

Application for Employment

APPLICANT: This application must be filled out in ink and *in your own handwriting*.

Name _____ Phone _____ Social Security No. _____
(First) (Middle) (Maiden Name, If Any) (Last)

Address _____ How Long? _____
(Street) (City) (State & Zip Code)

Address _____ How Long? _____
For (Street) (City) (State & Zip Code)

Three Years _____ How Long? _____
(Street) (City) (State & Zip Code)

If necessary, best time to call you at home is _____

May we contact you at work? _____ YES NO

If yes, work number and best time to call _____ (area code) _____ Time _____

If you are under 18, can you furnish a work permit? _____ YES NO

Have you filed an application here before? _____ YES NO

If yes, give date _____/_____/_____

Are you legally eligible for employment in this country? _____ YES NO
(Proof of U.S. citizenship or immigration status will be required upon employment.)

Date available for work _____/_____/_____

Type of employment desired: Full Time Part-Time Temporary Seasonal Educational Co-Op

Are you on a lay-off and subject to recall? _____ YES NO

Will you relocate if job requires it? _____ YES NO Will you travel if job requires? _____ YES NO

Will you work overtime if required? _____ YES NO

If required by the employer, will you undergo pre-employment physical? _____ YES NO

Driver's license number _____ State _____

Have you ever been bonded? _____ Name of bonding company _____

Have you ever been convicted of a felony? _____
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.

Position Applied For _____

Have You Worked For This Company Before? _____ Where? _____

Dates: From _____ to _____ Rate of Pay _____ Position _____

Reason For Leaving _____

Referral Source Advertisement Employee Relative Government Employment Agency

Walk-in Private Employment Agency Other _____ Name of Source _____

Whom In This Company Do You Know? _____

GENERAL (Optional)

Color Hair _____ Color Eyes _____ Ht. _____ Wt. _____ Date of Birth _____

Check One: Single _____ Engaged _____ Married _____ Separated _____ Divorced _____ Widowed _____

No. Of Dependents _____ Ages Of Dependents _____

Do You Own Home Or Rent? _____ Average Monthly Living Expenses _____

Is Your Spouse Working? _____ Where? _____

— AN EQUAL OPPORTUNITY EMPLOYER —

IN CASE OF EMERGENCY NOTIFY: _____ Phone: () _____

Address _____

PAST 10 YEARS EMPLOYMENT
(Attach Sheet If More Space Is Needed)

Last Employer: Name _____
 Address _____
 Position Held _____ From _____ To _____
 Reason For Leaving _____

Second Last Employer: Name _____
 Address _____
 Position Held _____ From _____ To _____
 Reason For Leaving _____

Third Last Employer: Name _____
 Address _____
 Position Held _____ From _____ To _____
 Reason For Leaving _____

MILITARY STATUS

Have You Served In The U.S. Armed Forces? _____ Branch _____ Dates: From _____ To _____
 Rank At Discharge _____ Date of Discharge _____
 (In New Jersey Do Not Fill In This Line Unless Hired) Draft Status _____ Reserve Status _____

EDUCATION

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

LAST SCHOOL ATTENDED _____ (Name) _____ (City)

LIST BELOW THREE OR MORE CHARACTER REFERENCES, NOT RELATIVES OR EMPLOYERS

Name of Reference	Street Address	City or Town	State	Type of Business	Phone No.

EXPERIENCE AND QUALIFICATIONS — DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	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, Attach Statement Giving Details

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, Etc.)	FROM	DATES	TO	APPROX. NO. OF MILES (TOTAL)
Straight Truck					
Tractor and Semi-Trailer					
Tractor—Two Trailers					
Other					

Are You Familiar With DOT Motor Carrier Safety Regulations? YES NO

List States Operated In For Last Five Years _____

Show Special Courses Or Training You Have Taken That Will Help You As A Driver: _____

Which Safe Driving Awards Do You Hold And From Whom? _____

Complete Accident Record Which Is To Include Private And Commercial Vehicles.

DATES	NATURE OF ACCIDENT (Head-On, Rear-End, Upset, Etc.)	FATALITIES	INJURIES
Last Accident			
Next Previous			
Next Previous			

Traffic Convictions And Forfeitures For The Past 10 Years (Other Than Parking Violations)

LOCATION	DATE	CHARGE	PENALTY

(Attach Sheet If More Space Is Needed)

EXPERIENCE AND QUALIFICATIONS — PLATFORM

List Types of Platform Experience And Years Of Each _____

List Platform Equipment You Can Operate (Lift Truck, Etc.) _____

Show Courses Or Training In Platform Work _____

EXPERIENCE AND QUALIFICATIONS — MAINTENANCE

List Types Of Maintenance Experience And Years Of Each _____

SHOW EQUIPMENT YOU CAN OPERATE	CHECK	YEARS OF EXPERIENCE	EQUIPMENT	CHECK	YEARS OF EXPERIENCE
Woodworking Equipment			Electric Welder		
Sheet Metal Equipment			Oxyacetylene Welder		
Clutch Rebuilding			Paint Spray Gun		
Differential Rebuilding			Wheel & Tire Balancing Machine		
Transmission Rebuilding			Tire Recapping Mold		
Body Work			Engine Dynamometer		
Frame & Axle Straightening Equipment			Chassis Dynamometer		
Electrical & Ignition Repair			Magnetic Crack Tester		
Engine Rebuilding Equipment			Vacuum & Air Brakes		
Diesel Injection Equipment			Other:		

List Courses And Training In Maintenance Work _____

EXPERIENCE AND QUALIFICATIONS — CLERICAL

Indicate Training And Show Experience In The Following:

	TRAINING (Check)	YEARS OF EXPERIENCE		TRAINING (Check)	YEARS OF EXPERIENCE
Typing*			Rates **		
Shorthand*			OS & D		
Billing			Interline		
TWX			Claims		
PBX			Cashier		
Key Punch Operator			Accounting		
Calculator			Dispatcher		
Dictating Machine Transcriber			Gate Inspector		
Personal Computer			Other:		
*INDICATE WORDS PER MINUTE			**Indicate tariffs with which you have worked		

List Courses And Training For Office Work: _____

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 This Application _____

List Special Equipment Or Technical Materials You Can Work With (Other Than Those Already Shown) _____

TO BE READ AND SIGNED BY APPLICANT

Answer ALL applicable questions on this application. Incomplete applications will be discarded.

"I understand that any incorrect, incomplete, or false statement or information furnished by me will subject me to discharge. In the event that I am employed by the Named Employer, I agree to comply with all of its orders, rules and regulations. I hereby authorize my former employers to give any information regarding my employment with them, and, in addition, to furnish any other information they may have concerning me. I agree that I will live within a 25 mile radius of my domicile station while employed as a Road Driver. Failure to maintain this agreement will result in termination of my employment. I agree at any time to be finger printed and also agree to take a physical examination at a company doctor any time when requested by the company. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job.

It is agreed and understood that any misrepresentations of information given above shall be considered an act of dishonesty.

It is agreed and understood that the employer or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.

The applicant agrees to furnish such additional information and complete such examinations as may be required to complete his employment file.

It is agreed and understood that this application for employment in no way obligates the employer to employ the applicant.

Employment at will: I understand and agree that my employment may be terminated at any time for any reason, by me or the company. I understand that only the President and Chief Executive Officer of the named Employer has any authority to enter into any agreement for employment or any kind of employment contract which is contrary to the previous statement. I recognize that any such contract must be in writing and signed by the President and/or Chief Executive Officer in order to be enforceable against the company.

"Public Law 91-506 requires that we advise you that a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to nature and scope of the report, if one is made, will be provided."

I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation as required by 391-23 of the Motor Carrier Safety Regulation.

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.

_____ Date _____ Applicant's Signature _____

PROCESS RECORD

Applicant Approved _____ Location _____
For Further Investigation _____ Employed _____
Department _____ Classification _____

Previous Employers Contacted Either By Phone Or Letter

NAME OF EMPLOYER OR OTHER REFERENCE	PERSON CONTACTED	BY PHONE		BY LETTER		ANSWER RECEIVED BY PERSONNEL	
		GOOD	BAD	GOOD	BAD	GOOD	BAD REMARKS
1.							
2.							
3.							