

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 Last First Middle **Social Security No.**

Address Street City
State Zip **Phone**

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

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:**

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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				
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EMPLOYER			DATE				
NAME			MO.	YR.	TO MO.	YR.	
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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.)	FROM	TO	APPROX. NO. OF MILES
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: