

EEO Data Form

To The Applicant:

Reino Linen Services is an EEO employer. We treat all applicants and employees without regard to race, creed, color, national origin, religion, age, sex, marital, disability, veteran or any other protected status required by law. As part of our commitment to equal opportunity, we comply with federal, state and local laws, regulations and ordinances. To satisfy Affirmative Action and government reporting requirements, we must attempt to collect data for classification of applicants by sex, ethnicity and other protected status.

Please fill out the information below. Also tell us how you discovered our potential job opening. The questions in the box at the bottom of this page are entirely voluntary. If you choose to supply this information, it will be considered confidential and used only to satisfy government requirements. It will not affect any hiring or employment decisions.

Name: _____
Last First Middle

Telephone: _____
Daytime Number Evening Number Other Number

HOW DID YOU HEAR ABOUT US:

- Employee Referral
- Advertisement
- Website
- Walk-In
- Employment Agency
- Government Agency:

Other – Please Explain _____

Social Security Number: _____

Voluntary Information Section:

Sex: Male Female
Veteran Status: Yes No

Race/Ethnicity – Check One: Hispanic or Latino
If Non-Hispanic or Latino, Check One: Black or African American American Indian/Alaskan
 White Native Hawaiian/Pacific Islander Asian Two or More Races
 I choose not to disclose

**THANK YOU FOR COMPLETING THIS FORM.
PLEASE RETURN IT WITH YOUR FINISHED APPLICATION.**

DRIVER APPLICATION FOR EMPLOYMENT

5391.21

NAME OF CARRIER Reino Linen Service
 ADDRESS 119 S Main Street Gibsonburg
STREET CITY STATE ZIP

Office Use Only: Start Date <u> / / </u>
OH <u>43431</u>

Applicants are considered without regard to race, creed, color, sex, religion, age, national origin, or disability.

PERSONAL DESCRIPTION

FULL NAME _____ SOCIAL SECURITY NO. _____
LAST FIRST MIDDLE INITIAL
 DATE OF BIRTH / / PHONE NO. () _____
AREA
 CURRENT ADDRESS _____
STREET CITY STATE ZIP
 LAST 3 YEARS _____
STREET CITY STATE ZIP

STREET CITY STATE ZIP

STREET CITY STATE ZIP
 IN CASE OF EMERGENCY NOTIFY _____ AT PHONE NO. () _____
AREA
 POSITION APPLYING FOR _____ PAY RATE EXPECTED _____
 HAVE YOU WORKED FOR THIS COMPANY BEFORE? NO _____ YES _____ IF YES FROM _____ TO _____
MONTH / YEAR MONTH / YEAR
 ARE YOU EMPLOYED? _____ WHEN WILL YOU BE AVAILABLE? _____
 ARE YOU PREVENTED FROM LAWFUL EMPLOYMENT IN THIS COUNTRY BECAUSE OF IMMIGRATION STATUS? NO _____ YES _____
 HAVE YOU EVER BEEN CONVICTED OF A FELONY, MISDEMEANOR, OR CRIMINAL VIOLATION? NO _____ YES _____

DRIVER'S LICENSE INFORMATION (This information will be verified)

VALID DRIVER'S LICENSE NUMBER _____ STATE _____ EXPIRATION _____
 LICENSE TYPE (I.E. CDL CLASS A) _____ CDL ENDORSEMENTS _____
 HAS YOUR LICENSE, PERMIT, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE EVER BEEN DENIED, REVOKED, OR SUSPENDED?
 NO _____ YES _____ IF YES, EXPLAIN REASON _____
 HAVE YOU EVER BEEN DISQUALIFIED UNDER §383 OR §391 OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS?
 NO _____ YES _____ IF YES, EXPLAIN REASON _____
 I CERTIFY I DO NOT HAVE MORE THAN ONE DRIVER'S LICENSE _____
Applicant's Signature

EDUCATION

PLEASE CIRCLE LAST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE 1 2 3 4
 OTHER TRAINING _____
 DO YOU HAVE FULL KNOWLEDGE OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? NO _____ YES _____

DRIVING EXPERIENCE

TYPE OF EQUIPMENT	NUMBER OF YEARS	STATES YOU HAVE DRIVEN IN
TRACTOR		
TRAILER / TANK		
STRAIGHT TRUCK		
BUS		
OTHER (SPECIFY)		

ACCIDENT RECORD LAST THREE YEARS (This information will be verified)

DATE	NATURE OF ACCIDENT (OVERTURN, JACK KNIFE, REAR END, ETC.)	NO. OF FATALITIES	NO. OF INJURIES	COMMERCIAL VEHICLE	PERSONAL VEHICLE

TRAFFIC CONVICTIONS AND FORFEITURES (Other than parking) LAST THREE YEARS (This information will be verified)

STATE	DATE	CHARGE	PENALTY	COMMERCIAL VEHICLE	PERSONAL VEHICLE

(CONTINUED ON NEXT PAGE)

EMPLOYMENT HISTORY

Non-CDL driver applicants must provide 3 years employment history. CDL driver applicants must provide 10 years. We are required under §391.23 to investigate your safety performance history of all Federal Motor Carrier Safety Administration regulated employers that you worked for in the preceding 3 years. We are required to investigate your participation in a U.S. DOT mandated drug and alcohol testing program, whether you violated any prohibitions under §382 subpart B, and whether you failed to undertake or complete rehabilitation as required under §382.605 or subpart O §40 of all U.S. DOT regulated employers that you worked for in the preceding 3 years. You must give written consent for these investigations in order to be considered for employment as a driver. You have due process rights regarding the information received from these investigations under §391.23(i).

All information obtained from previous employers will be kept confidential.

LAST EMPLOYER:

NAME _____ PHONE (_____) _____

ADDRESS _____
STREET CITY STATE ZIP

SUPERVISOR'S NAME _____

FROM ____/____/____ TO ____/____/____ POSITION _____ REASON FOR LEAVING _____
MONTH/YEAR MONTH/YEAR

DID YOU PERFORM "SAFETY SENSITIVE FUNCTIONS" WHILE EMPLOYED? YES _____ NO _____ DID YOU OPERATE A CDL VEHICLE? YES _____ NO _____

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED? YES _____ NO _____

WERE YOU REQUIRED TO PARTICIPATE IN A U.S. DOT MANDATED DRUG AND ALCOHOL TESTING PROGRAM? YES _____ NO _____

2ND LAST EMPLOYER:

NAME _____ PHONE (_____) _____

ADDRESS _____
STREET CITY STATE ZIP

SUPERVISOR'S NAME _____

FROM ____/____/____ TO ____/____/____ POSITION _____ REASON FOR LEAVING _____
MONTH/YEAR MONTH/YEAR

DID YOU PERFORM "SAFETY SENSITIVE FUNCTIONS" WHILE EMPLOYED? YES _____ NO _____ DID YOU OPERATE A CDL VEHICLE? YES _____ NO _____

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED? YES _____ NO _____

WERE YOU REQUIRED TO PARTICIPATE IN A U.S. DOT MANDATED DRUG AND ALCOHOL TESTING PROGRAM? YES _____ NO _____

3RD LAST EMPLOYER:

NAME _____ PHONE (_____) _____

ADDRESS _____
STREET CITY STATE ZIP

SUPERVISOR'S NAME _____

FROM ____/____/____ TO ____/____/____ POSITION _____ REASON FOR LEAVING _____
MONTH/YEAR MONTH/YEAR

DID YOU PERFORM "SAFETY SENSITIVE FUNCTIONS" WHILE EMPLOYED? YES _____ NO _____ DID YOU OPERATE A CDL VEHICLE? YES _____ NO _____

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED? YES _____ NO _____

WERE YOU REQUIRED TO PARTICIPATE IN A U.S. DOT MANDATED DRUG AND ALCOHOL TESTING PROGRAM? YES _____ NO _____

NOTICE TO APPLICANT

Applicant - If employer has not explained or given a job description, make sure one is given to you and that you fully understand what is expected of you prior to answering the following two questions.

CAN YOU PERFORM THE FUNCTIONS DESCRIBED IN THE JOB DESCRIPTION? _____

PLEASE EXPLAIN HOW, WITH OR WITHOUT REASONABLE ACCOMMODATION, YOU WILL BE ABLE TO PERFORM THOSE FUNCTIONS _____

APPLICANT MUST READ AND SIGN

I agree and understand that any misrepresentations or omissions of information or facts given on this form shall be considered an act of falsification.

I agree and understand that the carrier or its agents may investigate any and all information given on this form to determine its validity.

I understand that all employment history information from previous employers will be used by the carrier only as part of deciding whether to hire me.

I understand that under U.S. DOT regulation §391.23(i), I cannot bring an action or proceeding for defamation, invasion of privacy, or interference with a contract against this carrier or any previous employer based on furnishing or using employment history information.

I agree to furnish such additional information and complete such examinations as may be required to complete my driver qualification and employment files.

If hired, I agree to abide by all the rules and policies of this carrier.

DATE

APPLICANT'S SIGNATURE

OFFICE USE ONLY

APPLICATION RECEIVED _____

DATE

SIGNATURE OF COMPANY REPRESENTATIVE

DATE OF HIRE