



TRANSPORTATION CO.

900 S. BRADLEY • BOX 389 • MT. PLEASANT, MI 48804-0389
PHONE (989) 773-1376 • FAX (989)773-7640

"AN EQUAL OPPORTUNITY EMPLOYER"

APPLICATION FOR EMPLOYMENT

Please provide complete and legible information. An incomplete application may affect your consideration for employment. If necessary, attach a separate sheet for additional information.

Fisher Transportation Company is committed to a policy of Equal Employment Opportunity and will not discriminate against an applicant or employee on the basis of race, color, religion, creed, national origin or ancestry, sex, age, physical or mental disability, veteran or military status, genetic information or any other legally recognized protected basis under federal, state or local laws, regulations or ordinances. The information collected by this application is solely to determine suitability for employment, verify identity and maintain employment statistics on applicants

Applicants with disabilities may be entitled to reasonable accommodation under the terms of the Americans with Disabilities Act and certain state or local laws. A reasonable accommodation is a change in the way things are normally done which will ensure an equal employment opportunity without imposing undue hardship on Fisher Transportation Company Please inform the company's personnel representative if you need assistance completing any forms or to otherwise participate in the application process.

GENERAL INFORMATION

Full Name _____			Date _____	
FIRST	MIDDLE	LAST		
Address _____				
STREET		CITY	STATE	ZIP CODE
Contact Number (____)		Date available for work _____		
Alternate Contact Number (____)		E-mail (optional) _____		
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you now, or will you in the future, require immigration sponsorship for work authorization (e.g., H-1B)? <input type="checkbox"/> Yes <input type="checkbox"/> No (If hired, verification will be required consistent with federal law.)				
Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you filed an application here before? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you worked for any other Fisher Company in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which company: _____				
How were you referred to Fisher Transportation Company? _____				

POSITION INFORMATION

Type of work desired? _____	Salary range expected (required) _____
Do you have any special training, skills, qualifications or other experience that relate to the position applied for? _____	

EDUCATION

Type of School	School Name and Location	Highest Grade Completed	Grade Point Average	Course of Study or Major
High School or G.E.D. equivalent		9 10 11 12/GED		
College or University		1 2 3 4		
Vocational or Trade School				
Other (including military training)				
List any work related certifications or licenses you currently possess.				

BACKGROUND INFORMATION

<p>During the past seven years, have you ever been discharged, suspended or asked to resign from any position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain. _____</p> <p>For the purpose of verifying information on this application, have you ever worked or attended school under a different name at any of the organizations you have listed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify name. _____</p> <p>Have you ever been convicted of a crime that has not been expunged, sealed, pardoned, annulled, statutorily eradicated or dismissed upon condition of probation? You are not required to disclose sealed or expunged records of conviction or arrest, or expunged juvenile records of conviction or arrest. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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REFERENCES

List three references (other than those listed as current/former supervisor) that we may contact:	
Name _____	Telephone No. (____) _____
E-mail Address _____	Type of Acquaintance _____
Name _____	Telephone No. (____) _____
E-mail Address _____	Type of Acquaintance _____
Name _____	Telephone No. (____) _____
E-mail Address _____	Type of Acquaintance _____

DRIVERS EXPERIENCE & QUALIFICATIONS

Driver s licenses held in past three years must be shown:

State	License Number	Type	Expiration Date

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

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

Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes No

Have you ever tested positive for a DOT drug or alcohol test from a former employer? Yes No

If you answered yes to any of the above questions, please attach a statement giving details.

Class of Equipment	Type of Equipment	Dates To and From	Approx. no. of miles (total)

List all states operated in for the last 5 years: _____

List courses or training have you taken that will help you as a driver: _____

Which safe driving awards do you hold and from whom? _____

DRIVING REVIEW FOR PAST 3 YEARS (Attach sheet if more space is needed)

Accident or Conviction	Date	Nature of Incident	Fatalities/Injuries	Points

MAINTENANCE EXPERIENCE & QUALIFICATIONS

Maintenance Course or Training	Location of Course or Training	Date (s)

Do you have any welding experience? Yes No If yes, how many years? _____

Job Function

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Drive Line Components			Body Work		
Diesel Engine Tune up and Rebuild			Electrical Repair		
Gas Engine Tune-Up and Rebuild			Frame and Wheel Alignment		
Tire Service			Brakes		
Trailer Repair			Cooling System		
Air Conditioning			Inspections		
			General Car Repair		

Shop Equipment

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Electrical Diagnostic Equipment			Tire Service Machine		
Sheet Metal Equipment			Wheel & Tire Balancing Machine		
Frame & Axle Straightening Equipment			Tire Recapping Mold		
Engine Rebuilding Equipment			Engine Dynamometer		
Diesel Injection Equipment			Chassis Dynamometer		
Electric Welder			Magnetic Crack Detector		
Oxyacetylene Welder			Engine Analyzer		
Paint Spray Gun			Noise Measuring Equipment		
Air Conditioning			Smoke Measuring Equipment		
			Inspections		
			General Car Repair		

PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH BEFORE SIGNING

I have disclosed all information that is relevant and should be considered applicable to my candidacy for employment.

_____ Initials

I understand, where permissible under applicable state and local law, I may be subject to a pre-employment drug test after receiving a conditional offer of employment, and must receive a negative result for illegal drugs before being permitted to commence work with Fisher Transportation Company.

_____ Initials

I understand, where permissible under applicable state and local law, I may be subject to a pre-employment medical examination after receiving a conditional offer of employment, and must meet the qualifications for the position, with or without reasonable accommodation, before being permitted to commence work with Fisher Transportation Company.

_____ Initials

I understand, where permissible under applicable state and local law, I may be subject to a pre-employment background check after receiving a conditional offer of employment to investigate my criminal background and driving record and other matters related to my suitability for employment. I understand that a separate disclosure and consent form will be provided to me prior to any background check.

_____ Initials

I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations.

_____ Initials

I hereby certify that the information given by me is true in all respects. I authorize Fisher Transportation Company and its representatives to contact my prior employers and all others for the purpose of verification of the information I have supplied and release same from any liability resulting from the information released. I authorize employers, schools and other persons named on this application to provide any information or transcripts requested.

_____ Initials

I understand employment with Fisher Transportation Company is also contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.

_____ Initials

I expressly understand and agree that, if employed, my employment, having no specified term, is based upon mutual consent and may be terminated at will, with or without cause, by either party (Fisher Transportation Company, or me) without prior notice to the other, unless otherwise prohibited by law.

_____ Initials

I understand that no representation, whether oral or written, by any representative or agent of Fisher Transportation Company, at any time, can constitute an implied or expressed contract of employment. I further understand no representative or agent of Fisher Transportation Company has the authority to enter into an agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other terms or condition of employment other than in a document signed by the President of the company or an authorized representative.

_____ Initials

I certify, under penalty of perjury, that all of the above information is true and complete, and I understand that any falsification or omission of information may result in denial of employment or, if hired, may result in termination regardless of the time lapse before discovery.

MY SIGNATURE IS EVIDENCE THAT I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS.

Applicant's signature _____

Date _____

Equal Employment Opportunity Questionnaire

This Company is in full compliance with federal, state and local laws and with Executive Order 11246, as amended, is committed to the continual evaluation of our Affirmative Action Program (AAP).

In order to evaluate our progress as an Equal Opportunity Employer, we are asking applicants to complete this questionnaire.

INFORMATION PERTAINING TO SEX AND RACE/ETHNIC HERITAGE IS REQUESTED AND VOLUNTARY. INFORMATION PERTAINING TO VETERAN AND DISABILITY IS VOLUNTARY AND WILL NOT SUBJECT YOU TO ANY ADVERSE TREATMENT.

Confidential Applicant Information

Female

Male

Race/Ethnic Heritage (Please check one). If two or more categories apply, choose the one with which you most clearly identify.

- Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino) - All persons who identify with more than one of the above five races.
- Other

Veterans

Are you a Disabled Veteran? Yes No

Must be entitled to disability by Veterans Administration, rated at least % disabled; or discharged or released from active duty for a disability incurred or aggravated in the line of duty.

If yes, please indicate limitations to be considered in job placement: _____

Are you a Vietnam ERA Veteran? Yes No

A person who both served on duty for more than 180 days between August 5, 1965 and May 7, 1975, AND whose application for employment is submitted within 48 months of discharge or release.

If yes, please indicate limitations to be considered in job placement: _____

Disabled Yes No

A person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment.

If yes, please indicate limitations to be considered in job placement: _____

Applicant Name (Print) _____ Applicant Signature _____