



2625 Edward Babe Gomez Ave
Omaha, NE 68107
402-731-4331

733 Hill St
Lincoln, NE 68502
402-474-2323

APPLICANT TO COMPLETE
(Answer all questions – please print)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

Name: _____ Social Security No: _____
Last First Middle

Position(s) Applied For: _____

List your addresses of residency for the past 3 years.

Current Address

Street _____ City, State, & Zip Code _____
Phone Number: _____ How Long? _____
Yrs/Mos

Street _____ City, State, & Zip _____ How Long? _____
Yrs/Mo

Previous Addresses

Street _____ City, State, & Zip _____ How Long? _____
Yrs/Mo

Street _____ City, State, & Zip _____ How Long? _____
Yrs/Mo

Street _____ City, State, & Zip _____ How Long? _____
Yrs/Mo

Do you have the legal right to work in the United States? _____

Date of Birth: ____/____/____ Can you provide proof of age? _____
(Required for Commercial Drivers)

Have you worked for this company before? _____ Where? _____

Dates: From _____ to _____ Rate of Pay: _____ Position: _____

Reason for leaving: _____

Are you currently employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Expected rate of pay: _____

Are you currently using illegal drugs? _____

Do you have any felony/misdemeanor convictions? If yes, please explain: _____

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]? If yes, please explain: _____

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Reform Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208) you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Section 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

I authorize you to make such investigations and inquiries of my persona, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care provider and other persons from all liability in responding to inquiries and releasing information in connection with my application.

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 Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employers will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature _____ Date _____

EMPLOYMENT HISTORY

All applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address.

Applicants to drive a commercial motor vehicle ¹ in intra- or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such a vehicle.

(Note: List employers in reverse order beginning with the most recent. Add another sheet as necessary.)

EMPLOYER	DATE
Name:	FROM MO. YR. TO MO. YR.
Address:	POSITION HELD
City: State: Zip:	SALARY / WAGE
Contact Person: Phone Number:	REASON FOR LEAVING
Were you subject to the FMCSRs ² while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYER	DATE
Name:	FROM MO. YR. TO MO. YR.
Address:	POSITION HELD
City: State: Zip:	SALARY / WAGE
Contact Person: Phone Number:	REASON FOR LEAVING
Were you subject to the FMCSRs ² while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYER	DATE
Name:	FROM MO. YR. TO MO. YR.
Address:	POSITION HELD
City: State: Zip:	SALARY / WAGE
Contact Person: Phone Number:	REASON FOR LEAVING
Were you subject to the FMCSRs ² while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYER	DATE
Name:	FROM MO. YR. TO MO. YR.
Address:	POSITION HELD
City: State: Zip:	SALARY / WAGE
Contact Person: Phone Number:	REASON FOR LEAVING
Were you subject to the FMCSRs ² while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYER	DATE
Name:	FROM MO. YR. TO MO. YR.
Address:	POSITION HELD
City: State: Zip:	SALARY / WAGE
Contact Person: Phone Number:	REASON FOR LEAVING
Were you subject to the FMCSRs ² while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

1. Includes vehicles having a GVWR of 26,001 lbs or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

2. The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 lbs or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD for the past 3 years or more. If none, write "NONE".

(Attach sheet if more space is needed.)

Dates	NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.)	FATALITIES	INJURIES	HAZARDOUS Material spill
Last Accident				
Next Previous				
Next Previous				

TRAFFIC CONVICTIONS and forfeitures for the past 3 years (other than parking violations). If none, write "NONE".

(Attach sheet if more space is needed.)

Location	Date	Charge	Penalty

EXPERIENCE AND QUALIFICATIONS – DRIVER

State	License No.	Class	Endorsement(s)	Expiration Date
Driver licenses or permits held in the past 3 years				

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No

B. Has any license, permit, or privilege ever been suspended or revoked? Yes No

If the answer to either A or B is yes, give details: _____

DRIVING EXPERIENCE (Check yes or no)

CLASS OF EQUIPMENT	<input type="checkbox"/> Yes <input type="checkbox"/> No	CIRCLE TYPE	DATES		APPROX. NO. OF MILES (TOTAL)
			FROM (M/Y)	TO (M/Y)	
Straight Truck	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Van, Tank, Flat, Dump, Refer)			
Tractor and Semi-Trailer	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Van, Tank, Flat, Dump, Refer)			
Tractor – Two Trailers	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Van, Tank, Flat, Dump, Refer)			
Tractor – Three Trailers	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Van, Tank, Flat, Dump, Refer)			
Motorcoach – School Bus	<input type="checkbox"/> Yes <input type="checkbox"/> No	(More than 8 passengers)			
Motorcoach – School Bus	<input type="checkbox"/> Yes <input type="checkbox"/> No	(More than 15 passengers)			
Other					

List states operated in for last five years: _____

Show special courses or training that will help you as a driver: _____

Which safe driving awards do you hold and from whom: _____

EXPERIENCE AND QUALIFICATIONS – OTHER

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

List courses and training other than shown elsewhere in this application

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

EDUCATION

Circle highest grade completed: Elementary & Middle: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4
 Last school attended: (NAME) (CITY / STATE)

TO BE READ AND SIGNED BY APPLICANT

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: _____

DUTIES & RESPONSIBILITIES:

1. **PACKING:** To prepare and protect customer's household goods and other items for movement. Packing must be completed to the customer's satisfaction and within the company standards of performance.
2. **LOADING:** Placing and padding of goods onto trucks or into storage containers so as to maximize load and minimize damage.
3. **PAPERWORK:** You will be responsible for handling appropriate paperwork for each job, including but not limited to understanding and preparing legible inventories, obtaining appropriate signatures, and itemizing each function of the job required.
4. **DELIVERY:** Removal of goods from truck or storage container and placement of items in delivery location (i.e., warehouse, customers' home, theater). Unpacking of all cartons and checking off of items from the prepared inventory to ensure customer receives all items as inventoried.
5. **DRIVING:** Must be capable of driving company owned trucks around town as needed. Ford Van Lines may hire an employee without a CDL license with the condition that the employee works to obtain a CDL in which case the employee could be required to drive to other points within the state and/or other points in the US/Canada as dispatched by the company.
6. Perform other duties as assigned by the immediate supervisor and other management as required.

I understand and agree that:

1. Any material misrepresentation or deliberate omission of a fact in my application may be justified for refusal of, or if employed, terminated from employment.
2. It is my understanding that the company will make a thorough investigation of my entire work and personal history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by the company and I release from liability any person giving or receiving any such information. I understand that falsification of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal.
3. I agree that this company may terminate my employment at any time without liability for wages or salary except such as may have been earned at the date of such termination. If requested by the management at any time, I agree to submit to search of my person or any truck that may be assigned to me, and I hereby waive all claims for damages of account on such examination.
4. Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory; overtime, shift work, a rotating work schedule, or a work schedule other than Monday thru Friday. I understand and accept these conditions of my continuing employment.
5. Every employee is subject to immediate termination if he/she becomes uninsurable due to traffic violations, irrespective of fault, on or off the job.

I further understand that this is an application for employment and that no employment contract is being offered.

I understand that if I am employed, such employment is an indefinite period of time and that the company can change wages, benefits and conditions at any time.

I have read and understand the above.

Signature _____ Date _____



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REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER – Page 1

Applicant – Complete for each employer - Answer all questions in this section – Please Print

Applicant Name: _____
Date of Birth: _____ Social Security No: _____

I authorize Ford Van Lines, Inc. to make such investigations and inquiries of my persona, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision.(Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care provider and other persons from all liability in responding to inquiries and releasing information in connection with my application.

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- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Applicant Signature: _____ Witness Signature: _____
Date: _____ Date: _____

Previous Employer Information (To be completed by prospective employer):

Previous Employer Name: _____ City / State: _____
Dates applicant shows employed: From: _____ To: _____
Date Request Sent: _____ Ford Van Lines Representative: _____

(Continued on Page 2)



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REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER – Page 2

Previous Employer – Complete all information in this section – Please Print

Dates of employment: From: _____ To: _____ Position Held: _____
 Satisfactory Work Record? Y / N Eligible for rehire: Y / N
 Reason for leaving: Discharged Resigned Laid Off Retired Military Duty Other
 If Other, Please explain: _____

Accidents in the past three years:

Date	DOT Recordable?	City / State	Description	# of Injuries	# of Fatalities	Haz Mat Involved?
	Y / N					Y / N
	Y / N					Y / N
	Y / N					Y / N
	Y / N					Y / N
	Y / N					Y / N

Drug and Alcohol Testing in the past three years:

Applicant was employed in a safety sensitive function that required alcohol and controlled substance testing as specified in 49 CFR part 40:	Y / N
Applicant had an alcohol test of 0.04 or greater while in your employ:	Y / N
Applicant had a positive result on a controlled substance test while in your employ:	Y / N
Applicant adulterated or substituted a test specimen while in your employ:	Y / N
This person refused to submit a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test while in your employ:	Y / N
This person violated any other drug or alcohol prohibitions as specified in 49 CFR part 40 or Part 382:	Y / N
This person violated a DOT drug and alcohol regulation and completed a SAP-prescribed rehabilitation program while in your employ, including return to duty and follow up tests: (If yes, please attach documentation)	Y / N
This person violated a DOT drug and alcohol regulation and completed a SAP-prescribed rehabilitation program while in your employ, but subsequently had an alcohol test of 0.04 or higher or a positive result on a controlled substance test, or refused to submit a test specimen as required:	Y / N

Person Providing Information: _____ Title: _____

Signature: _____ Date: _____

Please return all pages of this form to Ford Van Lines, Inc., via fax at 402-474-0111 or by mail at the address listed above.