



DRIVER'S APPLICATION FOR EMPLOYMENT

APPLICANT NAME _____ DATE OF APPLICATION _____
(please print)

BRITTANY TRUCKING COMPANY, INC.
515 Montgomery Avenue, Suite 101
New Castle, PA 16102
Phone: 724-658-6692 / Fax: 724-856-3715

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, veteran status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigation and inquiries of my personal, employment, financial, 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, as those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49CFR 391.239(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 _____	Department Released From _____
Dismissed _____	Voluntarily Quit _____ Other _____
Termination Report Placed in File _____	Supervisor _____



APPLICANT TO COMPLETE
(answer all questions – please print)

Position(s) Applied for _____

Name _____ Social Security No. _____
Last First Middle

List your addresses of residency for past 3 years.

Current Address _____
Street City

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

Previous
Addresses

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

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

Street City State & Zip Code How Long? _____
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)

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]? _____

If yes, explain if you wish. _____

EMPLOYER			DATE	
Name			From Mo. YR.	To Mo. YR.
Address			Position Held	
City	State	Zip	Salary/ Wage	
Contact Person			Reason for Leaving	
Were you subject to the FMCSRs ¹ 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			Reason for Leaving	
Were you subject to the FMCSRs ¹ 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 pounds or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.*

¹The 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) weights or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), 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 (attached sheet if more space is need) If none, write **NONE**

Dates	Nature of Accident (head-on, rear-end, upset, etc.)	Fatalities	Injuries	Hazardous Material Spill
Last Accident ____/____/____				
Next Previous ____/____/____				
Next Previous ____/____/____				

TRAFFIC CONVICTIONS AND FORFEITURES

For the past 3 years (other than parking violations) If none, write **NONE**

Location	Date	Charge	Penalty
	____/____/____		
	____/____/____		
	____/____/____		

(Attached Sheet if More Space is Need)

EXPERIENCE AND QUALIFICATIONS – DRIVER – Driver licenses or permits held in past 3 years

State	License No.	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 _____

If the answer to either A or B is YES, give details _____

DRIVING EXPERIENCE

Class of Equipment Check YES or NO	Circle Type of Equipment	Dates From (M/Y) To (M/Y)		Approx. No. of Miles (total)
Straight Truck <input type="checkbox"/> YES <input type="checkbox"/> NO	(Van, Tank, Flat, Dump, Refer)			
Tractor & Semi-Trailer <input type="checkbox"/> YES <input type="checkbox"/> NO	(Van, Tank, Flat, Dump, Refer)			
Tractor – Two Trailers <input type="checkbox"/> YES <input type="checkbox"/> NO	(Van, Tank, Flat, Dump, Refer)			
Tractor – Three Trailers <input type="checkbox"/> YES <input type="checkbox"/> NO	(Van, Tank, Flat, Dump, Refer)			
MotorCoach – School Bus <input type="checkbox"/> YES <input type="checkbox"/> NO (<i>more than 8 Passengers</i>)	----			
MotorCoach – School Bus <input type="checkbox"/> YES <input type="checkbox"/> NO (<i>more than 15 Passengers</i>)	----			
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 in 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 complete to the best of my knowledge.

SIGNATURE: _____ **DATE:** _____