

AppalCART
 POB 2357
 Boone, NC 28607
 828.264.2278
 appalcart.com

APPLICATION FOR EMPLOYMENT
 PRINT LEGIBLY IN INK

Month Day Year
 Date

PERSONAL DATA

NAME (Last)		NAME (First)	
NAME (You Would Like To Be Called)		NAME (Middle)	
ADDRESS (Number) (Street) (apartment Number / Suite)			
CITY / STATE / ZIP CODE			
FULL E-MAIL ADDRESS			
PRIMARY PHONE NUMBER		SECONDARY PHONE NUMBER	
If hired, you will be required to furnish proof that you are legally authorized to work in the United States.			
Are you legally able to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been employed by AppalCART? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Position Held:		When	
Do you have relatives working for AppalCART? <input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, PLEASE COMPLETE THIS SECTION	
NAME:		RELATIONSHIP:	
JOB TITLE:		LOCATION:	
RELATIVES WILL NOT BE EMPLOYED UNDER DIRECT SUPERVISION OF ONE ANOTHER NOR WILL THEY BE PLACED IN THE SAME DEPARTMENT			

EDUCATIONAL RECORD

HAVE YOU COMPLETED	Name, Street, City and State of School	Diploma/Degree or Credits Earned	Field of Study
High School or GED <input type="checkbox"/> Yes / <input type="checkbox"/> No	Name		
	Address		
College <input type="checkbox"/> Yes / <input type="checkbox"/> No	Name		
	Address		
Professiona / Technical <input type="checkbox"/> Yes / <input type="checkbox"/> No	Name		
	Address		
Graduate / Post Graduate <input type="checkbox"/> Yes / <input type="checkbox"/> No	Name		
	Address		

EMPLOYMENT INTEREST

ARE YOU WILLING TO WORK? (Fill in all that apply) Full-time Part-time Evenings Weekends Seasonal

DATE AVAILABLE	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
What days and hours are you available to work?							

JOB POSITIONS (Please indicate each position that you are applying for by checking the appropriate box next to that position)

<input type="checkbox"/> Driver	<input type="checkbox"/> Director	<input type="checkbox"/> Mechanic
<input type="checkbox"/> Driver / Dispatcher	<input type="checkbox"/> Administrative Secretary	<input type="checkbox"/> Parts Manager
<input type="checkbox"/> Dispatcher	<input type="checkbox"/> Finance Officer	<input type="checkbox"/> Shop Manager
<input type="checkbox"/> Vehicle Maintainer	<input type="checkbox"/> Database Manager	<input type="checkbox"/> Drug & Alcohol Program Manager
<input type="checkbox"/> Facility Maintainer	<input type="checkbox"/> Operations Manager	<input type="checkbox"/> Collect Tech
<input type="checkbox"/> Route Supervisor	<input type="checkbox"/> Other	
<input type="checkbox"/> Trainer		

SKILLS & EXPERIENCES

SKILLS & EXPERIENCE (Please indicate each skill and experience by checking the appropriate box next to that skill or experience)

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> MS Office | <input type="checkbox"/> Customer Service | <input type="checkbox"/> Bus / Heavy Equipment Driver | <input type="checkbox"/> Auto Mechanic |
| <input type="checkbox"/> MS Access | <input type="checkbox"/> Clerical | <input type="checkbox"/> Truck Driver | <input type="checkbox"/> Bus Mechanic |
| <input type="checkbox"/> MS Excel | <input type="checkbox"/> Sdministrative / Secretarial | <input type="checkbox"/> Dispatcher | <input type="checkbox"/> Diesel / Heavy Equipment Mechanic |
| <input type="checkbox"/> MS Word | <input type="checkbox"/> Supervisory | <input type="checkbox"/> Operations | <input type="checkbox"/> HVAC |
| <input type="checkbox"/> MS Power Point | <input type="checkbox"/> Legal / Paralegal | <input type="checkbox"/> Project Manager | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> MS Windows Operating Systems | <input type="checkbox"/> Typing Speed <input type="text"/> <input type="text"/> WPM | <input type="checkbox"/> Other | <input type="checkbox"/> Machine Operator |
| <input type="checkbox"/> Computer Networking | <input type="checkbox"/> Stenography <input type="text"/> <input type="text"/> WPM | | |

What led you to apply to AppalCART? Ad Agency School Walk-in Employee Internet Other

Please specify the Ad, Agency, School, Employee, Internet, Other:

APPLICANT HISTORY

CURRENT OR MOST RECENT EMPLOYER FROM DATE	TO DATE	SALARY \$	Annually <input type="checkbox"/> Hourly <input type="checkbox"/>
Employer's Name:		Employer's Address	
Employer's City	State	Zip Code	Work Hours
Job Title		Name Under Which Employed	
Job Duties and Responsibilities			
Supervisor's Name		Supervisor's Title	Supervisor's Phone No.
Reason For Leaving			

DATES OF EMPLOYMENT FROM DATE	TO DATE	SALARY \$	Annually <input type="checkbox"/> Hourly <input type="checkbox"/>
Employer's Name:		Employer's Address	
Employer's City	State	Zip Code	Work Hours
Job Title		Name Under Which Employed	
Job Duties and Responsibilities			
Supervisor's Name		Supervisor's Title	Supervisor's Phone No.
Reason For Leaving			

DATES OF EMPLOYMENT FROM DATE	TO DATE	SALARY \$	Annually <input type="checkbox"/> Hourly <input type="checkbox"/>
Employer's Name:		Employer's Address	
Employer's City	State	Zip Code	Work Hours
Job Title		Name Under Which Employed	
Job Duties and Responsibilities			
Supervisor's Name		Supervisor's Title	Supervisor's Phone No.
Reason For Leaving			

REFERENCE	Name:	Phone Number:
	Name:	Phone Number:
	Name:	Phone Number:
	Name:	Phone Number:

Please explain any gaps in your work history:

MILITARY SERVICE RECORD Have you served in the United States Armed Forces? Yes No If yes, what branch?

Please list any job-related experience:

OTHER INFORMATION

Please provide any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements, specialized skills, etc.:

ALL SECTIONS MUST BE COMPLETED TO BE CONSIDERED FOR EMPLOYMENT

LICENSE INFORMATION

DRIVER'S LICENSE NUMBER _____ **STATE** **CLASS** **ENDORSEMENTS**

LICENSE RESTRICTIONS Yes No

If Yes, list restrictions here

Ever been Suspended / Revoked? Yes No **If yes, when? From Date** _____ **To Date** _____

Reason:

Do you have any Driving Offenses and / or Convictions? Yes No

If YES, list below ALL pending violations and ALL convictions for traffic violations (except parking) in the last (7) years. All applicants will be thoroughly investigated. Therefore, any omission or willful mis-statement will be cause for disqualification for employment

	Date of Violation	Offense	Date of Conviction	Disposition and Fine	Name of Court and Location	Status of any Pending Matter
1						
2						
3						

CRIMINAL RECORD INFORMATION

Do you have any criminal court action pending against you OR have you ever been convicted (found guilty) of any crime or offense (misdemeanor and / or felony) in any state or elsewhere? Yes No **If YES give details below.**

	Date of Offense	Offense	Name of Court and Location	Disposition / Status
1				
2				
3				

In your own words explain each crime or offense. If additional space is needed use another sheet of paper.

1	
2	
3	

APPLICANT'S AFFIDAVIT & AUTHORIZATION

I hereby certify that the foregoing statements are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that if I provide any misleading or incorrect information during the employment process it may render this application void and result in my immediate termination if the misleading or incorrect nature of the information is discovered and after I hereby authorize my former employers to release any information they may have concerning my employment with them and hereby release AppalCART hereinafter the "Authority" and all previous employers listed above from all liability whatsoever that may ensue from providing or securing this information. I further authorize representatives of the Authority to take all reasonable actions to verify any and all information contained herein and to obtain and review any and all criminal history and disciplinary records of any sort that may exist concerning me. If the Authority employs me, I agree to conform to the rules and regulations of the Authority. I understand that if I am employed in a position not covered by a labor agreement, my employment will be "at will", and that my employment can be terminated at any time, with or without cause and with or without advance notice, by either the Authority or myself. Moreover, as a non-agreement employee, I understand that no manager or representative of the Authority other than the Director of AppalCART or the Director's designee, has any authority to make an offer of employment, and / or to make any agreement with me contrary to or different than the terms contained in this affidavit and authorization. It is the Authority's policy to hire and promote without regard to race, color, creed, sex age, national origin, religion, veteran status, handicap and sexual orientation or any other status protected by law. I agree that I will support such a policy if the Authority employs me.

I understand that all employment offers are contingent upon successful completion of the pre-employment process that includes a comprehensive background check, and an employment physical, a pre-employment MVR check, and a pre-employment drug test.

Signature: _____

Date: _____

Attachment C

Applicants Authorization to Obtain past Drug and Alcohol Test Results

I, _____, understand that as a condition of the hiring process of AppalCART, I must give AppalCART written permission to receive results of all DOT - required drug and/or alcohol tests (including any refusals to be tested) from ALL of the companies that I have worked as a a driver, or I took a pre-employment drug and/or alcohol test, during the past two (2) years. I also authorize Appalcart to contact and receive results from any consortium that represents the companies that I worked for or applied to. I understand that my signing of this authorization does not guarantee that I will be offered a position with Appalcart.

Listed below are ALL of the companies for which I worked as a driver, or to which I applied as a driver during the past two (2) years. I authorize AppalCART to obtain from those companies, and I authorize those companies to furnish AppalCART with the following information concerning my drug and alcohol tests: (I) all positive drug test results during the past two (2) years; (II) all alcohol test results of 0.04 or greater during the past two (2) years; (III) all alcohol test results of 0.02 or greater but less than 0.04 during the past two (2) years; (IV) all instances in which I refused to submit to a DOT - required drug and/or alcohol test during the past two (2) years.

The following is a list of ALL the companies for which I worked as a driver, or to which I applied for work as a driver, during the past two (2) years.

Company Name	Mailing Address	Supervisor	Phone #	Dates Worked

I have read and underswtand this authorization to release my past drug and alcohol test results. I certify that all the information, which I have furnished, on this form is true and complete, and that I have identified ALL of the companies for which I have either worked, or applied for work , as a driver during the past two (2) years.

Consenting Signature of Applicant	Date
Social Security Number	Date of Birth

Motor-Vehicle and Criminal-Background Check Consent Form

I understand that by signing below, I am granting permission for Wolfe, Inc. to perform a Motor-Vehicle and Criminal-Background Check on me. I understand that Wolfe, Ind. requires the following information to complete the Motor-Vehicle and criminal-Background Check on me. I acknowledge and affirm that all information provided by me is truthful. I also understand that intentional falsification may result in ineligibility for employment. If I'm already employed, the information received by AppalCART could result in termination of my employment for misconduct and violation of AppalCART policy.

Name	Gender
Social Security Number	Date of Birth
Drivers License #	Issuing State
Current Address	Zipcode
Consenting Signature of Applicant	Date