



419 W. High Street, Elizabethtown, PA 17022
Direct Dial 717/367-1525

CANDIDATE INFORMATION

Date _____ Social Security Number _____ Date of Birth (Required by the Dept of Trans, 49CFR 391.21) _____

Name Last _____ First _____ Middle _____

Street Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Business Phone _____ Cell Phone _____

Please list any other names you have used (for reference checking purposes)

Incase of an emergency call

Name _____ Phone _____

Please list any other addresses you have lived at during the past three years

Are you over the age of 18 years? _____ Yes _____ No
If under 18, do you have a work permit? _____ Yes _____ No
Are you legally authorized to work in the United States? _____ Yes _____ No
Can you provide required proof of eligibility to work? _____ Yes _____ No
Have you previously been employed by this company? _____ Yes _____ No

If Yes, from _____ to _____ In what position? _____

If you have relatives working for this company, please list them

Name _____ Relationship _____

Position/Type of work for which you are applying _____

Full Time _____ Part Time _____ Either _____ Regular _____ Temporary _____ Seasonal _____

Salary expected _____ When can you start _____

Have you ever been convicted of a felony? _____ Yes _____ No If so, please explain _____

Please list each state driver's license or permit number and expiration date of each commercial driver's license issued to you.

State	CDL/Permit #	Expiration Date
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State	CDL/Permit #	Expiration Date
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Please list the types of equipment (i.e. tractor, straight truck) and years of experience with the operation of each motor vehicle.

Type of Equipment	Years of Experience
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Type of Equipment	Years of Experience
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Type of Equipment	Years of Experience
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Please list all motor vehicle accidents in which you were involved during the past three years.

Date of Accident	Number of Injuries	Number of Fatalities
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Description of Accident

Did you receive a Citation? If so, please explain

Date of Accident	Number of Injuries	Number of Fatalities
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Description of Accident

Did you receive a Citation? If so, please explain

Please list all other violation of motor vehicle law or ordinances (other than parking) for which you were convicted or forfeited bond during the past three years.

Has your license, permit, or privilege to operate a motor vehicle ever been denied, revoked or suspended? Yes No

If so, please describe all the facts and circumstances.

EDUCATION and TRAINING

High School Name _____ City and State _____

Number of years completed _____ Did you graduate? _____ Major course of study _____

Trade or Business School _____ City and State _____ Major course of study _____

Number of years completed _____ From _____ To _____ Did you graduate? _____ Degree _____

College or University _____ City and State _____ Major course of study _____

Number of years completed _____ From _____ To _____ Did you graduate? _____ Degree _____

ADDITIONAL SKILLS / TRAINING / EXPERIENCE

Please indicate any additional training or experience you have.

Truck Repair _____ Body Work _____ Inspection _____ Air Conditioning _____
Trailer Repair _____ Electrical _____ Tire Service _____ Shipping / Receiving _____
Car Repair _____ Lift Truck _____ Safety _____ Loading / Unloading _____
Tank Repair _____ Brakes _____ Hazardous Materials _____

Please list specific certifications or training you have received.

Please list any additional job related skills or qualifications.

MILITARY SERVICE

Did you serve in the U.S. Armed Forces? _____ Yes _____ No If so, what branch? _____

Describe any military training received relevant to the position for which you are applying.

Are you currently serving in the Military Reserves? _____ Yes _____ No

PRIOR EMPLOYMENT

Company	Start Date	Ending Date		
Address	City	State	Phone Number	
Name of Supervisor	Reason for Leaving			
Starting Pay _____	Ending Pay _____	Full Time _____	Part Time _____	Temporary _____

Company	Start Date	Ending Date		
Address	City	State	Phone Number	
Name of Supervisor	Reason for Leaving			
Starting Pay _____	Ending Pay _____	Full Time _____	Part Time _____	Temporary _____

Company	Start Date	Ending Date		
Address	City	State	Phone Number	
Name of Supervisor	Reason for Leaving			
Starting Pay _____	Ending Pay _____	Full Time _____	Part Time _____	Temporary _____

ACKNOWLEDGMENTS

- All applicants – please read the following and address any questions to a Human Resource representative before signing.
- . I affirm that the information provided on this application or in connection with the processing of this application (and any resume or any other accompanying documents) is true and complete to the best of my knowledge. I understand that if employed, false statements, significant omissions, or misleading information regardless of when discovered, made on or in connection with my application and accompanying documents may result in dismissal.
 - . I authorize investigation of all statements contained in this application (and any resume or any other accompanying documents) as may be necessary in arriving at an employment decision.
 - . I understand that the applicant's prior employers may be contacted for the purpose of investigating the background as required by 49CFR 391.23.
 - . I authorize all personnel, schools, companies, corporations, credit bureaus and law enforcement agencies to supply any and all pertinent information and release the same from any liability resulting from providing such information.
 - . I understand that from time to time the company may be asked to submit/release certain information, including but not limited to, my employment of application for employment I release the company and its agents, from any liability resulting from submitting/releasing such information.
 - . I acknowledge that the company may request, as a condition of any offer of employment that is made or for continued employment, that I undergo a medical exam or drug testing, and I consent and agree to any such exam, if required now or in the future. I understand that when drug testing is required, a satisfactory result may be a condition of employment.
 - . I understand that federal law prohibits the employment of unauthorized aliens and requires satisfactory proof of employment authorization and identity. All persons hired must submit satisfactory proof of employment authorization and identity. Please have the necessary documents promptly available for inspection as required by law.
 - . If employed, I agree to abide by the rules and regulations of the company.
 - . I understand that if I am employed, my employment is for no fixed period and is at-will. I understand that I could be terminated at any time for any or no reason and I understand that I may quit at any time for any or no reason. This understanding cannot be altered by anyone unless it is in writing and signed by the president of the company.
 - . I understand that this application does not create an offer of employment.
 - . I understand that this company is an Equal Opportunity Employer.
 - . 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.
 - . I have read and understand the above notice, including the at-will basis of employment.

Signature of Applicant

Date