

CROSSETT, INC.
P.O. Box 946
Warren, PA 16365

COMPANY DRIVERS APPLICATION FOR EMPLOYMENT

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 non-job related disability.

Name _____ Date of Application _____

TO BE READ AND SIGNED BY APPLICANT

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. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.)

I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information 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, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer (s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature _____ Date _____

For Company Use

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____

(If rejected, summary report of reasons should be placed in file)

SIGNATURE OF INTERVIEWING OFFICER _____

Termination of Employment

Date Terminated _____ Dismissed _____ Voluntarily Quit _____

Other _____ Supervisor _____

APPLICANT TO COMPLETE

(answer all questions – please print)

Name _____ Social Security No. _____
Last First Middle

List your addresses of residency for the past 3 years.

Current Address _____
Street City

Phone _____ How Long? _____
State Zip Code yr./mo.

Previous _____ How Long? _____
Addresses Street City State & Zip Code yr./mo.

_____ How Long? _____
Street City State & Zip Code yr./mo.

_____ How Long? _____
Street City State & Zip Code yr./mo.

Do you have the legal right to work in the United States?

Date of Birth ____/____/____ Can you provide proof of age? _____

(Required for Commercial Drivers)

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? _____ Rate of pay expected _____

Have you ever been bonded? _____ Name of bonding company _____

(Answer only if a job requirement)

Have you ever been convicted of a felony? _____

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied?

_____ If yes, explain if you wish.

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

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 operates such vehicle.

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

EMPLOYMENT HISTORY (continued)

EMPLOYER			DATE	
Name			From Mo Yr	To Mo Yr
Address			POSITION HELD	
City	State	Zip	SALARY / WAGE	
Contact Person	Phone #		REASON FOR LEAVING	
Were you subject to the FMCSRs + while employed? <input type="checkbox"/> YES <input type="checkbox"/> NO Was your job designated as a safety-sensitive function in any dot-regulated mode subject to the drug and alcohol testing requirements of 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
Name			From Mo Yr	To Mo Yr
Address			POSITION HELD	
City	State	Zip	SALARY / WAGE	
Contact Person	Phone #		REASON FOR LEAVING	
Were you subject to the FMCSRs + while employed? <input type="checkbox"/> YES <input type="checkbox"/> NO Was your job designated as a safety-sensitive function in any dot-regulated mode subject to the drug and alcohol testing requirements of 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
Name			From Mo Yr	To Mo Yr
Address			POSITION HELD	
City	State	Zip	SALARY / WAGE	
Contact Person	Phone #		REASON FOR LEAVING	
Were you subject to the FMCSRs + while employed? <input type="checkbox"/> YES <input type="checkbox"/> NO Was your job designated as a safety-sensitive function in any dot-regulated mode subject to the drug and alcohol testing requirements of 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
Name			From Mo Yr	To Mo Yr
Address			POSITION HELD	
City	State	Zip	SALARY / WAGE	
Contact Person	Phone #		REASON FOR LEAVING	
Were you subject to the FMCSRs + while employed? <input type="checkbox"/> YES <input type="checkbox"/> NO Was your job designated as a safety-sensitive function in any dot-regulated mode subject to the drug and alcohol testing requirements of 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

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.

The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more. (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (Add another sheet if needed) If none, write none.

DATES	NATURE OF ACCIDENT	FATALITIES	INJURIES	HAZ SPILLS
Last Accident				

Next Previous				
Next Previous				

TRAFFIC CONVICTIONS / FORFEITURES FOR THE PAST 3 YEARS (other than parking violations).

LOCATION	DATE	CHARGE	PENALTY

DRIVER EXPERIENCE AND QUALIFICATIONS

DRIVER LICENSES-List all driver licenses or permits held in the past 3 years

STATE	LICENSE #	TYPE & ENDORSEMENTS	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 A STATEMENT GIVING DETAILS

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (van, tank, flat, etc.)	DATE FROM	DATE TO	TOTAL NUMBER OF MILES
Straight Truck				
Tractor / Trailer				
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? _____

EXPERIENCE AND QUALIFICATIONS - OTHER

Show any trucking, transportation or other experience that may help in your work for this company.

List courses and training other than shown elsewhere on this application.

List special equipment or technical materials you can work with (other than those already shown).

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 City / State

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 completed to the best of my knowledge.

Date _____ Signature _____