



# LINQ

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## GENERAL APPLICATION FOR EMPLOYMENT

NAME \_\_\_\_\_  
(First) (Middle) (Maiden Name, if any) (Last)

ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

DATE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

CONTACT PREFERENCE  E-Mail  Text  Telephone  Social \_\_\_\_\_  
(Check all that Apply)

EMERGENCY CONTACT NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

### PREVIOUS THREE YEARS RESIDENCY

(Street Address) (City) (State) (Zip Code) (Number of Years)

(Street Address) (City) (State) (Zip Code) (Number of Years)

(Street Address) (City) (State) (Zip Code) (Number of Years)

(ATTACH ADDITIONAL SHEET IF MORE SPACE IS NEEDED)

### LICENSE INFORMATION

Section 383.21 FMCSR states: "No person who operates a commercial motor vehicle shall at any time have more than one driver's license." I certify that I do not have more than one motor vehicle license, the information for which is listed below:

STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

### DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, Etc.)	DATES		APPROX. TOTAL NUMBER OF MILES
		FROM	TO	
School Bus				
Motor Coach				
Straight Truck				
Tractor and Semi-Trailer				
Other				



**SECOND LAST EMPLOYER:** NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

**ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON.** \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this Employer?  Yes  No

Was this job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?  Yes  No

**THIRD LAST EMPLOYER:** NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

**ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON.** \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this Employer?  Yes  No

Was this job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?  Yes  No

**FOURTH LAST EMPLOYER:** NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

**ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON.** \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this Employer?  Yes  No

Was this job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?  Yes  No

**FIFTH LAST EMPLOYER:** NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

**ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON.** \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this Employer?  Yes  No

Was this job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?  Yes  No

## DRUG AND ALCOHOL TESTING

HAVE YOU TESTED POSITIVE OR REFUSED TO TEST, ON ANY EMPLOYMENT RELATED DRUG TEST ADMINISTERED BY AN EMPLOYER DURING THE PAST TWO (2) YEARS?

Yes  No

X

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S PRINTED NAME

\_\_\_\_\_  
APPLICANT'S SIGNATURE

HAVE YOU TESTED POSITIVE OR REFUSED TO TEST, ON ANY EMPLOYMENT RELATED ALCOHOL TEST ADMINISTERED BY AN EMPLOYER DURING THE PAST TWO (2) YEARS?

Yes  No

X

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S PRINTED NAME

\_\_\_\_\_  
APPLICANT'S SIGNATURE

## TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries into my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history, if necessary, will be made only if and after a conditional offer of employment has been extended.) 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 understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that the information I provide regarding current or previous employers may be used, and those employer(s) will be contacted, for the purpose of evaluating my employment history. I understand that I have the right to:

- Review information provided by current/previous employer(s).
- Have errors in the information corrected by previous employer(s) and for those previous employer(s) 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."

I have read, understand and accept all conditions stated in this employment application including all attachments.

X

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S PRINTED NAME

\_\_\_\_\_  
APPLICANT'S SIGNATURE

This Certifies that I completed this application and attachments, and that all entries on them and information in them are true and complete to the best of my knowledge.

X

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S PRINTED NAME

\_\_\_\_\_  
APPLICANT'S SIGNATURE