

**ETNA SHARED SERVICES, LLC
NOTICE TO APPLICANT**

DATE

JOB POSITION APPLYING FOR: _____

LOCATION/BRANCH: _____

APPLICATION INSTRUCTIONS

1. An individual may only apply for the available job position shown above. If your application indicates you are applying for another job position, or seeking another job, or "any" job your application will be rejected.
2. The purpose of the application form is to provide you with the opportunity to demonstrate your skills, experience, abilities, and other personal attributes that meet the qualifications requirements for the job position that is available. It will be to your best interest to take your time and list the qualifications you believe you have.
3. Any individual who needs accommodation or assistance in making application for employment at any time during that application process should inform Angela Visner.
4. All of the inquiries on the application must be completed and the information you provide must be accurate and truthful. If an inquiry is left blank, your application will be rejected. If you feel the question or information sought is not applicable, put N/A for a response. Any false or inaccurate information will result in the rejection of the application or will result in termination of employment if the false or inaccurate information is discovered after the date of hire.
5. A signature is required on Page 1 of the notice to applicant form, Page 2 of the employment entrance exam form and Pages 7 and 8 of the employment application. If any of the above forms are unsigned, your application will be rejected.

I understand that I will only be considered for the job that I am applying for. I understand that my application will be considered active for 30 days from the date below my signature. I hereby acknowledge that I understand these instructions and will abide by them.

Applicant Signature: _____

Date: _____

ETNA SUPPLY

AUTHORIZATION

PURSUANT TO THIS DOCUMENT (OR A PHOTOCOPY), I HEREBY AUTHORIZE:

CREDIT BUREAUS, CONSUMER REPORTING AGENCIES, FINANCIAL INSTITUTIONS, GOVERNMENTAL, EDUCATIONAL INSTITUTIONS, PAST EMPLOYERS AND EMPLOYEES OF ANY OF THE ABOVE,

TO FURNISH TO ETNA SUPPLY, IT'S AFFILIATES, AND THEIR EMPLOYEES, AGENTS, REPRESENTATIVES, OR LAWYERS.

ANY AND ALL INFORMATION RELATIVE TO A PRE EMPLOYMENT SCREENING AND IS TO BE USED EXCLUSIVELY TO MATTERS THAT PERTAIN THERETO.

I UNDERSTAND THAT I MAY RECEIVE A COPY OF THIS AUTHORIZATION AS WELL AS THE RESULTING REPORT(S) UPON REQUEST.

PRINT FULL LEGAL NAME _____
FIRST MIDDLE LAST

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

DRIVERS LICENSE NUMBER _____ STATE OF ISSUANCE _____

CURRENT ADDRESS

CITY STATE ZIP

PREVIOUS ADDRESS

CITY STATE ZIP

SIGNATURE _____ DATE _____

OF ETNA SUPPLY HEREBY CERTIFIES THAT THE ABOVE UNDERSIGNED HAS RECEIVED A SUMMARY OF HIS/HER RIGHTS UNDER SECTION 604(b) OF THE FCRA, THAT THIS REQUEST FOR A CONSUMER INVESTIGATIVE REPORT MEETS THE REQUIREMENTS OF PERMISSIBLE PURPOSE UNDER SECTION 604 OF THE FCRA AND THAT INFORMATION OBTAINED WILL NOT BE USED IN VIOLATION OF ANY FEDERAL OR STATE REGULATION.

BILLING CODE (FOR USE BY ETNA HR ONLY): _____

**ETNA SHARED SERVICES, LLC
EMPLOYMENT ENTRANCE EXAM, MEDICAL AND DRUG TEST**

Etna Shared Services, LLC uses an employment entrance medical exam and drug test as a part of its hiring process. Any offer of employment will be conditional upon the individual passing the employment entrance tests. The employment entrance medical exam and drug test will be administered after the offer of employment but before the performance of any job duties. If the person does not pass the employment entrance test, the conditional offer of employment will be withdrawn and any employment relationship shall cease.

All medical data and information from the employment entrance examination will be treated as a confidential medical report as required by law.

Applicant's Signature

Date

ETNA SHARED SERVICES, LLC
529 32ND STREET, S.E
GRAND RAPIDS, MI 49548-2392

APPLICATION FOR EMPLOYMENT

To the Applicant: we appreciate your interest in our Company and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position, which, in our judgment, best meets your qualifications.

We are an equal opportunity employer and will not unlawfully discriminate on the basis of race, color, sex, religion, national origin, age, marital or veteran status, the presence of a medical condition or handicap, height, weight or any other protected status.

Employers must make accommodations to disabled applicants and employees where the accommodation does not impose an undue hardship on the employer. Under Michigan law, disabled employees and applicants may request an accommodation of their disability by notifying the firm in writing of the need for accommodation within 182 days of the date the disabled individual knows or should know that an accommodation is needed. Failure to properly notify the firm may preclude any claim that the employer failed to accommodate the disabled individual.

PERSONAL

Name: _____ Date of Application: _____
(Last) (First) (MI)

Address: _____
(Number) (Street) (City) (State)
(Zip)

Past 3 Year Residency: _____
(Zip) (Number) (Street) (City) (State)

(Zip) (Number) (Street) (City) (State)

Social Security Number: _____ Telephone Number: _____

Are you 18 years or older? YES _____ NO _____

Are you a U.S. citizen? YES _____ NO _____ (not applicable in California)

Are you authorized to work in the United States? YES _____ NO _____
(Should you be hired, you will be required by law to provide documents verifying your employment eligibility)

Have you been previously employed here? YES _____ NO _____ If YES, date(s) _____

Supervisor Name(s) _____

Have you filed an application before? YES _____ NO _____ If YES, date(s) _____

List any friends or relatives working here: _____

Do you have a reasonable mode of transportation to come to work? _____

EMPLOYMENT DESIRED:

POSITION(S) APPLIED FOR: _____

How did you hear about the position? _____

Kind of work sought: Full time _____ Part time _____ Other: _____

Do you have any special training, skills, qualifications or other experiences that relate to the position(s) applied for? _____

Salary Desired: _____ Date available to work: _____

EMPLOYMENT EXPERIENCE (LIST CURRENT OR MOST RECENT JOB FIRST)

If applying for a driving position, you must go back at least 10 years.

1.	Employer:	Dates worked:	Work Performed:
Address & Phone #:		Wages Paid: Start/Finish	
Supervisor:		Reason for Leaving:	Job Title:
2.	Employer:	Dates worked:	Work Performed:
Address & Phone #:		Wages Paid: Start/Finish	
Supervisor:		Reason for Leaving:	Job Title:
3.	Employer:	Dates worked:	Work Performed:
Address & Phone #:		Wages Paid: Start/Finish	
Supervisor:		Reason for Leaving:	Job Title:
4.	Employer:	Dates worked:	Work Performed:
Address & Phone #:		Wages Paid: Start/Finish	
Supervisor:		Reason for Leaving:	Job Title:
5.	Employer:	Dates worked:	Work Performed:
Address & Phone #:		Wages Paid: Start/Finish	
Supervisor:		Reason for Leaving:	Job Title:

Note if applying for a driving position, must go back at least 10 years

Education	Name & Location	Years Completed	Diploma Degree	Courses Of Study
Elementary				
High School				
College				
Graduate				
Vocational/ Training				

Any other educational training _____

REFERENCES (Do not include relatives or former employees)

	Name	Address	Phone Number	Years Acquainted
1.				
2.				
3.				

MILITARY SERVICE RECORD

Have you had any experience in the Armed Forces of the United States or in a State National Guard? YES ___ NO ___

If YES, What branch? _____ Rank _____

Special/ technical training _____

ADDITIONAL INFORMATION

Have you been convicted of a crime? (Please note conviction data is not an absolute bar to employment but will be utilized based on the Company's legitimate business concerns.) YES ___ NO ___

If so, please state where, when and nature of offense _____

State any additional information that you feel may be helpful to us in considering your application. _____

Name, address, and telephone number of the person to be notified in the event of accident or emergency _____

THE FOLLOWING QUESTIONS ARE REQUIRED TO BE FILLED OUT ONLY BY APPLICANTS FOR POSITIONS REQUIRING A COMMERCIAL DRIVERS LICENSE (CDL) OR PERSONS WHO ARE IN SAFETY SENSITIVE POSITIONS WHO ARE SUBJECT TO THE FEDERAL MOTOR CARRIERS REGULATIONS:

Date of Birth _____/_____/_____

Can you provide proof of age? (Required for Commercial Drivers) _____

UNEXPIRED LICENSE

Section 383-21 FMCSR state "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 motor vehicle license, the information for which is listed below.

_____(State) _____(License Number) _____(Type) _____(Exp. Date) _____(Signature) _____(Date)

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? YES _____
NO _____

B. Has any license, permit, or privilege ever been suspended or revoked? YES _____ NO _____

If the answer to question A or B is YES, give details _____

Were you subject to FMCRS in your prior employment? YES _____ NO _____

Please indicate if the job you held was designated a safety sensitive function which subjected you to drug/alcohol testing? YES _____ NO _____

Have you ever failed a pre-employment drug test for another carrier with whom you applied for a position? YES _____ NO _____

Experience and Qualification – Other

Accident Record for past three years or more (attach sheet if more space is needed)

DATES	NATURE OF ACCIDENT	FATALITIES	INJURIES

Traffic convictions and forfeitures for the past three years (other than parking violations)

LOCATION	DATE	CHARGE	PENALTY

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	DATE	MILES RUN
Straight Truck			
Tractor & Semi-Trailer			
Tractor & Double-Trailers			
Tractor & Flatbed Trailer			
Other			

AUTHORIZATION AND UNDERSTANDING

Upon the signing of this application, I represent that all of the information now or hereafter given by me in support of my application is true and complete. I authorize you to verify any of the information concerning my employment, education, credit or medical history with the appropriate individuals, companies, institutions or agencies, and I authorize them to release such information, as you require, including my prior disciplinary employee record, without any obligation to give me written notice of such disclosure. I also authorize you to release any information requested by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure. I hereby release you and them from any liability whatsoever as a result of any such inquires and disclosures, I agree that any false or misleading information in support of my application may subject me to discharge at any time during the period of my employment.

I agree that either party may terminate the employment relationship, with or without cause, at any time, and I further agree that this arrangement may only be altered in writing directed to me personally and signed by the president of the firm. I agree that I shall be bound by the other rules, policies, regulations and terms and conditions of employment of the firm as they are from time to time changed, and no additional obligations can be imposed on the Company except those, which have been acknowledged in writing, by the president or his designated representatives.

I agree that any action or suit against the firm arising out of my employment or termination of employment, including, but not limited to, claims arising under State or Federal civil rights statutes, must be brought within 180 days of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary. I further agree that if I should bring any non-statutory action or claim arising out of my employment against the firm, in which the firm prevails, I will pay to the firm any and all such costs incurred by the firm in defense of said claims or actions, including attorney fees. I further agree that my employment is conditional until such time as the results of my post-offer physical (if such physical is required) are known.

The Company will rely on the information you have provided in this application. Your prior employers will be contacted as a part of the investigatory process regarding your safety and performance history. You have the right to review all information provided by your former employers, the right to have errors corrected by your former employers and the correct information sent to the prospective employer, and the right to a rebuttal statement regarding the alleged erroneous information if you and the prior employer cannot agree on the accuracy of the information. You have the right to review this information within the first thirty (30) days of being employed or the denial of employment. Other protections are provided under §391.23 of the FMCS regulations only for applicants subject to the FMCS regulations.

This certifies that this application has been completed by me and that all entries on it and information in it are true and complete to the best of my knowledge.

Date: _____

Signature _____

**REQUEST FOR CHECK OF DRIVING RECORD FOR APPLICANTS SUBJECT TO FMCS
(CDL drivers and persons employed in safety sensitive positions)**

I hereby authorize you to release the following information to _____

(Prospective Employer)

for the purpose of investigation as required by Section 391.23 & 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

(Applicant's Signature)

(Date)

In accordance with the provisions of Sections 604 and 607 of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1986 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report.
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes.
3. The information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose.
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer-reporting agency.

I also hereby certify that this report and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the Driver's Privacy Act of 1994 (Public Law 103-322, Title XXX, Section 300002 (a)).

(Signature of Requester)

(Date)

TO: _____

DEAR SIR/MADAM:

The following named person has made application with our company for the position of _____
In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the
undersigned with the applicant's driving record for the past three years.

The following named person is employed with our company in the position of _____
In accordance with Section 391.25, Federal Department of Transportation Regulations, please furnish the
undersigned with the employee's driving record for the past year

Name of Applicant/Driver: _____

Address: _____
(Number & Street) *(City)* *(State)* *(Zip*
Code)

Date of Birth: _____ SSN: _____ License No: _____

REQUESTED BY:

(Name of Company)

(Typed Name)

(Address: Number, Street, City, State)

(Title & Signature)

