



**EMPLOYMENT APPLICATION – Page 2**

**Please fill in all areas requested and sign the application. Applicants may be tested for illegal substances.**

**WORK EXPERIENCE**

<b>Employer Name, Address &amp; Telephone</b>	Name of Supervisor	Employment Dates	Salary
	Position Title & Duties		

Reason for leaving (specifically)

<b>Employer Name, Address &amp; Telephone</b>	Name of Supervisor	Employment Dates	Salary
	Position Title & Duties		

Reason for leaving (specifically)

<b>Employer Name, Address &amp; Telephone</b>	Name of Supervisor	Employment Dates	Salary
	Position Title & Duties		

Reason for leaving (specifically)

(Please explain any gaps in employment , including unemployment. Include dates and reason.)

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes  No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes  No

May we contact your present & previous employers? Yes  No

Did you complete this application yourself? Yes  No  If not, name of person who did \_\_\_\_\_

Have you ever been in the U.S. Armed Forces? Yes  No   
If so, please list the branch, your dates of service, your rank and your duties

\_\_\_\_\_

\_\_\_\_\_

If discharged from the U.S. Armed Forces, were you honorably discharged? Yes  No  If no, please explain.

\_\_\_\_\_

**EMPLOYMENT APPLICATION – Page 3**

Please fill in all areas requested and sign the application. Applicants may be tested for illegal substances.

**REFERENCES**

List the information for three (3) references for persons not related to you whom you have known for at least 1 year. At least 2 of the 3 must be business/employment references.

Name	Phone Number	E-mail Address	Relationship	Job Title of Reference

**DRIVER'S LICENSE INFORMATION**

Do you have a current, valid driver's license?    Yes            No  
 Has your driver's license ever been suspended?    Yes            No    If yes, please explain?

Driver's License No.	State Issued	Expiration Date	Class

Do you currently have valid vehicle insurance?    Yes    No    If yes, name of insurer \_\_\_\_\_  
 Policy number of insurer? \_\_\_\_\_

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR- TWO TRAILERS				
OTHER				

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE NEEDED)**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS	
				YES	NO

**TRAFFIC CONVICTIONS AND FORFEITURES FOR PAST 3 YEARS  
 (ATTACH SHEET IF MORE SPACE NEEDED)                      (OTHER THAN PARKING VIOLATIONS)**

DATE CONVICTED (month/year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, collateral and/or points)

Have you ever been denied a license, permit or privilege to operate a motor vehicle?    YES    NO

If yes, explain \_\_\_\_\_

Has any license, permit or privilege ever been suspended or revoked?    YES    NO

If yes, explain \_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

I authorize the Company to make sure investigations and inquiries to my personal, employment, financial or 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.

I certify that the facts contained in this employment application are true, complete and correct to the best of my knowledge. I understand that any false information, omission or misrepresentation may be cause for refusal to hire or termination, or if I have been employed by the Company, no matter on what date discovered by the Company, my employment may be terminated at the time such is discovered.

I authorize the Company to contact my references to obtain information about myself and my character. I further authorize the Company to thoroughly investigate and perform background/criminal background or credit checks as necessary to obtain information regarding my employment history, my educational history, character, and any other necessary information in order to determine my suitability for employment with the Company. I authorize and agree that the Company may perform whatever drug testing is required for this position.

**I understand and agree that nothing contained in this application, or conveyed during interview, is intended to create an employment contract, unless a contract is memorialized in writing and signed by all relevant parties. I understand and agree that, if hired, my employment is "at will" in accordance with the laws of Pennsylvania, without fixed term, and may be terminated at any time, with or without cause or prior notice, at the option of either myself or the company.**

I understand that completing this form does not indicate that there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all Company work rules, policies and procedures. The Company retains the right to revise it policies or procedures, in whole or in part, at any time.

DATE \_\_\_\_\_ SIGNATURE OF APPLICANT \_\_\_\_\_

## REQUEST FOR CHECK OF DRIVING INFORMATION

I hereby authorize Eastern Mobile Wash, LLC to obtain my Motor Vehicle Report (MVR), for purposes of investigation as required by section 391.23 of the Federal Motor Carrier Safety Regulations. American Interstate Administrators, Inc is released from any and all liability, which may result from furnishing such information.

\_\_\_\_\_  
(Employee/Applicant Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Employer/Requestor Signature)

\_\_\_\_\_  
(Date)

- In accordance with the provisions of Section 604 and Section 607 of the Fair Credit Reporting Act, Public Laws No. 91.508, I hereby certify that the driving information requested will be used for a “permissible purpose” as defined in the Act, and that the information received will be used for no other purpose.
- I further certify that if the person named below is denied employment based on the information received, I will identify the source of the report in accordance with Section 615(a) of the Fair Credit Reporting Act.

RE: **PLEASE PRINT**

\_\_\_\_\_  
(Employee/Applicant Name)

\_\_\_\_\_  
(License number and State)

\_\_\_\_\_  
(Date of Birth)