



DRIVER APPLICATION FOR EMPLOYMENT

Etna Shared Services, LLC
1090 36th St SE Suite 630 | Grand Rapids, MI 49508

EQUAL OPPORTUNITY EMPLOYER

Etna Shared Services, LLC ("Etna" or the "Company") abides by all federal, state, and local anti-discrimination laws, regulations, and ordinances. The Company provides and promotes equal employment opportunities for all applicants and employees, and it trains, promotes, compensates, and administers all employment practices without regard to any protected characteristic.

The Company is also committed to complying with the Americans with Disabilities Act ("ADA") and any similar state or local laws or ordinances. If you believe that you have a disability and need a reasonable accommodation to apply for a job with Etna or to complete an application for employment, please notify Human Resources Generalist at etnahr@etnasupply.com or 616-241-5414 as soon as possible. The Company may ask applicants or employees to provide documentation from the appropriate health care professional to confirm that the individual has a disability and to help assess possible reasonable accommodations, if any.

PERSONAL INFORMATION

* Position Applying For: _____ * Date of Application: _____

* Branch/Location: _____

* Type of Employment Desired: ___ Full-Time ___ Part-Time ___ Temporary ___ Seasonal

* Shift(s) Available: ___ First ___ Second ___ Third ___ Saturdays

* Last Name: _____ * First Name: _____ * Middle Name: _____

* Preferred Name: _____

* Street Address: _____ * City, State: _____ * Zip Code: _____

* Preferred Phone Number: _____ * Email Address: _____

* Are you 18 years of age or older? ☐ Yes ☐ No

* Are you legally authorized to work in the United States? ☐ Yes ☐ No

* Have you ever been convicted of any law violation (do not disclose speeding or any information contained in a sealed criminal record)? ☐ Yes ☐ No

If yes, please explain: _____

* Are there any felony charges currently pending against you (do not disclose any information contained in a sealed arrest record)? ☐ Yes ☐ No

If yes, please list the date, charge, and location of the charge/court: _____

Have you previously worked for the Company? ☐ Yes ☐ No

Date(s) worked: _____ Location: _____

* How did you hear about this opportunity? _____

* Required field

DRIVING EXPERIENCE

*Do you have a current driver's license? ☐ Yes ☐ No

If yes, for each valid license, list:

License Number	Type of License	State of Issuance	Expiration Date

*In the past two years, have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by the DOT drug and alcohol testing rules? ☐ Yes ☐ No

If you answered yes, can you provide or obtain proof that you successfully completed the DOT return-to-duty requirements?
☐ Yes ☐ No

Please provide your driving experience on the following types of equipment:

Class of Equipment	Type of Equipment	Dates	Total Miles Driven
Straight Truck			
Tractor/Semi Trailer			
Tractor/Two Trailers			
Safety-Sensitive Position			
Other			

Please provide your accident record of the last **three years**:

Date	Type of Accident (e.g., head-on, rear-end, etc.)	Fatalities?	Injuries?

Please provide your traffic convictions and forfeitures of the last **three years**:

Date	Location	Charge	Penalty

Attach additional sheets, if necessary, to explain any parts of your driving experience.

* Required field

EMPLOYMENT RECORD

The Department of Transportation requires that you provide us information about your employment for the last three years or your commercial driving experience for the last ten years. Any information you provide regarding your past jobs and employers may be used to investigate your past safety performance and work history. List your more recent employment first. Do not say "see resume."

*Employer (Name and Address):	Rate of Pay (optional):
*Dates (month and year):	*Your Title:
*Duties & Responsibilities:	
*Reason for Leaving:	
*Were you subject to the Federal Motor Carrier Service Act during this employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
*If yes, was your job a designated safety-sensitive function that subjected you to DOT drug and alcohol testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer (Name and Address):	Rate of Pay (optional):
Dates (month and year):	Your Title:
Duties & Responsibilities:	
Reason for Leaving:	
Were you subject to the Federal Motor Carrier Service Act during this employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, was your job a designated safety-sensitive function that subjected you to DOT drug and alcohol testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer (Name and Address):	Rate of Pay (optional):
Dates (month and year):	Your Title:
Duties & Responsibilities:	
Reason for Leaving:	
Were you subject to the Federal Motor Carrier Service Act during this employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, was your job a designated safety-sensitive function that subjected you to DOT drug and alcohol testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	

* Required field

EDUCATION

High School			
Name:	Location:	Degree Type:	Degree Received: <input type="checkbox"/> Yes <input type="checkbox"/> No
College/University			
Name:	Location:	Degree Type:	Degree Received: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Location:	Degree Type:	Degree Received: <input type="checkbox"/> Yes <input type="checkbox"/> No
Business/Trade/Vocational School			
Name:	Location:	Degree Type:	Degree Received: <input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Education or Training			
Name:	Location:	Degree Type:	Degree Received: <input type="checkbox"/> Yes <input type="checkbox"/> No

Do you have any special training or skills that we should know about? _____

APPLICANT'S CERTIFICATION AND AGREEMENT – PLEASE READ CAREFULLY!

- Definition.** For the purposes of this Certification and Agreement, "Company" means Etna Shared Services, LLC and any of its past, present, and future subsidiaries, parents, or other affiliated entities.
- Certification of Truthfulness.** I certify that all statements on this Application for Employment are complete and truthful. I agree that such statements may be investigated. If they are found to be false, that will be sufficient reason for not being employed (or, if already employed, may result in my dismissal).
- Authorization for Employment/Educational Information.** I authorize the references listed in this Application for Employment, and any prior employer, educational institution, or any other persons or organizations to give Etna any and all information concerning my previous employment/educational accomplishments, disciplinary information or any other pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I hereby waive written notice that employment information is being provided by any person or organization.
- Drug Testing Program.** The Company has a vital interest in maintaining safe, healthful, and efficient working conditions for its customers and employees. Using or being under the influence of drugs or alcohol on the job poses serious safety and health risks for the user, the public, and all those who interact with the user. The possession, use, or sale of an illegal drug or controlled substance may pose unacceptable risks to safe, healthful, and efficient operations.

By signing below, I acknowledge and agree that I will be subject to pre-placement drug testing and drug and alcohol testing during my employment, if any, with the Company. I further agree to release the Company and its subsidiaries, directors, officers, and agents of all liability, claims, demands, damages, and cause of action of every kind and nature arising out of or resulting from or in connection with submitting to drug and alcohol testing and any decision concerning employment made by the Company in whole or in part, based upon the results of a drug and alcohol testing. The administration and implementation of the Company's drug testing policy will be consistent with applicable state and local laws or regulations.

5. **Employment at Will.** If I am hired, in consideration of my employment, I agree to abide by the rules and policies of the Company, including any changes made from time to time, and agree that my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either the Company or myself. I understand that no manager or other representative of the Company has any authority to enter into any agreement for employment for any specific or indefinite period of time, or to make any agreement contrary to the foregoing.
6. **Authorization to Work.** If I am selected for hire, I will be offered employment provided I verify that I am authorized to work as required by the Immigration Reform and Control Act of 1986.
7. **Limitation on Claims.** I agree that any lawsuit or claim arising out of my application for employment, employment, or termination of employment with the Company (including, but not limited to, claims arising under state, federal or local civil rights laws) must be brought within the following time limits or be forever barred: (a) for lawsuits requiring a Notice of Right to Sue from the EEOC, within 90 days after the EEOC issues that Notice; or (b) for all other lawsuits, within (i) 180 days of the event(s) giving rise to the claim, or (ii) the time limit specified by statute, whichever is shorter. I waive any statute of limitations that exceeds this time limit.
8. **Criminal and Driving Records Check.** I authorize the Company to secure my criminal conviction history and my driving record. I agree to execute the appropriate authorization if necessary to obtain such information.
9. **Consideration for Employment.** I understand that my application will be considered pursuant to the Company's normal procedures for a period of 30 days. If I am still interested in employment after the expiration of the 30-day period, I must reapply.
10. **Electronic Signatures.** I understand that if I choose to execute this Application for Employment using an electronic signature method, that the electronic signature will be given the full legal effect under federal and state law. If I affix my electronic signature to this Application for Employment, I agree to receive, review, and acknowledge receipt of this document electronically. I further agree to electronically enter into any contractual obligations with the Company that are contained in this document. I understand that by [typing my name, selecting "I acknowledge" below], I am attaching my electronic signature to this electronic record with the intent to execute and sign this record. I agree that my electronic signature is that of my own and satisfies the electronic signature requirements recognized under applicable law. I understand that my electronic signature on this document is intended to be as legally binding as my manual signature. By affixing my electronic signature to this document, I agree that I have read this Application for Employment and agree to all of its terms.

I understand that my agreement to the terms of this Certification and Agreement are a condition of my application for employment. The Company will not consider my application for employment unless I sign below and agree to the terms of this Certification and Agreement. I agree that if any of the above commitments is ever found to be legally unenforceable as written, the commitment concerned shall be limited to allow its enforcement as far as legally possible.

By signing below, I knowingly and voluntarily acknowledge that I have read, understand, and agree to Paragraphs 1 through 10 above.

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.

* Signature: _____ * Date: _____

* Name Printed: _____

INFORMATION FROM PREVIOUS EMPLOYERS – PLEASE READ CAREFULLY!

The information you have provided on this Application for Employment will be used, and your previous employers will be contacted, for the purpose of investigating your safety performance history information.

Regarding the investigation information that will be provided to Etna, you have the following rights:

- The right to review information provided by previous employers;
- The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to Etna;
- The right to have a rebuttal statement attached to the alleged erroneous information, if you and the previous employer cannot agree on the accuracy of the information.

If you have previous Department of Transportation (DOT) regulated employment history in the preceding three (3) years and wish to review the information your previous employer provided to Etna, you must submit a written request to Etna. You may submit this written request to Etna at any time for up to 30 days after becoming employed by Etna or being notified of the denial of employment by Etna. If you submit this written request to Etna, and Etna has received the requested information from the previous employer, Etna will provide the information from the previous employer to you within five (5) business days of receiving your written request.

I hereby authorize Etna and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

* Signature: _____ * Date: _____

* Name Printed: _____

* Required field

EEOC DATA

Providing this information is strictly voluntary.

The Equal Employment Opportunity Commission (EEOC) requires organizations with 100 or more employees to complete an EEO-1 report each year. Completion of the following data is voluntary and will not affect your opportunity for employment or terms or conditions of employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records. The information will only be accessed by the Company's Human Resources Department. Please return the completed form to the Human Resources Department.

Please note that if the employer does not receive this information from the employee, the employer has the option to compile the data based only on observation.

The following information is being utilized by the employer for gathering statistical information under its EEOC Policies.

Name: _____ Date: _____

Gender: _____ Male _____ Female

Race: _____ Hispanic or Latino _____ Black or African American
 _____ Native Hawaiian or Pacific Islander _____ Asian
 _____ American Indian or Alaskan Native _____ White
 _____ Two or More Races