

DRIVER'S APPLICATION FOR EMPLOYMENT

Name (print Last/First/Middle):	Date of Application:	Position Applied for:	Social Security No.:
Date of Birth:	Can you provide proof of age? (Y/N):	Do you have the legal right to work in the United States? (Y/N):	Company:
Current Address:	City: State: Zip:	Phone:	How Long? (yr / mo)
Previous Address1:	City: State: Zip:	Phone:	How Long? (yr / mo)
Previous Address2:	City: State: Zip:	Phone:	How Long? (yr / mo)
Have you worked for this company before? (Y/N):	If yes, When did you start and end?	If yes, What was your rate of pay?	If yes, What was your position?
If yes, What was your reason for leaving?	Are you employed now? (Y/N):	If not, How long since leaving last employment?	Who referred you?
Have you ever been convicted of a felony? (Y/N): <i>(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.)</i>			
Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)? (Y/N): <i>(If yes, explain)</i>			

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin age, marital status, veteran status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

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, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the even 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 with the Company.

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 49CFR 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.

Signature _____ Date _____

PROCESS RECORD (FOR COMPANY USE ONLY)

APPLICANT HIRED	REJECTED
DATE EMPLOYED	POINT EMPLOYED
DEPARTMENT	CLASSIFICATION
SIGNATURE OF INTERVIEWING OFFICER	

A.H. GARDNER & SON, INC. ~ 2207 S NEWKIRK STREET ~ BALTIMORE, MD 21224

410.631.7200 ~ 410.631.5737 FAX

EMPLOYMENT HISTORY

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 as necessary.)

EMPLOYER	DATES	
Name:	From: (Mo. / Yr.)	To: (Mo. / Yr.)
Address:	City, State Zip	
Contact:	Phone:	Salary / Wage:
Were you subject to the FMCSRS while employed? (Y / N):	Reason for Leaving:	
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? (Y / N):		

EMPLOYER	DATES	
Name:	From: (Mo. / Yr.)	To: (Mo. / Yr.)
Address:	City, State Zip	
Contact:	Phone:	Salary / Wage:
Were you subject to the FMCSRS while employed? (Y / N):	Reason for Leaving:	
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? (Y / N):		

EMPLOYER	DATES	
Name:	From: (Mo. / Yr.)	To: (Mo. / Yr.)
Address:	City, State Zip	
Contact:	Phone:	Salary / Wage:
Were you subject to the FMCSRS while employed? (Y / N):	Reason for Leaving:	
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? (Y / N):		

EMPLOYER	DATES	
Name:	From: (Mo. / Yr.)	To: (Mo. / Yr.)
Address:	City, State Zip	
Contact:	Phone:	Salary / Wage:
Were you subject to the FMCSRS while employed? (Y / N):	Reason for Leaving:	
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? (Y / N):		

EMPLOYER	DATES	
Name:	From: (Mo. / Yr.)	To: (Mo. / Yr.)
Address:	City, State Zip	
Contact:	Phone:	Salary / Wage:
Were you subject to the FMCSRS while employed? (Y / N):	Reason for Leaving:	
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? (Y / N):		

EMPLOYER	DATES	
Name:	From: (Mo. / Yr.)	To: (Mo. / Yr.)
Address:	City, State Zip	
Contact:	Phone:	Salary / Wage:
Were you subject to the FMCSRS while employed? (Y / N):	Reason for Leaving:	
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? (Y / N):		

DRIVING RECORD & EDUCATION

Accident record for the past 3 years or more (Attach sheet if more space is needed) If none, write "None."

DATES	NATURE OF ACCIDENT (HEAD ON, REAR END)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
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.

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

STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? (Y / N):

B. Has any license, permit or privilege ever been suspended or revoked? (Y / N):

If the answer to either A or B is Yes, please give details:

Driving Experience: Check Yes or No

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Circle)	DATES (FROM / TO)	APPROX. NO. MILES (TOTAL)
Straight Truck Yes <input type="checkbox"/> No <input type="checkbox"/>	Van Tank Flat Dump Reefer	/	
Tractor & Semi Trailer Yes <input type="checkbox"/> No <input type="checkbox"/>	Van Tank Flat Dump Reefer	/	
Tractor – Two Trailers Yes <input type="checkbox"/> No <input type="checkbox"/>	Van Tank Flat Dump Reefer	/	
Tractor – Three Trailers Yes <input type="checkbox"/> No <input type="checkbox"/>	Van Tank Flat Dump Reefer	/	
Motorcoach – School Bus Yes <input type="checkbox"/> No <input type="checkbox"/> >8	Van Tank Flat Dump Reefer	/	
Motorcoach – School Bus Yes <input type="checkbox"/> No <input type="checkbox"/> >15	Van Tank Flat Dump Reefer	/	

Other:

List states operated in for the last 5 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 – OTHER

Show any trucking, transpiration 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 show):

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Last school attended (Name, City, State):

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.

Signature: _____ Date: _____

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

Company Name _____

In accordance with the provisions of Section 604 (b) (2) (A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicants Signature

Date

Print Name

Social Security Number