

# Paul R. Lipp & Son, Inc.

47563 Pancake-Clarkson Road

Rogers, OH 44455 330-227-9614 ph

*Paul R. Lipp & Son, Inc. is an equal employment opportunity employer*

*Applicants are considered for all positions regardless of race, color, religion, sex, nationality, age, marital status, disability, veteran status and any group status.*

## APPLICATION FOR EMPLOYMENT

**Most Positions At Paul R. Lipp & Son, Inc. Require a Commercial Driver's License**

NAME: \_\_\_\_\_ DATE OF APPLICATION: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CONTACT INFO: Home ph: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ DO YOU HAVE DOCUMENTATION TO PROVE YOUR AGE? \_\_\_\_\_

(Birth Date/Age is Only Required for Commercial Drivers)

POSITION APPLIED FOR: \_\_\_\_\_ RATE EXPECTED: \_\_\_\_\_

EDUCATION: CIRCLE: GS: 1 2 3 4 5 6 7 8 HS: 1 2 3 4 COLLEGE: 1 2 3 4

TECHNICAL DRIVER TRAINING: \_\_\_\_\_

DRIVING EXPERIENCE/TYPE OF TRUCK DRIVEN (Tractor, Tanker, Flat, Dump, Mixer, Other): \_\_\_\_\_

OTHER SKILLS: \_\_\_\_\_

STATES OF OPERATION (Last three years) \_\_\_\_\_

Have you ever worked for Paul R. Lipp & Son, Inc. before? \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

What was your pay rate? \_\_\_\_\_ Why did you leave? \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ When did you leave your last employer? \_\_\_\_\_

Who referred you? \_\_\_\_\_

Is there any reason you might be unable to perform the functions of the job for which you have applied?

\_\_\_\_\_ If yes, please explain \_\_\_\_\_

**EMPLOYMENT INFORMATION: All intrastate or interstate drivers applying must complete the information for all previous employers within the last three years. (start with the most recent)**

**PAST EMPLOYMENT: (START WITH THE MOST RECENT EMPLOYMENT) (All information must be complete)**

EMPLOYER		DATE	
NAME:		FROM:	TO:
ADDRESS:		Position:	
		Wage:	
PHONE:	CONTACT:	Why you left?	
WAS YOUR JOB FUNCTION SUBJECTED TO DRUG AND ALCOHOL DOT REGULATED TESTING REQUIREMENTS OF 49 CFR PART 40? YES NO			
WHILE EMPLOYED HERE WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? YES NO			

EMPLOYER		DATE	
NAME:		FROM:	TO:
ADDRESS:		Position:	
		Wage:	
PHONE:	CONTACT:	Why you left?	
WAS YOUR JOB FUNCTION SUBJECTED TO DRUG AND ALCOHOL DOT REGULATED TESTING REQUIREMENTS OF 49 CFR PART 40? YES NO			
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**ACCIDENT RECORD** (past 3 years) (Write NONE if there were no offences)

DATE OF ACCIDENT	DETAILS	INJURIES, FATALITIES, or HAZARD

**DRIVING CONVICTIONS OTHER THAN PARKING VIOLATIONS** (FOR PAST 3 YEARS)(WRITE NONE IF THERE WERE NONE)

PLACE OF CONVICTION	DATE	CHARGE

**Have you been convicted of a crime in the last 7 years?**

**Explain:**

**Applicant: Please read and sign.**

*I authorize Paul R. Lipp & Son, Inc. to make any investigations and inquiries of employment, personal, driving history, financial or medical history and related matters to aide in their employment decision. I hereby release schools, health care providers, employers and other persons from all liability in responding to inquiries and releasing information in connection with my application.*

*If I am hired, I understand that any false information that I have given on this application will be grounds for immediate dismissal. I understand that I am to abide by all rules and regulations of Paul R. Lipp & Son, Inc.*

*I understand that my provided information regarding current and/or previous employers may be used and that those employers will be contacted, for investigating my private records for my safety performance and drug testing history.*

*I understand that I have the right to:*

*Review any information given from past employers and make corrections to any erroneous information.*

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