

Driver's Application For Employment

Applicant Name _____
(Print)

Date of Application ____ / ____ / ____

Company: **Shawnee Trucking Co. Inc.**
Address: 213 Washington Avenue
Carlstadt, NJ 07072

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, martial 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 I and after a conditional offer of employment has been extended.) 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 provided regarding current and/or previous employers ma 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.

Applicant Signature _____

Date _____

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED ____ / ____ / ____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____
(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACE IN FILE)

SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED ____ / ____ / ____ DEPARTMENT RELEASED FORM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

APPLICANT TO COMPLETE

(Must answer all questions – please print clearly)

Position Applied for _____ Social Security No. _____ - _____ - _____

Last Name _____ First Name _____ Middle Initial _____

List your addresses of residency for the past three (3) years, starting with your current.

Address _____ City _____ State _____ Zip _____

From ____ / ____ / ____ Phone (____) _____ - _____

Previous Addresses

	Address	City	State	Zip	From	To
1						
2						
3						
4						

Do you have the legal right to work in the United States? _____ Can you read and write English? _____

Date of Birth ____ / ____ / ____ Can you provide proof of age? _____
(Required for Commercial Drivers)

Have you worked for this company before? _____ If yes, Dates; From ____ / ____ / ____ To ____ / ____ / ____

Rate of pay _____ Position _____ Reason for leaving _____

Are you now employed? _____ If not, last day worked? ____ / ____ / ____

How did you learn of position available? _____

Have you ever been convicted of a felony? _____ If yes, please explain fully on a separated sheet of paper.

Is there any reason you might be unable to perform the functions of the job for which you have applied? _____

If yes, explain if you wish _____

List the names and relationship of all friends and relatives employed presently or in the past with Shawnee Trucking.

Name	Relationship	Name	Relationship

Emergency Contact

In case of emergency give name and telephone of people you will like to be notify

Name	Relation	Home Phone	Cell Phone

Employment History

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

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

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

EMPLOYER					DATE			
Name					FROM MO.	YR	TO MO.	YR
Address					POSITION HELD			
City		State		Zip code	SALARY/WAGES			
Contact Person		Phone Number				REASON FOR LEAVING		
WERE YOUR 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								

EMPLOYER					DATE			
Name					FROM MO.	YR	TO MO.	YR
Address					POSITION HELD			
City		State		Zip code	SALARY/WAGES			
Contact Person		Phone Number				REASON FOR LEAVING		
WERE YOUR 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								

EMPLOYER					DATE			
Name					FROM MO.	YR	TO MO.	YR
Address					POSITION HELD			
City		State		Zip code	SALARY/WAGES			
Contact Person		Phone Number				REASON FOR LEAVING		
WERE YOUR 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								

EMPLOYER					DATE			
Name					FROM MO.	YR	TO MO.	YR
Address					POSITION HELD			
City		State		Zip code	SALARY/WAGES			
Contact Person		Phone Number				REASON FOR LEAVING		
WERE YOUR 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								

EMPLOYER					DATE			
Name					FROM MO.	YR	TO MO.	YR
Address					POSITION HELD			
City		State		Zip code	SALARY/WAGES			
Contact Person		Phone Number				REASON FOR LEAVING		
WERE YOUR 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								

ACCIDENT

*Include vehicle having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

**The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operation a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weights or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport nine (9) or more passengers, OR (3) is of any size and us used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE, IF NONE, WRITE NONE (Attach additional sheet if more space is needed)

DATE (Start with most recent)	NATURE OF ACCIDENT	TYPE OF VEHICLE	FATALITIES	INJURIES

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATION) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH ADDITIONAL SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS - DRIVER

LIST ALL DRIVER LICENSES OF PERMITS HELD IN THE PAST 3 YEARS

STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle? (Circle one) **Yes / No**

2. Has any license, permit or privilege ever been suspended or revoked? (circle one) **Yes / No**

IF THE ANSWER TO EITHER 1 OR 2 ABOVE IS YES, GIVE DETAILS _____

DRIVING EXPERIENCE

EQUIPMENT	Yes	No	Dates		Approximate number of MILES
			From	To	
Straight Truck					
Tractor and Semi-Trailer					
Other					

LIST STATES OPERATED IN FOR LAST FIVE YEARS: _____

EDUCATION

CIRCLE HIGHEST COMPLETED

GRADE SCHOOL: 1 2 3 4 5 6 7 8

HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

NAME OF LAST SCHOOL ATTENDED _____ CITY/STATE _____

**CERTIFICATION OF COMPLIANCE
WITH DRIVER LICENSE REQUIREMENTS**

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

1) POSSESS ONLY ONE LICENSE: You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.

If you have more than one license, keep the license from the state of your residence and return the additional licenses to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that no longer want to be licensed by that state.

2) NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION: Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local law (other than parking) you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (if the violation occurs in a state other than the one, which issued your license). The notification to both the employer and the state must be in writing.

The following license is the only one I possess:

Driver's license # _____ State ____ Exp. Date _____

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.

DRIVERS NAME (PRINTED) _____

Applicant Name: _____

THIS SECTION MUST BE COMPLETED BY ALL APPLICANTS IN YOUR OWN HANDWRITING.

In the space provided below, write one paragraph stating why you want to work for Shawnee Transportation.

AFFIRMATION & ACKNOWLEDGEMENT

I affirm that the answers to all the foregoing questions are true and correct and that any misrepresentation will preclude my employment or continued employment with Shawnee Transportation.

It is agreed and understood that the employer or his agents may investigate the information provided including, but not limited to motor vehicle records, credit reports,

Court records, etc... The applicant releases his/her employers and the persons herein from all liability for any claims or damage on account of furnishing such information.

The applicant agrees to furnish such additional information and complete such examinations as may be required to complete his/her application file. As a condition of employment, any applicant must submit to a drug/alcohol screening test and satisfactorily pass same.

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

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

DATE

APPLICANTS SIGNATURE