

Driver's Application For Employment

Erie Trucking, Inc.
4507 Tiffin Ave.
Sandusky, OH 44870

(Answer all questions-please print)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job related medical condition or handicap.

Date of application _____

Position(s) Applied for _____

Name _____ Social Security No. _____
Last First Middle

Address _____
Street City State Zip Phone

ADDRESS FOR PAST 3 YEARS:

_____ How Long? _____

_____ How Long? _____

Do you have the right to work in the United States? _____ Date of Birth ____ / ____ / ____ Can you provide proof of age? _____
(Required for Truck Drivers)

Rate of pay expected _____ Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for Leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____ Who referred you? _____

PHYSICAL HISTORY

Do you have any physical condition which may limit your ability to perform the job applied for? _____

If yes, what can be done to accommodate your limitation? _____

Would you be willing to take a physical examination? _____

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

	<u>DATES</u>	<u>NATURE OF ACCIDENT</u> <small>(Head-on, Rear-end, Upset Etc.)</small>	<u>FATALITIES</u>	<u>INJURIES</u>
Last Accident				
Next Previous				
Next Previous				

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

LOCATION	DATE	CHARGE	PENALTY

(ATTACH A SHEET IF MORE SPACE IS NEEDED)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED _____
 (NAME) (CITY)

EXPERIENCE AND QUALIFICATIONS—DRIVER

DRIVER LICENSES	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 ___

IF THE ANSWER TO EITHER A OR B 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				
TRACTOR-TWO 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? _____

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle.

(Note: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER			DATE		
NAME:			FROM: MO.	YR.	TO: MO. YR.
ADDRESS:			POSITION HELD:		
CITY STATE ZIP			SALARY/WAGE:		

EMPLOYER			DATE		
NAME:			FROM: MO.	YR.	TO: MO. YR.
ADDRESS:			POSITION HELD:		
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CITY STATE ZIP			SALARY/WAGE:		

EMPLOYER			DATE		
NAME:			FROM: MO.	YR.	TO: MO. YR.
ADDRESS:			POSITION HELD:		
CITY STATE ZIP			SALARY/WAGE:		

EMPLOYER			DATE		
NAME:			FROM: MO.	YR.	TO: MO. YR.
ADDRESS:			POSITION HELD:		
CITY STATE ZIP			SALARY/WAGE:		

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

EXPERIENCE

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

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. I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries 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 and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated for any reason at any time without any prior notice. I further understand that all employees are subject to a 90 day probation period. I understand, also, that I am required to abide by all rules and regulations of the Company, as permitted by Law.

Date Applicant's Signature

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. PAST EMPLOYMENT						
4. WRITTEN EXAM						
5. ROAD TEST						
6. CRIMINAL AND TRAFFIC CONVICTIONS						

SIGNATURE OF INTERVIEWING OFFICER _____

TRANSFERS

FROM: _____ TO: _____
 DATE: _____
 REASON FOR TRANSFER: _____

FROM: _____ TO: _____
 DATE: _____
 REASON FOR TRANSFER: _____

FROM: _____ TO: _____
 DATE: _____
 REASON FOR TRANSFER: _____

FROM: _____ TO: _____
 DATE: _____
 REASON FOR TRANSFER: _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASE FROM _____
 DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____
 TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

Voluntary Applicant Survey

Instructions to Applicants

We are an equal opportunity employer and may be subject to various affirmative actions regulations, therefore we ask all applicants to supply the following information for data gathering purposes. You *do not* have to complete this form to be considered for employment. Any information volunteered will be kept confidential and *will not be used* to make hiring decisions.

Date: _____

Name: _____

Address: _____

Phone: _____

Social Security #: _____

Sex: Male Female

Race/Ethnicity _____

01 White

02 Black

03 Hispanic/White

17 Hispanic/Not White

05 Native America

04 Asian

20 Hawaiian or Pacific Islander

Job opening for which you are applying:

For Office Use Only:

Job # _____

EEO# _____

Job Group # _____

How did you learn about the opening:

A Newspaper Ad

B Magazine Ad

C Placement Agency

D Walk-in

E Male Employee

F Female Employee

G Minority Employee

H Disabled Site Posting

I Company's Website

J Internet Job Posting

K Military/Vets Posting

L High School

M Job Fair

N Friend of a Friend

O Employment Bureau

P College

Q I am a Current Employee, self referral

R I am a Current Employee, mgmt referral

S Other

Veteran Status:

Not a Veteran

Newly Separated Veteran

Special Disabled Veteran

Vietnam Era Veteran

Other Eligible Veteran

Yes, a Veteran, but none of the above

Please detach this form from the application and give to the Receptionist. **Thank-you!**