



## APPLICATION FOR EMPLOYMENT

*LEWCO, Inc. is an equal employment opportunity employer. LEWCO, Inc. policy prohibits unlawful discrimination based on race, color, creed, religion, sex, national origin, nationality, ancestry, age, marital or military status, veteran status, sexual orientation, gender identity, disability or any other basis protected by applicable federal, state, or local laws. LEWCO also prohibits harassment of applicants or employees based on any of these protected categories. It is also LEWCO policy to comply with all applicable state and federal laws respecting consideration of unemployment status in making hiring decisions. Your application will be reviewed thoroughly. Please complete all areas. An incomplete application may disqualify you from consideration for employment. Also, please advise us if you have any questions, need assistance or need an accommodation in completing this application.*

**PLEASE PRINT**

**Date:** \_\_\_/\_\_\_/\_\_\_

Last Name	First Name	Middle Name		
Address		City	State	Zip Code
Phone # (with area code)		Cell Phone # (with area code)		
Salary Desired	Position Desired	Location	Date you can start	
E-Mail		How did you hear about this opportunity?		

Have you ever applied to LEWCO before? Yes  No  If yes, Where? \_\_\_\_\_ When? \_\_\_\_\_

Have you ever been employed by LEWCO before? Yes  No  If yes, Where? \_\_\_\_\_ When? \_\_\_\_\_

Do you have any relatives working for LEWCO? Yes  No  If yes, who? \_\_\_\_\_

Are you at least 18 years of age? Yes  No  If no, you may be required to provide a valid work permit if hired.

Will you now or in the future require sponsorship for employment visa status (e.g. H-1B status)? Yes  No

To perform a complete check of your work and education records, should we be made aware of any change in name or assumed name that you previously used? Yes  No  If yes, identify name(s) and relevant dates: \_\_\_\_\_

If hired, can you perform the essential functions of the position for which you are applying, with or without reasonable accommodation? Yes  No  N/A, I have not yet been provided with a job description.

**EDUCATION:**

Level	Name & City & State	Last Yr Completed	Diploma/GED/Degree	Subjects Studied
High School or GED				
College/University				
Graduate School				
Trade, Business or Correspondence School				
Licenses or Certifications				

**If applying for a position that will include driving:**

Driver's License Information: State: \_\_\_\_\_ Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Restrictions or Suspensions (respond fully if driving is required by the job for which you are applying):

\_\_\_\_\_

\_\_\_\_\_

If hired, you may be required to provide proof of insurance coverage.

**WORK EXPERIENCE:** Start with your present or most recent job. Include all work experience, paid or unpaid, including, volunteer activities and periods of unemployment. All applicants for positions that require driving a commercial motor vehicle \* in interstate commerce **MUST** provide the following information for all employers during the previous three (3) years AND must give the same information for all employers for whom the applicant drove a commercial motor vehicle during the previous ten years (10) (ten years total employment history). You may attach additional sheets of paper if necessary. **NOTE: Providing a resume is not a substitute for completing this section.**

<b>1. Employer</b>		<b>Dates Employed (mm/dd/yy)</b> From To		<b>Job Title</b>	
<b>Address</b>		<b>City</b>		<b>State</b>	<b>Zip Code</b>
<b>Telephone Number (with area code)</b>	<b>Hourly Rate/Salary</b> Starting Final		Bonus	Commission	
<b>Reason for leaving</b>				<b>Supervisor</b>	
<b>May we contact your current employer?</b>					

<b>2. Employer</b>		<b>Dates Employed (mm/dd/yy)</b> From To		<b>Job Title</b>	
<b>Address</b>		<b>City</b>		<b>State</b>	<b>Zip Code</b>
<b>Telephone Number (with area code)</b>	<b>Hourly Rate/Salary</b> Starting Final		Bonus	Commission	
<b>Reason for leaving</b>				<b>Supervisor</b>	

<b>3. Employer</b>		<b>Dates Employed (mm/dd/yy)</b> From To		<b>Job Title</b>	
<b>Address</b>		<b>City</b>		<b>State</b>	<b>Zip Code</b>
<b>Telephone Number (with area code)</b>	<b>Hourly Rate/Salary</b> Starting Final		Bonus	Commission	
<b>Reason for leaving</b>				<b>Supervisor</b>	

<b>4. Employer</b>		<b>Dates Employed (mm/dd/yy)</b> From To		<b>Job Title</b>	
<b>Address</b>		<b>City</b>		<b>State</b>	<b>Zip Code</b>
<b>Telephone Number (with area code)</b>	<b>Hourly Rate/Salary</b> Starting Final		Bonus	Commission	
<b>Reason for leaving</b>				<b>Supervisor</b>	

\* Includes vehicles having a GVWR of 10,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

**SPECIAL SKILLS AND QUALIFICATIONS**

List any special job - related skills, training or experience you believe will be helpful in evaluating your application, including accomplishments, professional/trade/business or civic activities, etc. (You may exclude information indicative of age, sex, race, religion, color, nationality, ancestry, disability, marital or military status, sexual orientation or preference, or any relationship with any labor organization).

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**REFERENCES**

Give name, address and telephone number of three business references that are not related to you. Include how you know these references.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**COMMERCIAL DRIVER SECTION** (LEWCO commercial drivers must be at least 21 years of age). Only complete this section if you are applying for a commercial driver position. *(If you are not applying for a commercial driver position, please go to page six.)*

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_\_

Have you ever been denied a license, permit or privilege to operate a motor vehicle?  Yes  No  
 If yes, please attach a statement providing details.

Has any license, permit or privilege ever been suspended or revoked?  Yes  No  
 If yes, please attach a statement providing details.

Have you tested positive, or refused a test, on any pre-employment drug or alcohol test administered by an employer to which you applied, but did not obtain, safety-sensitive transportation work covered by the U.S. DOT and/or its agencies in the past two (2) years?  Yes  No  
 If yes, please attach a statement providing details.

For all employers during the previous three (3) years, provide the following information:

Employer	Were you subject to the Federal Motor Carrier Safety Regulations?	Were you subject to DOT Controlled substance/alcohol testing?	Was there a violation?	If there was a violation, have you completed the evaluation and return-to-duty requirements imposed by Subpart O of 49 CFR Part 40?	If there was a violation, have you completed the required follow-up testing?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

List all previous addresses for the past three years			
Address	City	State	Zip Code
Address	City	State	Zip Code
Address	City	State	Zip Code

Provide your accident record for past three (3) years or more (attach sheet if more space is needed). If none, write none.

Dates	Nature of Accident (Head-on, Rear-end, Upset, Etc.)	Fatalities (Yes or No)	Injuries
Last Accident:			
Next Previous:			
Next Previous:			

List traffic convictions and forfeitures for the past three (3) years (other than parking violations). If none write none.			
Location	Date	Charge	Penalty

**Driver Experience and Qualifications**

**Drivers' Licenses**

State	License Number	Type (Class A or B)	Expiration Date

**Driving Experience**

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approximate No. of Miles
		From	To	
Straight Truck				
Tractor & Semi-Trailer				
Tractor — Two Trailers				
Other				

List All Certifications and Endorsements: \_\_\_\_\_

List states operated in for last five years: \_\_\_\_\_

Which safe driving awards do you hold and from whom? \_\_\_\_\_

\_\_\_\_\_

**To be completed by LEWCO Human Resources ONLY:  
Please select the appropriate LEWCO DOT Business Unit for this application:**

	LEWCO, Inc.   706 Lane Street   Sandusky, OH 44870

**\*\*END OF DRIVER SECTION\*\***

## CRIMINAL HISTORY INFORMATION

**BEFORE** answering the following questions, please read the State Specific Instructions below if you reside in, are applying for a position in or already work for the Company in Ohio.

**Ohio Applicants:** You need not identify an arrest or conviction for a minor misdemeanor drug violation (relating to 100 grams or less of marijuana or five grams or less of hashish).

Please note that you do NOT have to identify a record of any adult or juvenile arrest, detention or conviction that has been sealed, expunged, annulled, erased, pardoned or statutorily eradicated, set aside or otherwise dismissed by court order.

Please note that answering "Yes" to these questions will not automatically bar you from employment. Only those crimes which are substantially related to the position you are seeking will be considered.

Have you ever been convicted or pled guilty or no contest to a crime?

Yes  No

If you answered "Yes," please provide the following additional information:

Nature of offense: \_\_\_\_\_

Misdemeanor     Felony

Year of conviction: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_

Are any criminal charges pending against you or awaiting disposition?

Yes  No

If you answered "Yes," please provide the following additional information:

Nature of offense: \_\_\_\_\_

Misdemeanor     Felony

County: \_\_\_\_\_ State: \_\_\_\_\_

If, subject to the State-Specific Instructions above, you have more than one conviction (or guilty or no contest plea) or pending criminal charge, please use additional paper to provide the information requested above.

**Mark the appropriate response and initial the following:**

1. I have  have not  signed a noncompete and/or a nonsolicitation agreement with a current or former employer that would prohibit me from working at LEWCO or fully performing the required duties of the position for which I am applying. (Such an agreement may not be enforceable and will not necessarily disqualify you from employment).

Initials \_\_\_\_\_

2. I certify that all of the information furnished on this application and during the application process is true, complete and correct to the best of my knowledge. I understand that any misrepresentation or omission of facts called for may result in refusal to hire or, if hired, may result in my dismissal at any time regardless of when the false answer or omissions are discovered.

Initials \_\_\_\_\_

3. I hereby authorize, to the extent allowed by applicable federal state and local laws, LEWCO to conduct its own investigation of my references, employment history and education and, further, authorize the references and prior employers I have listed to disclose to LEWCO information related to my employment history and qualifications for the position for which I am applying, without giving me prior notice of such disclosure. In addition, I hereby release LEWCO, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initials \_\_\_\_\_

4. If hired, as a condition of my employment, I agree to abide by the policies and rules of the LEWCO as may be amended. I understand that LEWCO reserves the right to change its policies, procedures and practices at any time, with or without notice, and those changes supersede other oral and written statements. I understand and agree that, except for employment-at-will status, if hired, my wages, hours, working conditions, job assignment(s), and compensation rate(s) will be subject to change by LEWCO.

Initials \_\_\_\_\_

5. I understand that I may be required to submit to lawful drug and/or alcohol testing as a condition of employment or reemployment. I also understand that any offer of employment is contingent upon my receiving a negative result on any required drug and/or alcohol testing.

Initials \_\_\_\_\_

6. I agree to undergo a pre-employment physical examination consistent with federal and state law if it is required for the position for which I am applying.

Initials \_\_\_\_\_

7. I understand that smoking is prohibited in all indoor areas of LEWCO unless designated smoking areas have been established by a particular location in accordance with applicable state and local law.

Initials \_\_\_\_\_

**Mark the appropriate response and initial the following:**

8 If hired, I agree to perform my job with the understanding that working safely is a condition of my employment with LEWCO and to abide by all safety policies and procedures.

Initials \_\_\_\_\_

9 I understand that this application for employment is valid only for the position applied for at present and that LEWCO is not obligated to retain or consider the application for future openings. This application will only be considered for a maximum of 60 days, and if I wish to be considered for employment beyond the 60-day period, I acknowledge that I must inquire as to whether applications are being accepted and, if so, complete a new application.

Initials \_\_\_\_\_

10 I understand that nothing in this employment application, LEWCO's policy statement, personnel guidelines, or in my communications with any LEWCO official is intended to create an employment contract between LEWCO and me. I also understand that LEWCO has the right to modify its policies without giving me any notice of the changes. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon LEWCO unless it is made in writing and signed by the President of LEWCO and by me or my authorized representative. I understand that if I am hired by LEWCO, I will be an at-will employee, meaning that either LEWCO or I may end the employment relationship at any time with or without cause or notice. I understand that only the President of LEWCO, and no manager, supervisor, or other representative of LEWCO, has authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the at-will employment relationship, and with respect to any agreement entered into by the President, any such agreements must be in writing and signed by the President and by me or my authorized representative.

Initials \_\_\_\_\_



**DRIVER APPLICANTS ONLY:**

I understand that the information I provide regarding current and/or previous employers may be used, and those employers will be contacted, for the purpose of investigating my safety performance history and my history of compliance with DOT drug and alcohol use and testing regulations.

Initials \_\_\_\_\_

I understand that I have the Right to review information provided by previous employers.

Initials \_\_\_\_\_

I understand that I have the Right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer.

Initials \_\_\_\_\_

I understand that, if the previous employer and I cannot agree on the accuracy of the information provided, I have the Right to have a rebuttal statement attached to the alleged erroneous information as part of the main body of the application.

Initials \_\_\_\_\_

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**FOR ALL APPLICANTS:** 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. My signature below further certifies that I agree to be bound by the terms and conditions stated in this application, which contains all the understandings between LEWCO and me concerning the topics addressed herein, and supersedes any prior inconsistent understandings between LEWCO and me on such issues.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_