



Buckeye Water Service Company

1535 John Glenn Highway

PO Box 409

New Concord, OH 43762

Phone: 740.826.7674

Fax: 740.826.7267

E-mail: contact@bwscompany.com

www.bwscompany.com

*****PLEASE READ BEFORE SUBMITTING APPLICATION!*****

You have four (4) options for submitting an application.

- E-mail
- Fax
- In person
- Mail

Page 7 – Be sure sign or type your signature and date where it says “Applicant’s Signature & Date.” DO NOT fill in the rest of the form. It is to remain blank.

Where your signature is required:

1. If you are e-mailing your application – Type in your name in the signature boxes.
2. If you are faxing, mailing or dropping off your application in person – Print the completed application and sign in the designated areas before faxing, mailing, or dropping off the application.

Instructions for Submitting On-Line Application

1. After filling out the on-line applications go to File > Save As and save it to your computers desktop.
2. Open your e-mail and type denny@bwscompany.com in the Send To box.
3. In the Subject box, type Your Name and Phone Number.
4. Attach the application from your desktop to the e-mail.
5. Press Send

**BUCKEYE WATER SERVICE COMPANY
REQUEST TO OBTAIN
MOTOR VEHICLE DRIVING RECORD**

Date: _____

Name of Applicant/Employee: _____

Address: _____

City / State / Zip: _____

Company Name of Employer: BUCKEYE WATER SERVICE COMPANY

Address: PO BOX 409

City / State / Zip: NEW CONCORD, OH 43762

To: Wichert Insurance

Consumer reports may be obtained as part of the company's evaluation of my job application/employment. The reports may be procured by Wichert Insurance and may include my driving record, an assessment of my insurability under the company's insurance coverage or other consumer reports. By signing this disclosure, I hereby authorize the Company to procure such reports and additional reports about me from time to time, as it deems appropriate, to evaluate my insurability or for other permissible purposes.

Signed: _____

Signature of Applicant/Employee

Printed Name: _____

Social Security #: _____

Date of Birth: _____

Driver's License #: _____

**BUCKEYE WATER SERVICE COMPANY
DRIVER INFORMATION**

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CELL: _____

BIRTH DATE: _____ SS NUMBER: _____

DO YOU HAVE A VALID DRIVERS LICENSE: YES: _____ NO: _____

DRIVERS LICENSE NUMBER: # _____

HAS YOUR DRIVERS LICENSE EVEN BEEN SUSPENDED? YES: _____ NO: _____

IF YES, REASON FOR SUSPENSION:

ACCIDENTS OF VIOLATIONS IN PAST THREE YEARS:

This information will be check with the Bureau of Motor Vehicles. Any attempt to falsify this report will result in immediate termination. Any marginal or uninsurable driving record is determined by:

1. DWI, DUI, at-fault accidents or moving violations.
2. Recommendation by insurance company not to insure you will result in immediate termination.

I have read and understand all of the above and will hereby
accept employment under these conditions.

Signature

Date

BUCKEYE WATER SERVICE COMPANY DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name _____ Date of Application _____

Address _____

City _____ State _____ Zip Code _____

In compliance with Federal and State equal employment opportunities 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.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medial 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 providers and other personal 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 employer(s) 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 _____

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ DEPARTMENT _____

(IF REJECTED SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING AGENT _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

APPLICANT TO COMPLETE
(answer all questions - please print)

Position(s) Applied for _____

Last Name _____ First Name _____ Middle _____ SSN _____

List your addresses for the past 3 years.

Current Address Address _____ City _____ State _____
Zip _____ Phone _____ Mobile _____ How Long? _____

Previous Addresses

Address _____ City _____ State _____ Zip _____ How Long? _____

Address _____ City _____ State _____ Zip _____ How Long? _____

Address _____ City _____ State _____ Zip _____ How Long? _____

Address _____ City _____ State _____ Zip _____ How Long? _____

Do you have the legal right to work in the United States? Yes No

Date of Birth _____ (Required for Commercial Drivers) Can you provide proof of age? Yes No

Have you worked for this company before? Yes No

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

Reason for leaving _____

Are you now employed? Yes No If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Have you ever been convicted of a felony? Yes No If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle. (NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER		DATE	
Name _____	_____	From _____	To: _____
Address _____	_____	_____	_____
City _____	State _____ Zip _____	Position Held _____	_____
Contact Person _____	Phone Number _____	Salary/Wage _____	_____
Were you subject to the FMCRs^ While Employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	Reason For Leaving _____	_____
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? Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____	_____

EMPLOYMENT HISTORY (continued)

EMPLOYER		DATE	
Name _____	From _____	To: _____	
Address _____		_____	_____
City _____	State _____	Zip _____	Position Held _____
Contact Person _____	Phone Number _____	Salary/Wage _____	
Were you subject to the FMCRs [^] While Employed? Yes <input type="checkbox"/> No <input type="checkbox"/>			Reason For Leaving _____
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? Yes <input type="checkbox"/> No <input type="checkbox"/>			

EMPLOYER		DATE	
Name _____	From _____	To: _____	
Address _____		_____	_____
City _____	State _____	Zip _____	Position Held _____
Contact Person _____	Phone Number _____	Salary/Wage _____	
Were you subject to the FMCRs [^] While Employed? Yes <input type="checkbox"/> No <input type="checkbox"/>			Reason For Leaving _____
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? Yes <input type="checkbox"/> No <input type="checkbox"/>			

EMPLOYER		DATE	
Name _____	From _____	To: _____	
Address _____		_____	_____
City _____	State _____	Zip _____	Position Held _____
Contact Person _____	Phone Number _____	Salary/Wage _____	
Were you subject to the FMCRs [^] While Employed? Yes <input type="checkbox"/> No <input type="checkbox"/>			Reason For Leaving _____
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? Yes <input type="checkbox"/> No <input type="checkbox"/>			

EMPLOYER		DATE	
Name _____	From _____	To: _____	
Address _____		_____	_____
City _____	State _____	Zip _____	Position Held _____
Contact Person _____	Phone Number _____	Salary/Wage _____	
Were you subject to the FMCRs [^] While Employed? Yes <input type="checkbox"/> No <input type="checkbox"/>			Reason For Leaving _____
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? Yes <input type="checkbox"/> No <input type="checkbox"/>			

*Includes vehicles having 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 the quantity requiring placarding.

[^] 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 pounds 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 past 3 years or more (attach sheet if more space is required). If none, write **none**.

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**.

Location	Date	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Attach sheet if more space is required)

EXPERIENCE AND QUALIFICATIONS - DRIVER

List all driver licenses or permits held in the past 3 years.

	State	License Number	Type	Expiration Date
DRIVER	_____	_____	_____	_____
LICENSES	_____	_____	_____	_____
	_____	_____	_____	_____

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

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES FROM TO	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK			
TRACTOR AND SEMI-TRAILER			
TRACTOR-TWO TRAILERS			
OTHER			

List states operated in for last five years: _____

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 the application

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

EDUCATION

Highest Grade Completed _____ Last School Attended & Location (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: _____

FMCSA - Applicant Authorization to Release DOT Drug/Alcohol Test Results

(As required by 49 CFR Parts 40.25 and 391.23)

The Federal Motor Carrier Safety Regulations require all previous employers of this applicant to respond to this request for information within 30 days. Failure to comply with this request is in violation of 49CFR 391.23 and 40.25, for which you may be prosecuted. Questions concerning the requirements of this regulation should be directed to the Minnesota division Office of the federal Motor Carrier Safety Administration at 651-291-6450, during business hours.

TO: _____ DATE: _____
Former Employer's Name

Mailing Address

City / State / Zip

Telephone # _____ Fax Number _____

I, _____, hereby authorize _____ to release all records of Employment, including assessments of my job performance, ability, and fitness, including the dates of any and all alcohol or drug test, with confirmed results, and/or my refusal to submit to any alcohol and drug tests and any rehabilitation completion under direction of Substance Abuse Professional (SAP) and/or Medical Review Officer (MRO) to each and every company (or their authorized agents) making such request in connection with my application for employment with said company. I, hereby, release the above named company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing the following information to the below mentioned person and/or company.

Applicant's Signature & Date _____
Witness's Signature & Date _____

REQUEST FROM:

Company: BUCKEYE WATER SERVICE COMPANY
Address/City/State/Zip: PO BOX 409 NEW CONCORD, OH 43762
Telephone Number: (740) 826-7674 Fax Number: (740) 826-7267
Contact Person & Title: DENNY JAMESON, SAFETY/DOT COMPLIANCE

NAME OF APPLICANT: _____ SSN _____
JOB APPLYING FOR: _____

INQUIRY INTO EMPLOYMENT HISTORY, PRECEDING 3 YEARS

- Did applicant work for you as a _____ from ___/___/___ to ___/___/___ YES or NO
IF NO, please explain: _____
- If employed as driver, please answer the following: Company Driver? _____ Owner/Operator? _____ Other? _____
Type of truck(s) and/or truck/tractor(s) operated: _____
Commodities transported: _____ Area of operations: _____
- Accidents? YES or NO IF YES please give date(s) and brief description of each accident: _____
- Why did this employee leave your company? _____
- Would you re-employ this person? YES or NO IF NO, please explain: _____

INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION, PRECEDING 2 YEARS

Alcohol tests with a result of 0.04 or grater? YES or NO If yes, please give date(s): _____
Verified positive controlled substances test results? YES or NO If yes, please give date(s): _____
Refusals to be tested? YES or NO If yes, please give date(s): _____
Was rehabilitation completed as required? YES or NO If yes, please give date(s): _____

Person providing the above information:

Name: _____ Title: _____
Company: _____ Date: _____