



# Employment Application

Fax: (888) 511-2210

e-mail: Service@LuckysEnergy.com

Date \_\_\_\_\_

If you have any questions please call customer service at (847)994-3010

Position Applied For \_\_\_\_\_

Telephone # (\_\_\_\_)\_\_\_\_-\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Social Security # \_\_\_\_-\_\_\_\_-\_\_\_\_

Address \_\_\_\_\_

Street City State Zip

### List All Addresses for Past 7 Years

Street	City	State	Zip	How Long?
_____	_____	_____	_____	_____
Street	City	State	Zip	How Long?
_____	_____	_____	_____	_____
Street	City	State	Zip	How Long?
_____	_____	_____	_____	_____
Street	City	State	Zip	How Long?
_____	_____	_____	_____	_____

Are You a U.S. Citizen?  YES  NO

Who Referred You? \_\_\_\_\_

Date of Birth MM / DD / YYYY \_\_\_\_/\_\_\_\_/\_\_\_\_

Can You Provide Proof of Age? YES  NO

Are You Currently Employed? YES  NO

If Not, How Long Since Last Employment? \_\_\_\_\_

### Physical History

List Any Handicap That Prevents You From Doing Certain Kinds of Physical Work: \_\_\_\_\_

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

Ever Injured on the Job? YES  NO

Give the Nature and Degree of Injuries \_\_\_\_\_

Are You Willing To Take a Physical Examination? YES  NO

How Much Time Have You Lost from Work Due to Illness in the Past 3 Years? \_\_\_\_\_



# Employment Application

cont.

Date \_\_\_\_\_

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

## Employment for the Past 10 Years

ATTACH ADDITIONAL SHEETS AS NECESSARY

<b>Employer Name</b>		<b>Telephone</b>		(____)____-____
<b>Address</b>				
	City	State	Zip	
<b>Position Held</b>	<b>From</b>	<b>To</b>	<b>Salary</b>	
<b>Reason for leaving</b>			<b>Supervisor's Name</b>	
<b>Employer Name</b>		<b>Telephone</b>		(____)____-____
<b>Address</b>				
	City	State	Zip	
<b>Position Held</b>	<b>From</b>	<b>To</b>	<b>Salary</b>	
<b>Reason for leaving</b>			<b>Supervisor's Name</b>	
<b>Employer Name</b>		<b>Telephone</b>		(____)____-____
<b>Address</b>				
	City	State	Zip	
<b>Position Held</b>	<b>From</b>	<b>To</b>	<b>Salary</b>	
<b>Reason for leaving</b>			<b>Supervisor's Name</b>	
<b>Employer Name</b>		<b>Telephone</b>		(____)____-____
<b>Address</b>				
	City	State	Zip	
<b>Position Held</b>	<b>From</b>	<b>To</b>	<b>Salary</b>	
<b>Reason for leaving</b>			<b>Supervisor's Name</b>	
<b>Employer Name</b>		<b>Telephone</b>		(____)____-____
<b>Address</b>				
	City	State	Zip	
<b>Position Held</b>	<b>From</b>	<b>To</b>	<b>Salary</b>	
<b>Reason for leaving</b>			<b>Supervisor's Name</b>	



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cont.

Date \_\_\_\_\_

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

## Military Status

Have You Served in the U.S. Armed Forces?  YES  NO

DD 214 Available?  YES  NO

Branch \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Date of Discharge \_\_\_\_\_

## Education

Highest Grade Completed 1 2 3 4 5 6 7 8

High School 1 2 3 4

College 1 2 3 4

Degree YES  NO

## Driver Qualifications

LIST ALL DRIVERS LICENSES HELD DURING PREVIOUS 10 YEARS

		YES	NO	State	License #	License Type	Expiration Date
A)	Have you ever been denied a license, permit, or privilege to operate a motor vehicle?	<input type="radio"/>	<input type="radio"/>	_____	_____	_____	_____
B)	Has any license, permit, or privilege has ever been suspended or revoked?	<input type="radio"/>	<input type="radio"/>	_____	_____	_____	_____
If the answer to either A or B is yes, attach statement giving details				_____	_____	_____	_____

## Driving Experience

Class	Equipment Type (Van, Tank, Flat, Etc.)	Dates		Miles
		From	To	
Straight Truck	_____	_____	_____	_____
Tractor / Trailer	_____	_____	_____	_____
Doubles, Triples	_____	_____	_____	_____
Other	_____	_____	_____	_____

List States Operated in During Last 7 Years \_\_\_\_\_

Do You Hold Any Safe Driving Awards? YES  NO

From Whom? \_\_\_\_\_



# Employment Application

cont.

Date \_\_\_\_\_

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

### Accident Record From Last 7 Years

ATTACH ADDITIONAL SHEETS AS NECESSARY

Accident Date	Type of Accident <small>(Head-on, Rear-end, Rollover, etc.)</small>	Fatalities	Injuries

### Traffic Convictions From Last 7 Years

OTHER THAN PARKING VIOLATIONS

Incident Date	Location	Offense	Penalty

A)	Have You Ever Been Convicted of an Offense Involving Alcohol or Drugs While Operating a Motor Vehicle?	YES <input type="radio"/>	NO <input type="radio"/>
B)	Have you Ever Been Discharged for Violation of Federal Motor Carrier Safety Regulations?	YES <input type="radio"/>	NO <input type="radio"/>
If the answer to either A or B is yes, attach statement giving details			



# Employment Application

cont.

Date \_\_\_\_\_

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

### Maintenance Qualifications

INDICATE YOUR EXPERIENCE WITH THE EQUIPMENT THAT YOU CAN OPERATE AND/OR REPAIR

Equipment	Able to Operate	Years of Experience
Engine Hoist	<input type="checkbox"/>	_____
Forklift	<input type="checkbox"/>	_____
Grinder / Cutter	<input type="checkbox"/>	_____
Hoist / Jack	<input type="checkbox"/>	_____
MIG / TIG Welding	<input type="checkbox"/>	_____
Sheet Metal Equipment	<input type="checkbox"/>	_____

Equipment	Able to Repair	Years of Experience
Air Break Rebuild / Service	<input type="checkbox"/>	_____
Air Conditioning Service	<input type="checkbox"/>	_____
Alignment Service	<input type="checkbox"/>	_____
Clutch Service	<input type="checkbox"/>	_____
Differential Rebuild	<input type="checkbox"/>	_____
Engine Rebuild / Overhaul	<input type="checkbox"/>	_____
Suspension Service	<input type="checkbox"/>	_____
Tank Trailer Service / Inspection	<input type="checkbox"/>	_____
Transmission Service / Overhaul	<input type="checkbox"/>	_____
Vehicle Electrical Systems	<input type="checkbox"/>	_____
Wheel & Tire Service	<input type="checkbox"/>	_____
Other		_____

Do You Have Your Own Tools?  YES  NO

List Professional Certifications Held \_\_\_\_\_

### Clerical Qualifications

INDICATE TRAINING AND EXPERIENCE IN THE FOLLOWING AREAS

Skill	Training	Years of Experience
Accounting AR / AP	<input type="checkbox"/>	_____
Billing	<input type="checkbox"/>	_____
Claims	<input type="checkbox"/>	_____
Calculator	<input type="checkbox"/>	_____
Cashier	<input checked="" type="checkbox"/>	_____
Dispatching	<input type="checkbox"/>	_____

Skill	Training	Years of Experience
Phones	<input type="checkbox"/>	_____
Windows PC	<input type="checkbox"/>	_____
Typing	<input type="checkbox"/>	_____
OS & D	<input type="checkbox"/>	_____
Microsoft Office	<input type="checkbox"/>	_____
Payroll	<input type="checkbox"/>	_____

List Professional Certifications Held \_\_\_\_\_

## TO BE READ AND SIGNED BY APPLICANT

THIS CERTIFIES THAT I PREPARED THIS APPLICATION AND THAT ALL INFORMATION IS TRUE AND COMPLETE. I AUTHORIZE YOU TO MAKE INVESTIGATIONS AS TO MY EMPLOYMENT, MEDICAL, FINANCIAL, AND OTHER RELATED MATTERS NECESSARY TO MAKE AN EMPLOYMENT DECISION. I HEREBY RELEASE ANYONE RESPONDING TO THESE INVESTIGATIONS OF ALL LIABILITY RELATED TO THE RELEASE OF SUCH INFORMATION. I UNDERSTAND THAT FALSE AND MISLEADING INFORMATION IN THIS APPLICATION AND INTERVIEW(S) IS CAUSE FOR DISMISSAL. IF HIRED, I AGREE TO ABIDE BY ALL LAWFUL RULES AND REGULATIONS OF THE COMPANY.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Leased Rejected Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Classification \_\_\_\_\_

Signature of Interviewing Officer \_\_\_\_\_

Termination Date \_\_\_\_/\_\_\_\_/\_\_\_\_



# Employment Application

cont.

Date \_\_\_\_\_

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

## REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

I HEREBY AUTHORIZE YOU TO RELEASE THE FOLLOWING INFORMATION TO LUCKY'S ENERGY SERVICE, INC. FOR THE PURPOSE OF INVESTIGATION AS REQUIRED BY SECTION 391.23 AND SECTION 383.35 OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS. YOU ARE RELEASED FROM ANY AND ALL LIABILITY THAT MAY RESULT FROM FURNISHING SUCH INFORMATION.

Applicant's Signature		Date	____/____/____
Previous Employer			
Phone	(____) _____ - _____	Fax	(____) _____ - _____
Attn.			

The below named person has made application to this company for a position as a \_\_\_\_\_ and states that he/she was employed by you as a \_\_\_\_\_ from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_. Please complete the information requested below at your earliest convenience. Thank you for your time and courtesy.

Name Of Applicant \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Are Dates Of Employment Correct?  YES  NO  If NO, Please Provide Correct Dates \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Type Of Vehicle Operated  Tractor-Semitrailer  Straight Truck  Bus  Other \_\_\_\_\_

### Please Supply List Of Accidents During Last 3 Years

_____	D.O.T. Reportable?	<input type="radio"/> YES	<input type="radio"/> NO	Preventable?	<input type="radio"/> YES	<input type="radio"/> NO
_____	D.O.T. Reportable?	<input type="radio"/> YES	<input type="radio"/> NO	Preventable?	<input type="radio"/> YES	<input type="radio"/> NO
_____	D.O.T. Reportable?	<input type="radio"/> YES	<input type="radio"/> NO	Preventable?	<input type="radio"/> YES	<input type="radio"/> NO
_____	D.O.T. Reportable?	<input type="radio"/> YES	<input type="radio"/> NO	Preventable?	<input type="radio"/> YES	<input type="radio"/> NO

Reason for Leaving  Discharged  Resigned  Layoff  Other \_\_\_\_\_

### REQUEST FOR INFORMATION CONCERNING ALCOHOL AND CONTROLLED SUBSTANCE TESTING IN COMPLIANCE WITH SECTION 382.405 OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS

Was this person subject to section 382 testing requirements?  YES  NO

Has this person tested positive for controlled substances in the last 3 years?  YES  NO

Has this person ever had an alcohol test reading of 0.04 or greater during the last 3 years?  YES  NO

Has this person ever refused a required test during last 3 years?  YES  NO

Completed By \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



# Employment Application

cont.

Date \_\_\_\_\_

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

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First Middle

Drivers License # \_\_\_\_\_ State \_\_\_\_\_ Maiden Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

### List All Addresses for Past 7 Years

Street	City	State	Zip	Dates

**SECURITY:** Have you ever been convicted of an offense against the law (other than a minor traffic violation), or are you now under charges for any offense against the law?  YES  NO

If Yes, Please Explain \_\_\_\_\_

Listed Criminal Offenses will not necessarily bar you from employment with Lucky's Energy Service, Inc.

### AUTHORIZATION & GENERAL RELEASE

I hereby authorize LUCKY'S ENERGY SERVICES, INC. and all of their agents (FIRST ADVANTAGE) to request and receive any information and records concerning me, including but not limited to consumer credit, criminal record history, worker's comp., driving, employment, military, civil and educational data and reports, from any individuals, corporations, partnerships, associations, institutions, schools, governmental agencies and departments, courts, law enforcement and licensing agencies, consumer reporting agencies and other entities, including my present and previous employers.

I further release and discharge LUCKY'S ENERGY SERVICES, INC. and all of its subsidiaries and affiliates, and every employee or agent of any of them, and all individuals and personal, business, private or public entities of any kind, from any and all claims and liability arising out of any request(s) for, or receipt of, information or records pursuant to this authorization, or arising out of any compliance, or attempted compliance, with such request(s). I also authorize the procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable. I understand that I have the right to make a written request within a reasonable period of time to LUCKY'S ENERGY SERVICES, INC. for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation. I further understand that LUCKY'S ENERGY SERVICES, INC. reporting of information pursuant to the Fair Credit Reporting Act is not intended to authorize or condone a prospective employer's request for and reliance upon information for purposes which are not legitimate under the Fair Credit Reporting Act or any federal or state employment laws. I acknowledge that I have voluntarily provided the above information for employment purposes, and I have carefully read and I understand this authorization.

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_