



# APPLICATION FOR EMPLOYMENT

Mail Application to:  
Terra Star Inc.  
P.O. Box 592  
Waynesburg, Ohio 44688  
or Fax to: (330) 866-9620

Applicant Name \_\_\_\_\_ Date of Application \_\_\_\_\_  
(print)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered 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.

### TO BE READ AND SIGNED BY APPLICANT

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(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

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 (3). I understand that I have the right to:

- Review information provided by previous employers.
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

### FOR COMPANY USE

PROCESS RECORD	
APPLICANT HIRED _____	REJECTED _____
DATE EMPLOYED _____	POINT EMPLOYED _____
DEPARTMENT _____	CLASSIFICATION _____
<small>(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)</small>	
SIGNATURE OF COMPANY REPRESENTATIVE _____	

### TERMINATION OF EMPLOYMENT

DATE TERMINATED \_\_\_\_\_ DEPARTMENT RELEASED FROM \_\_\_\_\_

DISMISSED \_\_\_\_\_ VOLUNTARILY QUIT \_\_\_\_\_ OTHER \_\_\_\_\_

TERMINATION REPORT PLACED IN FILE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_



# Applicant To Complete

(Answer All Questions • Please Print)

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### PERSONAL INFORMATION

Last Name	First Name	Social Security Number	
Home Phone	Cell Phone	Date of Birth (for DOT purposes)	
Current / Present Street Address	City	State	Zip Code
			How long have you lived at this address? ____ years ____ months
Previous Address (within the last 3 years)	City	State	Zip Code
			How long have you lived at this address? ____ years ____ months
Previous Address (within the last 3 years)	City	State	Zip Code
			How long have you lived at this address? ____ years ____ months

### EMPLOYMENT DESIRED

Position	Prospective Start Date	Pay Rate Expected
Are you employed now? Yes No	If so, may we contact present employer? Yes No	Are you legally authorized to work in the U.S.? Yes No
Are you willing to travel? Yes No	Are you willing to relocate? Yes No	Have you ever been convicted of a felony? Yes No
Have you or any relative worked for this company before? Yes No	Please explain	Is there any reason you might be unable to perform the functions of the job for which you have applied? _____

### EDUCATION HISTORY

	Name & Location of School	Years Attended	Did you Graduate?	Subjects Studied
High School				
College				
Trade, Business, or Correspondence School				

### GENERAL INFORMATION

Special Training - Please provide certificates if possible <input type="checkbox"/> First Aid/CPR <input type="checkbox"/> Confined Space    Other: _____		
Special Skills <input type="checkbox"/> Welding <input type="checkbox"/> Masonry <input type="checkbox"/> Carpentry    Other: _____		
U.S. Military or Naval Service (If applicable)	Discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No	Rank
Additional Qualifications		

### REFERENCES (Below, give the names of three persons not related to you, whom you have known at least one year.)

Name	Address	Relationship	Contact/Phone#

Note: Your employment application will be kept on file for **1 year** from this date.

Date: \_\_\_\_\_

**Employment History** (List in reverse chronological order with last employer first)

Note: DOT requires that employment for at least 3 years and/or Commercial Driving Experience for the past 10 years be shown.

1. Most recent employer (Company Name)	Employment Dates		Job Title	Supervisor(s) Name & Phone #
	From Month / Year	To Month / Year		
	/	/		
Company address:				
Company phone numbers (s)				
Position(s) held:				
Describe duties:				
Reason for leaving:				
Were you subject to the FMCSRs† while employed by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No				

2. Next most recent employer (Company Name)	Employment Dates		Job Title	Supervisor(s) Name & Phone #
	From Month / Year	To Month / Year		
	/	/		
Company address:				
Company phone numbers (s)				
Position(s) held:				
Describe duties:				
Reason for leaving:				
Were you subject to the FMCSRs† while employed by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No				

3. Next most recent employer (Company Name)	Employment Dates		Job Title	Supervisor(s) Name & Phone #
	From Month / Year	To Month / Year		
	/	/		
Company address:				
Company phone numbers (s)				
Position(s) held:				
Describe duties:				
Reason for leaving:				
Were you subject to the FMCSRs† while employed by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No				

4. Next most recent employer (Company Name)	Employment Dates		Job Title	Supervisor(s) Name & Phone #
	From Month / Year	To Month / Year		
	/	/		
Company address:				
Company phone numbers (s)				
Position(s) held:				
Describe duties:				
Reason for leaving:				
Were you subject to the FMCSRs† while employed by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No				

*If more room is needed, ask for another Employment History page.*

\*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

† The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate or intrastate 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 more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**LICENSE INFORMATION - All Unexpired Commercial Motor Vehicle Licenses or Permits Required**

Drivers Licenses	State	License Number	Type	Expiration Date

Have you ever been denied a license, permit or privilege to operate a motor vehicle?  Yes  No

Has any license, permit or privilege ever been suspended or revoked?  Yes  No

If the answer to either of the above questions is Yes, attach a statement giving the details.

Drivers of TerraStar, Inc. may be required to travel overnight on certain routes.  
Would this be a problem for you?  Yes  No

**IF YOU ARE APPLYING FOR A CDL DRIVERS POSITION, PLEASE COMPLETE THE FOLLOWING:**

<b>DRIVING EXPERIENCE - Enter "N/A" if no experience</b>				
Class of Equipment	Type of Equipment (Van, Tanker, Flat, Etc.)	Dates		Approximate Number of Miles (Total)
		From	To	
Straight Truck				
Tractor / Semi Trailer				
Tractor / Two Trailers				
Other				

<b>ACCIDENT RECORD - Previous 3 years required</b> (Attach sheet if you need more space to complete this section)					
	Date	Accident Detail (Head-on, Rear-end, Upset, etc.)	Fatalities	Injuries	Hazardous Material Spills
Last Accident					
Next Previous					
Next Previous					
Next Previous					

<b>TRAFFIC CONVICTION / FORFEITURES - Previous 3 years required</b> (Other than parking violations)			
Location	Date	Charge	Penalty

Attach sheet(s) if you need more space to complete.

# APPLICANT STATEMENT

By signing my name below, I certify that this application was completed by me and that the answers given in this application for employment are true and correct to the best of my knowledge. I authorize such inquiry by TerraStar, Inc. into the statements made in this application as may be necessary in reaching an employment decision. I hereby release TerraStar, Inc. and any persons or institutions so contacted from any liability of information furnished as a result of such contact. I understand that any false or misleading information given in this application, including a failure to disclose requested information may result in my termination. I understand that I will be required to pass a physical examination, including a drug test and background check before a final offer of employment is determined. Persons hired to operate company vehicles will also be required to meet a MVR (Motor Vehicle Record) check standards. By signing my name below, I consent to these procedures.

I understand that any employment with this employer is "at will" which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause. I also understand that this "at will" employment relationship may not be changed by any written document or by any behavior unless the change is specifically acknowledged in writing by TerraStar, Inc.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ DO NOT WRITE BELOW THIS LINE \_\_\_\_\_

Remarks: \_\_\_\_\_

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Neatness \_\_\_\_\_ Character \_\_\_\_\_

Personality \_\_\_\_\_ Ability \_\_\_\_\_

Hired \_\_\_\_\_ Position \_\_\_\_\_ Salary Wages \_\_\_\_\_

APPROVED:

Date: \_\_\_\_\_ Signature \_\_\_\_\_ Position \_\_\_\_\_