

# CHEROKEE

## TRUCK EQUIPMENT, LLC

Cherokee Truck Equipment, LLC  
An Equal Opportunity Employer

Employment Application  
Today's Date: \_\_\_\_\_

The law prohibits discrimination because of age, sex, religion, race, national origin, disability, or veteran status.

**Personal and General Information:**

Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Middle Name: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Area Code/Telephone Number: \_\_\_\_\_

Please indicate source of referral to Cherokee Truck Equipment, LLC (CTE):

\_\_\_\_\_

Have you ever been employed with CTE? \_\_\_\_\_

IF yes, please give the dates of employment: \_\_\_\_\_

List three (3) persons, other than relatives or former employers, whom we may contact for a personal reference.

Name:	Address	Area Code/Telephone

## Education

Schools Attended	School Name and Address	Did You Graduate?	Grade-Point Average	Degree Received
High School				
Trade or Technical				
Undergraduate				
Graduate				
Post-graduate				

Passed GED? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Date: \_\_\_\_\_

If you have not completed high school, please circle highest grade completed: 6 7 8 9 10 11

Have you ever been convicted of a crime? (You may omit any misdemeanors and minor traffic violations or arrests without convictions. Include convictions by general court-martial while in military service.)

Date	Charge	Place	Court

\*Conviction of a crime is not automatic ban to employment – all circumstances will be considered.

Employer(Present or Most Recent)		Street Address, City, State, Zip
Your Job Title	Pay Rate Begin:                      End:	Supervisors Name and Title
Description of your duties		Employment dates: From (mo./yr)                      To: (mo./yr.)
		May we contact you at your present place of employment: Yes:_____ No:_____
Reason for leaving		May we contact your present employer for a reference? Yes: _____ No:_____
		If yes, please provide name and phone number of contact.

Employer		Street Address, City, State, Zip
Your Job Title	Pay Rate Begin:                      End:	Supervisors Name and Title
Description of your duties		Employment dates: From (mo./yr)                      To: (mo./yr.)
		May we contact you at your present place of employment: Yes:_____ No:_____
Reason for leaving		May we contact your previous employer for a reference? Yes: _____ No:_____
		If yes, please provide name and phone number of contact.

Employer		Street Address, City, State, Zip
Your Job Title	Pay Rate Begin:                      End:	Supervisors Name and Title
Description of your duties		Employment dates: From (mo./yr)                      To: (mo./yr.)
		May we contact you at your present place of employment: Yes:_____ No:_____
Reason for leaving		May we contact your previous employer for a reference? Yes: _____ No:_____
		If yes, please provide name and phone number of contact.

Employer		Street Address, City, State, Zip
Your Job Title	Pay Rate Begin:                      End:	Supervisors Name and Title
Description of your duties		Employment dates: From (mo./yr)                      To: (mo./yr.)
		May we contact you at your present place of employment: Yes:_____ No:_____
Reason for leaving		May we contact your previous employer for a reference? Yes: _____ No:_____
		If yes, please provide name and phone number of contact.

## U.S. Military Service

Did you ever serve in the Armed Forces: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Date of service: From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_

## Applicant's Statement:

- I understand and agree that any employee manual that I may receive will not constitute an employment contract, but will be merely a descriptive statement of CTE's current policies.
- I understand that CTE complies with the Drug Free Workplace Act of 1988. I understand that the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance on company premises or while conducting company business off company premises is absolutely prohibited and is grounds for termination.
- I agree to supply a urine specimen for my pre-employment physical and at any time after employment, if requested, to a CTE consulting physician. I understand if I test positive for the presence of illegal drugs/alcohol, I will be denied employment or, if already employed, my employment may be terminated.
- I understand that I may be required to attend a drug rehabilitation program in order to retain my employment at CTE. I also understand that in accordance with the law referenced above, I am required to report any conviction under a criminal drug statute for violations occurring on or off company premises while conducting company business.
- I understand that the use of tobacco products is permitted in the designated smoking area only.
- I hereby authorize investigation of all statements contained in this application for employment. I understand that any false information or misinformation will be sufficient cause for rejection or termination of employment. I agree that CTE and my previous employers shall not be held liable in any respect if an employment offer is not tendered, is withdrawn, or my employment terminated due to false information and omission of information in this application form. If I am employed, I understand that additional personal data will be required. I understand that any offer of employment is subject to my satisfactory completion of a physical examination conducted by a physician approved by CTE, and my agreement to abide by the Company rules of conduct and safety. I understand that information furnished or recovered, as a result of any inquiry will be treated in confidence by CTE.
- I understand that, if hired, my employment will be at will, and may be terminated by me or by the Company at any time with or without cause and with or without notice. I also understand that this status may only be altered by a written contract of employment, which is specific to all material terms and is signed by me and the President of CTE or authorized representative.
- I am advised that in compliance with the Fair Credit Reporting Act, a routine investigation may be made concerning my character, general reputation, personal characteristics, and mode of living. I have the right to make a written request within a reasonable period of time for a summary disclosure of the nature and scope of the investigation.

**I hereby acknowledge that I have read the above statement and understand it.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**EMPLOYMENT  
DRUG SCREENING POLICY**  
**CHEROKEE TRUCK EQUIPMENT, LLC.**  
(EFFECTIVE JANUARY 1, 2005)

In accordance with our **Drug-Free Awareness Program** all persons who have been offered employment and who have accepted, as a condition will be required to submit to a pre-employment drug screen. This includes “**ALL**” persons full time, part time, temporary and re-hires. Reasonable suspicion during testing, positive test results or undeclared or unauthorized drugs found to be present during testing will be grounds for denied employment.

**ALL** applicants will be required to submit voluntarily to a urinalysis or other type of testing at a location chosen by the employer for employment consideration.

**ALL** applicants will release **CHEROKEE TRUCK EQUIPMENT, LLC.** from any and all liability for any reasonable suspicion of tampering or altering testing on behalf of any physician, lab technician or official during the testing.

**ALL** employees will upon request submit to random drug testing without prior notice.

**ALL** employees will be subject to post accident testing for drugs and alcohol.

Cherokee Truck Equipment, LLC. with reasonable suspicion at any time may request drug or alcohol testing of any employee.

**Contract Personnel:** (Those from temporary agencies and other contractors) are required to have had drug testing with negative results prior to work at Cherokee Truck Equipment, LLC. They will also be required to uphold **CHEROKEE TRUCK EQUIPMENT, LLC.** policies in reference to drug screening herein.

I have read and accept the following terms and conditions:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_