



APPLICATION FOR EMPLOYMENT And PERSONNEL RECORD FOLDER

To Reorder Call (860) 520-4455

Applicant: Read and sign before submitting this application:

The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

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 Federal Motor Carrier Safety Regulations.

SIGNATURE OF APPLICANT _____ DATE _____

COMPANY _____ STREET ADDRESS _____

CITY, STATE AND ZIP CODE _____

NAME _____ PHONE _____ SOCIAL SEC. NO. _____

(First) (Middle) (Last)

ADDRESS _____ HOW LONG? _____
(Street) (City) (State & Zip Code)

LIST ADDRESSES FOR PAST THREE YEARS } _____ HOW LONG? _____
(Street) (City) (State & Zip Code)

(Street) (City) (State & Zip Code) HOW LONG? _____

(ATTACH SHEET IF MORE SPACE IS NEEDED)

DATE OF BIRTH _____ (ANSWER ONLY IF APPLYING FOR DRIVING POSITION)

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

POSITION APPLIED FOR _____

HAVE YOU WORKED FOR THIS COMPANY BEFORE? _____ WHERE? _____

DATES: FROM _____ TO _____ RATE OF PAY _____ POSITION _____

REASON FOR LEAVING _____

NAMES OF RELATIVES IN OUR EMPLOY _____

ARE YOU NOW EMPLOYED? _____ IF NOT, HOW LONG SINCE LEAVING LAST EMPLOYMENT? _____

WHO REFERRED YOU _____ RATE OF PAY EXPECTED _____

PHYSICAL HISTORY

PLEASE DESCRIBE ANY POSITIONS, JOBS OR DUTIES FOR WHICH YOU SHOULD NOT BE CONSIDERED BECAUSE OF PHYSICAL, MEDICAL OR MENTAL DISABILITIES. _____

DATE OF LAST DOT PHYSICAL EXAMINATION _____

HAVE YOU BEEN GRANTED A WAIVER UNDER SECTION 391.49 OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS PERTAINING TO THE LOSS OF FOOT, LEG, HAND OR ARM? (FOR DRIVERS ONLY) _____

EMPLOYMENT RECORD

**NOTE: D.O.T. Requires that Employment for at Least 3 Years be Shown
(Attach Sheet if More Space is Needed)**

LAST EMPLOYER: NAME _____ SUPERVISOR'S NAME _____
 ADDRESS _____
 POSITION HELD _____ FROM _____ TO _____ SALARY _____
 REASONS FOR LEAVING _____

SECOND LAST EMPLOYER: NAME _____ SUPERVISOR'S NAME _____
 ADDRESS _____
 POSITION HELD _____ FROM _____ TO _____ SALARY _____
 REASONS FOR LEAVING _____

THIRD LAST EMPLOYER: NAME _____ SUPERVISOR'S NAME _____
 ADDRESS _____
 POSITION HELD _____ FROM _____ TO _____ SALARY _____
 REASONS FOR LEAVING _____

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) (Address)

GENERAL

HAVE YOU EVER BEEN BONDED _____ NAME OF BONDING COMPANY _____
 (ANSWER ONLY IF A JOB REQUIREMENT)

HAVE YOU EVER BEEN CONVICTED OF A FELONY _____

HAVE YOU EVER WORKED FOR THIS COMPANY UNDER ANOTHER NAME _____

EXPERIENCE AND QUALIFICATIONS – DRIVER

DRIVER LICENSES (any held in past three years must be shown)	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 _____
- C. Have you ever been disqualified subject to section 391 of the Federal Motor Carrier Safety Regulations? YES _____ NO _____
- IF THE ANSWER TO EITHER A, B OR C IS YES, ATTACH STATEMENT GIVING DETAILS

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK _____				
TRACTOR AND SEMI-TRAILER _____				
TWIN-TRAILERS _____				
OTHER _____				

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

ACCIDENT REVIEW FOR PAST 3 YEARS (Attach sheet if more space is needed)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT _____			
NEXT PREVIOUS _____			

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

LOCATION	DATE	CHARGE	PENALTY

EXPERIENCE AND QUALIFICATIONS — MAINTENANCE

List courses and training in maintenance work _____

Indicate training and experience in the following:	Training (Check)	Years of Experience	Area	Training (Check)	Years of Experience
Drive Line Components			Body Work		
Diesel Engine Tune-up and Rebuild			Electrical Repair		
Gas Engine Tune-up and Rebuild			Frame and Wheel Alignment		
Tire Service			Brakes		
Trailer Repair			Cooling System		
Preventive Maintenance			Safety Line Checking		

Show equipment you can operate	Training (Check)	Years of Experience	Equipment	Training (Check)	Years of Experience
Woodworking Equipment			Wheel & Tire Balancing Mach.		
Sheet Metal Equipment			Tire Recapping Mold		
Frame & Axle Straightening E.			Engine Dynamometer		
Engine Rebuilding Equipment			Chassis Dynamometer		
Diesel Injection Equipment			Magnetic Crack Detector		
Electric Welder			Engine Analyzer		
Oxyacetylene Welder			Noise Measuring Equipment		
Paint Spray Gun			Smoke Measuring Equipment		

EXPERIENCE AND QUALIFICATIONS — CLERICAL

List courses and training in office work _____

Indicate training and experience in the following:	Training (Check)	Years of Experience		Training (Check)	Years of Experience
Typing*			Accounting		
Shorthand*			OS&D		
Billing			Interline		
TWX			Claims		
PBX			Cashier		
Key Punch Operator			Dispatcher		
Calculator			Tabulator		
Dictating Machine Transcriber			Mimeograph		
Bookkeeping Machine			Rates (Indicate tariffs with which you have worked)		
Adding Machine					
Other:					

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 _____

TO BE READ AND SIGNED BY APPLICANT

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

It is also agreed and understood that under the Fair Credit Report Act, Public Law 91-508, I have been told that this investigation may include an Investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

(GA & KS) - I understand that, as a condition of employment, I will obtain from the State Motor Vehicle Agency, within my probationary period, and without cost to the employer, a copy of my motor vehicle violations record.

(MA) - "An applicant for employment with a sealed record on file with the commissioner of probation may answer 'no record' with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. An applicant for employment with a sealed record on file with the commissioners of probation may answer 'no record' with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution."

(MD) - "An employer may not require or demand any applicant for employment or prospective employment or any employee to submit to or take a polygraph, lie detector or similar test or examination as a condition of employment or continued employment. Any employer who violates this provision is guilty of a misdemeanor and subject to a fine not to exceed \$100."

(PA) - I authorized my employer to obtain from the Registry of Motor Vehicles a copy of my Motor Vehicle Violations Record.

It is agreed and understood that this application for employment in no way obligates the employer to employ me; and it is understood that if hired, I may be on a probationary period during which I may be discharged without recourse.

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

APPLICANT — DO NOT WRITE BELOW THIS LINE

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
1. APPLICATION						
2. INTERVIEW						
3. PHYSICAL EXAM						
4. PAST EMPLOYMENT						
5. WRITTEN EXAM						
6. ROAD TEST						
7. POLICE AND TRAFFIC RECORD						

_____ SIGNATURE OF INTERVIEWING OFFICER

TRANSFERS

FROM: _____ TO: _____ FROM: _____ TO: _____

DATE: _____ DATE: _____

REASON FOR TRANSFER _____ REASON FOR TRANSFER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____