



865 State Rte. 210 Shelocta, PA 15774

Application for Employment

Applicant Name:	_____	Date of Application:	_____
Position Applied For:	_____	Phone Number:	_____
Address:	_____		
City:	_____	State:	_____
Email:	_____	Zip:	_____

In compliance with Federal and State equal employment opportunities laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, nonjob 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 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 39123(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: _____

APPLICANT TO COMPLETE (answer all questions - please print)

Previous
Address (3 yrs.)

City

State

Zip

How Long?

**APPLICANT TO COMPLETE
(answer all questions - please print)**

Do you have the legal right to work in the United States? Yes No

Date of Birth: _____ SSN: _____

Have you worked for this company before? Yes No

Are you currently employed? Yes No If not, how long since leaving last employment? _____

How did you hear about the position? _____ Rate of pay expected? _____

Do you have any prior convictions? Yes No

If yes, please explain fully on 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 for? Yes No

If yes, please explain.

EMPLOYMENT HISTORY

All applicants must provide the following information on all employers during the preceding three years. List complete mailing address, street number, city, state and zip code.

Applicants applying 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.)

Employer:	Dates:
Address:	Position Held:
City, State, Zip:	Salary/Wage:
Contact Person:	Phone Number:
Were you subject to the FMCRs^ while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving:
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	

Employer:	Dates:
Address:	Position Held:
City, State, Zip:	Salary/Wage:
Contact Person:	Phone Number:
Were you subject to the FMCRs^ while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving:
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	

EMPLOYMENT HISTORY (continued)

Employer:	Dates:
Address:	Position Held:
City, State, Zip:	Salary/Wage:
Contact Person:	Phone Number:
Were you subject to the FMCRs[^] while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving:
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	

Employer:	Dates:
Address:	Position Held:
City, State, Zip:	Salary/Wage:
Contact Person:	Phone Number:
Were you subject to the FMCRs[^] while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving:
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	

Employer:	Dates:
Address:	Position Held:
City, State, Zip:	Salary/Wage:
Contact Person:	Phone Number:
Were you subject to the FMCRs[^] while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving:
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	

[^]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 10,000 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 5 years or more (attach sheet if more space is required). If none, write **none**.

Nature of Accident

	Dates	(Head-on, Rear-end, Upset, etc.)	Fatalities	Injuries	Hazardous Material Spill
Last Accident	_____				
Next Previous	_____				
Next Previous	_____				

TRAFFIC CONVICTIONS

and forfeitures for the past 5 years (other than parking violations). If none, write **none**.

Location	Date	Charge	Penalty

(Attach separate sheet if more space is required)

EXPERIENCE AND QUALIFICATIONS

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

State	License Number	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, GIVE DETAILS.

FOR DRIVING CANDIDATES ONLY:

DRIVING EXPERIENCE *(check yes or no)*

Class of Equipment	Equipment Type	DATES		APPROX. NO. OF MILES (total)
		From	To	
Straight Truck	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Tractor and Semi-Trailer	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Tractor – Two Trailers	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Tractor – Three Trailers	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Heavy Haul/Oversized Loads	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other				
List states operated in for the last five years:				

EXPERIENCE AND QUALIFICATIONS - OTHER

Show any trucking, transportation, or other experience that may help in your work for this company.

List courses and training other than shown elsewhere in the application.

List special equipment you can work with other than shown elsewhere in the application.

EDUCATION

Last school attended:

City, State:

Highest grade completed:

Diploma or GED:

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: