



146 Powder Mill Road
 Canton, CT 06019
 860-693-4588

DOT Compliant Employment Application

To the applicant: The information below is required by Department of Transportation (DOT) regulations section 391.23. We may investigate all the information proved below and contact your previous employers for the purpose of evaluating your application.

Position(s) Applied For		Date Available to Start Work		Date of Application	
Last Name		First Name		Middle Initial	
Street Address		City		State	
				Zip Code	
Telephone Number(s)			Have You Ever Worked With Us Before?		Desired Salary
			Yes No		
Address For Past 3 Years (if different than above)	Street		City		State
					Zip Code
					How Long?
	Street		City		State
					Zip Code
					How Long?

Driver License(s)	State	License Number	Type	Expiration Date

Driving Experience	Please list your experience in the operation of motor vehicles, including type and length of experience on each. Attach additional sheets if necessary

Accident Record For Past 3 Years	Date	Nature of Accident	Fatalities	Injuries
Attach additional sheets if necessary		Head-On, Rear-End, Upset, Etc.		
Last Accident				

Next Previous Accident				
Next Previous Accident				

Traffic Convictions and Forfeitures	Please list all violations of motor vehicle laws or ordinances (other than just for parking) of which you were convicted or forfeited a bond of collateral during the last 3 years			
	Date	Location	Charge	Penalty

Have You Ever Been Denied a License, Permit, or Privilege to Operate a Motor Vehicle?	Yes	No
Has Any License, Permit, or Privilege to Operate a Motor Vehicle Ever Been Suspended or Revoked?	Yes	No
Please explain any YES answers here. Attach additional sheets if necessary		

Are You At Least 18 Years of Age?	Yes	No	If NO , Can You Provide Required Proof of Your Eligibility to Work?	Yes	No
Are You Currently Employed?	Yes	No	If YES , May We Contact Your Present Employer?	Yes	No
Are You Legally Eligible For Employment In This Country?			Yes	No	
<i>Proof of employment eligibility will be required upon employment</i>					
Are You Able To Travel if the Job Requires It?	Yes	No	Including Overnight Travel?	Yes	No

Have You Ever Been Convicted of a Crime?	Yes	No	<i>Conviction will not necessarily disqualify an applicant from employment</i>
Are There Any Criminal Charges Currently Pending Against You?	Yes	No	
Have You Ever Been Dishonorably Discharged, or Discharged Under "Less Than Honorable" Circumstances from Military Service?	Yes	No	
Please explain any YES answers here. Please include dates and details of circumstance(s). Attach additional sheets if necessary			

Education	Elementary School	High School	Undergraduate College/University	Graduate Professional
School Name and Location				
Years Completed				
Diploma/Degree				
Course of Study				

Please List Any Specialized Training, Apprenticeships, Skills, Activities, or Honors	
Please List Any Professional, Trade, Business, or Civic Activities and Offices Held. You may exclude memberships which would reveal race, color, religion, gender, national origin, age, disability, or other protected status	
Have You Had Job-Related Military Training with the United States Military?	YES NO
If YES , please describe here, including dates	

References	Please list information for 3 references not related to you and that are not previous employers.
1.	
2.	
3.	

Employment History	<i>Start with your present or most recent job. Include any job-related military service assignment and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, age, disability, or other protected status. Do not write "see resume" in any blank. An incomplete application will not be considered for available positions. NOTE: DOT requires that employment for at least 3 years and/or commercial driving experience for the past 10 years be shown. Attach additional sheet(s) if necessary.</i>		
Employer	Dates Employed From To		Description of Job and Duties
Address			
City, State, Zip	Hourly Rate/Salary Start End		
Job Title	X	X	
Reason For Leaving		Phone Number	May We Contact This Employer? YES NO

Employer	Dates Employed From To		Description of Job and Duties
Address			
City, State, Zip	Hourly Rate/Salary Start End		
Job Title	X	X	
Reason For Leaving		Phone Number	May We Contact This Employer? YES NO

Employer	Dates Employed From To		Description of Job and Duties	
Address				
City, State, Zip	Hourly Rate/Salary Start End			
Job Title	X	X		
Reason For Leaving			Phone Number	May We Contact This Employer? YES NO

Employer	Dates Employed From To		Description of Job and Duties	
Address				
City, State, Zip	Hourly Rate/Salary Start End			
Job Title	X	X		
Reason For Leaving			Phone Number	May We Contact This Employer? YES NO

Please describe any additional information that you feel may be helpful to use in our evaluation and consideration of your application.

I declare that the information provided by me is complete and true. I am aware that any misrepresentation, omission of, or discrepancy in facts may preclude an offer of employment, result in withdrawal of an employment offer, or result in separation from employment.

Applicant Signature: _____

Printed Name Signed Above: _____

Date: _____

Collinsville Auto Repair, LLC
Applicant Certification and Instructions

Welcome

Thank you for your interest in employment with Collinsville Auto Repair, LLC. This form provides you with important information about our company and instructions for completing our employment application. Please review this form carefully, check with us if you have any questions, and acknowledge the information to follow with your signature at the bottom of this form.

Equal Opportunity Employment

We are proud to be an equal opportunity employer. We have a policy of making employment decisions without regard to race, color, religion, gender, national origin, age, disability, or other protected status. Your opportunity for employment depends on the qualifications you demonstrate through our employment process. Should you require a reasonable accommodation in employment due to a disability; you must inform our organization in writing and attach it to the employment application. Please include, to the best of your knowledge, any specific accommodation necessary.

Application Form Instructions

Applicants will be considered for employment only if these instructions are followed.

- This applicant certification and instruction form must be signed and dated
- The employment application must be fully completed
- Every question on the employment application must be answered in full
- Do not use statements like “refer to resume” or “see resume” to answer a question
- The employment application must be signed and dated
- Applications are only valid for 30 days from the date of completion. After 30 days, you must complete a new application for continued consideration

Applicant Certification of Agreement and Understanding

I understand that no part of the employment process, documentation, relationship, handbook, benefit plan or other workplace practice shall serve to create an actual or implied contract of employment, or confer any right to remain an employee of Collinsville Auto Repair, LLC. I agree to abide by, and understand that Collinsville Auto Repair, LLC may change or revise at any time with or without notice, compensation plans, benefit plans, or employment policies, procedures and practices. I understand that if hired, my employment is At-Will. This means that I, or Collinsville Auto Repair, LLC, may end the employment relationship at any time, for any or no reason, with or without notice. This At-Will policy can only be modified in writing by the owner of Collinsville Auto Repair, LLC.

I authorize investigation of all statements, written or oral, that I make to Collinsville Auto Repair, LLC during the employment process. I understand that misrepresentation, omission of facts of discrepancy between facts may lead to non-selection for or immediate separation from employment. I authorize Collinsville Auto Repair, LLC to contact schools, previous employers (unless otherwise indicated), consumer credit entities, law enforcement agencies or any other source necessary to complete a background investigation. I release Collinsville Auto Repair, LLC and any source contacted in the employment process from any liability, damages, causes of action, complains or charges resulting from providing or using this information.

Applicant Signature: _____

Printed Name Signed Above: _____ Date: _____