

DRIVER'S APPLICATION FOR EMPLOYMENT

MCCS DRIVER ID# _____

Company Gilchrist Trucking LLC _____

Address 1630 Main Street _____

City Blakely **State** PA **Zip** 18447

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 _____ **City** _____
Street City
State Zip **Phone** _____

Address For Past 3 Years } _____ How Long? _____
Street City State & Zip Code
_____ How Long? _____
Street City State & Zip Code

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

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

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 _____

References (Other than family)

Name: _____ **Relationship:** _____

Address: _____ **Phone:** _____

Name: _____ **Relationship:** _____

Address: _____ **Phone:** _____

Name: _____ **Relationship:** _____

Address: _____ **Phone:** _____

All driver applicants must provide the following information on all employers during the preceding **10 YEARS**.

Applicants **MUST** give complete address, phone number and contact person for all previous employers.

EMPLOYER			DATE	
NAME			MO. YR.	TO MO. YR.
ADDRESS			SAFETY SENSITIVE FUNCTION? CIRCLE YES NO	
CITY	STATE	ZIP	SUBJECT TO PART 40 DRUG&ALCOHOL CIRCLE YES NO	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			MO. YR.	TO MO. YR.
ADDRESS			SAFETY SENSITIVE FUNCTION? CIRCLE YES NO	
CITY	STATE	ZIP	SUBJECT TO PART 40 DRUG&ALCOHOL CIRCLE YES NO	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			MO. YR.	TO MO. YR.
ADDRESS			SAFETY SENSITIVE FUNCTION? CIRCLE YES NO	
CITY	STATE	ZIP	SUBJECT TO PART 40 DRUG&ALCOHOL CIRCLE YES NO	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			MO. YR.	TO MO. YR.
ADDRESS			SAFETY SENSITIVE FUNCTION? CIRCLE YES NO	
CITY	STATE	ZIP	SUBJECT TO PART 40 DRUG&ALCOHOL CIRCLE YES NO	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			MO. YR.	TO MO. YR.
ADDRESS			SAFETY SENSITIVE FUNCTION? CIRCLE YES NO	
CITY	STATE	ZIP	SUBJECT TO PART 40 DRUG&ALCOHOL CIRCLE YES NO	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			MO. YR.	TO MO. YR.
ADDRESS			SAFETY SENSITIVE FUNCTION? CIRCLE YES NO	
CITY	STATE	ZIP	SUBJECT TO PART 40 DRUG&ALCOHOL CIRCLE YES NO	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	

ACCIDENT RECORD FOR PAST 3 YEARS

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET ETC.)	FATALITIES	INJURIES
LAST ACCIDENT _____			
NEXT PREVIOUS _____			
NEXT PREVIOUS _____			

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

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IN NEEDED)

EXPERIENCE AND QUALIFICATIONS -- DRIVER

	STATE	LICENSE NO	CLASS & ENDORSEMENT	EXPIRATION DATE
DRIVER				
LICENSES				

- 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
		FROM	TO	
STRAIGHT TRUCK _____				
TRACTOR AND SEMI-TRAILER _____				
TRACTOR - TWO TRAILERS _____				
OTHER _____				

LIST ANY POSITIVE SUBSTANCE ABUSE TESTS AND/OR ALCOHOL TESTS OVER .04 IN THE PREVIOUS (6) MONTHS INDICATING EMPLOYER AND DATE:

LIST ANY CRIMINAL FELONY CONVICTIONS OF RECORDS IN THE PREVIOUS (5) YEARS INDICATING DATE OF CONVICTION:
