



Harter's Quick Clean-Up Mechanic Application

| General Information | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------------|------------------|
| Last Name | First | M.I. | Date |
| Street Address | | Apartment/Unit # | |
| City | State | Zip | |
| Home Phone | | Cell Phone | |
| Availability | | | |
| Position Applying For | | Date Available | Desired Salary |
| Driver's License Number/ State/ Exp | | License Type (I.E. CDL Class B) | CDL Endorsements |
| Are you a citizen of the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| If no, are you authorized to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Have you ever been employed with Harter's before? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| If Yes, When? | | | |
| Do you have any friends or relatives employed by this company? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| If Yes, Who? | | | |
| Are you currently on "lay off" status and subject to recall? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Are you able to perform all of the essential functions of a job for which you are applying with or without reasonable accommodations? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| If hired, are there any accommodations the company would need to provide so that you can perform all those essential functions and duties of the position being applied for? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| If Yes, please explain: | | | |
| Has your license, permit, or privilege to operate a motor vehicle ever been denied, revoked or suspended? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please explain: | | | |
| Have you ever been disqualified under §383 or §391 of federal motor carrier regulations? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| If Yes, When and Why? | | | |
| Have you in the last 5 years been convicted of Driving Under the Influence (DUI)? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | | | |
| If Yes, When? | | | |
| Have you ever been convicted of a felony or misdemeanor? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | | | |
| If Yes, please explain when and what? | | | |
| If hired, do you have a reliable means of transportation to and from work? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| If hired, would you be able to work overtime as needed? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |

A criminal record does not constitute an automatic bar to employment and will be considered only as it substantially relates to the job in question.

Do you consent Harter's Quick Clean Up to conduct a background check on you? Yes No

Employment History

All driver applicants must provide complete employment history of driving a CMV* for the past 10 years.

May we contact your current employer? Yes No

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------|---------------|
| Employer (Current Yes <input type="checkbox"/> No <input type="checkbox"/>) | | Start Date | End Date |
| Address | City, State, Zip | | |
| Phone Number | Fax Number | Starting Salary | Ending Salary |
| Supervisor(s) | E-Mail Address of Supervisor | | |
| Essential Job Functions of Final Position | | | |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| Job Positions(s) | | | |
| Did you operate a CDL vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Were you subject to federal motor carrier safety regulations while employed? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Were you required to participate in a U.S. DOT mandated drug & alcohol testing program? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Reason(s) for Leaving | | | |
| What value did you add to this company or customer? | | | |

| | | | |
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| Address | City, State, Zip | | |
| Phone Number | Fax Number | Starting Salary | Ending Salary |
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| Were you subject to federal motor carrier safety regulations while employed? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Were you required to participate in a U.S. DOT mandated drug & alcohol testing program? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Reason(s) for Leaving | | | |
| What value did you add to this company or customer? | | | |

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| Address | City, State, Zip | | |
| Phone Number | Fax Number | Starting Salary | Ending Salary |
| Supervisor(s) | E-Mail Address of Supervisor | | |
| Essential Job Functions of Final Position 1. 2. 3. | | | |
| Job Positions(s) | | | |
| Did you operate a CDL vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Were you subject to federal motor carrier safety regulations while employed? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Were you required to participate in a U.S. DOT mandated drug & alcohol testing program? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Reason(s) for Leaving | | | |
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| Were you required to participate in a U.S. DOT mandated drug & alcohol testing program? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Reason(s) for Leaving | | | |
| What value did you add to this company or customer? | | | |

*Includes vehicle having a GVWR of 26,001 lbs. or more, vehicle designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in quantity required placarding.

Education

| | Name and Address of School | Course of Study | Total Years of Study | Degree/ Diploma |
|-------------------------|----------------------------|-----------------|----------------------|-----------------|
| High School | | | | |
| Undergraduate College | | | | |
| Graduate / Professional | | | | |
| Other (Specify) | | | | |

List any seminars, classes or other education not listed above which may help qualify you for this position:

Mechanical Experience

| Type of Equipment & Explain | Number of Years |
|----------------------------------------------------------------------------|-----------------|
| Tractor - Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Straight Truck - Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Hydraulics - Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Air Brakes - Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Other (Specify) - Yes <input type="checkbox"/> No <input type="checkbox"/> | |

References

List below three persons not related to you who have knowledge of your work performance with in the last five (5) years.

| | | | |
|--------------|--------|---------------------------------|--|
| Name | | Occupation | |
| Company Name | | Address | |
| Telephone | E-Mail | Relationship & Years Acquainted | |
| Name | | Occupation | |
| Company Name | | Address | |
| Telephone | E-Mail | Relationship & Years Acquainted | |
| Name | | Occupation | |
| Company Name | | Address | |
| Telephone | E-Mail | Relationship & Years Acquainted | |

We are required under §391.23 investigate our safety performance history of all Federal Motor Carrier Safety Administration regulated employers that you worked for in the preceding (3) years. We are required to investigate your participation in the U.S. DOT mandated drug and alcohol testing program, whether you violated any prohibitions under §382 subpart B, and whether you failed to undertake or complete rehabilitation as required under §382.605 or subpart O §40 of all U.S. DOT regulated employers that you worked for in the preceding (3) years. You must give written consent for these investigations in order to be considered for employment as a driver. You have due process rights regarding the information received from these investigations under §391.23(i).

Please read each statement closely and initial each acknowledging your understanding

Equal Employment Opportunity Statement

This company is committed to the principles of equal employment opportunity and is committed to make employment decisions based on merit. We are committed to complying with all Federal, State and local laws providing for equal employment opportunities, as well as all laws related to terms and conditions of employment. The Company desires to maintain a work environment that is free of sexual harassment and discrimination due to race, religion, color, national origin, physical or mental disability, age or any other status protected by Federal, State or local laws. The Company will make reasonable efforts to accommodate those physical or mental limitations of an otherwise qualified employee unless undue hardship would result for the company. **Initial** _____

Discrimination and Sexual Harassment Policy Statement

This Company will not tolerate any form of unlawful discrimination, including sexual harassment. Any employee who engages in unlawful discrimination or sexual harassment will be subject to appropriate discipline, up to and including termination. Prohibited sexual harassment is defined as follows: Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature constitutes sexual harassment when (1) submission to such conduct is made whether explicitly or implicitly a term or condition of an individual's employment; (2) Submission to or action of such conduct by an individual is used as the basis for employment decisions affecting such individuals; or (3) Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment. **Initial** _____

Complete and Accurate Information

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I have personally completed this application. I understand that any omission or misstatement of material fact on this application, or any other document used to secure employment, shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. **Initial** _____

At-Will Employment

I understand and agree that if I am employed, my employment will be "at-will", which means that the Company may terminate the employment relationship at any time, with or without cause and with or without notice. Likewise, the Company will respect my right to terminate my employment at any time, with or without cause and with or without notice. I further understand that any prior representation, whether expressed or implied to the contrary is hereby superceded and that no promise or representation contrary to the foregoing is binding on the Company unless made in writing and signed by the Company's president. **Initial**

Testing Authorization

If offered a position with the Company, I hereby agree to any legally permitted physical, psychological, skill, drug or medical test required by the Company as a condition of employment. **Initial** _____

Investigation Authorization

I authorize investigation into all statements and references contained in this application. Said investigation may include credit, driving, criminal background, references and other background checks. By applying for this job, I also authorize post-hire investigation into my credit, driving and criminal background. **Initial**

Company Obligation

I understand and agree that the Company’s acceptance of this job application does not mean that a position for which I am qualified is open (unless specifically posted) or that the company has agreed to hire me. I understand that the Company is under no obligation to hire me as the result of accepting this completed application. **Initial** _____

I HAVE READ AND UNDERSTAND THE ABOVE POLICY STATEMENTS AND AGREE TO BE BOUND BY THEM IF EMPLOYED BY THE COMPANY.

I also agree and understand that any misrepresentations or omissions of information or facts given on this form shall be considered an act of falsification. I agree and understand that carrier or its agents may investigate any and all information given on this from to determine it validity. I understand that all employment history information from previous employers will be used by the carrier only as part of decided whether to hire me. I understand that under U.S. DOT regulation §391.23 (i), I cannot bring an action of proceeding for defamation, invasion of privacy, or interference with a contact against this carrier or any previous employer based on furnishing or using employment history information. I agree to furnish such additional information and complete such examinations as may be required to complete my driver qualification and employment files. If hired, I agree to abide by all rules and policies of this carrier.

Signature

Date

I also certify that I do not have more than one driver’s license.

Signature

Date