

# 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.

We may not accept your application if it is incomplete.

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
- Reliable Ride to work
- The ability to comprehend and follow all safety procedures

**All employees are subject to random Drug Testing**





# UCS LLC

Hire Date:

377 HUTTON ROAD

ELKTON, MD 21921

P: (410) 287-8800

F: (443) 715-2148

## 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:	
Home Street Address:		City:	State: Zip Code:
Home Phone:		Cell Phone:	

- |  |       |    |
|--|-------|----|
| 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) Are you able to work out of town? (includes Per Diem + Paid Hotels)	Yes	No
--	-----	----

4) Can you provide proof of eeligibility to work in the United States?	Yes	No
--	-----	----

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

6) Have you been convicted of a crime or served time in jail / prison in the last seven (7) years? ( If yes, Please attach an additional page with an explanation.)	Yes	No
--	-----	----

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?<br>If yes, please explain the circumstances on a separate sheet and attach it to this application | Yes | No |
|---|-----|----|
- 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 _____		
<b>Last Employer</b>	May we contact this employer? If no please explain on a separate sheet. <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____		

**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 _____		
<b>2nd Last Employer:</b>	May we contact this employer? If no please explain on a separate sheet. <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____		

### 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 years (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 \_\_\_\_\_

**3rd 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:

\_\_\_\_\_

\_\_\_\_\_

**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 \_\_\_\_\_

**4th 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:

\_\_\_\_\_

\_\_\_\_\_

### 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 years (total of ten years employment record.)

<b>Must list the complete mailing address: Street Number, and Name, City, State, and Zip Code</b>		
Job Title: _____	Start Date: _____	End Date: _____
Supervisor Name, Title, and Contact Phone Number _____		
Co-worker Name, Title and Contact Phone Number _____		
<b>5th Last Employer</b>	May we contact this employer? If no please explain on a separate sheet.	<input type="checkbox"/> Yes <input type="checkbox"/> 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: _____ _____		

<b>Must list the complete mailing address: Street Number, and Name, City, State, and Zip Code</b>		
Job Title: _____	Start Date: _____	End Date: _____
Supervisor Name, Title, and Contact Phone Number _____		
Co-worker Name, Title and Contact Phone Number _____		
<b>6th Last Employer:</b>	May we contact this employer? If no please explain on a separate sheet.	<input type="checkbox"/> Yes <input type="checkbox"/> 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: _____ _____		

**Please use an additional sheet of paper, if you need more room to provide the past 5 years of your employment history, and attach it to the back of the application. Thank you.**

**Section 3 - Education, Training, Certificates & Licenses**

1) Do you have a high school diploma, GED or equivalent?

Yes  No

List all schools attended, except elementary and middle schools.

Name of School	Location of School	Dates Attended (From/To)	Specify Degree or Certificate Earned

2) Do you have a valid driver's license?

Yes  No

**Note: A valid driver's license is required for positions where vehicle or equipment operation is an essential job duty**

List all valid driver's licenses', flagger certifications, or other government issued licenses' you currently have

State	License Number	Date Issued/ Date of Expiration	Type

Driving Experience:

---

**Special Skills/Qualifications:**

3) List any special skills or qualifications you may possess.

---



---



---



---

**Machinery/Equipment Operating Skills:**

4) List any specialized machinery or equipment that you can operate. Please include any certification dates of formal training received.

---



---



---



---

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Approx. # of Miles	Date From - Date To

**Accident Record for the Past (3) Years or More:**

Dates	Nature of the Accident (Head-on, Rear-End, Upset, Etc.)	Number of Injuries	Number of Fatalities

**Traffic Convictions or Suspensions for the Past (3) Years or More:**

Dates	Violation/Charge	State/Location	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 you answered YES to either of these questions, please explain in detail below.

---



---



---



---



---



---



---



---



---



---



---



**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.

You 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 hereby 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 arriving 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