Driver's Application For Employment

Print Form

Applicant Name _____ Date of Application _____

Company Adirondack Energy Products, Inc

Address 17 Junction Road

City Malone State New York Zip Code 12953

In compliane with Federal and State equal employment opportunities 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 investigations and inquireis of my personal, employment, financial or medial history and other related matters as may be necessary in arriving at an employmnet decision. (Generally, inquireis 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 personal 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 regbarding 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 informatioun provided by previous employers;

* Have errors in the information corrected by previouse employers and for those previouse employers to re-send the corrected informatioun to the prospective employer; and

* Have a rebuttal statement attached to the alleged erroneous informatioun, if the previous employer(s) and I cannnot 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 AGENT _____

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 _____

Last Name _____ First Name _____ Middle _____ SSN _____

List your addresses for the past 3 years.

Current Addresses

Address _____ City _____ State _____

Zip _____ Phone _____ How Long? _____

Previous Addresses

Address _____ City _____ State _____ Zip _____ How Long? _____

Address _____ City _____ State _____ Zip _____ How Long? _____

Address _____ City _____ State _____ Zip _____ How Long? _____

Address _____ City _____ State _____ Zip _____ How Long? _____

Do you have the legal right to work in the United States? ◯ Yes ◯ No

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

Have you worked for this company before? ◯ Yes ◯ No Where? _____

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

Reason for leaving _____

Are you now employed? ◯ Yes ◯ No If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? ◯ Yes ◯ No Name of bonding company _____

(Answer only if a job requirement)

Have you ever been convicted of a felony? ◯ Yes ◯ No If yes, please explain fully on a separte 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 [as described in the attached job description]? ◯ Yes ◯ No

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 operated such vehicle. (NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER

Name _____

Address _____

City _____ State _____ Zip _____

Contact Person _____ Phone Number _____

Were you subject to the FMCRs^ While Employed? ◯ Yes ◯ No

DATE

From _____ To: _____

Position Held _____

Salary/Wage _____

Reason For Leaving _____

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? ◯ Yes ◯ No

EMPLOYMENT HISTORY (continued)

EMPLOYER

Name _____

Address _____

City _____ State _____ Zip _____

Contact Person _____ Phone Number _____

Were you subject to the FMCRs^ While Employed? ◯ Yes ◯ No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to teh drug and alcohol testing requirements of 49 CFR Part 40? ◯ Yes ◯ No

DATE

From _____ To: _____

Position Held _____

Salary/Wage _____

Reason For Leaving _____

EMPLOYER

Name _____

Address _____

City _____ State _____ Zip _____

Contact Person _____ Phone Number _____

Were you subject to the FMCRs^ While Employed? ◯ Yes ◯ No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to teh drug and alcohol testing requirements of 49 CFR Part 40? ◯ Yes ◯ No

DATE

From _____ To: _____

Position Held _____

Salary/Wage _____

Reason For Leaving _____

EMPLOYER

Name _____

Address _____

City _____ State _____ Zip _____

Contact Person _____ Phone Number _____

Were you subject to the FMCRs^ While Employed? ◯ Yes ◯ No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to teh drug and alcohol testing requirements of 49 CFR Part 40? ◯ Yes ◯ No

DATE

From _____ To: _____

Position Held _____

Salary/Wage _____

Reason For Leaving _____

EMPLOYER

Name _____

Address _____

City _____ State _____ Zip _____

Contact Person _____ Phone Number _____

Were you subject to the FMCRs^ While Employed? ◯ Yes ◯ No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to teh drug and alcohol testing requirements of 49 CFR Part 40? ◯ Yes ◯ No

DATE

From _____ To: _____

Position Held _____

Salary/Wage _____

Reason For Leaving _____

*Includes vehicles having GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in the 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 10,0001 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 (attach sheet if more space is required). If non, write **none**.

	Dates	Nature of Accicent (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

(Attach sheet if more space is required)

EXPERIENCE AND QUALIFICATIONS - DRIVER

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

	State	Licence Number	Type	Expiration Date
DRIVER				
LICENSES				

A. Have you ever been denied a licens, permit or privilege to operate a motor vehicle? ◯ Yes ◯ No

B. Has any license, permit or privilege ever bee suspended or revoked? ◯ Yes ◯ No

IF THE ANSWER IS TO EITHER A OR B IS YES, GIVE DETAILS

DRIVING EXPERIENCE check yes or no

Class of Equipment		Equipment Type	Dates From	Dates To	Appox. No. of Miles (Total)
Straight Truck	◯ Yes ◯ No				
Tractor and Semi-Trailer	◯ Yes ◯ No				
Tractor - Two Trailers	◯ Yes ◯ No				
Tractor - Three Trailers	◯ Yes ◯ No				
Motorcoach - School Bus	◯ Yes ◯ No More than 8 passengers.				
Motorcoach - School Bus	◯ Yes ◯ No More than 15 passengers.				
Other					

List states operated in for last five years:

Which safe driving awards do you hold and from whom?

EXPERIENCE AND QUALIFICATIONS - OTHER

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

List courses and training other than shown elsewhere in the application

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

EDUCATION

Highest Grade Completed

Last School Attended & Location (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: