

# UCS LLC



377 HUTTON ROAD

ELKTON, MD 21921

P: (410) 287-8800

F: (443) 715-2148

TO ALL APPLICANTS

Please remove this letter from the application and take it with you. It is yours to keep and refer to.

Thank you for applying to UCS LLC. We are happy you have chosen us as your prospective employer. As an applicant, it is natural for you to have a number of questions concerning positions, pay, benefits, and what we expect from you as an applicant as well as what you may expect from UCS LLC. You will hopefully find the answers to most of your questions, in this letter.

### **Our Application Process - What you can expect from us**

1. To be treated fairly, with professionalism and respect. UCS, LLC is an equal opportunity employer.
2. Equal access to programs, services, and employment. Those applicants requiring reasonable accommodation to the application and/or interview process should notify an authorized official of UCS LLC
3. We receive all applications, but we do not accept incomplete applications, or applications that are unreadable. So, please print or type neatly on the application form.
4. We review all received applications soon after they are submitted. During this review, we accept or reject applications based on the completeness and listed experience. Applications that are incomplete or unreadable will not be further considered, nor will the applicant be contacted.
5. We will contact applicants by phone or mail, whose applications were accepted for initial interviews, and the applicant can expect several weeks notice in most cases.

### **What we expect from you**

The first step is to fully complete your application for employment. Resumes' alone will not be accepted, but they can be attached to your application. The initial interview process is usually held at our facility. Interviews are conducted by an authorized UCS, LLC official selected for the task. Successful applicants should expect their references to be contacted. The initial interview may result in a conditional offer of hire for selected candidates. Employment may require transfer to different work locations, based on the location of our projects, and employee assignment. This may include overtime, night, weekend, and/or holiday hours. In accordance with federal law, proof of identity and proof of authorization to work in the United States is required upon employment.

To start employment at UCS LLC all Field Employees are required to have the following:

- Steel Toe Boots
- Clean Driving Record

All employees are subject to random Drug Testing





UCS LLC

Hire Date:

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**IMPORTANT, PLEASE READ THESE INSTRUCTIONS PRIOR TO COMPLETING YOUR APPLICATION:**

This application must be fully completed for consideration. Do not leave any question or information block unanswered. If you do not know an answer to a question, write UNKNOWN in the block. If a question does not apply to you, write N/A in the block or set of blocks. You may attach a resume to this application, but resumes alone will not be considered for employment. DO NOT MARK THE APPLICATION "SEE RESUME".

**Section 1 - Applicant Information:**

Position Applied For:	Application Date:
Date Available For work:	Type of Employment Desired: <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time

Last Name:	First Name:	Middle Initial:	DOB:
Home Street Address:	City:	State:	Zip Code:
How long have you been at the above address?	Home Phone:		
Cell Phone:	Message Phone:		
Email Address:	SSN: _____ - _____ - _____		

1) Are you under 18 yeas of age? Yes      No  
 If yes, can you furnish a work permit? Yes      No  
 If you cannot furnish a work permit, please explain: \_\_\_\_\_

2) Have you previously been employed by UCS, LLC? Yes      No

3) Can you provide proof of elegibility to work in the United States? Yes      No

4) Are you able to meet attendance requirements which may include overtime, week-ends and nights? Yes      No

5) Have you been convicted of a crime or served time in jail / prison in the last seven (7) years? Yes      No  
( If yes, Please attach an additional page with an explanation.) NOTE: A conviction will not necessarily be a bar to employmen. Each instance and explanation will be considered in relation to the position for which you are applying

**Section 2 - Employment History**

1) Have you ever been terminated or asked to resign from any job? Yes      No  
 If yes, please explain the circumstances on a separate sheet and attatch it to this application

2) Starting with your present employer, please account for you past work experience for the last 5 years. If applicable, please explain fully any gaps in your employment history in the sections provided. You may attach any supplement information you think may be useful. However, be sure to fill out this section completely. You are responsible for ensuring that the information requested is accurate and complete

### Employment Record

Applicants that desire to drive in intrastate/intrastate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three tyears (total of ten years employment record.)

**Must list the complete mailing address: Street Number, and Name, City, State, and Zip Code**

Job Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Supervisor Name, Title, and Contact Phone Number \_\_\_\_\_

Co-worker Name, Title and Contact Phone Number \_\_\_\_\_

**Last Employer** May we contact this employer? If no please explain on a separate sheet.  Yes  No

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Starting Salary/ Hourly Rate: \_\_\_\_\_ Ending Salary/ Hourly Rate: \_\_\_\_\_

Nature of Work Performed and Job Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

Any gaps in employment and/or unemployment must be explained. Include dates (MM/YY) and reason: \_\_\_\_\_

\_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?  Yes  No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol controlled substances testing requirements as required by 49 CFR Part 40?  Yes  No

**Must list the complete mailing address: Street Number, and Name, City, State, and Zip Code**

Job Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Supervisor Name, Title, and Contact Phone Number \_\_\_\_\_

Co-worker Name, Title and Contact Phone Number \_\_\_\_\_

**Second Last Employer** May we contact this employer? If no please explain on a separate sheet.  Yes  No

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Starting Salary/ Hourly Rate: \_\_\_\_\_ Ending Salary/ Hourly Rate: \_\_\_\_\_

Nature of Work Performed and Job Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

Any gaps in employment and/or unemployment must be explained. Include dates (MM/YY) and reason: \_\_\_\_\_

\_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?  Yes  No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol controlled substances testing requirements as required by 49 CFR Part 40?  Yes  No

Employment Record

**Must list the complete mailing address: Street Number, and Name, City, State, and Zip Code**

Job Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Supervisor Name, Title, and Contact Phone Number \_\_\_\_\_

Co-worker Name, Title and Contact Phone Number \_\_\_\_\_

**Third Last Employer:** May we contact this employer? If no please explain on a separate sheet.  Yes  No

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Starting Salary/ Hourly Rate: \_\_\_\_\_ Ending Salary/ Hourly Rate: \_\_\_\_\_

Nature of Work performed and Job Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

\_\_\_\_\_

Any gaps in employment and/or unemployment must be explained. Include dates (MM/YY) and reason: \_\_\_\_\_

\_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?  Yes  No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol controlled substances testing requirements as required by 49 CFR Part 40?  Yes  No

**Must list the complete mailing address: Street Number, and Name, City, State, and Zip Code**

Job Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Supervisor Name, Title, and Contact Phone Number \_\_\_\_\_

Co-worker Name, Title and Contact Phone Number \_\_\_\_\_

**Fourth Last Employer:** May we contact this employer? If no please explain on a separate sheet.  Yes  No

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Starting Salary/ Hourly Rate: \_\_\_\_\_ Ending Salary/ Hourly Rate: \_\_\_\_\_

Nature of Work performed and Job Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

\_\_\_\_\_

Any gaps in employment and/or unemployment must be explained. Include dates (MM/YY) and reason: \_\_\_\_\_

\_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?  Yes  No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol controlled substances testing requirements as required by 49 CFR Part 40?  Yes  No

Employment Record

**Must list the complete mailing address: Street Number, and Name, City, State, and Zip Code**

Job Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Supervisor Name, Title, and Contact Phone Number \_\_\_\_\_

Co-worker Name, Title and Contact Phone Number \_\_\_\_\_

**Fifth Last Employer** May we contact this employer? If no please explain on a separate sheet.  Yes  No

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Starting Salary/ Hourly Rate: \_\_\_\_\_ Ending Salary/ Hourly Rate: \_\_\_\_\_

Nature of Work Performed and Job Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

Any gaps in employment and/or unemployment must be explained. Include dates (MM/YY) and reason: \_\_\_\_\_

\_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?  Yes  No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol controlled substances testing requirements as required by 49 CFR Part 40?  Yes  No

**Must list the complete mailing address: Street Number, and Name, City, State, and Zip Code**

Job Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Supervisor Name, Title, and Contact Phone Number \_\_\_\_\_

Co-worker Name, Title and Contact Phone Number \_\_\_\_\_

**Sixth Last Employer:** May we contact this employer? If no please explain on a separate sheet.  Yes  No

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Starting Salary/ Hourly Rate: \_\_\_\_\_ Ending Salary/ Hourly Rate: \_\_\_\_\_

Nature of Work performed and Job Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

\_\_\_\_\_

Any gaps in employment and/or unemployment must be explained. Include dates (MM/YY) and reason: \_\_\_\_\_

\_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?  Yes  No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol controlled substances testing requiremtnes as required by 49 CFR Part 40?  Yes  No







### Section 4 - References

**A) List 2 PERSONAL REFERENCES** who know you well enough to provide current information about yourself. Do not list relatives or former employers as personal references. These persons should be aware that they may be contacted by UCS as part of the application process.

Your are responsible for ensuring that the reference information is fully completed and accurate.

1)	Name: _____ Address: _____ _____	Home Phone: _____ Cell Phone: _____ Years Known: _____
2)	Name: _____ Address: _____ _____	Home Phone: _____ Cell Phone: _____ Years Known: _____

**B) List 3 BUSINESS / PROFESSIONAL references** that know you and your work style, or work habits well enough to provide current information about you. These persons should be aware that they may be contacted by UCS as part of the application process.

1)	Name: _____ Business Name: _____ Business Address: _____ _____	Title: _____ Business Number: _____ Alternate Phone: _____ Alternate Phone _____
2)	Name: _____ Business Name: _____ Business Address: _____ _____	Title: _____ Business Number: _____ Alternate Phone: _____ Years Known: _____
3)	Name: _____ Business Name: _____ Business Address: _____ _____	Title: _____ Business Number: _____ Alternate Phone: _____ Years Known: _____

**C) Previous 3 Years Residency:**

Street: _____	City: _____	State: _____	Zip: _____
Street: _____	City: _____	State: _____	Zip: _____
Street: _____	City: _____	State: _____	Zip: _____
Street: _____	City: _____	State: _____	Zip: _____
Street: _____	City: _____	State: _____	Zip: _____

# DECLARATION AND CERTIFICATE OF UNDERSTANDING & PERMISSION TO OBTAIN INFORMATION

To be read and signed by applicant

I understand that if I am employed, any false or misleading information made by me on this application or in an interview, will be sufficient cause for cancelation of this application or immediate discharge from the employer's service, when it is discovered. I also understand, that I am required to abide by all rules and regulations of the UCS LLC.

I give UCS LLC., (herinafter referred to as employer) the right to contact and obtain information from all references, current and former employers, and educational institutions and to otherwise verify the accuracy of the information contained in this application. I herby release employers, schools, health care providers, and other persons from all liability in responding to inquiries and releasing information in connection with my application.

I authorize you to make sure investigations and inquiries to my personal employment, financial or medical history and other related matters as may be necessary in ariving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extened.)

I understand that the employer does not unlawfully discriminate in employment and no questions on this application will be used for the purpose of limiting or excusing any application from consideration for employment on a basis prohibited by local, state, or federal law.

I understand that this application is current for only 90 calendar days. At that time, if I have not heard from the employer and still wish to be considered for employment, I will be required to fill out 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. I also understand that the employer reserves the same right to terminate my employment at anytime, 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 defined duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that such assurances must be in writing and signed by an authorized officer.

I understand that it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by ADA. I also understand that if I need some form of accomodation to complete this application, I am obligated to request that accomodation from the employer.

I also understand that if I am offered a position with the employer, I will be required to provide proof of identity, legal work authorization, and pass a pre-employment drug test, and a non-discriminatory physical assessment screen as a condition precedent to my employment by employer.

I represent and warrant that I have fully read, and I fully understand the foregoing and seek employment under these conditions.

"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 current/previous employers;
- Have errors in the information corrected by previous employers 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."

\_\_\_\_\_  
DATE

This certifies that I have completed this application, and that all entries on it and information in it, are complete to the best of my knowledge.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

Note: a motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier



