



CGS Services, Inc.  
 PO Box 212 2920 East U.S. 52  
 Morristown, IN 46161  
 765-763-6258 ~ 800-453-5575  
 Fax 765-763-6174

## APPLICATION FOR AT-WILL EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, marital or veteran status, disability or any other legally-protected status.

Position Applied For:	CDL <input type="checkbox"/> A <input type="checkbox"/> B	Date of Application:
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<b>How Did You Learn About CGS?</b>		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other

Last Name:	First Name:	Middle Name:
Address	Number	Street
City, State, Zip		
Telephone Number(s)		Social Security No.

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Have you ever filed an application with us? If Yes, give date: \_\_\_\_\_  Yes  No

Have you ever been employed with us? If Yes, give date: \_\_\_\_\_  Yes  No

Are you currently employed?  Yes  No

Are you prevented from lawfully becoming employed in this country because of a Visa or immigration status?  Yes  No  
*Proof of citizenship or immigration status will be required upon employment.*

On what date are you available to begin work? give date: \_\_\_\_\_

Are you available to work  Full Time  Part Time  Shift Work  Temporary

What shifts are you available to work?  1  2  3

Do you have reliable transportation?  Yes  No

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

Can you travel if required?  Yes  No

Have you ever been convicted of a felony offense?  Yes  No

Have you been convicted of a crime within the last seven years?  Yes  No

*Conviction will not necessarily disqualify an applicant from employment.*  Yes  No

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

This application will remain active for 180 days. \* WE ARE AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER\*

*see back side for continuation of application*

Education	Name and Address of School		Course of	Years	Diploma/Degree
Elementary School					
High School					
Undergraduate College					
Graduate Professional					
Other (Specify)					

**Describe any specialized training, apprenticeship, skills and extra-curricular activities.**

**Describe any job-related training received in the United States military.**

**Employment Experience**

*\*For CDL positions, we must have 12 years of work experience.*

Employer		Dates Employed		Work Performed	
		From	To		
Address			Telephone Number(s)		
Job Title	Supervisor		Starting	Final	
Reason for Leaving					

Employer		Dates Employed		Work Performed	
		From	To		
Address			Telephone Number(s)		
Job Title	Supervisor		Starting	Final	
Reason for Leaving					

Employer		Dates Employed		Work Performed	
		From	To		
Address			Telephone Number(s)		
Job Title	Supervisor		Starting	Final	
Reason for Leaving					

If you need additional space, please continue on a separate sheet of paper.

**List professional, trade, business and civic activities and offices held.**

*Please exclude memberships that would reveal gender, race, religion, national origin, age, ancestry, disability or any other protected status.*

Specialized Skills (Check Skills/ Equipment Operated)

- CRT
- PC
- Calculator
- Typewriter

- Fax
- Lotus 1-2-3
- PBX System
- Word Perfect

Machinery(list):

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Other (list):

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

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References

(Name)	(Relationship)	(Phone)
(Address)		
(Name)	(Relationship)	(Phone)
(Address)		
(Name)	(Relationship)	(Phone)
(Address)		

**\* WE ARE AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER \***

**Applicant's Statement:**

I certify that the answers given herein and on any attachments are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in making an employment decision. This application for employment beyond this time should inquire as to whether or not applications are being accepted at that time.

**I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT, IF HIRED, MY EMPLOYMENT RELATIONSHIP WITH THIS ORGANIZATION WOULD BE "AT-WILL" WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME AND FOR ANY OR NO REASON. 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 my employment, I understand that falsification, misrepresentation or omission of information given in my application, resume or any attachments or interview(s) may result in denial of employment or immediate dismissal. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

**\*\*\*If you are applying for a driver position, please complete the back portion of this sheet.**

\* Please attach a copy of your CDL License.

Have you ever been denied a license, permit, or privilege to drive an automotive vehicle?  Yes  No

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_

Has any license, permit or privilege ever been suspended or revoked?  Yes  No

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_

Training & Licensing:	Dates:

Equipment Experience:	Dates:

Driving Experience:	Miles Driven:	Dates:
Straight Truck		
Tractor & Semi Trailer 1 or 2		
Other		

**MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS**

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

Date of Certification: \_\_\_\_\_ Driver's Signature: \_\_\_\_\_

Motor Carrier's Name: \_\_\_\_\_ Motor Carrier's Address: \_\_\_\_\_

Reviewed by Signature: \_\_\_\_\_ Title: \_\_\_\_\_



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***U.S. Department of Transportation***  
**Motor Carrier Safety Program**  
**Inquiry to State Agency for Driver's Record**  
**391.23**

Driver's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

State license was issued: \_\_\_\_\_

Driver's Operator License Number: \_\_\_\_\_

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dear \_\_\_\_\_,

The above listed individual has made application with us for employment as a driver. Applicant has indicated that the above numbered operator's license or permit has been issued by your State to applicant and that it is in good

In accordance with Section 391.23 (a) (1) and (b) of the Federal Motor Carrier Safety Regulations, we are required to make inquiry into the driving record during the preceding 3 years of every State in which an applicant-driver has held a motor vehicle operator's license or permit during those 3 years.

Therefore, please certify to us what the individual's driving record is for the preceding 3 years, or certify that no record exists if that is the case. In the event that this inquiry does not satisfy your requirements for making such inquiries, please send us such forms of yours as are necessary for us to complete our inquiry into the driving record of this individual.

Respectfully yours,

Linda Muegge  
CGS Services, Inc.



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**RELEASE AND DOCUMENTATION FROM PREVIOUS EMPLOYER**

I hereby authorize you to release the following information at CGS Services, Inc. for the purpose of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. This includes any positive controlled substance tests, alcohol tests with a result of .04 or greater, evidence of refusal to be tested and information on any required substance abuse professional evaluation, determination of need for assistance, and compliance with these recommendations for the preceding two years. I request that such records be released immediately. I also request all information regarding my services, character, and conduct while in your employment be released. My signature releases you from any and all liability which may result from furnishing such information.

**\*\* Applicant - Please complete lines 1, 2, 3, and 4.**

1. Name of Applicant: \_\_\_\_\_ SSN: \_\_\_\_\_  
2. Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
3. Name of Company: \_\_\_\_\_  
4. Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ Position: \_\_\_\_\_  
Reason for leaving your company:  Discharge  Lay-Off  Resignation

Remarks: \_\_\_\_\_  
Was the applicant's general conduct satisfactory? \_\_\_\_\_  
Are you eligible for rehire? \_\_\_\_\_

	Excellent	Good	Fair	Poor	Very Poor
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving Skill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks: \_\_\_\_\_  
Did the applicant drive a motor vehicle for you?  Passenger Car  Bus  Straight Truck  Tractor Trailer  
 Other: \_\_\_\_\_

Was this applicant a safe and efficient driver? \_\_\_\_\_  
Total Number of Accidents: \_\_\_\_\_ Number of Preventable Accidents: \_\_\_\_\_

Did the applicant drink any alcoholic beverages while on duty? \_\_\_\_\_  
Has the applicant ever had a breath alcohol test with a result of .04 or greater in the past two years? \_\_\_\_\_

Has the applicant ever tested positive for a controlled substance in the past two years? \_\_\_\_\_  
Has the applicant ever refused a required test for drugs or alcohol in the past two years? \_\_\_\_\_

If yes to any of the above questions, please release any documentation relating to the SAP evaluation, determination and compliance and give the SAP's name, address and phone number for further reference.

SAP Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Previous Employer/Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of person releasing information: \_\_\_\_\_ Title: \_\_\_\_\_  
Date: \_\_\_\_\_ Signature of person releasing information: \_\_\_\_\_