

NON-DRIVER APPLICATION



- Does not meets D.O.T. Regulations -

We are an Equal Opportunity Employer

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability, or any other legally protected status.

(Please Print)

Today's Date: _____ Terminal Location: _____ Position Applied For: _____

Name _____ Social Security Number _____
(Last) (First) (Middle)

Address _____ Phone: _____
(Street Address) (City) (State) (Zip)

In case of emergency notify: _____
(Name) (Relationship) (Phone Number)

How did you learn about Bulkmatic? Billboard Newspaper Ad Internet
 Walk -In Other *Please explain* _____

Name of Person Who Referred you: _____

- If you are under 18 years of age, can you provide proof of your eligibility to work? Yes No
- Have you ever filed an application with us before? If yes, give date _____ Yes No
- Have you ever been employed with us before? If yes, give dates _____ Yes No
- Are you related to anyone employed at Bulkmatic? Relationship/Name _____ Yes No
- Are you currently employed? Yes No
- May we contact your employer? Yes No
- Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
- Proof of citizenship or immigration status will be required upon employment*
- On what date would you be available for work?
- Are you available to work: Full Time Part Time Casual Temporary
- Are you currently on "lay-off" status and subject to recall? Yes No
- Can you travel if the job requires it? Yes No
- Have you ever been disciplined at a job? Yes No
 If yes, please explain: _____
- Have you ever been fired from a job? Yes No
 If yes, please explain: _____
- Have you been convicted of a felony within the last 7 years? (Conviction will not necessarily disqualify an applicant from employment) Yes No
 If yes, please explain: _____

Education

	Elementary School	High School	Undergraduate College/University	Graduate/Professional
School Name & Address				
Years Completed	5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Course of study				
Describe any specialized training, apprenticeship, skills and extra-curricular activities				
Describe any honors you have received				

Please list professional, trade, business or civic activities and offices held *(You may exclude memberships which would reveal sex, race, national origin, age, ancestry, disability or other protected status).*

References

Please list 3 references, not including relatives.

Name	Address	Telephone Number
.....
.....
.....

If you are applying for a position that requires you to have a valid drivers license, please provide:

Drivers License Number: _____ State: _____

Have you ever had any job-related training in the United States Military? Yes No

If yes, please describe:

Previous Employment – Provide **8 years** of previous employment. Please provide complete addresses, phone numbers, dates of service and reason for leaving each job. Continue on a separate piece of paper if you need more room.

Please start with your current job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disability or other protected status.

Employer	Dates of Employment From: To:		Work Performed
Street Address			
City, State, Zip			
Phone Number: Fax Number:	Hourly/Salaried Rate Starting Final		Reason For Leaving
Job Title Supervisor			
Employer	Dates of Employment From: To:		Work Performed
Street Address			
City, State, Zip			
Phone Number: Fax Number:	Hourly/Salaried Rate Starting Final		Reason For Leaving
Job Title Supervisor			
Employer	Dates of Employment From: To:		Work Performed
Street Address			
City, State, Zip			
Phone Number: Fax Number:	Hourly/Salaried Rate Starting Final		Reason For Leaving
Job Title Supervisor			
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Street Address			
City, State, Zip			
Phone Number: Fax Number:	Hourly/Salaried Rate Starting Final		Reason For Leaving
Job Title Supervisor			

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience

TO BE READ AND SIGNED BY ALL APPLICANTS

It is agreed and understood that any misrepresentations of information given above shall be considered an act of dishonesty.

It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not. Generally, inquiries regarding medical history will be made after an offer of employment has been extended.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

It is agreed and understood that this application for employment in no way obligates the motor carrier to employ the applicant.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of Bulkmatic Transport Company.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer, Bulkmatic Transport Company.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Date

Applicant's Signature

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of the information in the files of every “consumer reporting agency” (CRA). Most CRAs are credit bureaus that gather and sell information about you - such as, if you pay your bills on time or have filed bankruptcy - to creditors, employers, landlords, and to other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission’s web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you - such as denying an application for credit, insurance, or employment - must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You are also entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs - to which it has provided the data - of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA’s investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, a CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinstated the item. The notice must also include the name, address and phone number of the information source.

You can dispute inaccurate items with the source of the information. If you tell anyone - such as a creditor who reports to a CRA - that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you’ve notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.

Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA - usually to consider an application with a creditor, insurer, employer, landlord, or other business.

Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give our information about you unless your employer, or prospective employer has your written request. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

You may choose to exclude you name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the list for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
CRAAs, creditors and others not listed below	Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580 202-326-3761
National banks, federal branches/agencies of foreign banks (word "National" or initials "NA" appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management Mail Shop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke St. Alexandria, VA 22314 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautic Board of Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to Packers and Stockyards Act , 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

DISCLOSURE & RELEASE

In connection with my contract for services, I understand that consumer reports which may contain public record information may be requested from DAC Services, Tulsa, OK. These reports may include the termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records, as well as information from DAC concerning previous driving record requests made by others from such state agencies, and state provided driving records.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY DAC TO FURNISH THE ABOVE -MENTIONED INFORMATION.

I have the right to make a request to DAC, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information and the recipients of any reports on me, which DAC has previously furnished within the two year period preceding my request. I hereby consent to your obtaining the above information from DAC, and I agree that such information which DAC has or obtains, and my employment history with you if I am contracted, will be supplied by DAC to other companies which subscribe to DAC Services.

I hereby authorize procurement of consumer reports. If contracted, this authorization shall remain on file and shall serve as an ongoing authorization for you to procure consumer reports at any time during my contracted period.

Print Name

Social Security No.

Address

Drivers License State

City, State Zip

Drivers License No.

Telephone

Date of Birth

Signature

Terminal: _____
Position of Applicant: _____
Reports Requested by: _____

Hiring Incentives to Restore Employment (HIRE) Act Employee Affidavit

▶ **Do not send this form to the IRS. Keep this form for your records.**

To be completed by new employee. Affidavit is not valid unless employee signs it.

I certify that I have been unemployed or have not worked for anyone for more than 40 hours during the 60-day period ending on the date I began employment with this employer.

Your name _____ Social security number ▶ _____

First date of employment ____ / ____ / ____ Name of employer _____

Under penalties of perjury, I declare that I have examined this affidavit and, to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature ▶ _____ Date ▶ ____ / ____ / ____

Instructions to the Employer

Section references are to the Internal Revenue Code.

Purpose of Form

Use Form W-11 to confirm that an employee is a qualified employee under the HIRE Act. You can use another similar statement if it contains the information above and the employee signs it under penalties of perjury.

Only employees who meet all the requirements of a qualified employee may complete this affidavit or similar statement. You cannot claim the HIRE Act benefits, including the payroll tax exemption or the new hire retention credit, unless the employee completes and signs this affidavit or similar statement under penalties of perjury and is otherwise a qualified employee.

A "qualified employee" is an employee who:

- begins employment with you after February 3, 2010, and before January 1, 2011;
- certifies by signed affidavit, or similar statement under penalties of perjury, that he or she has not been employed for more than 40 hours during the 60-day period ending on the date the employee begins employment with you;
- is not employed by you to replace another employee unless the other employee separated from employment voluntarily or for cause (including downsizing); and

• is not related to you. An employee is related to you if he or she is your child or a descendent of your child, your sibling or stepsibling, your parent or an ancestor of your parent, your stepparent, your niece or nephew, your aunt or uncle, or your in-law. An employee also is related to you if he or she is related to anyone who owns more than 50% of your outstanding stock or capital and profits interest or is your dependent or a dependent of anyone who owns more than 50% of your outstanding stock or capital and profits interest.

If you are an estate or trust, see section 51(i)(1) and section 152(d)(2) for more details.



Do not send this form to the IRS. Keep it with your other payroll and income tax records.

Paperwork Reduction Act Notice. The Paperwork Reduction Act of 1980 requires that when we ask you for information we must first tell you our legal right to ask for the information, why we are asking for it, and how it will be used. We must also tell you what could happen if we do not receive it and whether your response is voluntary, required to obtain a benefit, or mandatory under the law. You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as stated in Code section 6103.

Our legal right to ask for information is Internal Revenue Code section 6001 and the purpose of the form is stated in the instructions. This collection of the information is required to obtain certain tax benefits.

If you do not retain this record or give fraudulent information, we may have to disallow certain exemptions and credits, and you also may be charged penalties and be subject to criminal prosecution. This could make the tax higher or delay any refund. Interest may also be charged.

The time needed to complete this form will vary depending on individual circumstances. The estimated average time is:

- Recordkeeping** 1 hr., 25 min.
- Preparing the form** 25 min.
- Learning about the law or the form** 24 min.

If you have comments regarding the accuracy of this time estimate or you have suggestions for making this form simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Do not send the form to this address.

Please keep this notice with your records. It may help you if we ask you for other information. If you have any questions about the rules for filing and giving information, please call or visit any Internal Revenue Service office.