Maverick Oxygen & Respiratory Equipment, LLC

2510 Allen Lane
LaGrange, KY 40031
Phone: (502) 225-4772
Fax: (502) 225-0605
Toll Free: (877) 486-2245
www.maverickoxygen.com

Serving Kentucky, Indiana & Tennessee

DRIVER'S Application for Employment

NOTICE TO APPLICANTS FOR EMPLOYMENT

Maverick Oxygen & Respiratory Equipment, LLC is an "at will" employer, which means that either the employer or the employee may terminate the employment relationship at any time for any or no reason with or without notice.

The application process consists of completing the following:

1.) Application
2.) Application Form Waiver
3.) Request for Information (from previous employer)
4.) Background Check Release Form (Signature Required)
5.) Application – Final Page (Signature Required)

INCOMPLETE APPLICATION, INCLUDING BUT NOT LIMITED TO, AN APPLICATION OMITTING DATES, SIGNATURE OR POSITION APPLIED FOR, WILL NOT BE CONSIDERED.

I affirm that I have read and understand the above instructions and will be bound by them: ☐Yes ☐No

Applicant Name (Print): _____ Date: _____

Applicant Name (Signature): _____

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PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

DRIVER'S APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-5. DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long _____ Social Security No. _____ – _____ – _____

Telephone Number(s)

Home ( ) _____ Mobile/Cell ( ) _____ Work ( ) _____

Position applied for (1) _____

Salary/Wage Desired (2) _____
(Be specific)

Days/hours available to work
No Pref _____ Thur _____
Mon _____ Fri _____
Tue _____ Sat _____
Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired ❑FULL-TIME ONLY ❑PART-TIME ONLY ❑FULL- OR PART-TIME

When available for work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? ❑ No ❑ Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

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DRIVER'S APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? ❑ Yes ❑ No

What is your means of transportation to work? _____

Driver's license number _____

State of issue _____ ❑ Operator ❑ Commercial (CDL) ❑Chauffeur

CDL Class ❑A ❑B ❑C

CDL Endorsements (Current) ❑Hazardous Materials ❑Tanker ❑Doubles/Triples ❑Airbrakes

Driver's License Expiration date _____

Have you had any accidents during the past three years? How many? _____

Have you had any moving violations during the past three years? How Many? _____

OFFICE ONLY

Typing	❑ Yes ❑ No	____ WPM	10-key	❑ Yes ❑ No	Word Processing	❑ Yes ❑ No	____ WPM
Personal Computer	❑ Yes ❑ No	PC ❑ Mac ❑			Other _____ Skills _____		

Please list two references other than relatives or previous employers.

Name _____ Name _____

Position _____ Position _____

Company _____ Company _____

Address _____ Address _____

_____ _____

Telephone (____) _____ Telephone (____) _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? ☐ Yes ☐ No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? ☐ Yes ☐ No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience — Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your Last Job Title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

May we contact your present employer? ☐ Yes ☐ No

Did you complete this application yourself ☐ Yes ☐ No

If not, who did? _____

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PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Maverick Oxygen & Respiratory Equipment, LLC (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Maverick Oxygen & Respiratory Equipment, LLC, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and Maverick Oxygen & Respiratory Equipment, LLC may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant_____ **Date:** _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

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REQUEST FOR INFORMATION – From Previous Employer

I hereby authorize you to release the following information to Maverick Oxygen & Respiratory Equipment, LLC, for the purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations.

Applicant Name (Signature): _____ Date: _____

THIS FORM WAS (check appropriate): ☐Mailed, Date: _____ ☐Faxed, Date: _____ ☐E-Mailed, Date: _____ ☐Received by Phone, Date: _____ Person Contacted: _____

NAME AND ADDRESS OF PREVIOUS EMPLOYER:

Previous Employer Name: _____

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

Name of Applicant: _____ Social Security No.: _____

Dear Sir/Madam:
The above named individual has made application to this company for a position as _____ and states that he/she was employed by you, as _____ from (month/year) _____ to (month/year) _____.
In accordance with Section 391.23, we are required to request the information belwo from all previous employers of the applicant that employed him/her to operate a commercial motor vehicle within the three (3) years preceding (date of application) _____. Please complete the information belwo and return to us within thirty (30) days as required by Section 391.23(g). You may return the information by fax, mail, or email.

Prospective Employer: **Maverick Oxygen & Respiratory Equipment, LLC**
2510 Allen Lane
LaGrange, KY 40031

Attention: Ben Kittleson
Fax: (502) 225-0605
Email: ben@maverickoxygen.com

TO BE COMPLETED BY PREVIOUS EMPLOYER

Part 1: DRIVER IDENTIFICATION
The applicant named above was employed by us, ☐Yes ☐No

Employed as _____ from (month/year): _____ to (month/year): _____

If driver was involved in a safety-sensitive position subject to drug and alcohol testing under Part 40, check here ☐

Part 2: SAFETY PERFORMANCE HISTORY

1.) Did this employee drive a motor vehicle for you? ☐Yes ☐No If yes, what type? ☐Van ☐Straight Truck ☐Tractor-Semi-Trailer ☐Bus ☐Cargo Tank ☐Doubles or triples ☐other (specify) _____

2.) Reason for leaving your employment: ☐Discharged ☐Resignation ☐Lay Off ☐Military Duty ☐Other (please specify) _____

If there is no safety performance history to report, check here ☐sign below and return.

ACCIDENTS: Complete the following for any accidents included on your accident register (390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here ☐if there is no accident register data for this driver.

	Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
Accident #1	/ /				☐Yes ☐No
Accident #2	/ /				☐Yes ☐No
Accident #3	/ /				☐Yes ☐No

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

_____

Signature: _____ Title: _____ Date: _____

PREVIOUS EMPLOYER: KEEP A RECORD OF THIS REQUEST AND THE RESPONSE FOR ONE YEAR, INCLUDING THE DATE, THE PARTY TO WHOM IT WAS RELEASED, AND A SUMMARY IDENTIFYING WHAT WAS PROVIDED. PREVIOUS EMPLOYER – RETURN TO PROSPECTIVE EMPLOYER.

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DRIVER'S Application for Employment

TO BE COMPLETED BY THE PREVIOUS EMPLOYER

Part 3: DRUG AND ALCOHOL HISTORY

If the driver was not subject to DOT testing requirements while employed with your company, please check here ☐, fill in the dates of employment from _____ to _____, complete the bottom of this section and return.

Driver was subject to DOT testing requirements from _____ to _____.

1.) Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? ☐Yes ☐No

2.) Has this person tested positive or adulterated or substitute a test specimen for controlled substances? ☐Yes ☐No

3.) Has this person refused to submit a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? ☐Yes ☐No

4.) Has this person committed other violations of Subpart B of Part 382 or Part 40? ☐Yes ☐No

5.) If this person has violated a DOT drug and alcohol regulation, did this person fail to undertake or complete a program prescribed by a SAP in your employ? If yes, please send documentation with this form. ☐Yes ☐No

6.) For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? ☐Yes ☐No

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date.

Name: _____

Company: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone No.: _____

Completed by: _____ Date: _____
(Signature)

PREVIOUS EMPLOYER: KEEP A RECORD OF THIS REQUEST AND THE RESPONSE FOR ONE YEAR, INCLUDING THE DATE, THE PARTY TO WHOM IT WAS RELEASED, AND A SUMMARY IDENTIFYING WHAT WAS PROVIDED. PREVIOUS EMPLOYER – RETURN TO PROSPECTIVE EMPLOYER.

Background Check Release Form

I, _____ (print your name *LEGIBLY*) am aware that **Maverick Oxygen** has requested *DataCheck* to perform a background check in connection with my application for employment with this company. Any information obtained as a result of such an investigation is confidential and will be provided only to **Maverick Oxygen**. I have voluntarily provided the information listed. I am fully aware of the purpose for this background check, and therefore request that people, companies, references, current or former employers, schools, government agencies, and others contacted provide applicable information to *DataCheck*. *DataCheck* is a professional pre-employment background investigation firm performing background checks as its normal course of business. *DataCheck* may make an investigative report in which information is obtained through business associates, financial sources, credit reporting agencies, criminal courts, educational institutions, law enforcement agencies, or other third parties with whom I may be acquainted. I hereby release personal information about me for the purpose of this investigation.

I have the right to request additional disclosures regarding the nature and scope of this investigation

PLEASE PRINT *LEGIBLY*:

Are you currently employed? _____

If currently employed, may we contact your employer to verify your employment? _____

Please print your full name _____

Home Address, City, St, Zip: _____

Maiden Last Name (If Applicable) _____

Have you used your maiden name within the last 10 years? _____

Other legal names you have been known by: _____

Social Security Number: _____

Date of Birth (Month/Day/Year): _____

Your Driver's License Number: _____

State of Issue: _____

Your Name as shown on your driver's license: _____

A daytime phone number, including area code, where we can reach you should we have any questions: _____

Please list all counties you have lived in within the last 10 years:

County	State	County	State	County	State
County	State	County	State	County	State

Your signature _____ Date _____

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DRIVER'S APPLICATION FOR EMPLOYMENT – FINAL PAGE

1.) I understand that this application and any attachments are the property of Maverick Oxygen & Respiratory Equipment, LLC (the Company).

2.) I certify that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

3.) I hereby grant the Company permission to verify such answers, and I further understand that any false statement or omission on this application may be considered as sufficient cause for rejection of the application, or for dismissal if such false statement or omission is discovered subsequent to my employment.

4.) I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application and release all such parties from all liability for any damage that may result from furnishing such information to you.

5.) Any offer of employment tendered to me is based upon several criteria, including my satisfactorily passing a physical examination and/or any associated laboratory test(s) that may be prescribed by the Company.

6.) Any offer of employment tendered to me is based upon my agreement to abide by the rules and regulations of the Company and acknowledgement that such rules and regulations may be changed, interpreted, withdrawn or added to at the sole discretion of the Company at any time without prior notice to me.

7.) I further acknowledge that my employment may be terminated, and any offer of employment, if such is made, may be withdrawn, with or without cause, and with or without prior notice, at any time, at the option of the Company or myself.

8.) I understand that no representative of the Company, other than the President, has any authority to enter into any agreement for employment for any specified period of time, or assure or make some other personnel move, either prior to commencement or employment or after I have become employed, or to assure any benefits or terms and conditions of employment, or make any agreement contrary to the foregoing.

9.) I further understand that any such agreement must be in writing and signed by the Company President.

10.) It is the policy of the Company to implement affirmatively equal opportunity to all qualified employees and applicants for employment with regard to race, color, religion, sex, age, veteran status, national origin, disability, medical condition or ethnic group and positive action shall be taken to ensure the fulfillment of this policy.

11.) I affirm that I have read and understand the above instructions and will be bound by them.

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. ☐**Agree** ☐**Disagree**

Applicant Name (Signature): _____ **Date:** _____