

EMPLOYMENT APPLICATION

LEO O'LAUGHLIN INC
499 N 4TH ST SHELBYNA MO 63468
29703 LAVENDER RD MACON MO 63552
JCT 5 & 36 MARCELINE MO 64658

(P) 573-588-4151
(P) 660-385-5012
(P) 660-376-2155

(F) 573-588-4153
(F) 660-385-5132
(F) 660-376-4185

APPLICANT INFORMATION

Last Name	First	M.I.	Date of Application
Street Address	Apartment/Unit #		
City	State	ZIP	
Phone	E-mail Address		
Date of Birth	Social Security No.		
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 convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

POSITION INFORMATION

Position Applied for	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Seasonal <input type="checkbox"/>
Date Available	Desired Salary or Hourly Rate		
Who Referred You			
Have you worked for O'Laughlin's before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Dates:

DRIVER EXPERIENCE & QUALIFICATIONS

License#	State	Expiration Date
Class	Endorsements	
Concrete Mixer	YES <input type="checkbox"/>	NO <input type="checkbox"/> Dates:
Front End Wheel Loader	YES <input type="checkbox"/>	NO <input type="checkbox"/> Dates:
Straight Truck	YES <input type="checkbox"/>	NO <input type="checkbox"/> Dates:
Truck & Pup Trailer	YES <input type="checkbox"/>	NO <input type="checkbox"/> Dates:
Tractor & Semi-Trailer	YES <input type="checkbox"/>	NO <input type="checkbox"/> Dates:
Other:	YES <input type="checkbox"/>	NO <input type="checkbox"/> Dates:

ACCIDENT RECORD

Any traffic accidents in the past 3 years?	YES <input type="checkbox"/>	No <input type="checkbox"/>	Date(s)
Describe accident(s)			
Any traffic convictions or forfeitures in the past 3 years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Date(s)
Describe			

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PREVIOUS EMPLOYMENT (AT LEAST 3 YEARS)

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

REFERENCES

Please list three professional references.

	Full Name	Relationship	Years Known	Phone
1				
2				
3				

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4

Any special trade school certificates or certifications such as ASE, etc.?

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MAINTENANCE EXPERIENCE & QUALIFICATIONS

Area	Experience		Years of Experience	Formal Training	
Air Conditioning (In Cab)	YES <input type="checkbox"/>	NO <input type="checkbox"/>		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Brakes	YES <input type="checkbox"/>	NO <input type="checkbox"/>		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Cooling System	YES <input type="checkbox"/>	NO <input type="checkbox"/>		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Diagnostic Equipment	YES <input type="checkbox"/>	NO <input type="checkbox"/>		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Diesel Engine Rebuild	YES <input type="checkbox"/>	NO <input type="checkbox"/>		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Diesel Engine Tune-Up	YES <input type="checkbox"/>	NO <input type="checkbox"/>		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Diesel Injection Equipment	YES <input type="checkbox"/>	NO <input type="checkbox"/>		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Drive Line Components	YES <input type="checkbox"/>	NO <input type="checkbox"/>		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Electric Welder	YES <input type="checkbox"/>	NO <input type="checkbox"/>		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Electrical Repair	YES <input type="checkbox"/>	NO <input type="checkbox"/>		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Inspections	YES <input type="checkbox"/>	NO <input type="checkbox"/>		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Oxyacetylene Welder	YES <input type="checkbox"/>	NO <input type="checkbox"/>		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Tire Service	YES <input type="checkbox"/>	NO <input type="checkbox"/>		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Trailer Repair	YES <input type="checkbox"/>	NO <input type="checkbox"/>		YES <input type="checkbox"/>	NO <input type="checkbox"/>

CAPABILITY/RELIABILITY

Would you be willing and able to perform all the tasks required by the job you are applying for?

YES NO If No, Explain:

Would you be willing to report to work on time every day and on a regular and consistent basis?

YES NO If No, Explain:

Would you be willing to work overtime?

YES NO If No, Explain:

Would you be willing to work weekends?

YES NO If No, Explain:

Would you be willing to stay away from home overnight if needed?

YES NO If No, Explain:

Will you abide by the safety rules of the company?

YES NO If No, Explain:

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DISCLAIMER AND SIGNATURE

I authorize you to make such investigations and inquiries of 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. In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Leo O'Laughlin Inc.

Signature

Date

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 previous employers
- Have errors in the information corrected by previous employers
- Have a rebuttable statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information

Signature

Date

I certify 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.

Signature

Date