Driver's Application For Employment

SEVERINO
TRUCKING CO., INC.

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

PLEASE PRINT

Position Applied For: _____ Salary Desired: _____ Date of Application: _____

Last Name: _____ First Name: _____ Middle Name: _____

Current Address _____ City _____

State _____ Zip Code _____ Phone Number _____ How long? _____

Previous Addresses _____ _____ _____
Street City/State How long?

_____ _____ _____
Street City/State How long?

_____ _____ _____
Street City/State How long?

Social Security No. _____

Do you have the right to work in the United States? _____

Date of Birth: _____ Can you provide proof of age? _____
(Required for Commercial Drivers)

Have you worked for this company before? _____ 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? _____

Is there any reason you might be unable to perform the functions of the job for which you have applied ? _____ If yes, explain if you wish.

_____

_____

_____

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 in reverse order starting with the most recent. Add another sheet if necessary).

Employer _____ Dates Employed From _____ To _____

Address _____ Work Performed _____

Address _____ Telephone Number _____

Job Title _____ Supervisor _____

Reason For Leaving _____ Hourly Rate Starting _____ Ending _____

Employer _____ Dates Employed From _____ To _____

Address _____ Work Performed _____

Address _____ Telephone Number _____

Job Title _____ Supervisor _____

Reason For Leaving _____ Hourly Rate Starting _____ Ending _____

Employer _____ Dates Employed From _____ To _____

Address _____ Work Performed _____

Address _____ Telephone Number _____

Job Title _____ Supervisor _____

Reason For Leaving _____ Hourly Rate Starting _____ Ending _____

Employer _____ Dates Employed From _____ To _____

Address _____ Work Performed _____

Address _____ Telephone Number _____

Job Title _____ Supervisor _____

Reason For Leaving _____ Hourly Rate Starting _____ Ending _____

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALIES	INJURIES
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 NEEDED)

EDUCATION

HIGHEST GRADE COMPLETED HIGH SCHOOL: 1_____ 2 _____ 3 _____ 4 _____ COLLEGE: 1 _____ 2 _____ 3 _____ 4 _____

LAST SCHOOL ATTENDED _____ _____

NAME CITY, STATE

EXPERIENCE AND QUALIFICATIONS—DRIVER

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
DRIVERS LICENSE				

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—IF NONE, WRITE NONE.

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

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM?_____

EXPERIENCE AND QUALIFICATIONS—OTHERS

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY.

_____

_____

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION.

_____

_____

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN).

_____

_____

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.

I authorize you to make such investigations and inquiries of 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, school, health care providers and other persons 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 interviews may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

_____ _____

Date Applicant's Signature

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview _____ Yes_____ No

Remarks _____

_____

Employed _____ Yes _____ No Date of Employment _____

Job Title _____ Hourly Rate/Salary_____

By _____ Date _____