



4005 Borman Drive
Batavia, Ohio 45103

EMPLOYMENT APPLICATION

Position you are seeking (you must fill out one application for each position you are applying for):

Name	Last	First	Middle
Address			Phone #
City	State	Zip	Social Security #

Have you ever filed an application with Burd Brothers before? Yes No
 If yes, please give date: _____

Can you provide proof of your eligibility to work? Yes No

Have you ever been bonded: Yes No
 Name of Bonding Company _____
 (Answer only if job requires)

Are you a US citizen? Yes No
 If not a US citizen, do you have proof of your legal right to accept employment? Yes No

Are you currently employed? Yes No
 If yes, may we contact your current employer? Yes No

Are you currently on lay-off status and subject to recall? Yes No

Will you work overtime? Yes No

Have you ever been convicted of a crime? Yes No
 If yes, please give date and reason for conviction: _____
 (All positions at Burd Brothers, Inc. are subject to a Criminal Background Check.)

Are you capable of performing, with or without reasonable accommodation, the essential duties of the job for which you are applying? (Do not answer unless you have read the job description.) Yes No
 Explain type of accommodation: _____

Date available for work: _____

What is your desired salary range? _____

Please check your availability to work:

Regular Full-Time
 Regular Part-Time at _____ hours/week
 Temp/Seasonal Full-Time
 Temp/Seasonal Part-Time at _____ hours/week

Education & Training

School	Name, City & State of School	Course of Study	# years	Diploma/Degree	
High School				Yes	No
Undergraduate School				Yes	No
Graduate School				Yes	No
Other (Specify)				Yes	No

Please state any additional information and skills you feel may be helpful to us in considering your application: _____

Driver Experience and Qualifications

Answer the following questions only if applying for a driver position.

Date of Birth: ____/____/____ The US Dept of Transportation requires that driver applicants state their date of birth 391.21(b)(2)

Licenses:

Driver Licenses held in past 3 years must be shown.	State	License No.	Type	Expiration 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
- C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations: Yes No

If you answered "yes" to A, B, or C attach a statement giving details.

Class of Equipment	Type of Equipment	Dates		Approximate Total Miles
		From	To	
Straight Truck				
Tractor & Semi Trailer				
Twin Trailers				
Other				

List states operated in during last five years _____

List special courses or training that will help you as a driver: _____

List safe driving awards held and from whom awards were presented: _____

Accident Review for past 5 years (attach separate sheet of paper if more space is needed):

Dates	Nature of Accident (head-on, rear-end, etc.)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

Traffic Convictions and Forfeitures for the past 5 years other than parking violations:

Location	Date	Charge	Penalty

Platform Experience and Qualifications

List types of platform experience, certification, and number of years of each: _____

List platform equipment you are certified to operate (lift truck, etc.): _____

List courses or training in platform work: _____

Begin with your current or last job. Include any job-related military service assignments and volunteer activities. You may exclude any organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer:	Dates Employed		Work performed/Responsibilities:	
	From:	To:		
Address:	Hourly/Salary Rate			
	Start:	End:		
Supervisor & Telephone #				May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title				Reason for leaving:
Employer:	Dates Employed		Work performed/Responsibilities:	
	From:	To:		
Address:	Hourly/Salary Rate			
	Start:	End:		
Supervisor & Telephone #				May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title				Reason for leaving:
Employer:	Dates Employed		Work performed/Responsibilities:	
	From:	To:		
Address:	Hourly/Salary Rate			
	Start:	End:		
Supervisor & Telephone #				May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title				Reason for leaving:

Professional References – Please do not include family members.

Name	Address & Phone Number	Occupation
1.		
2.		
3.		

Applicant's Certification – Please read this carefully before signing the application!

- Burd Brothers Inc. is an equal opportunity employer and will consider applicants for all positions without regard to race, age, color, religion, marital status, nation origin, disability, veteran status or any other legally protected status.
- No applicant will be rejected as a result of any impairment, which, with reasonable accommodation, does not prevent performance of the work.
- Burd Brothers Inc. will not tolerate sexual harassment or harassment on the basis of any protected class status in the workplace.
- I understand that, if selected, I will be required to provide proof of my identity and legal right to work in the United States prior to actual employment at Burd Brothers Inc.
- I certify that I have answered truthfully and have not knowingly withheld information relative to my application. **I understand that any misrepresentation or material omission on the application will result in my being eliminated from further consideration. I further understand that, if accepted for employment, any misrepresentation or material omission that becomes known to Burd Brothers Inc. may result in immediate termination of my employment.**
- I hereby authorize all previous employers and supervisors, including all persons with and for whom I have worked, to give Burd Brothers Inc representatives any and all information regarding my previous employment and me. I release Burd Brothers Inc. and all previous employers and supervisors from liability for any damages that may result from furnishing information to Burd Brothers Inc.
- In consideration of my employment, I agree to adhere to all existing and future instructions, rules and policies of Burd Brothers Inc. I also understand that Burd Brothers Inc. reserves the right to change wages, hours and working conditions as deemed necessary and that no representative of Burd Brothers Inc. has any authority to enter into any agreement for employment for any specified period or to make any agreement contrary to the foregoing.
- I understand that all employees of Burd Brothers Inc., with respect to length of employment, are considered to be “at will.” This means that I may terminate my employment with Burd Brothers Inc. at any time, without notice, without liability, for any extended period. Similarly, Burd Brothers Inc. may terminate my employment with Burd Brothers Inc. at any time without notice, without liability, for any extended period. There is no guaranteed length of employment for any employee. Similarly, any representation by any agent or employee of Burd Brothers Inc. to the contrary is not authorized or binding upon Burd Brothers Inc. unless in writing and signed by the President of Burd Brothers Inc.

I have read and reviewed the above certification statements and other information provided on the application.

Applicant Signature: _____

Date: _____

**DISCLOSURE UNDER FAIR CREDIT REPORTING ACT
AND CONSENT TO PROCUREMENT OF CONSUMER REPORT
FOR EMPLOYMENT PURPOSES**

DRIVER'S LICENSE INFORMATION

Name _____
(If name changed through marriage or otherwise please print name below)

Name _____ Married Maiden
(If different)(As it appears on driver's license)

Current Address _____

City _____ State _____ Zip _____

Social Security # _____ Date of Birth ____ / ____ / ____

Driver's License # _____ State of Issue _____

Place copy of current driver's license here

The undersigned hereby authorizes the Burd Brothers Inc.
Name of Employer

Or its insurance agency **THE HAUSER GROUP**, or its assigns, to obtain copies of consumer reports, including a motor vehicle report, pertaining to me for employment purposes, and for use in rating and/or underwriting insurance for which the above named employer may apply, and any renewal thereof. I understand that in obtaining such consumer reports, a consumer reporting agency may be used, and I do hereby authorize such use.

Signature

Date