



DRIVER'S APPLICATION FOR EMPLOYMENT

202 N Railroad Street
Annville, PA 17003
Phone: 717-867-4641
Fax: 717-867-3999

Applicant Name _____ Date of Application _____

Company _____

Address _____

City _____ State _____ Zip _____

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of 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 extended.)

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.

In the event of employment, I understand that false or misleading information 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 Company.

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 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.

Signature _____ Date _____

FOR COMPANY USE

PROCESS RECORD

Applicant Hired _____ Rejected _____

Date Employed _____ Department _____

Signature of Interviewing Officer _____

TERMINATION OF EMPLOYMENT

Date Terminated _____ Dismissed _____ Voluntary _____ Other _____

Supervisor Signature _____ Date _____

APPLICANT TO COMPLETE

(answer all questions – please print)

Position(s) Applied for _____

Name (Last, First, MI) _____ Social Security No. _____

List your addresses of residency for the past 3 years.

Current Address _____

Phone No. _____ How Long? (year(s)/month(s)) _____

Previous Address (1) _____ How Long? _____

Previous Address (2) _____ How Long? _____

Previous Address (3) _____ How Long? _____

Do you have the legal right to work in the United States? _____

Date of Birth ____/____/____ Can you provide proof of age? _____

Have you worked for this Company before? _____ Dates: From _____ To _____

Reason for Leaving _____

Rate of Pay _____ Position Previous Held _____

Are you now employed? _____ If not, how long since leaving last employment _____

Were you referred? If so, by whom? _____ Expected rate of pay _____

Have you ever been convicted of a felony? _____

If yes, please explain. If more space is needed, please use a separate sheet of paper. Conviction of a crime is not an automatic bar to employment. All circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)? _____

If yes, explain if you wish. _____

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state, and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

Previous Employer Name _____ Address _____ City _____ State _____ Zip _____ Contact Person _____ Phone _____ 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 any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates of Employment From ___/___/___ To ___/___/___ Position _____ Wage _____ Reason for Leaving _____
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* Includes vehicles having a GVWR of lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), 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 more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD For past 3 years of more (Attach sheet if more space is needed) If none, write None.

	Date	Nature of Accident (Head-on, rear-end, upset, etc)	Fatalities	Injuries	Hazardous Material Spill
Last Accident					
Next Previous					
Next Previous					

TRAFFIC VIOLATIONS and forfeitures for the past 3 years (other than parking violations). If none, write None.

Location	Date	Charge	Penalty

EXPERIENCE AND QUALIFICATIONS – DRIVER

List all driver licenses or permits held in the past 3 years.

State	License No	Type	Expiration Date

- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? _____
 - B. Has any license, permit, or privilege ever been suspended or revoked? _____
- If the answer to either A or B is yes, please provide details
- _____

DRIVING EXPERIENCE

Class of Equipment (circle yes or no)	Circle type of equipment	From (Mo/Yr)	TO (Mo/Yr)	Approx. No. of Miles (Total)
Straight Truck Yes / No	(Van, Tank, Flat, Dump, Refer)			
Tractor/Semi Yes / No	(Van, Tank, Flat, Dump, Refer)			
Tractor-2 Trailers Yes / No	(Van, Tank, Flat, Dump, Refer)			
Tractor-3 Trailers Yes / No	(Van, Tank, Flat, Dump, Refer)			
8+ Pass School Bus Yes / No	-----			
15+ Pass School Bus Yes / No	-----			
Other _____				

List States operated in for last 5 years _____

Show Special Courses or Training that will help you as a Driver _____

Which, if any, safe driving awards do you hold and from whom? _____

EXPERIENCE AND QUALIFICATIONS – OTHER

Show any trucking other experience that may help in your work for this Company _____

List Courses and Training other than shown elsewhere in this application _____

List Special Equipment you can work with (other than those already shown) _____

EDUCATION

Highest Grade Completed _____ Last School Attended _____

TO BE READ AND SIGNED BY APPLICANT

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

Signature _____ Date _____