

DRIVER'S APPLICATION FOR EMPLOYMENT

FRANK'S VACUUM TRUCK SERVICE, INC.
1717 NEW ROAD
NIAGARA FALLS, NY 14304

(answer all questions – please print)

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, or non-job related disability.

Date of application _____

Position(s) Applied for _____

Name _____ Social Security No. _____
Last First Middle

Address _____
Street City
State Zip Phone _____

Address _____ How Long? _____
For Past Street City
Three Years Street City
Years Street City

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

Date of Birth ____/____/____ Can you provide proof of age _____
(Required for Truck Drivers)

Have you worked for this company before? _____ When? _____
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? _____ Rate of pay expected _____

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]? _____

If yes, explain if you wish. _____

EMPLOYMENT HISTORY

The US Department of Transportation requires that driver applications show all employment for the past 3 years. They must also show commercial driver employment for the 7 years immediately preceding this three year period.

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

Current Employer: _____ Supervisor's Full Name: _____
Full Address: _____ Zip: _____ Phone: () _____
Position Held: _____ From: _____ To: _____ Salary: _____
month/year month/year

Reason for leaving: _____

Company: _____ Supervisor's Full Name: _____
Full Address: _____ Zip: _____ Phone () _____
Position Held: _____ From: _____ To: _____ Salary: _____
month/year month/year

Reason for leaving: _____

Company: _____ Supervisor's Full Name: _____
Full Address: _____ Zip: _____ Phone: () _____
Position Held: _____ From: _____ To: _____ Salary: _____
month/year month/year

Reason for leaving: _____

Company: _____ Supervisor's Full Name: _____
Full Address: _____ Zip: _____ Phone: () _____
Position Held: _____ From: _____ To: _____ Salary: _____
month/year month/year

Reason for leaving: _____

Company: _____ Supervisor's Full Name: _____
Full Address: _____ Zip: _____ Phone: () _____
Position Held: _____ From: _____ To: _____ Salary: _____
month/year month/year

Reason for leaving: _____

Company: _____ Supervisor's Full Name: _____
Full Address: _____ Zip: _____ Phone: () _____
Position Held: _____ From: _____ To: _____ Salary: _____
month/year month/year

Reason for leaving: _____

Company: _____ Supervisor's Full Name: _____
Full Address: _____ Zip: _____ Phone: () _____
Position Held: _____ From: _____ To: _____ Salary: _____
month/year month/year

Reason for leaving: _____

DRIVER EXPERIENCE & QUALIFICATION:

Licenses

Drivers Licenses held in past 3 years must be shown	State	License No.	Class	Endorsement(s)	Expiration Date

- 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, 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 Trailers – LCV's				
Other				

List States operated in during last five years _____

List special courses or training _____
 List any driving awards held _____

Accident Review for past 3 years (Attach separate piece of paper if more space is needed)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR END, ETC.)	FATALITIES	INJURIES
Last Accident			
Next Previous			
Next Previous			

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

Location	Date	Charge	Penalty

EDUCATION

Circle highest grade completed: _____ College: _____

Last school attended _____
 Name Address

APPLICANT MUST READ AND SIGN

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of 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 which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

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 may be required to complete my employment file.

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

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

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 Signature
_____ Print Applicant Name

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**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: _____

**FRANK'S VACUUM TRUCK SERVICE, INC.
1717 NEW ROAD
NIAGARA FALLS, NY 14304**

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

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 Section 382-413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant's Signature

Date

Print Name

Social Security Number

Driver's License Number

State where Issued

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

Print Name _____
First, M.I, Last _____ Social Security Number _____

Hereby authorizes that:

Previous employer: _____

Street: _____ Phone: _____

City, State, Zip: _____ Fax #: _____

May release and for ward information requested by Section 2 (below) of this document concerning my Alcohol and Controlled Substances testing records to:

Prospective Employer: **FRANK'S VACUUM TRUCK SERVICE, INC.**
Attention: FRANK JUREK III
Street: 1717 New Road Phone: 716-284-2132
City, State, Zip: NIAGARA FALLS, NY 14304 Fax #: 716-284-2138

In compliance with § 40.25(g), release of this information must be made in a written form that ensures confidentiality, such as fax, e-mail, or letter.

Applicant's Signature Date

Print Applicant's Name

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

If Driver was not subject to Department of Transportation testing requirements while employed by you, please check here _____, sign below and return.

Under Department of Transportation Testing Requirements:

	YES	NO
1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?	_____	_____
2. Has this person had a verified positive drug test?	_____	_____
3. Has this person refused to be tested (including verified adulterated or substituted drug test results)?	_____	_____
4. Has this person committed other violations of DOT agency drug and alcohol testing?	_____	_____
5. If this person has violated a DOT drug & alcohol regulation, do you have documentation of the employee's successful completion of DOT return-to-duty requirements, including follow-up tests? (Please send this documentation back with this form, if applicable?)	_____	_____

In answering these questions, include any drug or alcohol testing information obtained from previous employers under § 40.25 or other applicable DOT agency regulations.

Name: _____

Company: _____

Street: _____

City, State, Zip _____ Phone: _____

Section 2 Completed by (Signature) _____ Date: _____
(Print Name) _____

SECTION 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was _____ Faxed to previous employer _____ Mailed _____ Date: _____

Complete below when information is obtained.

Information received from: _____

Recorded by: _____ Method: _____ Fax _____ Mail _____ Email _____

Date: _____

