



# EMPLOYMENT APPLICATION

2085 James E. Sauls, Sr. Drive  
Batavia, Ohio 45103  
Phone: (513) 724-1255  
Fax: (513) 536-4006  
[info@clermontseniors.com](mailto:info@clermontseniors.com)  
[www.clermontseniors.com](http://www.clermontseniors.com)

In compliance with Federal and State equal employment opportunity 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. **(Please Answer all Questions and Print Clearly)**

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Last First M.I.  
 Address: \_\_\_\_\_  
 Street Address Apartment/Unit #  
 \_\_\_\_\_  
 City State ZIP Code  
 Home Phone: ( ) Cell Phone: ( ) E-mail Address: \_\_\_\_\_

Date Available: \_\_\_\_\_ Position Applied for: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_  
 Are you seeking:  Full Time  Part Time  On-Call (Check One)

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO   
 Are you currently employed? YES  NO  If no, list last date of employment: \_\_\_\_\_  
 Have you applied to our Agency before? YES  NO  If yes, when? \_\_\_\_\_  
 Have you worked for our Agency before? YES  NO  If yes, when? \_\_\_\_\_  
 Have you ever been convicted of a felony? YES  NO  If yes, explain: \_\_\_\_\_

## Education

Are you a High School Graduate? YES  NO   
 Did you attend college? YES  NO  How many years? \_\_\_\_\_ Degree? \_\_\_\_\_

## Special Skills

Do you type? YES  NO  WPM: \_\_\_\_\_ Do you have computer/word processing experience/ training? YES  NO   
 If yes, please list specific software you are familiar with: \_\_\_\_\_

## References

Please list three professional references. **(NOT RELATIVES OR FORMER EMPLOYERS)**

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**Previous Employment**

**NOTE:** List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including any periods of unemployment. If self-employed give firm name and supply business references. **PLEASE INCLUDE MONTH AND YEAR.**

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES NO  
  Phone #: \_\_\_\_\_

Were you subject to the FMCSRs while employed? **(Driver Applicants Only)** YES NO N/A  
    
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? **(Driver Applicants Only)** YES NO N/A

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES NO  
  Phone #: \_\_\_\_\_

Were you subject to the FMCSRs while employed? **(Driver Applicants Only)** YES NO N/A  
    
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? **(Driver Applicants Only)** YES NO N/A

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES NO  
  Phone #: \_\_\_\_\_

Were you subject to the FMCSRs while employed? **(Driver Applicants Only)** YES NO N/A  
    
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? **(Driver Applicants Only)** YES NO N/A

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES NO  
  Phone #: \_\_\_\_\_

Were you subject to the FMCSRs while employed? **(Driver Applicants Only)** YES NO N/A  
    
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? **(Driver Applicants Only)** YES NO N/A

**DRIVING EXPERIENCE (Check Yes or No) (Driver Applicants Only)**

Class of Equipment			Type of Equipment (Circle One)	Dates		Approximate # of Miles (Total)
	YES <input type="checkbox"/>	NO <input type="checkbox"/>		From: M/Y	To M/Y	
Straight Truck	<input type="checkbox"/>	<input type="checkbox"/>	Van, Tank, Flat, Dump, Refer			
Tractor & Semi Trailer	<input type="checkbox"/>	<input type="checkbox"/>	Van, Tank, Flat, Dump, Refer			
Tractor – 2 Trailers	<input type="checkbox"/>	<input type="checkbox"/>	Van, Tank, Flat, Dump, Refer			
Tractor – 3 Trailers	<input type="checkbox"/>	<input type="checkbox"/>	Van, Tank, Flat, Dump, Refer			
Motorcoach – School Bus More than 8 Passengers	<input type="checkbox"/>	<input type="checkbox"/>	-----			
Motorcoach – School Bus More than 15 passengers	<input type="checkbox"/>	<input type="checkbox"/>	-----			
Other						

List states operated in for the last five (5) years: \_\_\_\_\_

Show special courses or training that will help you as a driver: \_\_\_\_\_

Which safe driving awards do you hold and from whom? \_\_\_\_\_

Show any trucking, transportation or other experience that may help in your work for this company. \_\_\_\_\_

List courses and training other than shown elsewhere on this application: \_\_\_\_\_

List special equipment or technical materials you can work with (Other than those already shown.) \_\_\_\_\_

**(All Applicants)**

**Use the space below to describe why you are interested in working with our Agency and to list those skills and abilities which you feel qualify you for a position. If you need more space, please continue on a separate sheet.**

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I understand and agree that if I qualify for final consideration for employment, I will need to submit to a drug screening, including pre-employment, at the Agency's expense, submit to a physical exam, and a complete background check, after hiring, submit to a MVR Check, and will be required to provide a set of fingerprint impressions; and a criminal records check will be conducted as required by Senate Bill 160.

I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time, at will, without any prior notice. I further agree to comply with all rules and policies of the Agency.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**THIS APPLICATION WILL BE KEPT ACTIVE FOR 3 MONTHS**