Application for Employment

Main Office/Terminal Location: PO Box 14189 ♦ Raleigh, NC 27620 ♦ Phone: 888/512-5699 ♦ Fax: 888/512-5699
Terminal Location: 2805 Old Williams Road ♦ Raleigh, NC 27610 ♦ Phone: 919/270-8632 ♦ Fax: 888/512-5699
Terminal Location: 185 Dicks Road ♦ Rockingham, NC 28379 ♦ Phone: 888/512-5699 ♦ Fax: 888/512-5699

APPLICANT READ AND SIGN BEFORE SUBMITTING THIS APPLICATION

I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation as required by 391.23 of the Federal Motor Carrier Safety Regulations.

_____ _____

Signature of Applicant Date

First Name	MI	Last Name	Maiden (If any)	
Address Number & Street		City	State	Zip
Home Phone Number		Cell Phone Number		
Date of Birth		Social Security Number		

Address for Past 3 Years (If different than above)	Number and Street	City	State	Zip
	Number and Street	City	State	Zip
	Number and Street	City	State	Zip

Driver Licenses	**State**	**License Number**	**Type/Class**	**Expiration Date**

Driving Experience				
Class of Equipment	Type of Equipment (Van, Tank, Flat, Dump, Ect)	Dates From	To	Approximate Number of Miles
Straight Truck				
Tractor-Trailer				
Tractor-doubles/triples				
Specialized Equipment				
Other				

Accident Record for Past 3 years (attach sheet if more space if needed)			
Dates	Nature of Accident (Head-on, Rear-end Over-turn, Ect)	Fatalities (If yes #)	Injuries (If yes #)
Last Accident		☐ Yes ☐ No	☐ Yes ☐ No
Next Previous		☐ Yes ☐ No	☐ Yes ☐ No
Next Previous		☐ Yes ☐ No	☐ Yes ☐ No
Next Previous		☐ Yes ☐ No	☐ Yes ☐ No

Traffic Convictions and Forfeitures for the Past 3 Years (Other Than Parking Violations)			
Location	Date	Charge	Penalty

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? ☐ Yes ☐ No

Has any license, permit, or privilege ever been suspended or revoked? ☐ Yes ☐ No

If the answer to either of the above is YES, please explain (attach additional sheet if necessary)

Have you ever been employed by this company previously? ☐ Yes ☐ No

If YES give dates:

Are you currently employed? ☐ Yes ☐ No May we contact your present employer? ☐ Yes ☐ No

Are you prevented from becoming lawfully employed in this country because of Visa or Immigration Status? ☐ Yes ☐ No

Proof of Citizenship or Immigration Status will be required upon employment

On what date are you available for work?

Are you available to work ☐ Full- Time ☐ Part-Time ☐ Permanent ☐ Temporary

This position may require travel for a period of 5-7 days or more at a time!

Have you ever been convicted of a misdemeanor or felony? ☐ Yes ☐ No

Conviction will not necessarily disqualify an applicant from employment!

If Yes, please explain & give dates:

Education	Elementary School	High School	College or University
School Name & Location			
Years Completed			
Diploma/Degree			
Course of Study			

Have you ever Served in the Armed Forces? ☐ Yes ☐ No

If Yes, please describe and provide dates:

Emergency Contact Information

Name:					
Address					
City		**State**		**Zip**	
Day Phone:		**Cell Phone**			
Name:					
Address					
City		**State**		**Zip**	
Day Phone:		**Cell Phone**			

EMPLOYMENT RECORD

Current Employer:		
Address:		
City:	State:	Zip:
Phone Number:	Rate of Pay:	
Position Held:	From:	To:
Reason for Leaving:		
Were you subject to the Federal Motor Carriers Safety Regulations (FMCSRs) while employed by this employer? ☐ Yes ☐ No		
Was this job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? ☐ Yes ☐ No		

Second Employer:		
Address:		
City:	State:	Zip:
Phone Number:	Rate of Pay:	
Position Held:	From:	To:
Reason for Leaving:		
Were you subject to the Federal Motor Carriers Safety Regulations (FMCSRs) while employed by this employer? ☐ Yes ☐ No		
Was this job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? ☐ Yes ☐ No		

Third Employer:			
Address:			
City:	State:	Zip:	
Phone Number:	Rate of Pay:		
Position Held:	From:	To:	
Reason for Leaving:			
Were you subject to the Federal Motor Carriers Safety Regulations (FMCSRs) while employed by this employer? ☐ Yes ☐ No			
Was this job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? ☐ Yes ☐ No			

APPLICANTS'S STATEMENT AND RELEASE OF INFORMATION PERMISSION

I certify that the answers given herein are true and complete to the best of my knowledge.

For purposes of consideration of employment, I authorize and request that my current and former employers furnish SCC 2, Inc. with information about my employment record, including a statement of the reason for termination of my employment, work performance abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them and SCC 2, Inc. from all liability and responsibility arising from any information provided. A copy of this release is valid as an original signature.

I hereby understand and acknowledge that employment with SCC 2, Inc. is at-will. That means either SCC 2, Inc. or the employee may end the employment relationship at any time, for any reason or no reason at all. No oral representation by any SCC 2, Inc. employee will create a contract of employment. No employment practice by SCC 2, Inc. is intended to create a contract of employment.

No changes in SCC 2, Inc. employment-at-will policy will be effective unless executed in writing and signed by the President. In the event that I am employed by SCC 2, Inc. I understand that false or misleading information given in this application or during an interview may result in my discharge. I understand also, that I am required to abide by all the rules and regulations as set by SCC 2, Inc.

Signature of Applicant	Date

SCC 2, Inc.
PO Box 14189
Raleigh, NC 27620
Phone: 888/512-5699 ♦ Fax: 888/512-5699
Please return email to hr@stratconcorp.net

Applicant Name:_____ Social Security Number:_____

I hereby certify that all information on this form is correct and complete to the best of my knowledge. I hereby authorize SCC 2, Inc. to do a complete background investigation in accordance with state and federal laws. I authorize release of any information, including all information related to my alcohol and controlled substance testing and training records required by the Federal Highway Administration (FHWA) 49 CFR Parts 391 or 382, including but not limited to the following:

a. alcohol tests with a result of 0.04 or higher
b. verified positive drug tests
c. refusals to be tested (including verified adulterated or substituted results)
d. information obtained from previous employers or a drug or alcohol rule violation(s) by any past or current employer(s)

I hereby release all such person from any liability or damages. I consent to the procurement and use of any consumer reports, including reports from DAC Services, Inc., deemed necessary by SCC 2, Inc. in their consideration of my employment.

SCC 2, Inc. has listed below the requirements that must be met in order to make a final offer of employment:

a. complete and pass a pre-employment drug screen
b. present a valid CDL
c. present a valid Social Security Card
d. complete and pass a pre-employment physical

I understand that I have the right to review information provided by previous employers, have errors corrected by previous employers and resubmitted to SCC 2, Inc. and/or have a rebuttal statement attached to erroneous information, if my previous employer and I cannot agree on the accuracy of the information. I understand that I must request past employer information obtained by SCC 2, inc. in writing within 60 days of my employment.

_____ _____

Applicant'sSignature Date