

JRC Inc DBA ServiceMaster Recovery Services:



2215 S 162nd St New Berlin, WI 53151 (262) 782-3335 (800) 559-9070 Fax (262) 782-4230	3410 Dewey St Manitowoc, WI 54221 (920) 682-8668 (800) 559-9070 Fax (262) 782-4230	3208 US Hwy 51 Janesville, WI 53545 (608) 752-6717 (800) 559-9070 Fax (262) 782-4230	1040A Hockridge Street Marinette, WI 54143 (715) 735-5422 (800) 559-9070 Fax (715) 735-5668	1202 Wright Street Marquette, MI 49855 (262) 782-3335 (800) 559-9070 Fax (262) 782-4230
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www.smrecover.com

info@smrecover.com

Federal ID No 39-1355743

**APPLICATION FOR EMPLOYMENT PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER**

PERSONAL INFORMATION

DATE: _____

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO. _____	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PAST ADDRESS (if less than 3 years)	CITY	STATE	ZIP CODE
HOME PHONE () ()	CELL PHONE () ()		EMAIL

DRIVER APPLICANT ONLY

I understand that information I provide regarding current and/or previous employers may be used, and these employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR391.12(d)(2)(ii). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to resubmit the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information from the previous employer(s) and cannot agree on the accuracy of the information.

Signature _____ Date _____

The US Department of Transportation requires that driver applicants provide their date of birth by 49 CFR 391.21(b)(2). Date of Birth _____

EMPLOYMENT DESIRED

POSITION	DESIRED START DATE	SALARY DESIRED	REFERRED BY
ARE YOU EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO		IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHERE?	WHEN?

EDUCATION HISTORY

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4
 Last school attended: _____
 Name _____ Address _____

GENERAL INFORMATION

Have you ever been convicted of a felony? Y N If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment- all circumstances will be considered.

ACCIDENT RECORD for the past 3 years.

Dates	Nature of Accident (Head-on, Rear End, etc.)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

TRAFFIC CONVICTIONS for past 3 years (other than parking violations) If none, write NONE

Location	Date	Charge	Penalty

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DRIVER EXPERIENCE & QUALIFICATION Answer *these questions only if applying for a driver position.*

DRIVERS LICENSES held in past 3 years must be shown

State	License Number	Class	Endorsement(s)	Expiration Date

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Y N

Has any license, permit or privilege ever been suspended or revoked? Y N

If you answered "yes" to either questions attach a statement giving details.

List any specialized vehicles that you have driven and/or are certified to drive.

FORMER EMPLOYERS (LIST BELOW ALL EMPLOYERS FOR THE LAST 3 YEARS, STARTING WITH THE LAST ONE FIRST attach a separate sheet if necessary)

Last Employer		Date	
Name:		FROM	TO
Address:		Position:	
City:	State:	Zip	Salary/Wage:
Contact Person:	Phone:		Reason for Leaving:
Were you subject to the FMCSRs while employed? Y N		Was your job designated as a safety sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements of 49 CFR part 40? Y N	

Employer		Date	
Name:		FROM	TO
Address:		Position:	
City:	State:	Zip	Salary/Wage:
Contact Person:	Phone:		Reason for Leaving:
Were you subject to the FMCSRs while employed? Y N		Was your job designated as a safety sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements of 49 CFR part 40? Y N	

Employer		Date	
Name:		FROM	TO
Address:		Position:	
City:	State:	Zip	Salary/Wage:
Contact Person:	Phone:		Reason for Leaving:
Were you subject to the FMCSRs while employed? Y N		Was your job designated as a safety sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements of 49 CFR part 40? Y N	

Employer		Date	
Name:		FROM	TO
Address:		Position:	
Were you subject to the FMCSRs while employed? Y N		as your job designated as a safety sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements of 49 CFR part 40? Y N	

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REFERENCES GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS KNOWN

AUTHORIZATION

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

DATE: _____ **SIGNATURE:** _____

INTERVIEWED BY: _____ **DATE:** _____

DO NOT WRITE BELOW THIS LINE

REMARKS _____

NEATNESS		CHARACTER			
PERSONALITY		ABILITY			
HIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	DEPT.	POSITION	SUPERVISOR	SALARY	

APPROVED: 1. _____ 2. _____ 3. _____
 EMPLOYMENT MANAGER DEPARTMENT HEAD GENERAL MANAGER

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Authorization to Obtain Consumer Reports

Consumer reports may be necessary to evaluate my application for employment, or my job status if employed. These reports may include my driving record or other reports.

By signing this agreement, I authorize the procurement of such reports now and as needed in the future, to evaluate my status for employment, insurability and for any other permissible purpose.

Signature of Applicant / Employee

Date

Printed Name