

MAINTENANCE EXPERIENCE & QUALIFICATIONS

List courses and training in maintenance work _____

Job Function

Indicate training and Experience in the following:	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experiences
Drive Line Components			Body Work		
Diesel Engine Tune-up And Rebuild			Electrical Repair		
Gas Engine Turn-up And Rebuild			Frame and Wheel Alignment		
Tire Service			Brakes		
Trailer Repair			Cooling System		
Air Conditioning			Inspections		
			General Car Repair		

Shop Equipment

Indicate training and Experience in the following:	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experiences
Electrical Diagnostic Equipment			Wheel & Tire Balancing Machine		
			Tire Servicing Machine		
Sheet Metal Equipment			General Car Repair		
Frame & Axle Straightening Equipment			Engine Dynamometer		
Engine Rebuilding			Chassis Dynamometer		
Diesel Injection Equipment			Magnetic Crack Detector		
Electric Welder (MIG)			Engine Analyzer		
Oxyacetylene Welder			Hand Held Diagnostic Tool		
Paint Spray Gun/ Body/Repair			Smoke Measuring Equipment		
Air Conditioning			Inspections (State/Federal)		
			P.C. Service Tool		

CLERICAL EXPERIENCE & QUALIFICATION

List Courses and Training in Office Work _____

Indicate training and Experience in the following:	Formal Training (Check)	Years of Experience		Formal Training (Check)	Years of Experiences
Typing (WPM)			Dictating Machine		
Shorthand (WPM)			Bookkeeping Machine		
Billing			Switchboard Equipment (Indicate type)		
Filing			Tabulator		
Computers (Indicate Software)			Accounting		
Word processing Equipment			OS & D		
Key Punch			Interline		
Calculator			Claims		
Adding Machine			Cashier		
Telecopier			Dispatcher		
Photocopier					

Rates (indicate tariffs with which you have worked)

DRIVER EXPERIENCE & QUALIFICATION (cont'd) Answer the questions in this section only if applying for a driver position Licenses

DRIVERS LICENSES HELD IN PAST 3 YEARS MUST BE SHOWN

State	License Number	Class	Endorsement(s)	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 for violations of the Federal Motor Carrier Safety Regulations? Yes _____ No _____

If you answered, "yes" to A, B, C attach a statement giving details.

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates:		Approximate Total Miles
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Twin trailers – LCV's				
Other				

List states operated in during last five years _____

List special courses or training that will help you as a driver _____

List driving awards held and who wards were presented by? _____

Accident Review for past 3 years (attach separate sheet of paper if more space is needed)

Dates	Nature of accident (Head-on, Rear-End, Overturn, etc.)	Fatalities	Injuries

Traffic Convictions and Forfeitures for the past 3 years other than parking violations

Location	Date	Charge	Penalty

EMPLOYMENT RECORD

The U.S. Department of Transportation requires that driver applications show all employment for the past three years. Those applying for a position requiring a CDL, must show employment history for 10 years prior to date of this application 391.21 (B) (10), (11)

Start with most recent or current position, including military experience, and work backwards. (Attach a separate sheet of paper if necessary)

Current Employer: _____ Supervisor's Full Name: _____
 Full Address: _____ Zip: _____ Phone: (____) _____
 Position Held: _____ From _____ To _____ Salary _____
 Reason for Leaving _____

Current Employer: _____ Supervisor's Full Name: _____
 Full Address: _____ Zip: _____ Phone: (____) _____
 Position Held: _____ From _____ To _____ Salary _____
 Reason for Leaving _____

Current Employer: _____ Supervisor's Full Name: _____
 Full Address: _____ Zip: _____ Phone: (____) _____
 Position Held: _____ From _____ To _____ Salary _____
 Reason for Leaving _____

PLATFORM EXPERIENCE & QUALIFICATIONS

List types of platform experience and number of years of each _____

List platform equipment you can operate (lift, truck, etc.) _____

List courses of training in platform work _____

APPLICANT MUST READ AND SIGN

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigative 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.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

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 Signature

**FOR OFFICE USE – DO NOT WRITE IN THIS SPACE
PROCESS RECORD**

Applicant Hired? ____ Yes ____ NO Date of Birth _____ (month/day/year)
Date Employed _____ Point Employed _____
Department _____ Classification _____

(if not hired, summary report of reasons should be placed in file)
IN CASE OF EMERGENCY NOTIFY: _____ Phone: (_____) _____
Address _____

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. Policy and Traffic Record						
6. Road Test						

Signature of Interviewing Officer _____ Date _____

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 _____