

# APPLICATION FOR EMPLOYMENT

Lawrence-Lynch Corp., 396 Gifford Street, P.O. Box 913, Falmouth, MA 02541 508-548-1800

Name: \_\_\_\_\_  
(First) (Middle) (Maiden Name, if any) (Last)

Address: \_\_\_\_\_ Number of Years \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Prior Address: \_\_\_\_\_ Number of Years \_\_\_\_\_  
(3 yr history) (Street) (City) (State) (Zip Code)

Mailing Address: \_\_\_\_\_  
(If different) (Street) (City) (State) (Zip Code)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Social Security Number (after hire): \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_ AVAILABLE START DATE: \_\_\_\_\_

## EDUCATION

Type	Name / Address	Course of Study / Degree
High School		
College		
Trade School / Other		

## EMPLOYMENT RECORD (attach additional sheets if more space is needed) Check if resume also provided

LAST EMPLOYER: Company / Supervisor \_\_\_\_\_  
Address \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations while employed?  Yes  No  
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49CFR Part 40?  Yes  No

SECOND TO LAST EMPLOYER: Company / Supervisor \_\_\_\_\_  
Address \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations while employed?  Yes  No  
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49CFR Part 40?  Yes  No

THIRD TO LAST EMPLOYER: Company / Supervisor \_\_\_\_\_  
Address \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations while employed?  Yes  No  
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49CFR Part 40?  Yes  No

## REFERENCES / REFERRED BY

Name	Company	Address	Telephone

COMPLETE PAGE 2 IF YOU WILL BE DRIVING A COMPANY VEHICLE

**To be read and signed by Applicant** - This certifies that I have completed this Application and that all entries and information that I have provided, are true and complete to the best of my knowledge. I authorize you to make investigations and inquiries as may be necessary in arriving at an employment decision. False or misleading information may result in discharge.

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

# APPLICATION FOR EMPLOYMENT

**Continuation if Driver - (attach additional sheets if more space is needed)**

NAME (Print) \_\_\_\_\_ DATE \_\_\_\_\_

POSITION APPLIED FOR (Print) \_\_\_\_\_

## LICENSE INFORMATION

Section 382.21 FMCSR states ~~No~~ person who operates a commercial motor vehicle shall at any time have more than one driver's license. I certify that I do not have more than one motor vehicle license, the information for which is listed below.

State \_\_\_\_\_ License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle License?  Yes  No  
If yes, give details \_\_\_\_\_

B. Has any license, permit or privilege ever been suspended or revoked?  Yes  No  
If yes, give details \_\_\_\_\_

C. Have you ever been disqualified for violations of the FMCSR?  Yes  No  
If yes, give details \_\_\_\_\_

## DRIVING/OPERATING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, EXCAVATOR, ETC.)	DATES FROM - TO	OR APPROX NO. OF MILES
Straight Truck			
Tractor and Semi-Trailer			
Tractor-Two Trailers			
Heavy Equipment			

## ACCIDENT RECORD FOR PAST 3 YEARS OR MORE

DATES (Month/Year)	NATURE OF ACCIDENT (Head-On, Rear-End, Upset, Etc.)	NUMBER OF FATALITIES	NUMBER OF INJURIES	HAZARDOUS MATERIALS SPILL
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

## TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS - (other than parking violations)

DATE CONVICTED	VIOLATION	STATE OF VIOLATION	PENALTY

Any gaps in employment and/or unemployment must be explained. \_\_\_\_\_

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

**To be read and signed by Applicant** - This certifies that I have completed this Application and that all entries and information that I have provided, are true and complete to the best of my knowledge. I authorize you to make investigations and inquiries as may be necessary in arriving at an employment decision. False or misleading information may result in discharge.

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

# Applicant EEO Data Sheet

Please complete this Applicant EEO-1 Data Sheet. It will supply us with information we need for federal reporting obligations. Please be advised that this information will be used and kept confidential, in accordance with applicable laws and regulations. This information will not be used as the basis for any adverse employment decision. Please print:

Name _____ Last First Middle	Position Applied For _____
Address _____ Number Street City State Zip	Telephone _____
Referral Source: <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Employment Agency <input type="checkbox"/> Walk In <input type="checkbox"/> Company Website <input type="checkbox"/> Other _____	

## EEO-1 Self-Identification

We are subject to certain government recordkeeping and reporting requirements for the administration of civil rights laws and regulations. To comply with these laws, we invite you to voluntarily self-identify your race or ethnicity. **Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment.** The information obtained will be kept confidential and separate from personnel files. It may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those requiring information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Gender:  Male  Female

Please check the EEO Identification Group that **best** applies to you:

**Ethnicity:** Are you Hispanic or Latino?

- Yes, I am **Hispanic or Latino**: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race
- No, I am not Hispanic or Latino - If you answered no, please select a race from the options below.

**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 races, excluding those who identify themselves as Hispanic or Latino. \_\_\_\_\_
- I do not wish to self-identify.  If employee declined to self-identify, check if observer identification used and initial.

Signature \_\_\_\_\_

Date \_\_\_\_\_

If you should have any questions regarding this form, please contact Human Resources.

Revised 10/10/14

**VETERAN STATUS  
PRE-OFFER INVITATION TO SELF-IDENTIFY**

The Company is a government contractor subject to the Vietnam Era Veteransq Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires government contractors to take affirmative action to employ and advance in employment veterans within the following categories: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans (collectively ~~covered veterans~~).

If you are a covered veteran we would like you to tell us so that you may be considered under our affirmative action program. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information you submit will be kept confidential, except that government officials may be informed as required by law. The information provided will be used only in ways that are not inconsistent with VEVRAA.

The covered veteran classifications are defined as follows:

- “ A ~~disabled veteran~~ is a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or a person who was discharged or released from active duty because of a service-connected disability.
  
- “ A ~~recently separated veteran~~ means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
  
- “ An ~~active duty wartime or campaign badge veteran~~ means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
  
- “ An ~~Armed forces service medal veteran~~ means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

**SELF - IDENTIFICATION**

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.

- I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE
  
- I AM NOT A PROTECTED VETERAN
  
- I DO NOT WISH TO SELF IDENTIFY

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 01/31/2017

## Why are you being asked to complete this form?

Because we do business with the government we must reach out to, hire and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

## How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major Depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments required the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Print

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

## Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include make a change to the application process or work procedures, providing documents in an alternative format, using a sign language interpreter, or using specialized equipment.

<sup>1</sup> Section 503 of the Rehabilitation Act of 1973 as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U. S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp)).

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid control number. This survey should take about 5 minutes to complete.