



# APPLICATION FOR EMPLOYMENT

Applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, genetic information, marital status, gender or age.

Position applied for \_\_\_\_\_ Date \_\_\_\_\_

Type of Employment Desired:  Full-Time  Part-time  Temporary  Seasonal  Internship

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

Social Security # \_\_\_\_\_ We will use this information only for employment purposes and make reasonable efforts to safeguard your privacy.

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

Telephone # (\_\_\_\_) \_\_\_\_\_ Cell/Other # (\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Referred by \_\_\_\_\_

Have you ever worked for this company before  Yes  No If yes, what position \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Names of relatives in our employ \_\_\_\_\_

Are you legally eligible for employment in this country?  Yes  No Are you currently employed?  Yes  No

Date available for work \_\_\_\_\_ Rate of Pay Expected \_\_\_\_\_

Driver's license number required if driving may be required in the job for which you are applying: \_\_\_\_\_ State \_\_\_\_\_

Have you ever pleaded "guilty" or "no contest" to, or been convicted of, a crime?  Yes  No

If yes, please provide date(s) and details \_\_\_\_\_

## EMPLOYMENT HISTORY

Starting with the most recent employer, include employment for the last 10 years. If more space is needed, include attachment.

Employer name \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Position held \_\_\_\_\_ Salary/Wage: Start \_\_\_\_\_ End \_\_\_\_\_ Date: From/To \_\_\_\_/\_\_\_\_

Summary of responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_ May we contact?  Yes  No  Later

Employer name \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Position held \_\_\_\_\_ Salary/Wage: Start \_\_\_\_\_ End \_\_\_\_\_ Date: From/To \_\_\_\_/\_\_\_\_

Summary of responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_ May we contact?  Yes  No  Later

Employer name \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Position held \_\_\_\_\_ Salary/Wage: Start \_\_\_\_\_ End \_\_\_\_\_ Date: From/To \_\_\_\_/\_\_\_\_

Summary of responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_ May we contact?  Yes  No  Later

## EDUCATIONAL BACKGROUND

School Attended and Address	Year(s) Completed	Degree Diploma	GPA Class Rank	Major/Minor

EXPERIENCE & QUALIFICATIONS

List any trucking, transportation, or other experience that may help in your work for this company:

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Summarize any special training skills, licenses, certifications and/or characteristics (foreign languages) of yourself that may qualify you as being able to perform job-related functions for the position which you are applying:

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List special equipment or technical materials you can work with other than those you have already shown:

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COMPUTER SKILLS

(Check all that apply and indicate level, i.e. beginner, intermediate, or advance)

- Word \_\_\_\_\_     
  Access \_\_\_\_\_     
  Excel \_\_\_\_\_     
  Powerpoint \_\_\_\_\_  
 AS400 \_\_\_\_\_     
  Typing (WPM \_\_\_\_\_)     
  Other \_\_\_\_\_

VETERAN INFORMATION

Branch of Service \_\_\_\_\_ Rank \_\_\_\_\_  
 Date of Entry Rank at Discharge \_\_\_\_\_ Date of Discharge \_\_\_\_\_

REFERENCES

List name and telephone number of business/work reference. If not applicable, list school or personal references who are not related to you.

Name/Title/Company	Check One	Telephone	Years Known
	<input type="checkbox"/> Personal <input type="checkbox"/> Business	( )	
	<input type="checkbox"/> Personal <input type="checkbox"/> Business	( )	
	<input type="checkbox"/> Personal <input type="checkbox"/> Business	( )	

APPLICANT STATEMENT

I, the undersigned, state that all information given by me in this application is true to the best of my knowledge. I authorize the company to verify such information and to contact any reference given by me. Should the company employ me, I agree that:

- My employment shall be in accordance with the terms of this application and the company rules and regulations, which may be modified at any time by the company.
- I understand that my employment is at-will and I may be terminated or I may resign at any time, with or without notice, with or without cause, the company's only obligation is to pay me wages or salary earned by me to date of termination. I further acknowledge and agree that the period of my employment is indefinite and that no documents of the company shall constitute a contract of employment. The policy set forth in this paragraph may be modified only by written agreement signed by me and by an officer of the company.
- I agree that employment may be contingent upon meeting all placement considerations.
- I authorize the company to investigate all statements contained in this application and hereby release former employers and the company from any and all liability on account of furnishing such information to the company.

## ARBITRATION AGREEMENT

- A. **Submission.** Any dispute or claim arising out of, resulting from, or connected with: (a) my employment by Employer, (b) termination of my employment with Employer, (c) post-employment conduct, action, or inaction of me or Employer, insofar as it involves or affects the other party, or (d) any of the terms, or the enforceability, of this Agreement or any other Agreement between me and Employer, with the exception of any claim or dispute arising under or concerning Non-Compete, Non-Solicitation, Non-Disclosure, or Confidentiality agreements, which claims may be submitted by Employer to a court of law in the applicable jurisdiction for immediate injunctive relief, shall be submitted by both Parties to arbitration with the American Arbitration Association (“AAA”) under their current National Rules for Resolution of Employment Disputes, or any substituted or replacements to those rules in effect at the time of the dispute, unless those rules are modified herein. Any such arbitration shall be conducted in St. Louis County, Missouri. Claims and disputes subject to arbitration pursuant to this Section shall include, but not be limited to the following statutory and non-statutory claims: (i) any alleged violation of any federal, state or local fair employment practices or benefits law, including but not limited to, the Federal Age Discrimination in Employment Act, the Americans with Disabilities Act, the Civil Rights Act of 1964, the Missouri Human Rights Act or any applicable State discrimination statute, the Family and Medical Leave Act; the Equal Pay Act of 1963, the Employee Retirement Income Security Act of 1974, the Consolidated Omnibus Budget Reconciliation Act of 1986; and the Older Workers Benefit Protection Act; (ii) any alleged violation of any contractual, common-law, or statutory duty or obligation or any employment-related obligation, including any claim for wages with the exception of any claim under the Fair Labor Standards Act; (iii) any alleged violation or breach of contract; (iv) any alleged tort, tortious course of conduct, or violation of common-law, including but not limited to any claim of retaliation for filing a worker’s comp claim, libel, slander or defamation; (v) alleged violation of public policy, including but not limited to a claim of violation of any federal, state or local law, statute, regulation, ordinance, constitutional provision, or other expression of public policy; and (vi) interpretation, applicability or enforceability of this arbitration policy.
- B. **Filing Procedures.** The initiating party must file a written notice of intent to arbitrate at the applicable regional office of the AAA, within the time limit established by the applicable statute of limitation if the dispute involves statutory rights. Statutory rights shall be defined to include but not limited to those rights described in Paragraph (A) (i). If no statutory rights are involved, the notice must be filed within 180 calendar days of the date of the occurrence giving rise to the claim. I shall only be liable to pay the amount of fees stipulated by the AAA rules relating to employment arbitration agreements or if no rules apply then I shall only be liable to pay one half (1/2) of the AAA’s filing fee and other fees and Employer shall pay the balance of the filing fee and other fees.
- C. **Law Applicable.** If a claim is brought by either party against the other pursuant to federal statute, the arbitrator shall apply and be bound by decisions of the Supreme Court and of the 8th Circuit Court of Appeals, which interpret or apply the statute(s) under which the claim is made. If a claim is made by either party pursuant to state statute or common law, the arbitrator shall apply the substantive law of the state of Missouri, as interpreted by its Supreme Court and Courts of Appeal, including its law of remedies (but not its choice of law). In no event shall the arbitrator award attorneys’ fees, punitive damages or liquidated damages to a prevailing party in arbitration unless allowed or authorized by this Agreement, or the statute under which a claim is brought; or, if the claim is brought pursuant to common law, such damages have been explicitly authorized for that type of claim by a decision(s) of the Missouri Supreme Court. In such case, the decision whether to award attorneys’ fees, punitive damages or liquidated damages and the amount of any such award shall rest solely in the sound discretion of the arbitrator. The arbitrator will have the authority to hear a motion to dismiss or a motion for summary judgment by any party and in doing so must apply the standards governing such motions under the Federal Rules of Civil Procedure.
- D. **Final and Binding.** Exclusive of Employer’s right to pursue injunctive relief for a violation of a Non-Compete, Non-Solicitation, Non-Disclosure, Anti-Raiding or Confidentiality clause or Agreement, Employer and I agree that arbitration is the exclusive, required and final means of resolving any dispute or claim that is covered by this Section, except that nothing herein precludes me from pursuing statutory relief with administrative agencies. The arbitrator’s decision and award shall be binding on the Parties as a final resolution of the claim, and no other action on the claim will be brought by either party in any court. However, either party may bring an action in any court of competent jurisdiction to compel arbitration under this agreement or to enforce an arbitration award, or to set aside an award in accordance with the provisions of the Federal Arbitration Act. To the extent possible as allowed by the AAA rules for Employment discrimination claims and by order of the Arbitrator, arbitration proceedings shall be conducted in secrecy, and all documents, testimony and records shall be received, heard, and maintained by the Arbitrator(s) in secrecy, available for inspection only by the Arbitrator(s), Employer and me, and by our respective attorneys and experts, who shall agree, in advance and in writing, to receive all such information confidentially, and to maintain such information in secrecy until such information becomes generally known.

FALSIFICATION, MISREPRESENTATION, OR OMISSION OF INFORMATION ON THIS, OR ON THIS, OR ON ANY OTHER EMPLOYMENT FORM, SHALL BE GROUNDS FOR IMMEDIATE TERMINATION, REGARDLESS OF WHEN SUCH FALSIFICATION, MISREPRESENTATION, OR OMISSION IS DISCOVERED.

Applicant’s Signature \_\_\_\_\_ Date \_\_\_\_\_

## RELEASE FOR BACKGROUND CHECK

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I, \_\_\_\_\_, hereby authorize **Tri-National, Inc.** to obtain background information, including criminal/civil records, driver's license, social security number verification, present and former addresses, and sex offender registry. I understand that **Tri-National, Inc.** will utilize an outside firm or firms to assist in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further. I understand that the information given and received will be kept confidential.

**Please Print**

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

Other Name(s) Used (Maiden/Alias): \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street City State Zip

Former Address: \_\_\_\_\_

Street City State Zip

Former Address: \_\_\_\_\_

Street City State Zip

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender  Male  Female

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

I have been provided with a summary of my rights under the Fair Credit Reporting Act and therefore authorize the release of any criminal history record information to the requestor.

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