

SEMO Operating Company Application for Employment

403 Rambler Drive, PO Box 2045
 Cape Girardeau MO 63702-2045
 Phone: 573-334-0004 Fax: 573-332-1008

ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

Position Sought: _____

How did you learn about the position?

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Office Phone: _____ Other Phone: _____

Email Address: _____ Social Security Number: _____

Date of Birth: _____

On what date would you be available for work? _____ Desired Salary/Wage \$: _____

Are you a U.S. citizen, or are you otherwise authorized to work in the U.S. without any restriction? Yes No

Have you ever been convicted of a felony and/or misdemeanor? Yes No

If yes, please describe circumstances: _____

Have you ever been involuntarily terminated or asked to resign from any position of employment? Yes No

If yes, please describe circumstances: _____

If selected for employment, are you willing to submit to a pre-employment drug screening test? Yes No

If selected for employment, are you willing to submit to a post-offer employment test? Yes No

EDUCATION				
School Name	Location	Years Attended	Degree Received	Major

Driver License				
State	License	Type	Class	Expiration date

Driving Experience				
Class of Equipment	Type of Equipment	Dates From:	Date To:	Miles Total (approx)

Straight Truck				
Tractor & Semi Trailer				
Tractor-Two Trailer				
Other				

Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____

Has any license, permit or privilege ever been suspended or revoked? _____

(If the answer to either A or B is yes, attach statement giving detail)

Accident Record				
Dates	Nature of Accident	State	Fatalities	Injuries

Traffic Convictions				
Location (City)	State	Charge	Penalty	

EMPLOYMENT

Note: DOT requires that employment for at least 3 years and/or Commercial driving experience for the past 10 years be shown

(Most Recent First)

1. Employer: _____ Job Title: _____

Dates Employed: (mm/yy) _____ To: (mm/yy) _____

Address: _____ City: _____ State: _____ Zip: _____

Supervisor: _____ Phone: _____

Starting Wage: _____ Ending Wage: _____ Reason for Leaving: _____

Duties Performed: _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?

Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

2. Employer: _____ Job Title: _____

Dates Employed: (mm/yy) _____ To: (mm/yy) _____

Address: _____ City: _____ State: _____ Zip: _____

Supervisor: _____ Phone: _____

Starting Wage: _____ Ending Wage: _____ Reason for Leaving: _____

Duties Performed: _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?

Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

3. Employer: _____ Job Title: _____

Dates Employed: (mm/yy) _____ To: (mm/yy) _____

Address: _____ City: _____ State: _____ Zip: _____

Supervisor: _____ Phone: _____

Starting Wage: _____ Ending Wage: _____ Reason for Leaving: _____

Duties Performed: _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?

Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

4. Employer: _____ Job Title: _____

Dates Employed: (mm/yy) _____ To: (mm/yy) _____

Address: _____ City: _____ State: _____ Zip: _____

Supervisor: _____ Phone: _____

Starting Wage: _____ Ending Wage: _____ Reason for Leaving: _____

Duties Performed: _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?

Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

ACKNOWLEDGMENT AND AUTHORIZATION

I authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

"I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers;

- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.”

DATE

APPLICANT'S SIGNATURE

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

DATE

APPLICANT'S SIGNATURE

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

Updated 09/25/2017

Mutual Employment Agreement

This is an Official Letter issued to all prospective employees. You are being issued this letter in regard to the pre-employment requirements and the terms and conditions that follow.

SEMO Operating Company agrees to take financial responsibility for the Pre-Employment Drug Screen and the Post Offer Employment Test. In return we will require a minimum of **three months** employment for consideration of the cost of the Pre-Employment Drug Screen and the Post Offer Employment Test. Both of these pre-employment requirements were acknowledged as employment contingencies documented on the employment application.

If you fail to remain employed for the minimum of three months following your hire date the cost for the Pre-Employment Drug Screen and the Post Offer Employment Test, (Total amount \$200.00) will be deducted from your last payroll check issued by SEMO Operating Company.

I hereby certify that I have read the foregoing “Mutual Employment Agreement” and understand these terms and conditions. By signing my name below I am giving approval for this amount of \$200.00 to be withdrawn from my final payroll Check Issued by SEMO Operating Company, should I not fulfill the obligations of this agreement.

Signature

Print Name

Date

Witness signature

Print Name

/ /
Date