

Date Received: _____
Time: _____
Taken By: _____

Philipp's Trucking, LLC
2555 Old River Rd, Cedar Rapids, IA 52404
Application for Employment
An Equal Opportunity Employer

Philipp's Trucking, LLC ("Philipp's") provides equal employment opportunities to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, sexual orientation, gender identity, disability, pregnancy, veteran status, genetic information, or any other characteristic or activity protected by law. In addition to federal law requirements, Philipp's complies with applicable state and local laws governing nondiscrimination in employment. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation, and training.

Philipp's complies with federal and state disability laws and makes reasonable accommodations for applicants and employees with disabilities. If reasonable accommodation is needed to participate in the job application or interview process, to perform essential job functions, and/or to receive other benefits and privileges of employment, please contact Philipp's Chief Executive Officer at l.whitters@bwc-co.com.

Date: _____

PERSONAL INFORMATION:

Name: _____
Last First Middle

DOB: _____ Social Security Number: _____ Telephone: _____

Email Address: _____

Current Address: _____

Addresses for 3 years prior to date of application:

Previous Address: _____

Previous Address: _____

Previous Address: _____

Driver's License Number: _____ Driver's License State: _____ Driver's License Expiration: _____

Can you, after employment, submit verification of your legal right to work in the U.S.? Yes ☐ No ☐

Are you at least 18 (eighteen) years of age? Yes ☐ No ☐

EMPLOYMENT DESIRED:

Position: _____ Possible Start Date: _____

Are you employed now? Yes ☐ No ☐ If so, may we inquire of your present employer? Yes ☐ No ☐

Ever applied to Philipp's before? Yes ☐ No ☐ When? _____

Are you able to meet the attendance requirements of the position you are applying for? Yes ☐ No ☐

Will you work overtime if needed? Yes ☐ No ☐

How did you hear about us? _____

Do you have a friend, relative, or acquaintance working for Philipp's? Yes ☐ No ☐

If yes, please state name and relationship:

Have you ever been convicted of a felony in the past seven (7) years? Yes ☐ No ☐ (Whether a conviction will disqualify an applicant depends on the nature of the offense, the nature of the job, and the length of time since the conviction.) If yes, please explain:

Are you a resident of the State of Iowa who served in the United States military? Yes ☐ No ☐

If yes, please provide (1) your dates of service; (2) branches served for and what dates those branches were served for; (3) any and all wars or armed conflicts served in during your dates of service; and (4) whether you were honorably discharged:

EDUCATION:

School Level	Name & Location	No. of Years	Did you Graduate?	Course of Study
High School				
College				
Other				

List other special training that may pertain to this position: _____

If the job requires completion of specific course of training, indicate that which you have completed: _____

If the job requires the operation of specific machinery or specific skills, list those at which you are competent: _____

Have you used various types of office equipment, including computer programs? If so, please list:

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc)	Dates (From-To)	Approximate # of Miles
Straight Truck			
Tractor & Semi Trailer			
Tractor & Tanker			
Other			

Accident Record – Report all accidents for the past 3 years – If none, write none

Date	Nature of Accident (Head On, Rearend, upset, etc)	Fatalities/Injuries	Hazardous Material Spill
		Yes No	Yes No
		Yes No	Yes No

Traffic Violations – Report all violations (other than parking) that you were convicted or forfeited bond or collateral for during the past 3 years – If none, write none

Date	Violation	State of Violation	Penalty (forfeited bond, collateral and/or points)

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

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

If the answer to either of the above is yes, give details: _____

FORMER EMPLOYERS: (please include the last 10 years, with the most recent listed first)

If hired, a separate form will be used for consent to receive safety history request as required per 391.23 from previous employers.

Company Name	Telephone Number
Address	Dates of employment
Name of Supervisor	Weekly pay Starting \$ Last \$
Job Title & Description of Work	Reason for leaving
Were you subject to the FMCSRs while employed? Yes No	Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? Yes No

Company Name	Telephone Number
Address	Dates of employment
Name of Supervisor	Weekly pay Starting \$ Last \$
Job Title & Description of Work	Reason for leaving
Were you subject to the FMCSRs while employed? Yes No	Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? Yes No

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REFERENCES:

Name	Address	Business	Phone Number	Years Acquainted

Statement of Understanding: Read Carefully**By signing and submitting this application I am acknowledging that I understand:**

That completing this application does not constitute an offer of employment and that my application may be rejected for any reason.

That, following a contingent offer of employment, I may be required to complete a medical history form and may be required to be examined by a medical professional designated by Philipp's at the post-offer stage.

That the use of illegal drugs is prohibited during employment and that following a contingent offer of employment I may be required to undergo and successfully pass a screening for alcohol and/or drugs that is included in a post offer pre-employment physical examination. I also understand that, if extended an offer of employment, I may be required to submit to an alcohol or drug screening in compliance with federal and state law.

That if I sustain any injury or illness while in the employment of this organization, I agree that this organization shall be entitled to receive full and complete reports and records governing any medical or related examinations, and I authorize any and all such doctors, medical examiners, and hospitals to give this organization full and complete reports and records covering such examinations, condition, care, and treatment related to or resulting from the alleged illness or injury.

That this application will be considered only for the position I am applying for; if I wish to be considered for other positions, I must submit a new application for each position.

That this employment application and any other employee-related documents are not contracts of employment; and that unless otherwise defined by law, this organization follows an "employment at will" policy that an individual who is hired may voluntarily leave employment upon proper notice and may be terminated by the employer at any time and for any reason.

That any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee.

Authorization to Release Information

I authorize Philipp's to make a complete investigation of me, including but not limited to, my past employment history, educational record, criminal felony convictions, motor vehicle driving records, and to receive the results of any physical examination, including the results of alcohol or drug screening I may be required to undergo, and to rely on such information sources. I authorize all persons and organizations to release any information concerning my background and hereby release all persons and organizations from liability for any damage whatsoever for this information. I acknowledge that a telephone facsimile (FAX) or photographic copy shall be as valid as the original.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I also understand that if I provide false, inaccurate, or incomplete information, I will not be eligible for employment, or, if I am hired, I will be subject to disciplinary action up to and including termination regardless of the date on which Philipp's discovers the violation of its policy regarding dishonesty.

Applicant Name: _____
(Please print) Last First M.I.

Signature of Applicant _____ Date ____/____/____

CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK IN COMPLIANCE WITH THE FCRA (FAIR CREDIT REPORTING ACT)

This authorization and consent for release of personal information acknowledges that

_____ (Hereafter referred to as "Company") and/or its agent, C4 Operations LLC, may now, or at any time I am enrolled in, assigned to, volunteer with or am employed by this Company, conduct investigations whether the records are of a public, private or confidential nature. These investigations might include, but are not limited to: searches of educational institutions attended; state driving records; financial or credit institutions; employment, including work history, efficiency ratings, complaints and grievances filed by or against me; records and recollections of attorney-at-law or other counsel, whether representing me or any other person (in either a civil or criminal case in which I have been involved); records from the U.S. Veteran' Administration; criminal history information on file in local, state or federal agencies; and motor vehicle records, and following an employment offer, workers' compensation reports from either the Department of Labor, National Personnel Records or the Industrial Commission or similar agencies under the provisions of the Fair Credit Reporting Act 15, USC section 1681 et seq. I also authorize the National Personnel Records Center, or other custodian of my military service record, to release to C4 Operations LLC, the following information and/or copies of documents from my military service record: DD214, service record, and any disciplinary records.

I understand that these searches can be used to determine eligibility under the Company policies. Therefore, authorize the consent for full release of records (either orally or in writing) to the authorized representatives of the Company. I understand that according to the Federal Fair Credit Reporting Act, I am entitled to know whether employment was denied based upon the information obtained and received, upon written request, a disclosure of the background report. I also understand that I may request a copy of the report from C4 Operations LLC, by sending a written request to 1201 Edgewood Rd SW, Cedar Rapids IA 52404-2344, calling (888) 519-6283 or submitting an email request though our website www.C4Operations.com. After reading this document, I fully understand its contents and authorize the background verification.

Are you applying for employment in California, Minnesota or Oklahoma? YES _____ NO _____

If so, do you want a copy of any Consumer Report prepared concerning you? YES _____ NO _____

I understand that California law requires Company to give me a copy of any report requested within three (3) days of the date the information was obtained and that failure to do so will expose Company to liability (Section 1786.16)

<div>Date Signed (mm/dd/yyyy)</div>	
<div>Applicant Name (PRINT)</div>	<div>Applicant Name (SIGNATURE)</div>
<div>Legal Guardian Name (PRINT) if applicant is a minor</div>	<div>Legal Guardian Name (SIGNATURE) if applicant is a minor</div>