



205 W Tioga Street, Tunkhannock, PA 18657
570-836-7178

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer

- You Must:**
- Be at least 23 years of age
 - Have a minimum of 3 years driving experience (2 years acceptable if in a similar vehicle type, size and commodity)
 - Experience must be verifiable
 - No more than 2 moving violations in the past 3 years
 - No more than one preventable accident in the past 3 years
 - No DUI/DWI or any other violation involving drugs or alcohol with in the past 5 years
 - No felony convictions
 - Must complete a DOT physical and Drug Screen
 - Be able to perform the essential job functions of our CMV driver job description

NAME : _____
(FIRST) (MIDDLE) (LAST)

ADDRESS: _____ HOW LONG? _____
(STREET) (CITY) (STATE & ZIP CODE)

DATE OF BIRTH _____ SOCIAL SECURITY NO. XXX-XX-_____

PHONE _____ CELL _____ E-MAIL ADDRESS _____

PREVIOUS THREE YEARS RESIDENCY

(STREET) (CITY) (STATE & ZIP CODE) # YEARS _____

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

Have you ever been employed here before? Yes No

If Yes, when?: _____ Reason for Leaving: _____

During the past 7 years have you ever been convicted of, have pleaded guilty or no contest to a felony offense?

Yes No. If yes, Please explain: _____

List Highest Grade Completed: _____ School: _____
(Name, City, State)

Military Experience/Rank: _____
(Branch, Deployment, Dates)



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LICENSE INFORMATION (Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below)

STATE: _____ LICENSE NO. _____ EXPIRATION DATE: _____

Class: A B Endorsements: Tanker Haz. Mat

DRIVING EXPERIENCE

Class/Type of Truck	Commodities Hauled	Dates To - From	Approx. Miles Driven
TriAxel/Straight Trk			
Tractor/Trailer			
Dump Truck			
Flat Bed/Lowboy			
Bulk Liquid Tanker			

TOTAL CDL EXPERIENCE: _____ YRS.

ACCIDENT RECORD FOR PAST 5 YEARS

DATES	NATURE OF ACCIDENT	# INJURIES	# FATALITIES	CITATION ISSUED YES/NO

TRAFFIC CONVICTIONS FOR THE PAST 3 YEARS

DATE	VIOLATION	STATE	PENALTY

Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____ If yes, explain

Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____ If yes, explain

EMPLOYMENT RECORD(ATTACH SHEET IF MORE SPACE IS NEEDED) Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years



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prior to the initial three years **(TOTAL OF TEN YEARS EMPLOYMENT RECORD)**. Must list the complete mailing address: street number and name, city, state and zip code.

LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD: _____ FROM _____ TO _____

IF DRIVER, **LIST TYPE OF VEHICLE & GVWT** _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations? ___Yes ___No

Subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? ___Yes ___No

2ND EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD: _____ FROM _____ TO _____

IF DRIVER, **LIST TYPE OF VEHICLE & GVWT** _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations? ___Yes ___No

Subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? ___Yes ___No

3RD EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD: _____ FROM _____ TO _____

IF DRIVER, **LIST TYPE OF VEHICLE & GVWT** _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations? ___Yes ___No

Subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? ___Yes ___No

4TH EMPLOYER: NAME _____



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ADDRESS _____ PHONE _____

POSITION HELD: _____ FROM _____ TO _____

IF DRIVER, **LIST TYPE OF VEHICLE & GVWT** _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations? ___Yes ___No

Subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? ___Yes ___No

5TH EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD: _____ FROM _____ TO _____

IF DRIVER, **LIST TYPE OF VEHICLE & GVWT** _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations? ___Yes ___No

Subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? ___Yes ___No

TO BE READ AND SIGNED BY APPLICANT I authorize you to make sure investigations and inquiries to 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 current/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." : A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

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:

APPLICANT'S SIGNATURE

DATE