



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:

Street, City, State & Zip Code How long? ___ / ___
Month/Year

Street, City, State & Zip Code How long? ___ / ___
Month/Year

Street, City, State & Zip Code How long? ___ / ___
Month/Year

Driver's License # _____ State _____ License Type _____

Endorsements _____ Driver's License Expiration Date ___ / ___ / ___

Do you have a current DOT Medical Card? Yes / No DOT Med Card's Expiration Date ___ / ___ / ___

Where do you see yourself fitting best at Inontime? (Circle all that apply)
Tractor Trailer, Straight Truck, Warehouse, Dispatch, other _____ Full-time / Part-time / Seasonal

If applying for a driving position, what is your date of birth? ___ / ___ / ___

If applying for any other position, are you 18 years of age or older? Yes / No

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

Have you worked for or applied with Inontime in the past? If so, when? _____

How did you hear of Inontime? _____

Rate of pay expected _____

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 high school attended _____
City, State

Name of the college, if attended _____
City, State

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

DRIVING HISTORY

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

Date	Were you at fault?	Nature of Accident	Fatalities or Injuries
__/__/__	_____	_____	_____
__/__/__	_____	_____	_____

Traffic convictions and forfeitures (other than parking violations) for the past 5 years. (Attach another sheet if needed) If no denial, revocation, or suspension of any license has occurred write **None** below.

Date	Location	Charge	Penalty or Points
__/__/__	_____	_____	_____
__/__/__	_____	_____	_____

Explain your experience driving commercial motor vehicles:

_____	_____	_____/____/____	_____/____/____
Class of Equipment	Types (Van, Tank, Flat, Dump, Reefer)	From Date (M/Y)	To Date (M/Y)
_____	_____	_____/____/____	_____/____/____
Class of Equipment	Types (Van, Tank, Flat, Dump, Reefer)	From Date (M/Y)	To Date (M/Y)

List any special courses or training that has equipped you as a driver:

REFERENCES

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

NAME	TELEPHONE
RELATIONSHIP	OCCUPATION
CITY STATE ZIP	HOW LONG HAVE YOU KNOWN

NAME	TELEPHONE
RELATIONSHIP	OCCUPATION
CITY STATE ZIP	HOW LONG HAVE YOU KNOWN

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CITY STATE ZIP	HOW LONG HAVE YOU KNOWN

NAME

RELATIONSHIP

CITY STATE ZIP

TELEPHONE

OCCUPATION

HOW LONG HAVE YOU KNOWN

EMPLOYER HISTORY

List in order, beginning with your current or last employer, and describe duties performed for the last 10 years (IF applying for a driving position) OR for the last 7 years (for a non-driving position). If you need additional space, please attach another sheet. If currently unemployed, how long since leaving last employment? _____

If you have ever been discharged or asked to leave a position please explain: _____

NAME OF CURRENT OR LAST EMPLOYER

STREET ADDRESS

CITY STATE ZIP

SALARY

NAME AND TITLE OF IMMEDIATE SUPERVISOR

TELEPHONE

JOB TITLE

STARTING DATE ENDING DATE
Subject to FMCSRs? Yes/No
Subject to DOT D&A? Yes/No
May we contact your present employer? Yes/No
Full Time Yes/No
Part Time Yes/No

Reason for leaving: _____

NAME OF CURRENT OR LAST EMPLOYER

STREET ADDRESS

CITY STATE ZIP

SALARY

NAME AND TITLE OF IMMEDIATE SUPERVISOR

TELEPHONE

JOB TITLE

STARTING DATE ENDING DATE
Subject to FMCSRs? Yes/No
Subject to DOT D&A? Yes/No
Full Time Yes/No
Part Time Yes/No

Reason for leaving: _____

NAME OF CURRENT OR LAST EMPLOYER

STREET ADDRESS

CITY STATE ZIP

SALARY

NAME AND TITLE OF IMMEDIATE SUPERVISOR

TELEPHONE

JOB TITLE

STARTING DATE ENDING DATE
Subject to FMCSRs? Yes/No
Subject to DOT D&A? Yes/No
Full Time Yes/No
Part Time Yes/No

Reason for leaving: _____

NAME OF CURRENT OR LAST EMPLOYER

TELEPHONE

STREET ADDRESS

JOB TITLE

CITY STATE ZIP

STARTING DATE ENDING DATE

SALARY

Subject to FMCSRs? Yes/No

Subject to DOT D&A? Yes/No

Full Time Yes/No

Part Time Yes/No

NAME AND TITLE OF IMMEDIATE SUPERVISOR

Reason for leaving:

NAME OF CURRENT OR LAST EMPLOYER

TELEPHONE

STREET ADDRESS

JOB TITLE

CITY STATE ZIP

STARTING DATE ENDING DATE

SALARY

Subject to FMCSRs? Yes/No

Subject to DOT D&A? Yes/No

Full Time Yes/No

Part Time Yes/No

NAME AND TITLE OF IMMEDIATE SUPERVISOR

Reason for leaving:

What is the single most significant accomplishment in your career up to this point?

In the space provided below please describe yourself (hobbies, interests, etc).

What skill sets or personal qualities would you bring to Inontime?

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. I agree to furnish additional information and complete examinations as may be required to complete my application file. It is agreed and understood that this Application for Employment in no way obligates the motor carrier to employ or hire the applicant.

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 resend 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 entries on it and information in it are true and complete to the best of my knowledge.

Applicant Signature

Date

Return to:

Inontime, Inc.
327 W. Phillips Rd, Suite D
Greer, SC 29650