



# INONTIME APPLICATION FOR EMPLOYMENT

*\*Applicant must complete in his or her own handwriting*

Date of Application \_\_\_\_\_ Social Security Number \_\_\_\_\_

Applicant Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

How long have you been at your current address? \_\_\_\_\_  
Months/Years

List your previous addresses for the past three years.

\_\_\_\_\_ How long? \_\_\_\_\_  
Street City State & Zip Code year/month

\_\_\_\_\_ How long? \_\_\_\_\_  
Street City State & Zip Code year/month

\_\_\_\_\_ How long? \_\_\_\_\_  
Street City State & Zip Code year/month

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Do you have a current DOT Medical Card? \_\_\_\_\_ Expiration date \_\_\_\_\_

Drivers License # \_\_\_\_\_ License Type \_\_\_\_\_

Endorsements \_\_\_\_\_ Expiration \_\_\_\_\_

Where do you see yourself fitting best at Inontime? (**Circle** all that apply)  
Tractor Trailer driving, Straight Truck, Cargo Van, warehouse, dispatch, other \_\_\_\_\_. Full-time, Part-time

Are there any times you are **unavailable** for work? If so, when? \_\_\_\_\_

Have you worked for or applied with Inontime in the past? \_\_\_\_\_

How did you hear of Inontime? \_\_\_\_\_

Rate of pay expected \_\_\_\_\_

Has your driver license ever been suspended, denied or revoked? \_\_\_\_\_ If yes, please explain *fully* on a separate sheet of paper.

Have you ever been convicted of a felony? \_\_\_\_\_ If yes, please explain fully on a separate sheet of paper.

Do you require accommodations to perform the functions of the job for which you have applied? \_\_\_\_\_

Do you have any lifting or driving restrictions? \_\_\_\_\_

## EDUCATION

Circle the highest grade completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4 +

Name of the last school attended \_\_\_\_\_  
City, State

\*This box is for those applicants applying for driving positions.

**DRIVING HISTORY**

List your accident record for the past 10 years. If none, write **None**. (Attach another sheet if needed)

Date	Were you at fault?	What happened?
___/___/___	_____	_____
___/___/___	_____	_____
___/___/___	_____	_____

Record you're Traffic Convictions for the past 5 years. If none, write None ( Attach another sheet if needed)

Date	Location	Number of points?	What happened?
___/___/___	_____	_____	_____
___/___/___	_____	_____	_____
___/___/___	_____	_____	_____

**Explain your experience driving large vehicles:**

Size of vehicles	Number of years You operated that equipment	How long ago
Size of vehicles	Number of years You operated that equipment	How long ago

Do you have a *current* DOT Medical Card? \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**REFERENCES**

List at least **five** personal references, **three** of whom you have had working relationships with that we *may* contact.

1. \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_

\_\_\_\_\_

How long have you known? \_\_\_\_\_ Relationship? \_\_\_\_\_
2. \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_

\_\_\_\_\_

How long have you known? \_\_\_\_\_ Relationship? \_\_\_\_\_
3. \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_

\_\_\_\_\_

How long have you known? \_\_\_\_\_ Relationship? \_\_\_\_\_
4. \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_

\_\_\_\_\_

How long have you known? \_\_\_\_\_ Relationship? \_\_\_\_\_
5. \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_

\_\_\_\_\_

How long have you known? \_\_\_\_\_ Relationship? \_\_\_\_\_

**EMPLOYER HISTORY**

Are you currently employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_  
Have you ever been discharged or asked to leave a position? \_\_\_\_\_ If yes, explain.

List all previous employers from the last TEN years ( IF applying for a driving position) OR for the last SEVEN years (for a non driving position); please make sure to note if you do not want Inontime to contact a listed employer. Add another sheet as necessary.

1. \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Name of Most recent Employer Month/Year Month/Year  
Address \_\_\_\_\_ Position Held \_\_\_\_\_  
City/State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Starting Wage \_\_\_\_\_ Ending Wage \_\_\_\_\_ Phone Number \_\_\_\_\_  
Immediate Supervisors Name \_\_\_\_\_

Reason for leaving:

\_\_\_\_\_

2. \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Name Of Employer Month/Year Month/Year  
Address \_\_\_\_\_ Position Held \_\_\_\_\_  
City/State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Starting Wage \_\_\_\_\_ Ending Wage \_\_\_\_\_ Phone Number \_\_\_\_\_  
Immediate Supervisors Name \_\_\_\_\_

Reason for leaving:

\_\_\_\_\_

3. \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Name of Employer Month/Year Month/Year  
Address \_\_\_\_\_ Position Held \_\_\_\_\_  
City/State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Starting Wage \_\_\_\_\_ Ending Wage \_\_\_\_\_ Phone Number \_\_\_\_\_  
Immediate Supervisors Name \_\_\_\_\_

Reason for leaving:

\_\_\_\_\_

4. \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Name of Employer Month/Year Month/Year  
Address \_\_\_\_\_ Position Held \_\_\_\_\_  
City/State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Starting Wage \_\_\_\_\_ Ending Wage \_\_\_\_\_ Phone Number \_\_\_\_\_  
Immediate Supervisors Name \_\_\_\_\_

Reason for leaving:

\_\_\_\_\_

5. \_\_\_\_\_  
Name of Employer  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City/State  
\_\_\_\_\_  
Starting Wage      Ending Wage  
\_\_\_\_\_  
Immediate Supervisors Name

From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year      Month/Year  
\_\_\_\_\_  
Position Held  
\_\_\_\_\_  
Zip Code  
\_\_\_\_\_  
Phone Number

Reason for leaving:

\_\_\_\_\_  
\_\_\_\_\_

6. \_\_\_\_\_  
Name of Employer  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City/State  
\_\_\_\_\_  
Starting Wage      Ending Wage  
\_\_\_\_\_  
Immediate Supervisors Name

From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year      Month/Year  
\_\_\_\_\_  
Position Held  
\_\_\_\_\_  
Zip Code  
\_\_\_\_\_  
Phone Number

Reason for leaving:

\_\_\_\_\_  
\_\_\_\_\_

7. \_\_\_\_\_  
Name of Employer  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City/State  
\_\_\_\_\_  
Starting Wage      Ending Wage  
\_\_\_\_\_  
Immediate Supervisors Name

From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year      Month/Year  
\_\_\_\_\_  
Position Held  
\_\_\_\_\_  
Zip Code  
\_\_\_\_\_  
Phone Number

Reason for leaving:

\_\_\_\_\_  
\_\_\_\_\_

8. \_\_\_\_\_  
Name of Employer  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City/State  
\_\_\_\_\_  
Starting Wage      Ending Wage  
\_\_\_\_\_  
Immediate Supervisors Name

From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year      Month/Year  
\_\_\_\_\_  
Position Held  
\_\_\_\_\_  
Zip Code  
\_\_\_\_\_  
Phone Number

Reason for leaving:

\_\_\_\_\_  
\_\_\_\_\_



**What personal qualities could you bring to Inontime?**

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All qualified applicants are considered by Inontime for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status. I authorize Inontime to make such investigations and inquiries of my personal employment, financial or medical history and other related matters as may be necessary at an employment decision. 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 interviews may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Inontime. I understand that information I provide regarding current and/or previous employers may be used, and those employers may be contacted, for the purpose of investigating my safety performance history. I understand that I have the right to review information provided by previous employers, and have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employers and have a rebuttal statement attached to the alleged erroneous information, if the employers and I cannot agree on the accuracy of the information. The following signature certifies that I agree with the previous information, that this entire application was completed by me and that all information on it is true and complete to the best of my knowledge.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return to:**

Inontime Inc.  
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Zeeland, MI 49464  
Phone: 616-748-7519  
Fax: 616-748-9350