

Commercial Driver Application for Employment



291 State Route 210

Shelocta, PA 15774

724-354-5188

Date _____

Company Name: _____
Street Address: _____
City, State, Zip: _____

Applicant Name _____ Home Phone: () _____
Last First Middle Cell Phone: () _____

* Current Address _____
Street City State Zip Code

* If at the above residence less than three years, list below all residences for the past three years. Attach a separate sheet if necessary.

Street City State Zip Code

Street City State Zip Code

Position Applying for _____ Temporary _____ Part Time _____ Full Time _____

Who Referred You? _____ Rate of Pay Expected? _____

Have you ever worked for this company before? _____ Dates: From _____ to _____
month/year month/year

Where? _____ Rate of Pay _____ Position _____

Reason for leaving _____

Names of any relatives employed by this company _____

Are you currently employed? _____ If not, how long since leaving last employment? _____

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Last school attended _____
Name Address

MILITARY EXPERIENCE

Have you ever served in the U.S. Armed Forces? ___ yes ___ no If yes, which branch of service: _____

Describe any military training received relevant to the position for which you are applying. _____

Are you currently serving in Military Reserves? ___ yes ___ no Are you currently serving in National Guard? ___ yes ___ no

GENERAL

Have you ever been bonded? _____ Name of bonding company _____
(Answer only if a job requirement)

Have you ever been convicted of a felony? _____

If yes, please explain below. Conviction of a crime is not an automatic bar to employment - all circumstances will be considered.

DRIVER EXPERIENCE AND QUALIFICATIONS

The Federal Motor Carrier Safety Regulations (49CFR391.21 (b) (2) requires that driver applicants state their date of birth and SS #.

Date of Birth _____
month/day/year

Social Security Number _____ - _____ - _____

PHYSICAL HISTORY

The Federal Motor Carrier Safety Regulations (49CFR391 Subpart E) requires that all driver applicants pass certain physical tests before they are hired to drive a motor vehicle.

Date of last Department of Transportation prescribed examination _____ Can you provide a copy _____

Have you ever been granted a waiver under section 391.49 of the Federal Motor Carrier Safety Regulations pertaining to the loss of foot, leg, hand or arm? Yes _____ No _____

ALCOHOL AND CONTROLLED SUBSTANCE STATEMENT

The Federal Motor Carrier Safety Regulations 49CFR40.25(j) requires all persons with applying for a driving position requiring a commercial drivers license to answer the following questions:

- 1) Within the last two years, have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work? _____ yes _____ no
- 2) Within the last two years, have you ever tested positive, or refused to test, on any type of drug or alcohol test administered by an employer for which you performed safety-sensitive transportation work? _____ yes _____ no
- 3) If you answered yes to either 1 or 2 above, can you provide and/or obtain proof that you have successfully completed the DOT return-to-duty requirements? _____ yes _____ no

Applicants Signature: _____ Date: _____

Witnessed By: _____ Date: _____

DRIVER'S LICENSE INFORMATION

Driver	State	License Number	Type	Expiration Date
Licenses held	_____	_____	_____	_____
in past 3	_____	_____	_____	_____
years must	_____	_____	_____	_____
be shown	_____	_____	_____	_____

- 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 _____
- C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes _____ No _____
- If you answered "Yes" to A, B, or C, attach a statement giving details.

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approximate Total Miles
		From	To	
Straight Truck	_____	_____	_____	_____
Tractor and Semi-Trailer	_____	_____	_____	_____
Twin	_____	_____	_____	_____
Other	_____	_____	_____	_____

List states operated in during the last five years:

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

List safe driving awards held and who awards were presented by:

DRIVER EXPERIENCE AND QUALIFICATION (continued)**ACCIDENT HISTORY**

Accident Review for the past 3 years (attach a separate sheet of paper if more space is needed).

Date	Nature of Accident (Head-On, Rear-End, Upset, etc)	# Fatalities	# Injuries	# Vehicles Towed	Citation Issued?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

MOTOR VEHICLE DRIVING RECORD (MVR)

Traffic Convictions and Forfeitures for the past 3 years other than parking violations.

Date	Location	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT RECORD

The Federal Motor Carrier Safety Regulations (49CFR391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years for a total of ten (10) years. Any gaps in employment must be explained.

Start with the **last** or **current** position, including any military experience, and work back (Attach separate sheet if necessary.) You are required to list the complete mailing address: street number, city, state and zip code.

Current Employer: _____ Supervisor's Name: _____
Address: _____ Phone: () _____
Position Held: _____ From _____ To _____ Salary _____
Mo. /Yr. Mo. /Yr.

Reason for Leaving: _____

Previous Employer: _____ Supervisor's Name: _____
Address: _____ Phone: () _____
Position Held: _____ From _____ To _____ Salary _____
Mo. /Yr. Mo. /Yr.

Reason for Leaving: _____

Previous Employer: _____ Supervisor's Name: _____
Address: _____ Phone: () _____
Position Held: _____ From _____ To _____ Salary _____
Mo. /Yr. Mo. /Yr.

Reason for Leaving: _____

Previous Employer: _____ Supervisor's Name: _____
Address: _____ Phone: () _____
Position Held: _____ From _____ To _____ Salary _____
Mo. /Yr. Mo. /Yr.

Reason for Leaving: _____

Previous Employer: _____ Supervisor's Name: _____
Address: _____ Phone: () _____
Position Held: _____ From _____ To _____ Salary _____
Mo. /Yr. Mo. /Yr.

Reason for Leaving: _____

Previous Employer: _____ Supervisor's Name: _____
Address: _____ Phone: () _____
Position Held: _____ From _____ To _____ Salary _____
Mo. /Yr. Mo. /Yr.

Reason for Leaving: _____

APPLICANT MUST READ AND SIGN

I certify that I have read and understand all of this employment application. It is agreed and understood that the employer or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and other persons named herein from all liability for any damages on account of his furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks that are pertinent to the job.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigative Consumer Report, including information regarding my character, personal reputation, personal characteristics and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

This certifies that I completed this application and that all entries on it and information in it are true and complete to the best of my knowledge.

→ _____
Date

Applicant's Signature

FOR OFFICE USE - DO NOT WRITE IN THIS SPACE PROCESS RECORD

Applicant Hired? _____ Yes _____ No Date of Birth _____ (month/day/year)

Date Employed _____ Point Employed _____

Department _____ Classification _____
(If not hired, summary report of reasons should be placed in file)

IN CASE OF EMERGENCY, NOTIFY: _____ Phone () _____
Address _____

THIS SECTION TO BE FILLED IN BY OFFICER OR COMPANY REPRESENTATIVE

	Superior	Good	Fair	Below Average	Poor	Written Record on File
1. Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Interview	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Physical Exam *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Past Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Written Exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Policy & Traffic Record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* driver applicants only						

Signature of Interviewing Officer _____ Date _____

Termination of Employment

Date Terminated _____ Department Released From _____
Dismissed _____ Voluntary Quit _____ Other _____

Termination Report Placed in File _____ Supervisor _____

USE THIS SHEET FOR ADDITIONAL EMPLOYMENT HISTORY INFORMATION



REQUEST FOR INFORMATION From Previous Employer

I hereby authorize you, a DOT Regulated Employer for whom I have worked in the last 3 years, to release the following information to **"West Penn Diesel & Refrigeration Inc."** for the purpose of investigation as require by Sections 391 and 382 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

→ _____ ↘ _____ ↘ _____
Date Applicant's Signature Applicant's Printed Name

Previous Employer Name: _____ Fax #: _____
Address: _____ Phone #: _____

The individual named above has applied to our company for a position as a _____ from _____ and states that he/she was employed by you as a (n) _____ to _____. We appreciate your time in completing, in confidence, the information requested below. Thank you for your courtesy and prompt attention to this matter. **PLEASE RETURN FORM VIA FAX TO 724-354-3699.**

TO BE COMPLETED BY PREVIOUS EMPLOYER

Name of Previous Employee: _____ Social Security #: _____

1. Dates of Employment: From _____ To _____
2. Equipment Operated: ☐ Straight Truck ☐ Tractor Trailer ☐ Triaxle ☐ Other _____
3. What type of trailer? ☐ Dryvan ☐ Flatbed ☐ Reefer ☐ Dump ☐ Tanker ☐ Other _____
4. Type of driving: ☐ Local ☐ Regional ☐ OTR
5. Where DOT Logs Required to be kept? ☐ Yes ☐ No
6. Was he/she an on-time and dependable driver? ☐ Yes ☐ No
7. Was his/her overall work record satisfactory? ☐ Yes ☐ No
8. Reason for Leaving: _____ Is he/she eligible for re-hire? ☐ Yes ☐ No
9. Please advise of any work related injuries? _____
10. Please advise of any DOT reportable accidents or tickets? _____

DRUG AND ALCOHOL INFORMATION

In the past **3 years** did he/she:

1. Test 0.04 or greater for alcohol? ☐ Yes ☐ No
2. Test positive for Controlled Substance? ☐ Yes ☐ No
3. Refuse to be tested while in your employ? ☐ Yes ☐ No
4. Violate any other Drug/Alcohol prohibitions? ☐ Yes ☐ No
5. To your knowledge fail a drug or alcohol test for a previous employer? ☐ Yes ☐ No

If YES to any of the above drug and alcohol questions, please provide details:

Person providing verification, please sign this form:

Signature

Date



RELEASE & CONSENT FORM
CONSUMER REPORTS
HireRight

PART 1 – DOT DRUG AND ALCOHOL RELEASE

I authorize, per 49 CFR Part 40, the release of information from my DOT regulated drug and alcohol testing records by my previous employers to HireRight for the sole purpose of transmitting such records to WPD and its representatives/agents/clients. I authorize the release of the following information concerning DOT drug and alcohol testing violations including pre-employment tests during the past three years: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including verified adulterated or substituted results); (iv) other violations of DOT drug and alcohol testing regulations; (v) information obtained from previous employers of drug and alcohol rule violation(s); and (vi) documents, if any, of completion of return-to-duty process following a rule violation. I hereby authorize my worksite employer to submit copies of my current and future drug test results to WPD. This authorization shall expire if and when my worksite employer is no longer a client of WPD. The information I have authorized HireRight to review involves tests required by the DOT. If any carrier/company/school for whom I was previously employed furnishes HireRight with information concerning items (i) through (vi) above, I also authorize that carrier/company/school to release and furnish the dates of my negative drug and/or alcohol tests with results below 0.04 during the three year period and the name and phone number of any substance abuse professionals who evaluated me during the past three years.

Applicant Name (Printed): _____ **Applicant Signature:** _____
Social Security Number: _____ **Date:** _____

PART 2 – CONSUMER REPORT DISCLOSURE AND RELEASE

In connection with your employment or application for employment (including contract for services), consumer reports may be requested from HireRight or other Consumer Reporting Agencies ("CRA"). These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, credit reports, work experience, accidents, academic history, professional credentials, and drug/alcohol use. Such reports may contain public record information concerning your driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc. from federal, state and other agencies which maintain such records; as well as information from CRA concerning previous driving record requests made by others from such state agencies and state provided driving records. If final adverse action is taken against you based upon a background report, WPD will notify you that the action has been taken and that the background report was the reason for the action.

I authorize WPD to contact any organization or individual that I have listed on my employment application or resume or mentioned in job interviews and obtain from them any relevant information about my job qualifications, including my experience, skills and abilities. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years, as well as any reference-related information about me held or known by my former employers, supervisors, and co-workers. In addition I consent to the release of any information about my education, experience, abilities, or work-related characteristics or traits held or known by other organizations or individuals, including schools and educational institutions, professional or business associates, and friends and acquaintances that WPD might contact in the course of conducting a reference check or background investigation of my suitability for employment. You have the right to make a request to CRA, upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the sources of information and the recipients of any reports on you that CRA previously furnished within the three-year period preceding your request. WPD can be contacted by mail at 291 State Route 210, Shleocha PA, 15774 or by phone at 1-724-354-5188.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTRACTED BY CRA, TO FURNISH THE ABOVE-MENTIONED INFORMATION. THIS AUTHORIZATION DOES NOT APPLY TO DRUG AND ALCOHOL INFORMATION OBTAINED UNDER PART 1. I hereby consent to your obtaining the above information from CRA, and I agree that such information which CRA has or obtains, and my employment history (not Drug and Alcohol information without a specific consent from me) with you if I am hired, will be supplied by CRA to other companies which subscribe to CRA. I hereby authorize procurement of consumer report(s). If hired or contracted this authorization, for Part 2 reports only, shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment or contract period. I understand and acknowledge that this release of information can involve my qualifications, performance, credentials, or other characteristics or factors affecting my suitability for employment with WPD. Specifically, I am authorizing the release of any information about my performance, experience, capability, attitude, specific events, or other work-related characteristics that currently are in the possession of the requested organizations or their managers or representatives. In exchange for WPD's consideration of my employment application, I agree not to file or pursue any complaints, claims; or legal actions of any kind against any organization or individual that provides work-related information about me to WPD or its agents in accordance with the terms and intent of this release. I also agree not to file or pursue any complaints, claims, or legal actions against WPD or any of its employees, representatives, or agents arising out of their efforts to obtain work-related information about me. I have read the above Consumer Report Disclosure and Release provided to me by WPD and I understand that if I sign this consent form, WPD and/or any entity it retains to obtain such background reports may obtain reports of my credit, driving, and/or criminal background history in addition to information regarding my background, references, education, specific events, and past employment. I hereby authorize WPD, its employees, agents, and affiliates to obtain the information authorized above.

Applicant Name (Printed): _____ **Applicant Signature:** _____
Social Security Number: _____ **Date:** _____

Mandatory PSP Consent Form

IMPORTANT NOTICE

REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

1. In connection with your application for employment with **West Penn Diesel & Refrigeration Inc.** ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

2. I authorize **West Penn Diesel & Refrigeration Inc.** ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

3. I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

4. Please note: Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature: _____

Name (Please Print) _____