

**MIDWEST LAUNDRY INC.
10110 CINCINNATI-DAYTON RD.
CINCINNATI, OHIO 45241**

**DRIVER'S APPLICATION FOR EMPLOYMENT
(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)**

PERSONAL INFORMATION

	DATE _____
NAME _____	S.S.# _____
PHONE NO. _____	DATE OF BIRTH _____
STREET ADDRESS _____	
CITY, STATE ZIP _____	NUMBER OF YEARS _____

PAST 3 YEAR RESIDENCY (MANDATORY)

STREET ADDRESS	CITY/ STATE/ZIP	NUMBER OF YEARS

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED
IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES NO

EMPLOYMENT DESIRED

DATE YOU CAN START _____	SALARY DESIRED _____
ARE YOU EMPLOYED NOW? _____	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____
EVER APPLIED TO THIS COMPANY BEFORE? _____	WHEN? _____

ARE YOU RELATED TO ANYONE CURRENTLY EMPLOYED AT MIDWEST LAUNDRY? YES NO

REFERRED BY

EDUCATION	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS CORRESPONDENCE SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL SKILLS

ACTIVITIES (CIVIC, ATHLETIC, ETC.)

EXCLUDE ORGANIZATIONS THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS

U.S. MILITARY OR
NAVAL SERVICE

RANK

PRESENT MEMBERSHIP IN
NATIONAL GUARD OR RESERVES

FORMER EMPLOYERS (LIST LAST THREE YEARS)

All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three years. You must give the same information for all employers for whom you have driven a commercial vehicle.

You are required to list the complete mailing address: street number and name, city, state and zip code.

If no driving experience within the last 3 years- check here

CURRENT OR LAST EMPLOYER: Name _____ Phone Number (_____) _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
(month/year) (month/year)

Class /type of Equipment Driven _____
Reasons for Leaving _____ Were you subject to
the FMCSRs** while employed? YES NO
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part
40? YES NO
*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason _____

SECOND LAST EMPLOYER: Name _____ Phone Number (_____) _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
(month/year) (month/year)

Class/type of Equipment Driven _____
Reasons for Leaving _____
Were you subject to the FMCSRs** while employed? YES NO
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part
40? YES NO
*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason _____

THIRD LAST EMPLOYER: Name _____ Phone Number (_____) _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
(month/year) (month/year)

Class/type of Equipment Driven _____
Reasons for Leaving _____
Were you subject to the FMCSRs** while employed? YES NO
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part
40? YES NO
*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason _____

*Any gaps in employment and/or unemployment must be explained.

**The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

Accident/License Information

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

State	License Number	Expiration Date
A. Have you ever been denied a license, permit, or privilege to operate a vehicle? YES <input type="checkbox"/> NO <input type="checkbox"/>		
If yes, give details _____		
B. Has any license, permit, or privilege ever been suspended or revoked? YES <input type="checkbox"/> NO <input type="checkbox"/>		
If yes, give details _____		
C. Have you had any <u>traffic</u> convictions and/ or forfeitures? YES <input type="checkbox"/> NO <input type="checkbox"/>		
If yes, give details _____		
D. Have you had any accidents within the last 3 years? YES <input type="checkbox"/> NO <input type="checkbox"/>		
If yes, give details _____		
E. Have you had any Convictions? YES <input type="checkbox"/> NO <input type="checkbox"/>		
If yes, give details including year of conviction _____		

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

SIGNATURE _____ DATE _____



10110 CINCINNATI-DAYTON RD. CINCINNATI, OHIO 45241 (513) 563-5560 FAX (513) 577-7461

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

TO: _____
(Former Employer)

DATE: _____

I hereby authorize this company to release all information concerning records of employment, including oral assessments of my job performance, ability, and fitness, to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release this company from any and all liability of any type as a result of providing the below mentioned information to the below mentioned person.

(Applicant's signature)

(Social Security No.)

(Witness's signature)

Will you kindly reply to the inquiry below respecting this applicant. Your reply will be held in strict confidence and will in no way involve you in any responsibility. For your convenience in replying, please fax to 513-577-7461.

Thanking you in advance,

_____, Manager

1. Employed with your company from _____ to _____.
2. What kind(s) of work did this person do? _____
3. Did this person drive motor vehicles for you? Passenger Car _____? Bus _____?
Straight Truck _____? Tractor-Semitrailer _____? Other (Specify) _____?
4. Give dates of vehicle accidents in which this person was involved _____
Number preventable _____ Explain _____
5. Reason for leaving your employ: Discharged _____? Laid Off _____? Resigned _____?
Remarks: _____
6. Has this person ever tested positive for controlled substances in the past two years? Yes _____ No _____
7. Has this person ever had a breath alcohol test with a result of .04 or greater in the past two years? Yes _____ No _____
8. Has this person ever refused a required test for drugs or alcohol in the past two years? Yes _____ No _____

If yes to any of the questions 6, 7 or 8, please release any document relating to the SAP evaluation, determination and compliance, and give the SAP's name, address and phone number for further reference.

SAP Name _____ Address _____
City/State/Zip _____ Phone No. (include area code) _____

	Excellent	Good	Fair	Poor	Very Poor
Quality of work	_____	_____	_____	_____	_____
Cooperation with others	_____	_____	_____	_____	_____
Safety habits	_____	_____	_____	_____	_____
Personal habits	_____	_____	_____	_____	_____
Driving Skill	_____	_____	_____	_____	_____
Attitude	_____	_____	_____	_____	_____

Any other remarks _____

For: _____
(Name of Company) (Date)

By: _____
(Signature of person supplying information)

FAIR CREDIT REPORTING ACT DISCLOSURE

In conjunction with my application for employment (including contract services) with you, my prospective employer, I understand that you intend to hire Selection.com to obtain Consumer Reports and / or Investigative Consumer Reports (hereinafter called "Reports") about me as defined in the Fair Credit Reporting Act (FCRA). These "Reports" may include information concerning my credit worthiness, credit standing, credit capacity, character, academic background, credentials, work habits, work performance, work experience, reasons for work termination, general reputation, personal characteristics or mode of living. You also may seek information concerning my employment history, workers' compensation history, motor vehicle record, education background, civil litigation history and/or criminal record.

I understand that you may rely on any or all of the above referenced information in determining whether to extend an offer of employment to me. If you contemplate making an adverse employment-related decision that will affect me based, in whole or in part, upon a "Report" obtained from Selection.com, I will be provided with a copy of the "Report" and a written summary of my Consumer Rights under the FCRA before you finalize that decision.

I have read the above disclosure and I hereby authorize you, Selection.com or its authorized agents to obtain the above referenced information about me. I also authorize all agencies, bureaus, employers, information service organizations and individuals to provide any of the above referenced knowledge or information they have concerning me. If I am hired, this authorization shall remain on file and shall serve as an ongoing authorization for you to obtain "Reports" about me from Selection.com at any time during my employment with you. A photocopy or facsimile of this authorization shall be as valid as the original. I agree that any and all disputes arising from this "Report" shall be brought only in state or federal court in the State of Ohio and shall be governed by, and construed in accordance with, the laws of the State of Ohio.

Print Name: _____ Date: _____

Signature: _____

Notice to Applicants living in CA, OK or MN:

By checking this box, I request to receive a free copy of any consumer report ordered on me.

Email address: _____ **

** By entering my email address, I authorize Selection.com to deliver my report via email

Notice to California Residents:

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by Selection.com during normal business hours. You may also obtain a copy of this file, either in person or by mail, by submitting proper identification and paying the costs of duplication services. You may also receive a summary of the file by telephone by being able to provide adequate identification as to allow Selection.com to determine with reasonable certainty that you are the subject of the report. Selection.com is required to have personnel available to explain your file to you and must explain to you any coded information appearing in your file. If you appear in person, another person of your choice may accompany you, providing that this additional person furnishes proper identification.

THIS FORM IS FOR PERMANENT RETENTION IN PERSONNEL FILE.

EMPLOYMENT INQUIRY RELEASE

In conjunction with my application for employment (including contract services) with you, my prospective employer, I understand that you intend to hire Selection.com to obtain Consumer Reports and / or Investigative Consumer Reports (hereinafter called "Reports") about me as defined in the Fair Credit Reporting Act (FCRA). These "Reports" may include information concerning my credit worthiness, credit standing, credit capacity, character, academic background, credentials, work habits, work performance, work experience, reasons for work termination, general reputation, personal characteristics or mode of living. You also may seek information concerning my employment history, workers' compensation history, motor vehicle record, education background, civil litigation history and/or criminal record.

I understand that you may rely on any or all of the above referenced information in determining whether to extend an offer of employment to me. If you contemplate making an adverse employment-related decision that will affect me based, in whole or in part, upon a "Report" obtained from Selection.com, I will be provided with a copy of the "Report" and a written summary of my Consumer Rights under the FCRA before you finalize that decision.

I have read the above disclosure and I hereby authorize you, Selection.com or its authorized agents to obtain the above referenced information about me. I also authorize all agencies, bureaus, employers, information service organizations and individuals to provide any of the above referenced knowledge or information they have concerning me. If I am hired, this authorization shall remain on file and shall serve as an ongoing authorization for you to obtain "Reports" about me from Selection.com at any time during my employment with you. A photocopy or facsimile of this authorization shall be as valid as the original. I agree that any and all disputes arising from this "Report" shall be brought only in state or federal court in the State of Ohio and shall be governed by, and construed in accordance with, the laws of the State of Ohio.

Signature _____ Date _____

THE FOLLOWING INFORMATION IS REQUIRED TO CONDUCT THE BACKGROUND INVESTIGATION

PRINT NAME _____
Last Name First Name Middle Initial Social Security Number

PREVIOUS OR MAIDEN NAME (if applicable) _____ PHONE NUMBER _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

DRIVER'S LICENSE NUMBER _____ STATE ISSUED _____

List states and counties of residence, other than above, for the past seven (7) years:

COUNTY _____ STATE _____; COUNTY _____ STATE _____; COUNTY _____ STATE _____

FOR IDENTIFICATION PURPOSES ONLY: Date of birth _____ SEX: _____ RACE: _____

My prospective employer understands age to be a protected characteristic and the information requested will not be used as the basis for any employment decision.

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By checking this box, I request to receive a free copy of any Report ordered on me.
Email address: _____ **
** By entering my email address, I authorize Selection.com to deliver my Report via email

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Under section 1786.22 of the California Civil Code, you may view the file maintained on you by Selection.com during normal business hours. You may also obtain a copy of this file, either in person or by mail, by submitting proper identification and paying the costs of duplication services. You may also receive a summary of the file by telephone by being able to provide adequate identification as to allow Selection.com to determine with reasonable certainty that you are the subject of the report. Selection.com is required to have personnel available to explain your file to you and must explain to you any coded information appearing in your file. If you appear in person, another person of your choice may accompany you, providing that this additional person furnishes proper identification.

***** IF FAXING OR EMAILING REQUEST, THIS SECTION MUST BE COMPLETED BY EMPLOYER FOR PROCESSING *****

Customer Number _____	Location or Store Number _____	Date Submitted _____
Contact Person _____	Phone Number _____	Position Applied For _____
Information Requested:		
Combined Report: _____		
Individual Reports: _____		
Criminal Convictions <input type="checkbox"/> County(s) and state(s) _____		
Other: _____		

This Form Provided By: Selection.com 155 Tri County Boulevard; Suite 150 Cincinnati, OH 45246 Telephone - 800.325.3609 Fax - 888.767.2435

For background check entry, send to requests@selection.com.

For employment or education verification purposes, email to releases@selection.com with the applicant's full name in the subject line.

USE THIS SHEET FOR ADDITIONAL EMPLOYMENT HISTORY INFORMATION

FOURTH LAST EMPLOYER: Name _____ Phone Number (____) _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
(month/year) (month/year)
Reasons for Leaving _____
Were you subject to the FMCSRs** while employed? Yes No
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No
*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

FIFTH LAST EMPLOYER: Name _____ Phone Number (____) _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
(month/year) (month/year)
Reasons for Leaving _____
Were you subject to the FMCSRs** while employed? Yes No
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No
*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

SIXTH LAST EMPLOYER: Name _____ Phone Number (____) _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
(month/year) (month/year)
Reasons for Leaving _____
Were you subject to the FMCSRs** while employed? Yes No
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No
*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

SEVENTH LAST EMPLOYER: Name _____ Phone Number (____) _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
(month/year) (month/year)
Reasons for Leaving _____
Were you subject to the FMCSRs** while employed? Yes No
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No
*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

EIGHTH LAST EMPLOYER: Name _____ Phone Number (____) _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
(month/year) (month/year)
Reasons for Leaving _____
Were you subject to the FMCSRs** while employed? Yes No
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No
*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

NINTH LAST EMPLOYER: Name _____ Phone Number (____) _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
(month/year) (month/year)
Reasons for Leaving _____
Were you subject to the FMCSRs** while employed? Yes No
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No
*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

TENTH LAST EMPLOYER: Name _____ Phone Number (____) _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
(month/year) (month/year)
Reasons for Leaving _____
Were you subject to the FMCSRs** while employed? Yes No
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No
*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

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