

Rotschy	Use Only:	
Contact:		
Orientat	on:	
Start:		
Position:		
Classifica	tion:	
Wage:		

APPLICATION FOR EMPLOYMENT AND PERSONNEL RECORD FOLDER

Please answer all questions.

This company is an equal employment opportunity employer. All applicants will be considered without regard to age, color, national origin, religion, sex, or other protected status in accordance with applicable federal and state equal employment opportunity laws.

applicable federal and state equal employment opportunity laws. If submitting electronically, please save a completed copy, then email to HR@rotschyinc.com .			
Have you ever applied for employment at Rotschy, Inc. Have you ever worked for Rotschy, Inc.? If so, when?	Yes No		
GENERAL			
Today's Date: Date A	Available for Employment:		
Full Name:			
First Middle Last			
Social Security Number:	Date of Birth:		
Street Address:	City, St, ZIP:		
Mailing Address:	City, St, ZIP:		
Home Phone:	Cell Phone:		
Email Address:			
Are you over 21 years of age?	☐ Yes ☐ No		
Do you have a valid driver's license in this state? (All applicants are subject to a DMV driving record	☐ Yes ☐ No search)		
License Number: State of	of Issuance: Expiration Date:		
List any other current licenses or permits:			
Are you currently employed?	☐ Yes ☐ No		
May we contact your present employer? If yes, list contact name and number:	☐ Yes ☐ No		
Are you legally authorized to work in the United States?	Yes No		
Type of work desired:			
Wages expected:			
Can you perform the essential functions of the job for w	hich you are applying?		
Are you available to work: ☐Full Time ☐Part Time	Overtime Out of Town		
Have you ever been convicted of a felony? Please note that a "yes" answer may not bar you from consideration f If "yes", please explain:	☐ Yes ☐ No for employment.		

EDUCATION			
School Name:	Elementary	High School	College
Years Completed:	45678	9 10 11 12	1 2 3 4
Course of Study:			
SPECIAL SKILL	S, QUALIFICATIONS, A	ND CONSIDERATION	S
	our history of operating const tes to the position for which yo		eavy trucks, or any other
REFERENCES			
	who are familiar with your qua		
Name 1.	Occupation/Relationship	Years known	Phone Number
_			
EMPLOYMENT			
Start with your prese job or period of time	ent or most recent job. List you ne between jobs.	ur jobs in order for the last 10	years. Do not omit any
Employer:		Supervisor Name:	
Address:			
Phone:		Dates Employed:	to
Duties:			
What did you like me	ost about this job?		
What did you like lea	ast about this job?		
Reason for leaving:			
Employer:		Supervisor Name:	
Address:			
Phone:		Dates Employed:	to
Duties:			
What did you like me	ost about this job?		
What did you like le	ast about this job?		
Reason for leaving:			

Employer:			Supervisor Name: _		
Address:					
Phone:			Dates Employed:		to
Duties:					
		bout this job?			
What did you like	least al	bout this job?			
Reason for leaving	g:				
Employer:			Supervisor Name: _		
Address:					
			Dates Employed:		to
Duties:					
What did you like	most a	bout this job?			
What did you like	least al	bout this job?			
Reason for leaving	g:	,			
DRIVING EXPI					
Have you ever be Has any license, p	en den ermit,	ied a license, permit, or priv or privilege ever been suspo please explain:	ended or revoked?		☐ Yes ☐ No ☐ Yes ☐ No
List special course	es or tra	aining that will help you as a	a driver:		
List any safe drivir	ng or of	ther awards you hold, and fr	rom whom:		
Accidents – for the	e past 3	3 years			
Date		Nature of Accident (h	nead-on, upset, etc.)	Fatalities	Injuries
Traffic Convicitons	and F	orfeitures – for the past 3 years	ears		
Date		Location	Penalty	Ch	arge

Do you have a CDL endorsement: If yes, please complete the following section.		☐ Yes ☐ No		
CDL ENDORSEMENT				
	d subject to Section 391 of the Federal Mo	tor Carrier Safety Regulations		
Equipment				
	Type of Driving	Dates		
Class of Equipment	(highway, off road)	(from - to)		
Dump Truck				
Truck & Trailer				
Heavy Haul, Lowboy				
Other				
List states operated in for last 5	.voare:			
List states operated in for last o	years.			
	tements carefully before signing this ap and dated are considered valid. If you ha em before signing.			
I certify that all answers and statements I have made on this application (and resume or other supplementary materials) are true and complete without omissions. I understand that any false information will be grounds for refusal to hire or for immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character and qualifications.				
I will be responsible for familiarizing myself with all rules and regulations of Rotschy, Inc. as they presently exist or are later modified. I recognize that my employment can be terminated, at the discretion of Rotschy, Inc. or at my option, without notice, at any time, except as specifically set forth in writing in a current individual employment agreement.				
I also understand that no representative of Rotschy, Inc. has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms, and conditions of employment, except as specifically stated in a current written agreement signed by the President.				
I understand that the information that has been provided may be used and prior employers may be contacted for the purpose of investigating the background as required by §391.23.				
I understand Rotschy, Inc. is a drug-free workplace and performs pre-employment drug tests on all new hires, and I consent to any testing required by Rotschy, Inc.				
This certifies that this applicationare true and complete to the be	n was completed by me, and that all the er st of my knowledge.	ntries on it and information in it		
Applicant Signature	Date			
This application is valid for 90 days from the date it is signed. If I want to be considered for job openings more than 90 days from today, I will submit a new application.				

EVERIFY
We Verify Employee