

ATC FREIGHTLINER GROUP

EMPLOYMENT APPLICATION



THE AROUND THE CLOCK FREIGHTLINER GROUP, LLC

It is the policy of the ATC Freightliner Group to provide products and services of quality that consistently meet or exceed the needs of our customers. Our environment embraces continuous improvement, thus ensuring our competitive position as a leader in our industry.

Application Must Be Filled Out Neatly And Legibly (Please Print). All Questions Must Be Answered And Acknowledged. If Not Applicable, Indicate With N/A. If You Need Assistance Completing Your Application, Please Ask.

Today's Date _____

Name (First, Middle, Last)	
Present Address (Street, Apt. # If Applicable)	Day Phone ()
Present Address (City, State, Zip)	Evening Phone ()
Email Address	Mobile Phone ()
Position(s) Applying For	Social Security Number _____ - _____ - _____

GENERAL INFORMATION

Are you 18 years or older? Yes No Are you currently employed? Yes No

Have you ever worked for a Freightliner dealership before? Yes No If yes, dates? _____ Position _____

Have you ever applied with a Freightliner dealership before? Yes No If yes, when? _____

How were you referred? Advertisement Walk-in ATC Employee Employment Agency Other _____

If you were referred by an ATC employee, what is his/her name? _____

Do you have any relatives currently employed with a Freightliner dealership? Name: _____ Relationship _____

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

Salary/Hourly Wage Desired \$ _____

SCHEDULE AVAILABILITY**Check All That Apply**

Type of employment desired: Full Time Part Time Week Days Week Nights Weekend Days Weekend Nights

What shifts could you work? 7:30 a.m.- 4:00 p.m. 7:00 a.m.-7:00 p.m. 7:00 p.m.-7:00 a.m. 8:00 a.m.-5:00 p.m.

Do You Have Obligations That Would

Prevent you from working overtime? Yes No If yes, please explain _____

Prevent you from traveling? Yes No If yes, please explain _____

Do you have a valid driver's license? Yes No Lic. Number _____ State _____ Exp. Date _____ Reg CDL

MILITARY SERVICE INFORMATION

Branch of Service _____ Discharge date _____ Rank _____

Present member in the National Guard or Reserves Yes No Unit _____

Date obligation ends _____ Unit location _____ City/State _____

EDUCATION

Highest grade completed _____ High school graduate? Yes No G.E.D.

Name and location of educational institutions attended

School Level	Name & Location Of School	Years Attended	Did You Graduate	Degree/Major
High School				
Jr. College				
College/University				
Trade School				
Other				

EMPLOYMENT HISTORY

Begin with your present position and work back to your first position (enclose resume when possible). If you have been self-employed or unemployed for a period(s) of time, please provide name and address of person(s) who can verify your activities during that time.

NAME OF PRESENT OR LAST EMPLOYER _____ City/State _____

Starting Date Mo. /Yr. _____ Ending Date Mo. /Yr. _____ Company Product/Service _____

Starting Hourly Wage _____ Final Hourly Wage _____ Duties Performed _____

Name of Supervisor (Present or Last) _____ Present or Last Supervisor's Telephone (_____) _____

May we contact your supervisor? Yes No Reason for leaving Lay-Off Resigned Terminated

Explain reason for termination/resignation _____

If we contact this employer, would you expect them to say they would rehire you for the position you last held there? Yes No

Explain _____

NAME OF NEXT PREVIOUS EMPLOYER _____ City/State _____

Starting Date Mo. /Yr. _____ Ending Date Mo. /Yr. _____ Company Product/Service _____

Starting Hourly Wage _____ Final Hourly Wage _____ Duties Performed _____

Name of Supervisor (Present or Last) _____ Present or Last Supervisor's Telephone (_____) _____

May we contact your supervisor? Yes No Reason for leaving Lay-Off Resigned Terminated

Explain reason for termination/resignation _____

If we contact this employer, would you expect them to say they would rehire you for the position you last held there? Yes No

Explain _____

NAME OF NEXT PREVIOUS EMPLOYER _____ City/State _____

Starting Date Mo. /Yr. _____ Ending Date Mo. /Yr. _____ Company Product/Service _____

Starting Hourly Wage _____ Final Hourly Wage _____ Duties Performed _____

Name of Supervisor (Present or Last) _____ Present or Last Supervisor's Telephone (_____) _____

May we contact your supervisor? Yes No Reason for leaving Lay-Off Resigned Terminated

Explain reason for termination/resignation _____

If we contact this employer, would you expect them to say they would rehire you for the position you last held there? Yes No

Explain _____

ADDITIONAL EXPERIENCE, SKILLS & INFORMATION

Please list all computer software skills _____

What additional skills, training or experience do you bring to the ATC Freightliner Group? _____

Why are you interested in possible employment with the ATC Freightliner Group? _____

What does customer service mean to you? _____

BUSINESS/PROFESSIONAL REFERENCES				
NAME	RELATIONSHIP	OCCUPATION	ADDRESS	PHONE
				()
				()
				()
				()

CRIMINAL RECORD

Have you ever been convicted of a misdemeanor or felony that has not been sealed, expunged or statutorily eradicated? Yes No

If yes, please give date(s) and explanation _____

(A conviction record will not necessarily disqualify an applicant from employment; each case will be considered on its own merits)

IMPORTANT Read Terms Of Employment Carefully

TERMS OF EMPLOYMENT

By signing this application for employment, I certify that I have read and understand all parts of the application and certify that I have truthfully and completely answered all questions. I understand that falsification of any of the information given herein or on any other employment form is grounds for immediate termination, regardless of when such falsification may be discovered.

I authorize the references listed on this application to give the ATC Freightliner Group any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and I also authorize the schools which I have attended to supply transcripts of my grades to the ATC Freightliner Group. I release the ATC Freightliner Group and its representatives, as well as any person to whom such inquiry is directed, from any liability arising directly or indirectly from any such investigation.

Further, I understand that employment will be contingent upon successfully passing a pre-employment background check which includes a drug screening test. I understand that I am not allowed to bring any weapons, concealed or otherwise, even with a permit to carry such weapon, into Company building(s). I understand that as a new full-time employee of the Company I will become eligible to participate in the Company's medical and insurance benefit plans on the first day of the month following ninety (90) days of continuous employment. Eligibility for participation in such plans does not create a contract of employment and such policy is subject to change, modification or elimination at any time. The employee's employment with the Company shall remain "at will" and for no fixed period of time. As such, the employee may terminate employment at any time at his or her discretion. Likewise, the Company may terminate an individual's employment at any time at its discretion.

Applicant Signature _____ Date _____

The ATC Freightliner Group is an equal opportunity employer. All applications for employment will be considered without regard to race, color, religion, sex, national origin, disability or age. This application will remain active and on file for 12 months from the date of issuance.

WE APPRECIATE YOUR INTEREST IN THE ATC FREIGHTLINER GROUP AND THE TIME YOU HAVE TAKEN TO COMPLETE THIS APPLICATION

MANAGEMENT AND HUMAN RESOURCES USE ONLY

Dept _____ Job Title _____
Starting Rate _____ Shift _____
Management Approval _____

EQUAL OPPORTUNITY EMPLOYER ~ DRUG FREE WORKPLACE

DALLAS FREIGHTLINER • WESTERN STAR FORT WORTH FREIGHTLINER • WESTERN STAR
OKLAHOMA CITY FREIGHTLINER • WESTERN STAR TULSA FREIGHTLINER • WESTERN STAR