



P.O. BOX 3588
 WINCHESTER, VIRGINIA 22604-2586
 (540) 877-2590

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

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.

PLEASE TYPE OR PRINT (IN INK)

GENERAL - PERSONAL INFORMATION				
LAST NAME	FIRST		TELEPHONE NUMBER ()	
HOME ADDRESS (Street & Number)	CITY	STATE	ZIP	HOW LONG?
PREVIOUS RESIDENCES (Last 3 years)				
ARE YOU AGE 18 OR OVER? <input type="checkbox"/> YES <input type="checkbox"/> NO	SOCIAL SECURITY NUMBER	WILL YOU WORK OVERTIME IF ASKED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME OF PERSON TO BE CONTACTED IN CASE OF EMERGENCY			TELEPHONE NUMBER ()	
ADDRESS	CITY		STATE	ZIP

POSITION DESIRED	
POSITION APPLIED FOR _____	HAVE YOU WORKED FOR THIS COMPANY BEFORE? _____
WHERE _____	DATES: FROM _____ TO _____
RATE OF PAY _____	POSITION _____
REASON FOR LEAVING _____	NAME OF RELATIVES IN OUR EMPLOY _____
ARE YOU NOW EMPLOYED? _____	IF NOT, HOW LONG SINCE LEAVING LAST EMPLOYMENT? _____
WHO REFERRED YOU? _____	RATE OF PAY EXPECTED _____
ANY JOB OFFER IS CONTINGENT UPON PASSING A MEDICAL EXAMINATION AND/OR DRUG AND ALCOHOL SCREEN.	
ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU HAVE APPLIED?	YES _____ NO _____
IF NOT ARE THERE ANY ACCOMMODATIONS WHICH WOULD ENABLE YOU TO PERFORM THE JOB?	YES _____ NO _____
YOU MAY EXPLAIN ACCOMMODATIONS IF YOU WISH: _____	

EDUCATION

	NAME AND LOCATION OF SCHOOLS	DATE ATTENDED	GRADUATED	DEGREE	MAJOR FIELD OF STUDY
High School	NAME	FROM:	<input type="checkbox"/> YES		
	CITY STATE	TO:	<input type="checkbox"/> NO		
College or University	NAME	FROM:	<input type="checkbox"/> YES		
	CITY STATE	TO:	<input type="checkbox"/> NO		
Graduate School	NAME	FROM:	<input type="checkbox"/> YES		
	CITY STATE	TO:	<input type="checkbox"/> NO		
Business or Vocational	NAME	FROM:	<input type="checkbox"/> YES		
	CITY STATE	TO:	<input type="checkbox"/> NO		
Other					

MILITARY (Discharge papers may be requested after hire)

WERE YOU EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No	BRANCH OF SERVICE	RESERVE STATUS <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/> SUMMER CAMP REQUIRED	
STARTING RANK	RANK AT SEPARATION	DATE OF ENTRY	DATE OF SEPARATION
SPECIALIZED TRAINING OR EXPERIENCE (Identify)			

EXPERIENCE AND QUALIFICATIONS – DRIVER

DATE OF BIRTH _____ (ANSWER ONLY IF APPLYING FOR DRIVING POSITION)				
DRIVER LICENSES HELD IN PAST 3 YEARS MUST BE SHOWN	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
A. HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO B. HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? <input type="checkbox"/> YES <input type="checkbox"/> NO C. HAVE YOU EVER BEEN DISQUALIFIED SUBJECT TO SECTION 391.15 OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO D. IF THE ANSWER TO EITHER A, B OR C IS YES, ATTACH STATEMENT GIVING DETAILS				
DRIVING EXPERIENCE				
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	FROM	DATES TO	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TWIN-TRAILERS				
OTHER				
LIST STATES OPERATED IN FOR LAST FIVE YEARS _____				
HAVE YOU TAKEN ANY SPECIAL COURSES OR TRAINING? _____				
WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____				
ACCIDENT REVIEW FOR PAST 3 YEARS (Attach sheet if more space is needed)				
DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZMAT SPILL
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST THREE YEARS OTHER THAN PARKING VIOLATIONS			
LOCATION	DATE	CHARGE	PENALTY

GENERAL EXPERIENCE AND QUALIFICATIONS
LIST ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY
LIST COURSES AND TRAINING (OTHER THAN THOSE ALREADY SHOWN)
LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

GENERAL SECURITY INFORMATION	
CAN YOU, AFTER AN OFFER OF EMPLOYMENT, SUBMIT A BIRTH CERTIFICATE OR OTHER PROOF OF U.S. CITIZENSHIP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
IF NOT, ARE YOU LEGALLY PERMITTED TO WORK IN THE U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
IF YOU ARE NOT A CITIZEN OF THE UNITED STATES AND YOU ARE HIRED TO WORK, YOU WILL BE REQUIRED TO FURNISH DOCUMENTATION WITHIN 3 WORKING DAYS THAT YOU ARE A LEGAL RESIDENT AND ARE LEGALLY PERMITTED TO WORK IN THE U.S.	
HAVE YOU BEEN CONVICTED OF ANY FELONY UNDER YOUR PRESENT OR ANOTHER NAME?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
DISPOSITION OF CASE:	IF YES: WHEN WHERE
HAVE YOU EVER BEEN BONDED?	<input type="checkbox"/> Yes <input type="checkbox"/> No
HAVE YOU EVER BEEN REFUSED BOND?	<input type="checkbox"/> Yes <input type="checkbox"/> No
HAVE YOU EVER WORKED FOR THIS COMPANY UNDER ANOTHER NAME?	<input type="checkbox"/> Yes <input type="checkbox"/> No
**Conviction of a felony will not necessarily bar you from employment.	

TO BE READ AND SIGNED BY APPLICANT
<p>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.</p> <p>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.</p> <p>If applying for Department of Transportation regulated employment, 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 Federal Motor Carrier Safety Regulations, 49 CFR 391.23(d) and (e). I understand that I have the right to:</p> <ul style="list-style-type: none"> 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 employers; 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. <p>I agree to furnish such additional information and complete such examinations as may be required to complete my employment record and maintain my employment.</p> <p>(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.”</p> <p>(PA)—I authorize my employer to obtain from the Registry of Motor Vehicles a copy of my Motor Vehicle Violations Record.</p> <p>It is agreed and understood that this application for employment in no way obligates the employer to employ me.</p> <p>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.</p>
<p>_____</p> <p>Date</p>
<p>_____</p> <p>Applicant's Signature</p>