

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

**LEASED OPERATOR / DRIVER APPLICATION**

( 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 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 a lease decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of lease 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 ACCEPTED \_\_\_\_\_ REJECTED \_\_\_\_\_

DATE ACCEPTED \_\_\_\_\_ TERMINAL \_\_\_\_\_

SIGNATURE OF INTERVIEWING OFFICER \_\_\_\_\_

**Termination of Lease or Lease Driver**

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

State Zip Code Phone \_\_\_\_\_ How Long? \_\_\_\_\_  
yr./mo.

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

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

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

Date of Birth \_\_\_\_\_ Can you provide proof of age ?  Yes  No  
(Required for Commercial Drivers)

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

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 / LESSEE HISTORY**

All driver applicants to drive in Interstate Commerce must provide the following information on all employers / Lessee during the preceding 3 years. List complete mailing address, street number, city, state & zip code.

All driver applicants to drive a Commercial Motor Vehicle\* in Intrastate or Interstate Commerce shall also provide an additional 7 years' information on those employers / Lessee for whom the applicant operated such vehicle.

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

EMPLOYER / LESSEE			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 / LESSEE			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 / LESSEE			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 / LESSEE			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**

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 \_\_\_\_\_