

# APPLICATION FOR EMPLOYMENT

Company Name TRANSPORTATION COMMODITIES, INC  
Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_

Applicant: Read and sign before submitting this application.

I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation as required by Section 391.23 of the Federal Carrier Safety Regulations.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
First Middle Last

\*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 \_\_\_\_\_

Date of Birth \_\_\_\_\_ (Answer only if applying for driving position) Social Security No.: \_\_\_\_\_  
MM/DD/YY

IN CASE OF EMERGENCY NOTIFY: \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Position applying for: \_\_\_\_\_ Temporary Part Time  Full Time

Who referred you? \_\_\_\_\_ Rate if pay expected? \_\_\_\_\_

Have you worked for this company before? \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
MM/DD/YY MM/DD/YY

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? \_\_\_\_\_

## GENERAL

Have you ever been bonded? \_\_\_\_\_ Name of bonding company \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment - all circumstances will be considered.

Have you ever worked for this company under another name? Yes  No  If so, under what name? \_\_\_\_\_

## 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

## MAINTENANCE EXPERIENCE & QUALIFICATIONS

List courses & training in maintenance work \_\_\_\_\_

### Job function

Indicate training & experience in the following:	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Drive Line Components			Body Work		
Diesel Engine Tune-up & Rebuild			Electrical Repair		
Gas Engine Tune-up & Rebuild			Frame & Wheel		
			Alignment		
Tire Service			Brakes		
Trailer Repair			Cooling System		
Air Conditioning			Inspections		
			General Car Repair		

### Shop Equipment

Indicate training & experience in the following:	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Electrical Diagnostic Equipment			Wheel & Tire		
			Balancing Machine		
Sheet Metal Equipment			Tire Recapping Mold		
Frame & Axle Straightening Equip			Engine Dynamometer		
			Chassis Dynamometer		
Engine Rebuilding Equipment			Magnetic Crack Detector		
			Engine Analyzer		
Diesel Injection Equipment			Noise Measuring		
Electric Welder			Equipment		
Oxyacetylene Welder			Smoke Measuring		
Paint Spray Gun			Equipment		
Air Conditioning			Inspections		
Tire Servicing Machine			General Car Repair		

## CLERICAL EXPERIENCE & QUALIFICATIONS

List courses & training in maintenance work \_\_\_\_\_

Indicate training & experience in the following:	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Typing (wpm)			Photocopier		
Shorthand (wpm)			Switchboard Equip.		
Billing			(Indicate type)		
Filing			Tabulator		
Computers (indicate software)			Accounting		
Word Processing Equipment			OS & D		
Key Punch			Interline		
Calculator			Claims		
Adding Machine			Cashier		
Telecopier			Dispatcher		

Rates (Indicate tariffs with which you have worked) \_\_\_\_\_

## EMPLOYMENT RECORD

The U.S. Department of Transportation requires that driver applicants show all employment for the past three years. Effective July, 1987, they must also show commercial driver employment for the seven years immediately preceding this three-year period. 391.21 (b) (10), (11)

Start with last or current position, including military experience, and work back. (Attach a separate sheet of paper if necessary.)

Current Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_  
MM/YY MM/YY

Reason for Leaving: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_  
MM/YY MM/YY

Reason for Leaving: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_  
MM/YY MM/YY

Reason for Leaving: \_\_\_\_\_

## DRIVER EXPERIENCE & QUALIFICATIONS

### Licenses

	State	License No.	Type	Expiration Date
Driver licenses held in past three 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 (Vans, Tank, Flat, etc.)	Dates		Approximate
		From	To	Total Miles
Straight Truck				
Tractor & Semi-Trailer				
Twin Trailers				
Other				

List states operated in during last five years: \_\_\_\_\_

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

List safe driving awards and who awards were presented by: \_\_\_\_\_

Accident Review for past three years (Attach a separate sheet of paper if more space is needed)

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 three years other than parking violations

Location	Date	Charge	Penalty

**PLATFORM EXPERIENCE & QUALIFICATION**

List types of platform experience and number of years of each \_\_\_\_\_

List platform equipment you can operate (lift truck, etc.) \_\_\_\_\_

List courses or training in platform work \_\_\_\_\_

**APPLICANT MUST READ & SIGN**

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 or not and applicant releases employers and persons named herein from all liability for any damages on account of furnishing such information.

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, general reputation, personal characteristics and mode of living. I agree to furnish such additional information and complete such examinations as me be required to complete my employment file.

(GA & KS) - I understand that, as a condition of employment, I will obtain from the State Motor Vehicle Agency, within my probationary period, and without cost to the employer, a copy of my motor vehicle violations record.

(MA) - "An applicant for employment with a sealed record on file with the commissioner of probation may answer "no record" with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. An applicant for employment with a sealed record on file with the commissioners of probation may answer "no record" with respect to any inquiry relative to prior arrests, court appearances, and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution."

(MD) - "AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR EMPLOYMENT OR PROSPECTIVE EMPLOYMENT OR ANY EMPLOYEE TO SUBMIT TO OR TAKE A POLYGRAPH, LIE DETECTOR OR SIMILAR TEST OR EXAMINATION AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100.) Signature \_\_\_\_\_

(PA) - I authorize my employer to obtain from the Registry of Motor Vehicles a copy of my Motor Vehicle Violations Records.

I understand that this application is not an employment contract and that, if hired my employment and compensation can be terminated, with or without cause at any time at the option of either the company or myself.

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.

\_\_\_\_\_ Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

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

Applicant hired? Yes  No

Date Employed \_\_\_\_\_ Point Employed \_\_\_\_\_

Department \_\_\_\_\_ Classification \_\_\_\_\_

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

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	Superior	Good	Fair	Below Average	Poor	Written Record on File
1 Application						
2 Interview						
3 Physical Exam						
4 Past Employment						
5 Written Exam						
6 Road Test						
7 Policy & Traffic Record						

Signature of Interviewing Officer \_\_\_\_\_ Date \_\_\_\_\_

**TRANSFERS**

From: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Transfer: \_\_\_\_\_ Reason for Transfer: \_\_\_\_\_

**TERMINATION OF EMPLOYMENT**

Date Terminated: \_\_\_\_\_ Department Released From: \_\_\_\_\_

Dismissed \_\_\_\_\_ Voluntarily Quit \_\_\_\_\_ Other \_\_\_\_\_

Termination Report Place in File \_\_\_\_\_ Supervisor \_\_\_\_\_