



APPLICATION FOR EMPLOYMENT

This company is an equal opportunity employer and will not discriminate on the basis of race, creed, religion, color, national origin, ancestry, age, sex, sexual orientation, marital status, atypical heredity, disability, (including AIDS and HIV infection) and liability for service in the United States armed forces or any other legally protected status. Tracey Road Equipment, Inc. will make a reasonable accommodation to known physical or mental limitations of a qualified applicant or employee with a disability unless the accommodation would impose an undue hardship on the operation of its business.

APPLICANT'S STATEMENT

I understand that this application will be given every consideration, but is not a promise of employment. I understand that in the event of my employment to a position within this company, I will comply with all rules and regulations of this company. I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at any time, with or without notice, and the Company has the same right. No one other than the President of the Company has authority to modify this relationship or to make any agreement to the contrary. Any such modification or agreement must be in writing. It is also understood that if I am hired, I will be coming to work at my own will and can be terminated at the Company's will.

I understand that the Company reserves the right to require me to submit to a test for the presence of drugs or alcohol in my system prior to employment and at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent upon the passing of a physical examination and a test for the presence of drugs or alcohol in my system, performed by a doctor selected by the Company. Further, I understand that at any time after I am hired, the Company may require me to submit to a physical examination and a drug/alcohol test, to the extent permitted by law. I consent to the disclosure of the results of the physical examinations and related tests to the Company. I also understand that I may be required to take other tests, such as personality and honesty tests, prior to employment and during my employment.

I authorize an investigation of all statements contained in this application for employment. I understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company any information pertinent to my employment with them. I release from all liability and responsibility all persons and entities requesting or supplying information about any information provided on this application, including my present employer.

I hereby state that all of the information that I provide on this application and in any interview is true and accurate. I understand that any misstatement, omission or misleading information given in my application or interview or in connection with other Company records may result in the rejection of my application, the withdrawal of any offer of employment or my dismissal from employment.

BY SIGNING BELOW YOU ACKNOWLEDGE THAT YOU HAVE READ AND AGREE WITH THE ABOVE STATEMENT

Sign Here  _____

Date _____



PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE
<input type="text"/>	<input type="text"/>	<input type="text"/>
CURRENT STREET ADDRESS	CITY	STATE
<input type="text"/>	<input type="text"/>	<input type="text"/>
FORMER STREET ADDRESS	CITY	STATE
<input type="text"/>	<input type="text"/>	<input type="text"/>
SOCIAL SECURITY NUMBER	EMAIL ADDRESS	PHONE NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>
		MOBILE NUMBER
		<input type="text"/>
PREFERRED METHOD OF CONTACT	<input type="checkbox"/> EMAIL <input type="checkbox"/> PHONE <input type="checkbox"/> MOBILE	BEST TIME TO CONTACT
		<input type="text"/>

IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING QUESTIONS, YOU MUST COMPLETE THE I-9 FORM REQUIRED BY THE U.S. IMMIGRATION AND NATURALIZATION SERVICE NO LATER THAN THREE (3) BUSINESS DAYS AFTER YOUR DATE OF HIRE

ARE YOU EITHER 18 YEARS OF AGE OR IN POSSESSION OF A WORK PERMIT? YES NO

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN WHO IS AUTHORIZED TO WORK IN THE U.S.? YES NO

EMPLOYMENT DESIRED

POSITION WHICH YOU ARE APPLYING FOR: DATE OF AVAILABILITY:

FULL TIME PART TIME TEMPORARY

ARE YOU AVAILABLE TO WORK OVERTIME? YES NO

ARE YOU CURRENTLY EMPLOYED? YES NO

MAY WE CONTACT YOUR CURRENT EMPLOYER? YES NO

IF YES, EMPLOYER NAME EMPLOYER PHONE

RATE OF PAY DESIRED (CHECK BOX AND ENTER AMOUNT)?

SALARY HOURLY

DO YOU HAVE RELIABLE MEANS OF TRANSPORTATION TO TRAVEL TO AND FROM WORK WHICH WILL ALLOW YOU TO CONSISTENTLY ARRIVE AT WORK ON TIME? YES NO

IF A DRIVER'S LICENSE IS REQUIRED FOR THE POSITION FOR WHICH YOU ARE APPLYING, DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO

ENTER CLASS OF LICENSE

A FULL JOB DESCRIPTION IS AVAILABLE FOR THE POSITION WHICH YOU HAVE LISTED ABOVE. PLEASE OBTAIN THIS FROM THE DEPARTMENT SUPERVISOR AND COMPLETE THE REMAINDER OF THIS APPLICATION PRIOR TO ANSWERING THE FOLLOWING

ARE YOU CAPABLE OF SATISFACTORILY PERFORMING THE ESSENTIAL JOB DUTIES AND FUNCTIONS REQUIRED OF THE POSITION FOR WHICH YOU ARE APPLYING? YES NO



BACKGROUND INFORMATION

HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH THIS COMPANY? YES NO IF YES, WHEN?

HAVE YOU EVER BEEN EMPLOYED BY THIS COMPANY? YES NO IF YES, WHEN?

WHERE? WHAT POSITION(S)?

PLEASE DESCRIBE:

HOW DID YOU HEAR ABOUT US? WALK-IN AD REFERRAL SOCIAL MEDIA ONLINE
 CAREER FAIR TRADE SHOW OTHER

PLEASE EXPAND ON HOW YOU HEARD ABOUT THIS OPPORTUNITY WITH OUR COMPANY BELOW:

HAVE YOU EVER BEEN TERMINATED OR ASKED TO RESIGN FROM ANY JOB? YES NO

IF YES, EXPLAIN THE CIRCUMSTANCES:

EDUCATION (PLEASE FILL OUT COMPLETELY DO NOT WRITE 'SEE RESUME', WRITE N/A IF NOT APPLICABLE)

ELEMENTARY SCHOOL: ATTENDED FROM: TO:

COMPLETED/GRADUATED? YES NO IF NO, ENTER # OF YEARS COMPLETED:

COURSE OF STUDY/MAJOR: DESCRIBE SPECIALIZED TRAINING, EXPERIENCE AND/OR SKILLS:

HIGH SCHOOL: ATTENDED FROM: TO:

COMPLETED/GRADUATED? YES NO IF NO, ENTER # OF YEARS COMPLETED:

COURSE OF STUDY/MAJOR: DESCRIBE SPECIALIZED TRAINING, EXPERIENCE AND/OR SKILLS:

COLLEGE/UNIVERSITY: ATTENDED FROM: TO:

COMPLETED/GRADUATED? YES NO IF NO, ENTER # OF YEARS COMPLETED:

COURSE OF STUDY/MAJOR: DESCRIBE SPECIALIZED TRAINING, EXPERIENCE AND/OR SKILLS:



GRADUATE/PROFESSIONAL: ATTENDED FROM: TO:

COMPLETED/GRADUATED? YES NO IF NO, ENTER # OF YEARS COMPLETED:

COURSE OF STUDY/MAJOR: DESCRIBE SPECIALIZED TRAINING, EXPERIENCE AND/OR SKILLS:

TRADE/CORRESPONDENCE: ATTENDED FROM: TO:

COMPLETED/GRADUATED? YES NO IF NO, ENTER # OF YEARS COMPLETED:

COURSE OF STUDY/MAJOR: DESCRIBE SPECIALIZED TRAINING, EXPERIENCE AND/OR SKILLS:

OTHER SCHOOL: ATTENDED FROM: TO:

COMPLETED/GRADUATED? YES NO IF NO, ENTER # OF YEARS COMPLETED:

COURSE OF STUDY/MAJOR: DESCRIBE SPECIALIZED TRAINING, EXPERIENCE AND/OR SKILLS:

PLEASE LIST ANY TECHNICAL OR SPECIAL CERTIFICATES, LICENSES, APPRENTICESHIPS, HONORS, AWARDS FOR ACHIEVEMENT OR PATENTS WHICH YOU WOULD LIKE US TO CONSIDER IN EVALUATING YOUR APPLICATION FOR THE POSITION SOUGHT (YOU ARE NOT REQUIRED TO LIST ANY INFORMATION, WHICH MAY TEND TO REVEAL A PROTECTED CHARACTERISTIC AS SET FORTH IN THE EEO STATEMENT ON PAGE 1):

REFERENCES (PLEASE LIST 3 PERSONS WHO KNOW YOU WELL, EXCLUDE PREVIOUS EMPLOYERS OR RELATIVES)

NAME #1	YEARS KNOWN	PHONE NUMBER	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
ADDRESS	CITY	STATE	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NAME #2	YEARS KNOWN	PHONE NUMBER	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
ADDRESS	CITY	STATE	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NAME #3	YEARS KNOWN	PHONE NUMBER	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
ADDRESS	CITY	STATE	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



FORMER EMPLOYERS (PLEASE FILL OUT COMPLETELY, DO NOT WRITE 'SEE RESUME')

LIST BELOW YOUR WORK EXPERIENCE, STARTING WITH YOUR PRESENT OR MOST RECENT EMPLOYER, FOR THE LAST FIVE YEARS OR YOUR LAST FOUR (4) EMPLOYERS (WHICHEVER WILL PROVIDE US WITH THE MOST INFORMATION ABOUT YOU). PLEASE ACCOUNT FOR ALL PERIODS OF UNEMPLOYMENT OR GAPS IN YOUR EMPLOYMENT HISTORY.

EMPLOYER NAME: EMPLOYED FROM: TO:
 ADDRESS: CITY: STATE: ZIP:
 PHONE: STARTING PAY: ENDING PAY: SUPERVISOR:
 TITLE/POSITION: REASON FOR LEAVING:

EMPLOYER NAME: EMPLOYED FROM: TO:
 ADDRESS: CITY: STATE: ZIP:
 PHONE: STARTING PAY: ENDING PAY: SUPERVISOR:
 TITLE/POSITION: REASON FOR LEAVING:

EMPLOYER NAME: EMPLOYED FROM: TO:
 ADDRESS: CITY: STATE: ZIP:
 PHONE: STARTING PAY: ENDING PAY: SUPERVISOR:
 TITLE/POSITION: REASON FOR LEAVING:

EMPLOYER NAME: EMPLOYED FROM: TO:
 ADDRESS: CITY: STATE: ZIP:
 PHONE: STARTING PAY: ENDING PAY: SUPERVISOR:
 TITLE/POSITION: REASON FOR LEAVING:

PLEASE LIST ANY OTHER JOB RELATED EXPERIENCE, SKILLS, OR ACTIVITIES (INCLUDING UNITED STATES MILITARY SERVICE EXPERIENCE) NOT DESCRIBED ABOVE WHICH YOU WOULD LIKE US TO CONSIDER IN EVALUATING YOUR QUALIFICATIONS FOR THE POSITION SOUGHT (YOU ARE NOT REQUIRED TO LIST ANY INFORMATION WHICH MAY TEND TO REVEAL A PROTECTED CHARACTERISTIC AS SET FORTH IN THE EEO STATEMENT ON PAGE 1)



ADDITIONAL INFORMATION

PLEASE INDICATE EXPERIENCE YOU HAVE IN ANY OF THE FOLLOWING POSITIONS (CHECK ALL WHICH APPLY):

OFFICE:

- Office Manager
- Bookkeeper
- Accounts Receivable
- Accounts Payable
- Payroll Clerk
- Tag/Title Clerk
- Warranty Clerk
- Data Entry
- Cashier

SALES/SERVICE/LEASING:

- Sales Manager
- Sales Person (Equipment)
- Sales Person (Leasing)
- Sales Person (Truck)
- F&I Manager
- Leasing Manager
- Fleet Manager
- Truck Manager
- Used Truck & Equip. Manager
- Rental Manager

SERVICE & REPAIR:

- Service Manager
- Service Writer/Advisor
- Dispatcher
- Shop Foreman
- Mechanic/Technician
- Electrician
- Helper
- Painter
- Body Repair
- Get Ready
- Yard Person
- Steam Cleaner

PARTS:

- Parts Manager
- Parts Counter
- Parts Stocker
- Parts Driver
- Parts Salesman
- Shipping/Receiving
- Warehouse
- Expeditor
- Operations Manager
- Inventory Control

COMPUTER SKILLS (CHECK EACH THAT APPLY. INCLUDE SOFTWARE TITLES OR OTHER LIKE PROGRAMS AND YEARS OF EXPERIENCE):

<input type="checkbox"/> Word	YEARS EXP.:	<input type="text"/>	TITLES/OTHER:	<input type="text"/>
<input type="checkbox"/> Excel	YEARS EXP.:	<input type="text"/>	TITLES/OTHER:	<input type="text"/>
<input type="checkbox"/> Powepoint	YEARS EXP.:	<input type="text"/>	TITLES/OTHER:	<input type="text"/>
<input type="checkbox"/> Database	YEARS EXP.:	<input type="text"/>	TITLES/OTHER:	<input type="text"/>
<input type="checkbox"/> Email	YEARS EXP.:	<input type="text"/>	TITLES/OTHER:	<input type="text"/>
<input type="checkbox"/> Internet	YEARS EXP.:	<input type="text"/>	TITLES/OTHER:	<input type="text"/>
<input type="checkbox"/> Programming	YEARS EXP.:	<input type="text"/>	TITLES/OTHER:	<input type="text"/>
<input type="checkbox"/> Other	YEARS EXP.:	<input type="text"/>	TITLES/OTHER:	<input type="text"/>

IF THERE IS ANYTHING ELSE YOU WOULD LIKE US TO CONSIDER WITH THIS APPLICATION PLEASE ENTER HERE AND EXPLAIN:

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF ONE (1) YEAR OR 365 DAYS FROM ITS SUBMISSION. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME YOU MUST REAPPLY.

PLEASE PRINT AND RETAIN A COPY OF YOUR COMPLETED APPLICATION FOR YOUR RECORDS. IF YOU ARE NOT SUBMITTING THIS APPLICATION ONLINE, COMPLETE AND FAX BACK TO (315) 437-6385; OR MAIL TO: TRACEY ROAD EQUIPMENT, INC – 6803 MANLIUS CTR. RD. – E. SYRACUSE, NY 13057

Received by:

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 1 of 2

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.¹ 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?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

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

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 2 of 2

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.

ⁱ 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.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

Applicant Pre-Offer Invitation to Self-Identify

Tracey Road Equipment, Inc. ("TRE") is a Government contractor subject to Executive Order 11246, which requires Government contractors to ensure equal employment opportunity for all persons, without regard to race, color, religion, sex, sexual orientation, gender identity or national origin, and the Vietnam Era Veterans' Readjustment Assistance Act of 1974 ("VEVRAA"), as amended by the Jobs for Veterans Act of 2002, which prohibits discrimination against protected veterans and requires Government contractors to take affirmative action to employ and advance in employment qualified disabled veterans, recently separated veterans, active duty wartime or campaign badge veterans, and Armed Forces service medal veterans.

As part of TRE's affirmative action efforts, we request your cooperation in completing this voluntary identification form which allows us to comply with government requirements for record keeping and periodic reporting of this data. The information you provide will be treated confidential and will be used only in accordance with government reporting requirements. Failure to provide the information requested will not subject you to adverse consideration for the position for which you have applied.

NAME: _____

POSITION APPLIED FOR: _____

Gender: Male Female

(Definitions for Ethnicity/Race on page 2)

Are you Hispanic or Latino? Yes No

Race (Select all that apply):

- | | |
|--|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> White |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Two or More Races |

Veteran Status (categories and definitions for protected veterans on page 2)

If you believe you belong to any of these categories of protected veterans please indicate by checking the appropriate box below.

- I identify as one or more of the classifications of protected veterans listed on page 2
 I am not a protected veteran I choose not to self-identify as a protected veteran

Applicant Pre-Offer Invitation to Self-Identify

ETHNICITY/RACE

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

American Indian or Alaska Native - A person having origins in any of the original peoples of North or South American (including Central America), and who maintains a tribal affiliation or community attachment.

Black or African American - A person having origins in any of the Black racial groups of Africa.

Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian - 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.

White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Two or More Races - A person who identifies with more than one of the above five races.

PROTECTED VETERANS

Disabled Veteran refers to a veteran of the U.S. military, ground, naval, or air services who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under the laws administered by the Secretary of Veterans Affairs or who was discharged or released from active duty because of a service-connected disability.

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.

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.

Armed Forces service medal veteran refers to 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.