



3940 Eastern Avenue SE, Grand Rapids, MI 49504

Dear Applicant:

Attached you will find our standard job application. It is important that you fill out the application as accurately and as completely as possible since time may not permit us to interview job applicants. Please take care to fill out all requested information and, if there is additional information that you believe would be of interest, or you wish to supply us with your resume, please attach it to the application.

Michigan law requires employers to make accommodations to handicapped applicants and employees where the accommodation does not impose an undue hardship on the employer. Handicapped employees and applicants may request an accommodation of their handicap by notifying the Company, in writing, of the need for accommodation within 182 days of the date the handicapper knows, or should know, that an accommodation is needed. Failure to properly notify the Company will preclude any claim that the employer failed to accommodate the handicapper.

Please note that this Company has a policy of confirming all claims of academic or professional credentials and, accordingly, we may request that you sign a special release of pertinent information. Most positions in this Company require that a physical examination be performed by a licensed physician. Please also be advised that during the course of such physical examination, you will be administered a drug test.

Again, please be careful to provide accurate and complete information so that we can fairly assess your qualifications for the job opening.

Thank you for considering Star Truck Rentals, Inc. as your place of employment.

Very truly yours,

Star Truck Rentals, Inc.

I agree and understand that any employment offer is conditional until such time as the results of my pre-employment medical examination and drug test results are known.

I agree that I will not commence any action or suit relating to my employment with Company (or termination of the employment) more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit, and I agree to waive any statute of limitations to the contrary. I understand this means that, even if the law would give me the right to wait a longer time to make a claim, I am waiving that right, and that any claims not brought within six (6) months after the date of employment action at issue are waived.

I have read and understand the above and do hereby authorize Star Truck Rentals, Inc. to proceed with my application.

(Applicant's signature)

Education & Experience

Star Truck Rentals Inc

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Driving Experience *(If none, write none)*

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approx. # of Miles (Total)
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Tractor- Two Trailers				
Motorcoach - Schoolbus				
Other				

List states operated in for last five years _____

~~Date of Birth (ODE drivers and mechanics only)~~

What safe driving awards do you hold and from whom? _____

Driver Licenses	State	License No.	Type	Expiration Date

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

B. Has any license, permit or privilege ever been suspended or revoked? Yes ___ No ___

If the answer to either A or B is yes, please explain in detail the facts and circumstances

Describe any specialized training, apprenticeship, skills, extra-curricular activities and military experience

Employment Experience

Star Truck Rentals Inc

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. However, except for those organizations which you may exclude, failure to supply an otherwise complete employment listing may be viewed as misleading and may be grounds for discharge. All applicants must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state, and zip code. If applying to operate a commercial motor vehicle as defined by Part 383 of DOT regulation, a list of names and addresses of the employers during the 7 years period preceding the 3 years contained below. Included dates of employment and reasons for leaving. Please attached additional sheet if needed.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				Were you subject to the FMCSRs** while employed <input type="checkbox"/> YES <input type="checkbox"/> NO
Was your job designated as a safety-sensitive function in and DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR par 40? ___ YES ___ NO				

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Date of Birth (CDL driver)	Supervisor			
Reason for Leaving				Were you subject to the FMCSRs** while employed <input type="checkbox"/> YES <input type="checkbox"/> NO
Was your job designated as a safety-sensitive function in and DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR par 40? ___ YES ___ NO				

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				Were you subject to the FMCSRs** while employed <input type="checkbox"/> YES <input type="checkbox"/> NO
Was your job designated as a safety-sensitive function in and DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR par 40? ___ YES ___ NO				

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				Were you subject to the FMCSRs** while employed <input type="checkbox"/> YES <input type="checkbox"/> NO
Was your job designated as a safety-sensitive function in and DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR par 40? ___ YES ___ NO				

If you need additional space, please use a separate sheet of paper.

* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

** The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placard

Additional Information Star Truck Rentals Inc

List your addresses of residence for the past three years.

Current Address	Number	Street	City	State	Zip Code
Previous Address	Number	Street	City	State	Zip Code
	Number	Street	City	State	Zip Code
	Number	Street	City	State	Zip Code

Accident record for past 3 years or more for CDL drivers and mechanics only (attach sheet if more space is needed)

if none, write none

	Dates	Nature of Accident (Head-on, Rear-end, Upset,	Fatalities	Injuries
Last Accident				
Next Previous				
Next Previous				

List all violations of motor vehicle laws or ordinances (other than violations involving only parking) of which you were convicted or forfeited bond or collateral during the past three years

Location	Date	Charge	Penalty
Date of Birth (CDL drivers and mechanics only)			

(Attach sheet if more space is needed)

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied?

_____ Yes _____ No

A description of the activities involved in such a job or occupation is attached.

References

1.)	(Name)	(Address)	() (Phone #)
2.)	(Name)	(Address)	() (Phone #)
3.)	(Name)	(Address)	() (Phone #)

Applicant's Statement

Star Truck Rentals Inc

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

I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I authorize a background investigation prior to or during my employment as Star may deem necessary.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

Date of Birth (CDL drivers and mechanics only)

I also agree that if Star pays "out of pocket" expenses in connection with my application for employment or during the course of my employment for items such as, but no limited to, physical exam, pre-employment drug screen, uniform set-up, Michigan vehicle records, training, certifications, or criminal background check, and if I quit within one year of the date the expense is incurred, I will reimburse Star for the reasonable prorated costs thereof. I hereby authorize Star to deduct such reimbursement from my final pay and/or from any other monies owed me by Star. I also agree that such deduction may apply to any other monies I owe Star at the time of my termination.

Any employee that tests positive for drug and/or alcohol after being chosen for a Department of Transportation (D.O.T.) or Non D.O.T. test will be responsible for all costs resulting from the positive test(s), including any required meeting with a Substance Abuse Professional (S.A.P.). The S.A.P. fee can include office visits and any anti-drug/alcohol program the S.A.P. deems necessary. Employee responsibility for paying for tests may include reasonable suspicion if found positive, return to duty, follow-up, post accident if positive and any other tests or expenses that may be required by Star and/or D.O.T. as a result of or in connection with, a positive test.

The actual testing costs include the specimen collections, laboratory analysis and the M.R.O. fee.

By signing below you agree that you have read and understand that above and also agree to pay the fees up front or to have the above fees deducted through weekly payroll deduction, until they have been fully paid, and any balance due from your final check if necessary.

In the event of employment, I understand that false or misleading information or the omission of important information which would place my application in a more favorable light, given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23 (d) and (e). I understand that I have the right to:

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

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

Signature of Applicant

Date

Date Application Submitted



Motor Vehicle Report/ Background Check Request Form

Date: _____

Branch: _____

As a prospective employee of Star Truck Rentals, Inc., Star Employee Leasing LLC, or Star Truck Sales, I understand that a Motor Vehicle Report (MVR) and a Freedom of Information Act (FOIA) felony conviction record check will be run in addition to any other background check Star considers necessary. Information obtained from these reports may be taken into consideration as part of the hiring process.

Prospective Employee Signature

Branch Person Requesting

Applicant's
Full Name: _____

Position
Applied For: _____

Have they ever been employed with Star in the Past? _____

Driver
License Number: _____ State: _____

Social Security
Number: _____

Email Address: _____

Please **print** this information and **fax** it the Safety Department at:

866-269-8179

P.S. If for some reason the above fax number is not working, please use 616-285-5590.