courteous, economical and efficient manner.

TO BE READ AND SIGNED BY APPLICANT

I have thoroughly read and understand the job description provided to me by **DIRECTLINK** and certify that I can perform the essential functions of the job, with or without reasonable accommodation. I understand that this employment application and any other **DIRECTLINK** documents are not promises of employment. I understand that employment, if offered, is contingent upon my providing proof of identity, employment eligibility and completion of an I-9 Form. If employed by **DIRECTLINK**, I understand I will be expected to comply with **DIRECTLINK** policies, procedures and regulations. I understand that I can terminate my employment with or without cause and **DIRECTLINK** has the same right. I understand that **DIRECTLINK** or any agent acting on my behalf may investigate my background and contact my previous employers, schools or persons named to obtain information which may assist in determining my qualifications for employment. Previous employers will be contacted for purposes of investigation as may be required by Federal Motor Carrier Safety furnishing such information. I acknowledge that I may be required to submit to a physical examination and controlled substance and alcohol use test, as part of **DIRECTLINK'S** post offer procedures. I further authorize the release of my results to **DIRECTLINK** and **DIRECTLINK'S** use of those results in deciding whether I should be offered or continued in employment. As a prerequisite of my employment with **DIRECTLINK**, I understand I may be required to wear personal protective equipment required by **DIRECTLINK** policy, or any regulatory agency. This equipment includes, but is not limited to, protective footwear, vehicular driver restraints, gloves, eye protection, hearing protection and back support belts. I understand that safe work practices are a basic condition of employment. I agree to furnish additional information as required to process my application. I understand this application, when properly completed, will remain active for 90 days from the date accepted. This application will not be considered for employment vacancies which occur beyond the 90-day period unless renewed in person by the applicant. Such renewals will be for a period or periods of like duration. Should I be given employment by **DIRECTLINK**, I understand that such employment may be terminated by **DIRECTLINK** at any time without liability to me for wages or salary except such as may have been earned at the date of termination. I understand that all employees are hired subject to a 90-day Introductory Period.

This certifies that this application was completed by me, and that all entries on it, are true and complete to the best of my knowledge. I understand if the information is found to be false or misleading in any respect, I will be disqualified from consideration for employment, or will be subject to termination, regardless of when it is discovered.

Applicant's Signature _____

Date _____