

APPLICATION FOR EMPLOYMENT



**2027 CLEARFIELD RD.
SHIPPENSBURG, PA 17257
(717) 530-5430**

NAME _____ PHONE # _____ CELL # _____
(FIRST) (MIDDLE) (LAST)

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

DATE OF BIRTH _____ SOCIAL SEC. NO. _____ EMAIL _____

ADDRESS FOR PAST THREE YEARS ADDRESS _____ HOW LONG? _____
(STREET) (CITY) (STATE & ZIP CODE)

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

EXPERIENCE AND QUALIFICATIONS-----DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIP.	FROM (DATE)	TO (DATE)	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR--TWO TRAILERS				
OTHER				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT	FATALITIES	INJURIES
LAST ACCIDENT _____			
NEXT PREVIOUS _____			
NEXT PREVIOUS _____			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

- 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

EMPLOYMENT RECORD (Attach sheet if more space is needed)

NOTE: DOT Requires that employment for at least 3 years and/or commercial driving experience for the past 10 years be shown

LAST EMPLOYER: NAME _____ Phone #: _____
 ADDRESS _____
 POSITION HELD _____ FROM _____ TO _____ SALARY _____
 REASONS FOR LEAVING _____

SECOND LAST EMPLOYER: NAME _____ Phone #: _____
 ADDRESS _____
 POSITION HELD _____ FROM _____ TO _____ SALARY _____
 REASONS FOR LEAVING _____

THIRD LAST EMPLOYER: NAME _____ Phone #: _____
 ADDRESS _____
 POSITION HELD _____ FROM _____ TO _____ SALARY _____
 REASONS FOR LEAVING _____

Other References: _____

LAST SCHOOL ATTENDED _____ CITY _____

NOTE HIGHEST GRADES COMPLETED: HIGH SCHOOL: _____ COLLEGE: _____

CHECK CLASS STANDING: TOP 10% 25% 50%

BOTTOM 50%

PREVIOUS EMPLOYMENT

WHAT DUTIES DID YOU MOST ENJOY _____

WHAT DUTIES DID YOU LEAST ENJOY _____

FUTURE EMPLOYMENT

DESCRIBE SPECIAL TRAINING YOU MAY HAVE RECEIVED THAT WOULD AID YOU IN THE POSITION YOU ARE APPLYING FOR.

WHAT GOALS DO YOU WANT TO MEET BY BEING EMPLOYED BY OUR COMPANY?

WHAT ARE YOUR PLANS FOR THE FUTURE?

ARE THERE ANY OTHER EXPERIENCES, SKILLS OR QUALIFICATIONS WHICH YOU FEEL WOULD ESPECIALLY FIT YOU FOR WORK WITH OUR COMPANY?

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.

Date

Applicant's Signature

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Regulations

I authorize D. L. Martin Trucking, LLC to run an MVR (Motor Vehicle Report) on my driving record.

Date

Applicant's Signature