

Driver's Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Guidelines for CDL Applicants

- No DOT preventable accidents in the last five (5) years.
- No more than three (3) moving violations in the last three (3) years.
- No preventable accident that resulted in injury or death in the last three years.
- No DWI or DUI in the last five (5) years.
- No positive results to the Drug and Alcohol Testing requirements of 49 CFR Part 40.
- No more than five (5) points on your license at the time of this application.

You need to have the following items in order for your application to be processed. These items are required before you are hired.

1. NYS CDL license
2. Current DOT Medical Examiner Certificate
3. Phone numbers and addresses for the past three (3) years of employment.

Applicant Statement

I authorize you to make such investigations and inquiries of my personal, employment, financials 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 an offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from 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.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I understand that information I provide regarding 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 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.

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

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Position(s) Applied For

Last Name

First Name

Middle Name

Address

City

State

Zip

Home Phone

Mobile Phone

Last Four of Social Security

email

Date of Birth

Can you provide proof of age?

Yes No

How did you learn about us?

- Advertisement
 Friend or Family
 Employment Agency
 Internet

Best time to contact you is

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filled out an application with us before? Yes No
 *If Yes, give date:

Have you ever been employed with us before? Yes No
 *If Yes, give date:

Do you any of your friends or relatives work here? Yes No

Are you currently employed? Yes No

May we contact your current employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
 If yes proof of citizenship or immigration status will be required upon employment. Yes No

Are you currently on layoff status and subject to recall? Yes No

Can you travel if the job requires you to do so? Yes No

Date available for work Desired Salary (\$)

Are you available to work: Full Time Part Time Temporary

By answering "Yes" to the following question does not constitute an automatic bar to employment. Factors such as date of offense, seriousness and nature of violation, rehabilitation and position applied for will be taken into account.
 Have you been convicted of a felony? Yes No

*If Yes, give date and details:

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? Yes No
 This questions if not designed to elicit information about an applicants's disability. Please do not provide information about the existence of a disability, particular accommodation or whether necessary. These issues may be addressed at a later stage to the extent permitted by law.

Employment Experience

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 starting with most recent.)

Employer	Dates Employed		Work Performed
	FROM	To	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>	
City, State	<input type="text"/>	<input type="text"/>	
Phone Number	<input type="text"/>	<input type="text"/>	
Job Title	Hourly Rate/Salary Starting Final		
Supervisor	\$ <input type="text"/>	\$ <input type="text"/>	
Reason for Leaving	<input type="text"/>	<input type="text"/>	

Were you subject to the FMCSRst while employed? Yes 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? Yes No

Employer	<input type="text"/>	Dates Employed		Work Performed
		<u>FROM</u>	<u>To</u>	
Address	<input type="text"/>			
City, State	<input type="text"/>			
Phone Number	<input type="text"/>	Hourly Rate/Salary		
		<u>Starting</u>	<u>Final</u>	
Job Title	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	
Supervisor	<input type="text"/>			
Reason for Leaving	<input type="text"/>			
Were you subject to the FMCSRs† while employed? <input type="radio"/> Yes <input type="radio"/> 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="radio"/> Yes <input type="radio"/> No				

Employer	<input type="text"/>	Dates Employed		Work Performed
		<u>FROM</u>	<u>To</u>	
Address	<input type="text"/>			
City, State	<input type="text"/>			
Phone Number	<input type="text"/>	Hourly Rate/Salary		
		<u>Starting</u>	<u>Final</u>	
Job Title	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	
Supervisor	<input type="text"/>			
Reason for Leaving	<input type="text"/>			
Were you subject to the FMCSRs† while employed? <input type="radio"/> Yes <input type="radio"/> 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="radio"/> Yes <input type="radio"/> No				

Employer	<input type="text"/>	Dates Employed		Work Performed
		<u>FROM</u>	<u>To</u>	
Address	<input type="text"/>			
City, State	<input type="text"/>			
Phone Number	<input type="text"/>	Hourly Rate/Salary		
		<u>Starting</u>	<u>Final</u>	
Job Title	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	
Supervisor	<input type="text"/>			
Reason for Leaving	<input type="text"/>			
Were you subject to the FMCSRs† while employed? <input type="radio"/> Yes <input type="radio"/> 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="radio"/> Yes <input type="radio"/> No				

Employer	<input type="text"/>	Dates Employed		Work Performed
		<u>FROM</u>	<u>To</u>	
Address	<input type="text"/>	<input type="text"/>	<input type="text"/>	
City, State	<input type="text"/>			
Phone Number	<input type="text"/>	Hourly Rate/Salary		
		<u>Starting</u>	<u>Final</u>	
Job Title	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	
Supervisor	<input type="text"/>			
Reason for Leaving	<input type="text"/>			

Were you subject to the FMCSRs† while employed? Yes 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? Yes No

Employer	<input type="text"/>	Dates Employed		Work Performed
		<u>FROM</u>	<u>To</u>	
Address	<input type="text"/>	<input type="text"/>	<input type="text"/>	
City, State	<input type="text"/>			
Phone Number	<input type="text"/>	Hourly Rate/Salary		
		<u>Starting</u>	<u>Final</u>	
Job Title	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	
Supervisor	<input type="text"/>			
Reason for Leaving	<input type="text"/>			

Were you subject to the FMCSRs† while employed? Yes 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? Yes No

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle to transport hazardous materials in a 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 passenger or property when the vehicle: (1) weighs 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.

Describe any specialized training, apprenticeship, skills and extra curricular activities:

Describe any job related training received in the United States Military:

List any specific safety certifications:

List any specific safety awards or recognizable achievements:

References

Please do not include relatives as references.

Name	<input type="text"/>	Name	<input type="text"/>
Address	<input type="text"/>	Address	<input type="text"/>
Company/Position	<input type="text"/>	Company/Position	<input type="text"/>
Phone Number	<input type="text"/>	Phone Number	<input type="text"/>
email	<input type="text"/>	email	<input type="text"/>

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE , IF NONE WRITE NONE.

	Date	Nature of Accident (Head-On, Rear-End, Upset, Etc.)	Fatalities	Injuries	Hazardous Material Spill
Last Accident:					<input type="checkbox"/> Check if Yes
Next Previous:					<input type="checkbox"/> Check if Yes
Next Previous:					<input type="checkbox"/> Check if Yes

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE.

Location	Date	Charge	Penalty

Experience and Qualifications

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

	State	License No.	Type	Expiration Date
Driver License #1	<input type="text"/>			
Driver License #1	<input type="text"/>			
Driver License #3	<input type="text"/>			

- 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 Yes to A or B, give details.

List special courses or training that will help you as a driver:

List States operated in for last five years:

Equipment Experience

Class of Equipment	Dates		Approx. Number of Miles (Total)
	From	To	
Ready Mix Truck (Concrete) <input type="radio"/> Yes <input type="radio"/> No			
Block Truck (Boom) <input type="radio"/> Yes <input type="radio"/> No			
Bulk Tanker (Cement) <input type="radio"/> Yes <input type="radio"/> No			
Concrete Pump Truck <input type="radio"/> Yes <input type="radio"/> No			
Straight Truck <input type="radio"/> Yes <input type="radio"/> No			
Tractor and Trailer(s) <input type="radio"/> Yes <input type="radio"/> No			
Dump Truck/Trailer <input type="radio"/> Yes <input type="radio"/> No			
Other <input style="width: 250px;" type="text"/>			

Which safe driving awards do you own and from whom?

Show any other trucking, transportation or other experience:

List courses and training other than shown elsewhere in this application:

List special equipment or technical materials you can work with:

Education

Select the highest grade completed: 1-4 5-8

High School: 1 2 3 4

College: 1 2 3 4

Name of High School

Name of College

Motor Vehicle Record Release

I hereby authorize procurement of my Motor Vehicle report. This authorization shall remain on file and shall serve as ongoing authorization for you to procure motor vehicle reports at any time before, an/or during employment, and/or contract period.

Name: Social Security Number

State License Number Date of Birth

Signature Date

Email to jobs@cranesville.com
Fax: 518-627-9172