

VOLUNTARY APPLICANT IDENTIFICATION

AFFIRMATIVE ACTION EMPLOYER REQUIREMENT

Name _____ Phone _____

Address _____

Job Applied for or your specific skill area: _____

Federal law requires us to ask for this information. Please sign and return this form even if you do not answer. Its purpose is to ensure equal opportunity, and evaluate our good-faith recruiting efforts to attract ethnic minorities, women, veterans of the Vietnam era, and persons with disabilities. Hiring is based on qualifications. Quotas or preferences based on sex, race or ethnicity are prohibited by law.

We invite you to VOLUNTARILY identify yourself in the categories below, now or at any time in the future. You are not required to respond. If you decline, it will not subject you to adverse treatment. This is NOT part of your application file, it is confidential*, and will be used in conformance with the law.

1. GENDER: _____ Male _____ Female

2. ETHNIC AND RACIAL BACKGROUND (Please answer both a. and b. if applicable)
 - a. Hispanic or Latino? () Yes () No

 - b. Racial Background - Non-Hispanic:
() American Indian/Alaska Native () Asian, Asian American () Black, African American
() Hawaiian/Pacific Islander () White/Caucasian () 2 or more races, non-Hispanic

3. VETERAN STATUS – Check all that apply:
 - () Eligible or Protected Veterans – Check here if you are a recently separated veteran, other protected veteran, or an Armed Forces service medal veteran. “Other protected veteran” means “veterans who have served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.
 - () Disabled Veteran - (1) A veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (2) a person who was discharged or released from active duty because of a service-connected disability.

4. DISABILITY STATUS
() Disabled – If you have a physical, sensory or mental impairment which substantially limits one or more of your major life activities, have a record of or are regarded as having such impairment. It would also assist us if you would tell us about any special methods, skills or procedures which qualify you for positions that you might not otherwise be able to do because of your disability so that you will be considered for any positions of that kind (OFCCP recommended language). _____

Please Sign here: _____ Date _____

* Supervisors and managers may be informed about restrictions on the work duties of persons with disabilities or on facts needed for accommodations, first aid or emergency treatment. Government officials may also review this.

Employer Use Only:

EEO-1 Occup JOB
Category: _____ GROUP CODE: _____ If current opening, Job Applied For: _____



GENERAL EMPLOYMENT NOTIFICATIONS AND REQUIREMENTS FOR ALL JOB APPLICANTS

➤ **WHO WE ARE:**

OXARC, Inc. is a group of people working together who are continually improving their ability to provide the best possible customer service. We have been operating since 1968 and now cover three (3) states, thanks to the 100% commitment of our employees.

➤ **THE KEY VALUES WE ARE LOOKING FOR IN AN EMPLOYEE ARE THE KINDS OF PERSONS WHO CAN AND WILL...**

- *Support our EQUAL EMPLOYMENT OPPORTUNITY POLICY* by understanding that each person is unique and should be evaluated according to individual ability and merit of achievement. We do not permit prejudice, harassment or discrimination against people because of their race or color, national origin, age, sex, religion, disability, marital status, sexual orientation, political ideology, veteran service status, or any other categories protected by federal, state or local law.
- *Commit to quality work* by understanding what your customer wants and needs, checking your work carefully, and by eagerly seeking ways to improve your work.
- *Work with and support fellow employees* by being at work on time and ready to go, accepting assigned tasks, cooperating with leaders, supporting and helping others in their work; give positive suggestions and provide solutions when solving problems.

➤ **CONDITIONS OF EMPLOYMENT REQUIRE THAT...**

- Job candidates must satisfactorily pass a drug test. We also conduct periodic and random drug/alcohol testing programs and require testing if an employee is involved in an accident, or where there is reason to suspect chemical impairment.
- A background check and credit report may be considered as a part of the employment process.
- Job candidates who are offered a position with OXARC must successfully complete a pre-employment physical before beginning work.
- You must comply with related safety rules and practices applicable to your specific job within this company.

➤ **EMPLOYMENT AT-WILL:**

Being employed by OXARC, Inc. should not be construed as a guarantee of employment or an employment contract regardless of the classification. With the exception of those employees who are members of a collective bargaining unit, all OXARC employees are employed "at-will". OXARC, Inc. retains the right to promote, demote, transfer and discharge employees at any time for any or no reason, with or without advance notice and employees retain a similar right to terminate their employment at-will.

No employee or representative of the company, other than the President, has the authority to enter into an employment contract altering an employee's at-will status. Any such employment contract must be in writing.

YOU MAY BE ASKED QUESTIONS ABOUT THE INFORMATION LISTED ABOVE DURING THE INTERVIEW PROCESS. If you feel comfortable that you fit the above requirements, please sign this document below to continue the application process. If not, we wish you well in your future endeavors.

Your Signature _____ Date _____



PRIMARY APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER.
 All qualified applicants are considered regardless of race, religion, color, age, sex, marital status, national origin, veteran status, sexual orientation, political ideology or disability.

Instructions – Please Read. This is a general employment application required for all jobs. If a vacancy exists, you may also be asked to complete a more detailed survey of your qualifications as they relate to a specific job in our company. Please print/write clearly; do not type. Answer all items, even if you have a resume. Check your final application for accuracy, especially important numbers like address, phone, etc. Please sign and date the application where indicated. If you need another form or have questions, please feel free to ask.

Additional features of the OXARC hiring process:

- Your application is only active for the current job opening. To be considered for openings after that, an updated application will be required.
- Due to the large number of applicants we often have, we are sometimes unable to notify each applicant who is not selected for an interview. Only those applicants who will be selected for an interview will be notified.

Today's Date				
Last Name		First Name		Initial
Present Street Address		City	State	Zip
Previous address if at present address less than 3 years		City	State	Zip
Home Phone	Message / Cell Phone	Emergency Contact and Phone	Email Address	
Other names you have used and dates.				
Are you at least 18 years old? YES NO	If under 18, do you have a work permit? YES NO	Are you a U.S. Citizen OR able to prove your legal right to reside and work in the US? YES NO	Have you applied here before? YES NO	If yes, when?
Have you worked for OXARC before? YES NO			If yes, when and in what job?	
Do any of your relatives or persons in your household work here? YES NO			If yes, give their name(s).	
Have you been convicted of a criminal offense, released from incarceration, or released from community supervision in the last 10 years? (Criminal records will be reviewed; a conviction will not necessarily disqualify an applicant from employment.) YES NO If yes, explain:				
Are you now, or have you ever been, required to register as a sex offender in any state or country? YES NO				
Position Applied for:	Have you done this kind of work before? YES NO	If yes, where?		Date you are available to start:
List other jobs you believe you may be qualified for:				
How were you referred to us? <input type="checkbox"/> Newspaper <input type="checkbox"/> Walk-in		<input type="checkbox"/> Employee Referral (name) <input type="checkbox"/> School (name)		<input type="checkbox"/> Agency (name) <input type="checkbox"/> Other (name)
Your preferred schedule would be: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> On Call <input type="checkbox"/> Temp/Seasonal		What weekdays and hours are best for you?		What would be your second choice?

Check if you are willing to accept regular work: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> On Call <input type="checkbox"/> Temp/Seasonal	<input type="checkbox"/> Day Shift <input type="checkbox"/> Night Shift <input type="checkbox"/> Evening Shift <input type="checkbox"/> Variable Shifts <input type="checkbox"/> Weekends	Can you stay late on short notice if required? YES NO
Any prior commitments which would require absence of more than a few hours in the next 12 months? YES NO	If yes, explain.	
Are you now, or do you expect to be, engaged in any other businesses or employment? YES NO	If yes, explain.	
List any certificates or licenses you hold related to your qualifications for the work you seek.		Are you willing to relocate? YES NO

EDUCATION	Name and Address	Dates Attended		Grad?	Degree	Major	GPA
		From	To				
High School				Yes No			
College / University				Yes No			
College / University				Yes No			
Trade, Business, Tech, Other				Yes No			
Are you currently a student? YES NO	If yes, explain:			Scholastic honors achieved:			
Outside activities while in school (Please do not list any activities that indicate ethnicity, religion, national origin, veteran status, disability, age, sex, union affiliation, etc.):							
Plans for future education/training:							

WORK HISTORY Start with PRESENT or most recent employer; include MILITARY or VOLUNTEER experience, **must be completed** in addition to resume.

Name of Organization	Employment Dates (Month/Year)		Type of Business/Industry				
	From:	To:					
Street Address	City		State	Zip			
Supervisor Name/Title	May we contact?	Phone No:	Start	End	Employment Status (FT,PT,Cont)		
	YES NO		\$	\$			
Job Title(s), Duties, Skills, Software Used				Reason for Leaving			

Name of Organization	Employment Dates (Month/Year)		Type of Business/Industry				
	From:	To:					
Street Address	City		State	Zip			
Supervisor Name/Title	May we contact?	Phone No:	Start	End	Employment Status (FT,PT,Cont)		
	YES NO		\$	\$			
Job Title(s), Duties, Skills, Software Used				Reason for Leaving			

Name of Organization	Employment Dates (Month/Year)		Type of Business/Industry				
	From:	To:					
Street Address	City		State	Zip			
Supervisor Name/Title	May we contact?	Phone No:	Start	End	Employment Status (FT,PT,Cont)		
	YES NO		\$	\$			
Job Title(s), Duties, Skills, Software Used				Reason for Leaving			

VOLUNTEER ACTIVITIES AND EXPERIENCE

Describe your involvement in professional, charitable or civic groups, or other clubs or organizations. (Please do not list any activities that indicate ethnicity, religion, national origin, veteran status, marital status, sexual orientation, political ideology, age, sex, union affiliation, etc.)

OTHER SKILLS AND QUALIFICATIONS

Mention any other skills, qualifications or experience pertinent to the career you seek. (Computers, software, machines, tools, special certifications)

REFERENCES (not former employers)

Name	Address, City, State, Zip	Phone	Occupation

APPLICANT’S STATEMENT

I understand that neither completion of this application nor participation in the hiring process guarantee that I will be offered employment with OXARC. I hereby affirm that the information provided on this application, and accompanying letters or resume, is true and complete to the best of my knowledge. I also agree that any false information or significant omissions may disqualify me from consideration for employment, or result in my termination, if discovered any time after my employment date. I release and hold harmless, and promise not to claim damages from, anyone providing information to OXARC about my background. I also authorize any physician, clinic or hospital to release any information needed to assess my ability to perform the essential functions of the job applied for, or any job, with this employer. I agree to submit to any drug or alcohol test that may be required by the employer for my hiring or continued employment. I understand that refusal to take such tests may be cause for denial of employment or my termination. I also understand that employment may be conditioned upon an investigation into criminal convictions on record with local, State or Federal law enforcement authorities.

I understand that, if hired, unless I am a member of a collective bargaining unit, my employment is not for any specific period or duration and is terminable, at will, by the employer or me at any time, with or without reason or notice. I understand this application is not, and is not intended to be, a contract. I understand that employment may be contingent upon a post-offer physical examination by a physician, and agree to cooperate fully with same. I agree to present personal photo identification and proof of US citizenship, or documentation of my authorization to work and reside in the United States, promptly upon confirmation of hiring, and that failure to do so voids any offer of employment.

Signature of Applicant

Today’s Date



MOTOR VEHICLE DRIVER APPLICATION FOR EMPLOYMENT

Please complete the "Primary Application for Employment" before continuing with this section;
complete only if you will be driving an Oxarc vehicle.

Today's Date								
Last Name		Other Names Used, if any		First Name		Initial		
Present Street Address			City		State		Zip	How long?
Previous address if at present address less than 3 years			City		State		Zip	How long?
Previous address if at present address less than 3 years			City		State		Zip	How long?
Home Phone		Message Phone		Emergency Contact Person		Emergency Phone		

DRIVER'S EXPERIENCE AND QUALIFICATIONS

Driver's License #	State	Type	Expiration Date
Driver's License #	State	Type	Expiration Date

Driver's License #	State	Type	Expiration Date
Driver's License #	State	Type	Expiration Date

DRIVING EXPERIENCE

Straight Truck	Van/Tank/Flat	From	To	Total Miles
Tractor & Semi-Trailer	Van/Tank/Flat	From	To	Total Miles

Tractor & 2 Trailers	Van/Tank/Flat	From	To	Total Miles
Other	Van/Tank/Flat	From	To	Total Miles

ACCIDENT RECORD FOR PAST 5 YEARS

Last	Date	Head-On, Rear-End, Etc.	Fatalities	Injured
Prior	Date	Head-On, Rear-End, Etc.	Fatalities	Injured

Prior	Date	Head-On, Rear-End, Etc.	Fatalities	Injured
Prior	Date	Head-On, Rear-End, Etc.	Fatalities	Injured

TRAFFIC CONVICTIONS AND FORFEITURES FOR PAST 5 YEARS (EXCEPT PARKING VIOLATIONS)

City	State	Date	Charge	Penalty

Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO If yes, explain:

Has any license, permit or privilege ever been suspended or revoked? YES NO If yes, explain:

Have you taken a drug test within the last 12 months? YES NO If yes, when? _____

WORK HISTORY DOT requires that you show employment for at least 3 years and/or commercial driving experience for the past 10 years.

Name of Organization		Employment Dates (Month/Year)		Type of Business/Industry		
		From:	To:			
Street Address		City		State	Zip	
Supervisor Name/Title		May we contact?	Phone No:	Start	End	Employment Status (FT,PT,Cont)
		YES NO		\$	\$	
Job Title(s), Duties, Skills, Software Used				Reason for Leaving		

Name of Organization		Employment Dates (Month/Year)		Type of Business/Industry		
		From:	To:			
Street Address		City		State	Zip	
Supervisor Name/Title		May we contact?	Phone No:	Start	End	Employment Status (FT,PT,Cont)
		YES NO		\$	\$	
Job Title(s), Duties, Skills, Software Used				Reason for Leaving		

Name of Organization		Employment Dates (Month/Year)		Type of Business/Industry		
		From:	To:			
Street Address		City		State	Zip	
Supervisor Name/Title		May we contact?	Phone No:	Start	End	Employment Status (FT,PT,Cont)
		YES NO		\$	\$	
Job Title(s), Duties, Skills, Software Used				Reason for Leaving		

Name of Organization		Employment Dates (Month/Year)		Type of Business/Industry		
		From:	To:			
Street Address		City		State	Zip	
Supervisor Name/Title		May we contact?	Phone No:	Start	End	Employment Status (FT,PT,Cont)
		YES NO		\$	\$	
Job Title(s), Duties, Skills, Software Used				Reason for Leaving		

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me.
 All entries on it, and information in it, are true and complete to the best of my knowledge.

 Signature of Applicant

 Today's Date

(A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.)