

EMPLOYMENT HISTORY



Provide your most recent 10 years of employment history starting with your current employer or assignment. Use additional sheets if necessary and an explanation of gaps in employment are appreciated.

EMPLOYER PHONE# ()	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
	FROM	TO		
ADDRESS				
STARTING JOB TITLE/ FINAL JOB TITLE				
IMMEDIATE SUPERVISOR AND TITLE				
REASON FOR LEAVING				
MAY WE CONTACT FOR REFERENCE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		<input type="checkbox"/> LATER

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MAY WE CONTACT FOR REFERENCE?		<input type="checkbox"/> LATER	

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COMMENTS / EXPLANATION OF GAPS IN EMPLOYMENT _____

SKILLS & QUALIFICATIONS



Summarize any special training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

EDUCATION *(if job related)*

List last three (3) schools attended starting with most recent if relevant to desired job.

SCHOOL	YEARS COMPLETED	DEGREE EARNED	GPA	MAJOR

REFERENCES

List name and telephone number or e-mail address of three professional references who are NOT related to you and who are NOT previous supervisors. If not applicable, list three school or personal character references who are NOT related to you.

NAME	PHONE / EMAIL	YEARS KNOWN

ADDITIONAL INFORMATION

LIST PROFESSIONAL, TRADE, OR CIVIC ORGANIZATION MEMBERSHIPS. Please exclude memberships that would reveal non-merit-based information including race; color; religion or belief; national, social, or ethnic origin; sex; age; disability; sexual orientation; gender identity; past or present military service; or any other status protected by the laws or regulations in the locations where we operate.

ORGANIZATION	OFFICE(S) HELD

LIST SPECIAL ACCOMPLISHMENTS, AWARDS, OR PUBLICATIONS. Please exclude information that would reveal non-merit-based information including race; color; religion or belief; national, social or ethnic origin; sex; age; disability; sexual orientation; gender identity; past or present military service; or any other status protected by the laws or regulations in the locations where we operate.

LIST ANY ADDITIONAL INFORMATION THAT YOU WISH TO BE CONSIDERED.

Truck Centers, Inc. is an Equal Opportunity Employer. We are committed to the principle of equal opportunities for all employees and providing our team members with a work environment that is free of discrimination and harassment. All employment decisions at TCI are based on business needs, job requirements, and individual qualifications, without regard to race; color; religion or belief; national, social, or ethnic origin; sex; age; physical, mental, or sensory disability; sexual orientation; gender identity; marital status; past or present military service; family medical history; parental status; or any other status protected by the laws or regulations in the locations where we operate.

In an effort to comply with requirements regarding government recordkeeping, reporting, and other legal obligations which may apply, we invite you to complete this self-identification information sheet. **Providing this information is STRICTLY VOLUNTARY.** Failure to provide information will NOT subject you to any adverse personnel decision or action. This document is NOT a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

PLEASE PRINT

APPLICANT INFORMATION

Name _____ <small>LAST FIRST MIDDLE</small>	Date Completed _____
Position Title _____	Last 4 SSN _____
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary	

Please check one of the following Equal Employment Opportunity Self-Identification Groups:

- Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race;
- White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East;
- Black or African American (Not Hispanic or Latino)** - A person having origins in any of the Black racial groups of Africa;
- Native Hawaiian or Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands;
- Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam;
- Native American/Alaskan Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community recognition; and
- Two or More Races (not Hispanic or Latino)** - All persons who identify with more than one of the above six races.

SIGNATURE

DATE

COMPLETION OF THIS FORM IS STRICTLY VOLUNTARY

Submission of this information is STRICTLY VOLUNTARY and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended. The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

This employer is a Government contractor, subcontractor, or vendor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment:

- (1) disabled veterans;
- (2) recently separated veterans;
- (3) active duty wartime or campaign badge veterans; and
- (4) Armed Forces service medal veterans.

These classifications are defined as follows:

- A **"disabled veteran"** is one of the following:
 - A veteran of the U.S. military, ground, naval or air service 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
 - A person who was discharged or released from active duty because of a service-connected disability.
- A **"recently separated veteran"** means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An **"active duty wartime or campaign badge veteran"** means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An **"Armed forces service medal veteran"** means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL. As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified "protected veteran" category. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.

PLEASE PRINT

APPLICANT INFORMATION

Name _____ Date Completed _____
LAST FIRST MIDDLE

Position Title _____ Last 4 SSN _____

SIGNATURE

DATE

I BELONG TO THE FOLLOWING CLASSIFICATIONS OF PROTECTED VETERANS (CHOOSE ALL THAT APPLY):

- DISABLED VETERAN
- RECENTLY SEPARATED VETERAN DATE OF DISCHARGE OR RELEASE _____
- ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN
- ARMED FORCES SERVICE MEDAL VETERAN
- I am a protected veteran, but I choose not to self-identify the classifications to which I belong.
- I am NOT a protected veteran.

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

COMPLETION OF THIS FORM IS STRICTLY VOLUNTARY

WHY ARE YOU BEING ASKED TO COMPLETE THIS FORM?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.* To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

HOW DO I KNOW IF I HAVE A DISABILITY?

An individual is considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits major life activity or if you have a history of such impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder
- Obsessive compulsive disorder
- Impairments requiring the use of a mobility device
- Intellectual disability

Please check one of the boxes below:

- YES, I HAVE A DISABILITY NO, I DO NOT HAVE A DISABILITY I DON'T WISH TO ANSWER

PLEASE PRINT

APPLICANT INFORMATION

Name _____ <small>LAST FIRST MIDDLE</small>	Date Completed _____
Position Title _____	Last 4 SSN _____

SIGNATURE

DATE

REASONABLE ACCOMMODATION NOTICE

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

* Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

I certify that all information provided in order to apply for and secure work with Truck Centers, Inc. is true, complete, and correct.

I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, Truck Centers, Inc., its representatives, employees, or agents to contact and obtain information from all personal and professional references, employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé, or interviews. I hereby waive any and all rights and claims I may have regarding Truck Centers, Inc., its agents, employees, or representatives for seeking, gathering, and using such information in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that Truck Centers, Inc. does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state, or federal law.

I understand that this application remains current only for 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and complete a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law.

This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the company's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE APPLICANT STATEMENT IN ITS ENTIRETY.

I certify that I have read, fully understand, and accept all terms of the aforementioned Applicant Statement.

Signature of Applicant _____ Date _____



CORPORATE OFFICE

**2280 Formosa Rd.
Troy, IL 62294
(618) 667-3454**

**2981 E. Singer Ave.
Springfield, IL 62703
(217) 525-1280**

**621 S. 45th St.
Mt. Vernon, IL 62864
(618) 244-2545**

**300 E. Ashland St.
Morton, IL 61550
(309) 263-4240**

**19336 N. 1425 East Rd.
Hudson, IL 61748
(636) 614-3470**

**1700 Gillenwater Ave.
Effingham, IL 62401
(217) 342-3300**

**5002 Cundiff Ct.
Decatur, IL 62526
(217) 877-0152**

**1011 W. Sample St.
South Bend, IN 46619
(574) 289-4065**

**325 Rusher Creek Rd.
Evansville, IN 47725
(812) 868-2700**

**2000 Cassopolis St.
Elkhart, IN 46514
(574) 262-3441**

**720 N. Service Rd. West
Foristell, MO 63348
(636) 978-3870**

**747 E. Taylor Ave.
St. Louis, MO 63147
(314) 381-3800**





Authorization Form for Consumer Reports

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize Truck Centers, Inc. and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records. I authorize the complete release of these records or data pertaining to me that an individual, company, firm, corporation or public agency may have. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish Truck Centers, Inc. or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original. I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's rights will be provided to me.

DOT/FMCSA Clearinghouse Consent for Limited Queries

As part of the continuing efforts to promote safe roadways and to ensure only qualified CDL drivers are performing safety-sensitive duties, a federal database called the Commercial Driver's License Drug & Alcohol Clearinghouse ("Clearinghouse") has been created under 49 CFR Part 40 and 382. Employers are required to query the database on an annual (or more frequent basis) for each current CDL driver, and as part of the pre-employment screening process for each driver applicant. In addition, Employers are required to report driver drug and alcohol violations under 49 CFR Part 40 and 382 to the Clearinghouse. Under Section 382.703(a), employers must receive either written or electronic consent before doing a limited query. Full queries require that the driver provide electronic consent by logging into the Clearinghouse and granting electronic consent to the company to run a full query.

I, the undersigned, hereby provide consent to Truck Centers, Inc. (hereinafter "Company") to conduct limited queries of the Clearinghouse in relation to my application and/or employment. I understand that this consent shall be valid from the date that I sign below until the end of my employment, or I am no longer subject to drug and alcohol testing requirements in 49 CFR Part 40 or 382 due to my employment with the Company.

I understand and agree that as a condition of employment, if any limited query reveals that the Clearinghouse has additional information regarding me, that I must grant electronic consent for a full query through the Clearinghouse website within twenty-four (24) hours, for the Company to obtain my full Clearinghouse record. Refusal to provide such consent will result in my removal from safety-sensitive duties and may result in discipline, up to and including termination. I understand that I may revoke this authorization to do limited queries at any time, but that doing so will result in my removal from safety-sensitive duties and may result in discipline, up to and including termination.

I also acknowledge and understand the Company must report any 49 CFR Part 40 or 382 drug or alcohol testing and violation information to the Clearinghouse using driver specific identification data including my name, CDL license number and state of issuance, and date of birth.

I acknowledge and agree that I have carefully read and understand the scope and effect of the provisions of this Agreement and that I am fully aware of its legal and binding effects. I am voluntarily executing this Agreement, without any duress or undue influence on the part or behalf of the Company. I further understand and agree that this Agreement does not in any way grant, imply, or create a contract of employment for any specific period of time, nor establish any right to, or guaranty of, continued employment with the Company.

Print Name: _____

First Middle Last

Maiden/Other Names Used: _____ **Date of Birth: (MM/DD/YYYY):** _____

Current Address: _____

Street/P.O. Box City State Zip

Social Security Number: _____ **Driver's License Number:** _____ **State:** _____

Residential History: List all residential addresses in the last 7 years

Street/P.O. Box City State Zip

Street/P.O. Box City State Zip

Street/P.O. Box City State Zip

Signature: _____ **Date:** _____