



ALC TRANSPORTATION LLC

EMPLOYMENT APPLICATION COVER SHEET

ATTN: If you are applying for a (CDL) driver's position, applicants must provide a copy of their most current MVD report and valid medical card. Please bring two forms of identification. Applications submitted WITHOUT the MVD report AND valid medical card will NOT be considered.

NOTICE TO APPLICANTS

It is the policy of ALC Transportation to employ, train, compensate, promote and provide other terms and conditions of employment, without regard to a person's race, color, religion, national origin, sex (including pregnancy), sexual orientation, age, disability, veteran status, or other characteristics protected by law. This application must be completed in full. Please print or type. Answer every question.

Equal Employment Opportunity Statement: ALC Transportation is committed to providing an equal opportunity for all individuals seeking employment. The objective of ALC Transportation's hiring procedure is to select the most qualified individual for the job. In reading and answering the questions contained within the employment application, please keep in mind none of the questions are intended to imply limitations, preference or discrimination based on age, gender, marital status, creed, color, national origin or the existence of a disability which does not interfere with the performance of the position being applied for.

Minimum Age Requirement: The Labor Department of the Industrial Commission of Arizona has established a minimum age requirement of **18 years** for employment at ALC Transportation. If you meet this requirement, please continue.

EMPLOYMENT APPLICATION – GENERAL INFORMATION AND INSTRUCTIONS

Purpose of the Employment Application: The purpose of the employment application is to give applicants the opportunity to provide ALC Transportation with information about themselves, their skills, experience, abilities, and other personal attributes, which meet the qualification requirements for the position for which they are applying. It is of the utmost importance to be thorough, accurate, and descriptive in providing this information. A number of people will apply for available positions, and ALC Transportation does not guarantee any applicant an interview or consideration beyond the employment application.

Responding to Inquiries on the Employment Application: Applicants must complete **ALL** of the inquiries on the application thoroughly and accurately. If the question or information sought is not applicable, enter "N/A" for your response in the space provided. *Failure to complete all sections may disqualify your application from further consideration.* If additional space is required to adequately answer any question, please place an asterisk (*) in the response section, and write the information on the back page of the application.

Consideration of the Employment Application: ALC Transportation will consider an application for the position for which the applicant has applied, and will retain the application for sixty (60) calendar days from the date of the initial application. If an applicant wishes to remain active longer than 60 days, they must notify ALC Transportation in writing prior to the expiration of the sixty-day period.

ALC TRANSPORTATION EMPLOYMENT POLICIES AND PRACTICES

Drug and Alcohol Test: Our company policy on substance abuse requires applicants to submit to a drug and/or alcohol screening, and successfully pass, prior to employment. Applicants for CDL Driving positions, otherwise known as DOT regulated “safety sensitive positions” are required to complete DOT drug and alcohol test as outlined by the ***US DOT regulations and contained in 49 CFP Part 382, and 49 CFR Part 40.*** ***These applicants are also required to register with the Federal Motor Carrier Safety Administration (FMCSA) Drug & Alcohol Clearinghouse, if they have not already done so.*** Applicants will be given a consent and waiver form to be signed prior to the administration of the test. Upon refusal to sign the form, or a test results indicating “dilute” or “positive,” the applicant will not be considered for employment at ALC Transportation for a period of ninety (90) days, after which the applicant may reapply. Additionally, be advised as a condition of ongoing employment, screening will occur from time to time during the course of employment as outlined in our drug and alcohol policy. All newly hired employees receive a copy of this policy during the onboarding process

I-9 Form Documentation: Upon an offer of employment, new hires must complete an I-9 form and provide documentation showing they are authorized to work in the United States prior to commencing work. If unable to provide this documentation, the new hire will no longer be considered qualified for the employment position.

Employment at Will Doctrine: ALC Transportation offers employment under the legal terms of the doctrine of “employment at will,” which means either the employee or the company is free to end the employment relationship at any time, with or without cause. Failure to properly notify supervision in advance regarding absences, and failure to report for duty when scheduled without prior communication with supervision, is considered job abandonment, and as such will be considered a voluntarily resignation. Walking off the job is also considered a voluntary resignation. When an employee announces their intention to end the employment relationship, ALC Transportation will accept the employee’s decision as final. Only the officers of the company may authorize contracts of employment other than at will.

Smoke-Free Arizona Act: Prohibits smoking indoors and outdoors within 20 feet of entrances, from windows capable of being opened, and ventilation systems. Please visit www.smokefreearizona.org for additional information.

APPLICANT’S ACKNOWLEDGEMENT

Your signature below represents that you are at least 18 years of age, and have read and understand the notices, instructions, and conditions set forth above, and will comply with the terms contained within, and understand the consequences for non-compliance.

Applicant’s Signature

Date



ALC TRANSPORTATION LLC

APPLICATION FOR EMPLOYMENT

◀ PLEASE PRINT ALL INFORMATION REQUESTED ▶

PERSONAL BACKGROUND

NAME: Last		First	Middle Initial
PRESENT ADDRESS: Street, Road, Box, etc.		City	State Zip
Telephone	Social Security Number	Date of Birth	

Email Address: _____

Previous Three Years Residency:	City, State, ZIP
Address:	City, State, ZIP
Address:	City, State, ZIP
Address:	City, State, ZIP

Have you the legal right to work in the U.S.? *Employment is subject to verification that applicant meets legal age and U.S. work permit requirements.*
 Yes No

Have you previously applied for employment with ALC Transportation or one of its affiliates? Yes No

Have you previously been employed by ALC Transportation or one of its affiliates? Yes No
 If yes, please explain:

Location _____ Position _____ From (Date) _____ To (Date) _____

LICENSE INFORMATION

No person than one vehicle license, the information which is listed below who operates a commercial vehicle shall at any time have more than one driver's license (49 CFR 383.21).

License Number / State	Type/Class & Expiration Date	Endorsements

DRIVING EXPERIENCE

Class / Type of Equipment	Date To	Date From

ACCIDENT RECORD FOR THE PAST THREE YEARS

Nature of Accident	Date	Fatalities / Injuries / Chemical Spills?

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST THREE YEARS
(OTHER THAN PARKING VIOLATIONS)**

Violation / State of Violation	Date Convicted	Penalty

**BUSINESS EXPERIENCE / PREVIOUS EMPLOYMENT HISTORY
(TEN YEARS FOR CDL POSITION IF APPLICABLE)**

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a motor vehicle list all employment for the last ten years if CDL position or three years for NON CDL. Any gaps in employment in excess of one month must be explained. Start with the last or current position, including any military experience, and work backwards. You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

(Please use reverse side if additional space is required.)

1	DATE	Month	Day	Year	Present or Last Employer	Name of Immediate Supervisor
	From				Address	Immediate Supervisor's Job Title / Phone No.
	To				City and State	Wage / Salary
	Position(s) Held					
	Subject to FMCSA Regulations? Was the Job Designated as a safety-sensitive function in any DOT regulated mode subject to drug and alcohol substance testing?					
	Reason for Leaving					
	If employed, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					

2	DATE	Month	Day	Year	Present or Last Employer	Name of Immediate Supervisor
	From				Address	Immediate Supervisor's Job Title / Phone No.
	To				City and State	Wage / Salary
	Position(s) Held					
	Subject to FMCSA Regulations? Was the Job Designated as a safety-sensitive function in any DOT regulated mode subject to drug and alcohol substance testing?					
	Reason for Leaving					
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					

3	DATE	Month	Day	Year	Present or Last Employer	Name of Immediate Supervisor
	From				Address	Immediate Supervisor's Job Title / Phone No.
	To				City and State	Wage / Salary
	Position(s) Held					
	Subject to FMCSA Regulations? Was the Job Designated as a safety-sensitive function in any DOT regulated mode subject to drug and alcohol substance testing?					
	Reason for Leaving					
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					

4	DATE	Month	Day	Year	Present or Last Employer	Name of Immediate Supervisor
	From				Address	Immediate Supervisor's Job Title / Phone No.
	To				City and State	Wage / Salary
	Position(s) Held					
	Subject to FMCSA Regulations? Was the Job Designated as a safety-sensitive function in any DOT regulated mode subject to drug and alcohol substance testing?					
	Reason for Leaving					
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No						

5	DATE	Month	Day	Year	Present or Last Employer	Name of Immediate Supervisor
	From				Address	Immediate Supervisor's Job Title / Phone No.
	To				City and State	Wage / Salary
	Position(s) Held					
	Subject to FMCSA Regulations? Was the Job Designated as a safety-sensitive function in any DOT regulated mode subject to drug and alcohol substance testing?					
	Reason for Leaving					
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No						

EDUCATION

School Name & Location	Course of Study & Dates	Graduate Yes or No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

I authorize you to make investigations (including contacting current and prior employer(s) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers, 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 also understand that I am required to abide by all rules and regulations of the Company.

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

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

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

Applicant's Signature

Date



ALC TRANSPORTATION LLC

CONSENT AND WAIVER FOR DRUG AND ALCOHOL TESTING

(IN ACCORDANCE WITH ALC TRANSPORTATIONS'
DRUG-FREE WORKPLACE POLICY)

The primary purpose of drug and alcohol testing is to help establish and maintain a drug and alcohol-free work environment. In addition, ALC Transportation wants to ensure public and employee safety is not endangered due to drug and/or alcohol use by employees. To do this, we have adopted a "Drug-Free Workplace Policy" ("Policy") which requires drug and alcohol testing of prospective and continuing employees.

In consideration for employment by ALC Transportation, I, _____, hereby give my consent to, and authorize, at a facility directed by ALC Transportation, a urinalysis test for the purpose of detecting the presence of drugs and alcohol, in accordance with the US DOT Drug and Alcohol testing regulations and contained in 49 CFP Part 382, and 49 CFR Part 40. I understand I should refrain from drinking excessive amounts of fluids two to three hours prior to such testing in order to ensure a valid test sample.

I further give my consent to ALC Transportation, or its designated agents, to obtain the results of any employment related tests or medical procedures, to determine the presence and/or level of drugs or alcohol in my body.

I realize my refusal to sign this form constitutes a violation of ALC Transportation's Policy, and for refusing, I will not be considered for, and knowingly withdraw my application for employment with ALC Transportation for a period of ninety (90) days. I understand a positive indication on the urinalysis test will result in my not being considered for employment for a period of ninety (90) days. I also realize my refusal to provide a valid urinalysis test sample, will disqualify me from employment for a period of ninety (90) days. I understand I may re-apply and be considered for employment after the ninety (90) day period has lapsed.

By signing below, I acknowledge I have received and have read ALC Transportation's "Drug-Free Workplace Policy." I agree to abide by the terms and conditions of the Policy as they now exist or may be amended in the future. I agree and consent to drug and/or alcohol testing as required by this Policy, and understand my continued employment is contingent upon my compliance with the Policy. I further acknowledge a copy of this consent form shall be valid as an original, and I have been provided with a copy.

Applicant / Employee Signature

Date

Printed Name



ALC TRANSPORTATION LLC

YOU MAY BE RESPONSIBLE FOR THE COST OF DRUG TESTS/UNIFORMS/EQUIPMENT

Dear Applicant:

As a condition of employment at ALC Transportation, all employees are required to take a pre-employment DOT drug and alcohol test. We are a drug free workplace and, therefore, reserve the right to perform random drug testing at any time during your employment.

The cost of the drug test is in the range of \$30 to \$45 per person. If you voluntarily terminate your employment prior to 30 days, for any reason, the cost of the test will be deducted from your last paycheck. Failure of a random drug test will also result in the cost of the test being deducted from your last paycheck.

Also, the cost of new hire shirts and vest run between \$60 and \$78. If issued a company phone, the value is around \$350. If an employee makes the choice to terminate employment within 30 days of hire, these amounts may be deducted as well, in accordance with minimum wage laws.

I understand and agree to the above conditions and the deductions of my wages.

Employee Signature

Date

Employee Name (Please Print)

USTED PODRIA SER RESPONSIBLE POR EL COSTO DE PRUEBA DE DROGAS

Estimado Solicitante:

Como una condición del empleo en la ALC Transportation, cada empleado es requerido a tomar un examen de droga del pre-empleo. ALC Transportation es un trabajo libre de drogas por lo tanto reserve el derecho de realizar exámenes de droga a cualquier tiempo durante su empleo.

El costo del examen de droga varia entre \$30 a \$45 dls por persona. Si usted termina voluntariamente su empleo antes de 30 días, por cualquier razón, el costo de la prueba se descontará de su ultimo cheque de pago. El fracaso de un examen de droga tendrá como resultado el costo del examen sera descontado de su ultimo cheque.

Además, el costo de las camisetas y los chalecos de las nuevas contrataciones oscila entre 60 y 78 dólares. Si se emite un teléfono de la empresa, el valor es de alrededor de \$ 350. Si un empleado toma la decisión de terminar el empleo dentro de los 30 días posteriores a la contratación, estas cantidades también pueden deducirse, de acuerdo con las leyes de salario mínimo.

Entiendo y concuerdo a las condiciones y last deducciones de mis sueldos.

Firma del empleado

Fecha

Nombre Del Empleado (Mand Escrita)



ALC TRANSPORTATION LLC

HIRE STATUS

(For Internal Use Only – Not to be Completed by Applicant)

Applicant's Name: _____

Interviewed By: _____

Location: _____

Department: _____

Shift: _____

Date Hired: _____

Position / Title: _____

Start Date: _____ Pay Rate \$ _____ -Hourly -Salaried

Supervisor / Manager