

Application for Employment - Fuel Transport Driver

(Answer all questions - **PLEASE PRINT CLEARLY**)

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.

Name _____ Date of application _____
Last First Middle

Date of Birth _____ / _____ / _____ Social Security No. _____
(Required for Commercial Drivers)

Current Phone (____) _____ - Are you legally authorized for employment in the United States? EI YES EI NO

List your addresses of residency [NOT PO BOX] for the past 3 years.

Current Address How long at this address?

	<small>Street/Number</small>	<small>City, State</small>	<small>Zip Code</small>		
	_____	_____	_____	How long?	_____
Previous	<small>Street</small>	<small>City, State</small>	<small>Zip Code</small>		
Addresses	_____	_____	_____	How long?	_____
	<small>Street</small>	<small>City, State</small>	<small>Zip Code</small>		
	_____	_____	_____	How long?	_____

Have you ever been convicted of a felony? ___ YES ___ NO

Current Driver's License	STATE	LICENSE NO.	CLASS/ENDORSEMENTS	EXPIRATION
Licenses held for the past 3 years:				

Federal Requirements state that no person who operates a commercial motor vehicle shall at any time have more than one driver's license.
INITIAL HERE TO CERTIFY YOU HAVE ONLY ONE LICENSE . (REQUIRED)

FOR OFFICE USE ONLY	
	Date of

EMPLOYMENT HISTORY

Have you tested positive on a Department of Transportation mandated pre-employment drug test within the past 2 years? __ YES __ NO

Have you refused to be tested for a Department of Transportation mandated pre-employment drug test within the past 2 years? __ YES __ NO

If you answered "yes" to either question above, please provide the following information for each instance:

Date	Company Name	Telephone #	Positive or Refused
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Federal Motor Carrier Safety Regulations §391.23 requires all drivers applying to operate commercial motor vehicles to provide complete employment information on ALL employers for the previous 3 years. In addition, it is required that you include any employer for whom you operated a commercial motor vehicle for an additional 7 years (total of 10 years employment history). FAILURE TO PROVIDE COMPLETE INFORMATION WILL DELAY PROCESSING OF YOUR APPLICATION UNTIL YOU CAN PROVIDE REQUESTED INFORMATION.

Provide a COMPLETE mailing address (street number/name or PO Box, city, state, zip code) and phone number. List in reverse order beginning with our most recent employer. This form may be copied if additional sheets are necessary.

MOST RECENT OR CURRENT EMPLOYER			DATE
NAME		FROM (Mo/Yr) To (Mo/Yr)	
ADDRESS		POSITION HELD	
CITY	STATE	SALARY/WAGE	
CONTACT		PHONE NUMBER	REASON FOR LEAVING
CDL REQUIRED?: <input type="checkbox"/> YES <input type="checkbox"/> NO		SAFETY SENSITIVE POSITION?: <input type="checkbox"/> YES <input type="checkbox"/> NO	
EMPLOYER			DATE
NAME		FROM (Mo/Yr) To (Mo/Yr)	
ADDRESS		POSITION HELD	
CITY	STATE	SALARY/WAGE	
CONTACT		PHONE NUMBER	REASON FOR LEAVING
CDL REQUIRED?: <input type="checkbox"/> YES <input type="checkbox"/> NO		SAFETY SENSITIVE POSITION?: <input type="checkbox"/> YES <input type="checkbox"/> NO	
EMPLOYER			DATE
NAME		FROM (Mo/Yr) To (Mo/Yr)	
ADDRESS		POSITION HELD	
CITY	STATE	SALARY/WAGE	
CONTACT		PHONE NUMBER	REASON FOR LEAVING
CDL REQUIRED?: <input type="checkbox"/> YES <input type="checkbox"/> NO		SAFETY SENSITIVE POSITION?: <input type="checkbox"/> YES <input type="checkbox"/> NO	
EMPLOYER			DATE
NAME		FROM (Mo/Yr) To (Mo/Yr)	
ADDRESS		POSITION HELD	
CITY	STATE	SALARY/WAGE	
CONTACT		PHONE NUMBER	REASON FOR LEAVING
CDL REQUIRED?: <input type="checkbox"/> YES <input type="checkbox"/> NO		SAFETY SENSITIVE POSITION?: <input type="checkbox"/> YES <input type="checkbox"/> NO	

COPY THIS PAGE AS NECESSARY TO PROVIDE ALL REQUIRED PRIOR EMPLOYMENT.

MOST RECENT OR CURRENT EMPLOYER			DATE
NAME			FROM (Mo/Yr) To (Mo/Yr)
ADDRESS			POSITION HELD
CITY	STATE	ZIP	SALARY/WAGE
CONTACT	PHONE NUMBER		REASON FOR LEAVING
CDL REQUIRED?: __ YES __ NO			SAFETY SENSITIVE POSITION?: __ YES __ NO
EMPLOYER			DATE
NAME			FROM (Mo/Yr) To (Mo/Yr)
ADDRESS			POSITION HELD
CITY	STATE	ZIP	SALARY/WAGE
CONTACT	PHONE NUMBER		REASON FOR LEAVING
CDL REQUIRED?: __ YES __ NO			SAFETY SENSITIVE POSITION?: __ YES __ NO
EMPLOYER			DATE
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CONTACT	PHONE NUMBER		REASON FOR LEAVING
CDL REQUIRED?: __ YES __ NO			SAFETY SENSITIVE POSITION?: __ YES __ NO
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NAME			FROM (Mo/Yr) To (Mo/Yr)
ADDRESS			POSITION HELD
CITY	STATE	ZIP	SALARY/WAGE
CONTACT	PHONE NUMBER		REASON FOR LEAVING
CDL REQUIRED?: __ YES __ NO			SAFETY SENSITIVE POSITION?: __ YES __ NO

**ACCIDENT RECORD FOR PAST 3 YEARS (ATTACH ADDITIONAL SHEETS IF MORE SPACE IS NECESSARY).
IF NO ACCIDENTS, WRITE .NONE.**

DATE(S)	TYPE OF ACCIDENT (HEAD-ON, REAR-END, ETC)	INJURIES	FATALITIES

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS). IF NONE, WRITE .NONE.

LOCATION	DATE	CHARGE	PENALTY	CMV?

- A. HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT, OR PRIVILEGE TO OEPERATE A MOTOR VEHICLE? YES NO
 B. HAS ANY LICENSE, PERMIT, OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? YES NO

C. IF THE ANSWER TO EITHER A OR B IS YES, ATTACH A STATEMENT GIVING FULL DETAILS.

DRIVING EXPERIENCE (IF NONE, WRITE "NONE")

EQUIPMENT CLASS	EQUIPMENT TYPE (VAN, TANK, FLAT, ETC)	FROM	To	APPROX NO. OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR-TWO TRAILERS				
MOTORCOACH/SCHOOL BUS				
OTHER				

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

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

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

**APPLICANT: READ EACH STATEMENT AND INITIAL BESIDE IT.
SIGN AND DATE AT BOTTOM OF PAGE.**

_____ 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 of this application indicates authorization to Haul of Fame Transport LLC to make investigations and inquiries of my personal, employment, or medical history and other related matters as may be necessary in arriving at an employment decision.

_____ I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY Haul of Fame AND/OR TO FURNISH THE ABOVE-MENTIONED INFORMATION.

_____ I understand that by filling out this application, it DOES NOT assure me of a job interview. I authorize investigation of all statements contained in this application. I understand that if any of the statements I have made are proved to be untrue, this is grounds for immediate termination. I understand and agree that if hired, my employment is for no definite period and I understand that I will not be under contract for employment with Haul of Fame Transport LLC. I understand, also, that I am required to abide by all rules and regulations of Haul of Fame Transport LLC. Copies of this signed statement are as valid as the original.

DATE:

APPLICANT'S SIGNATURE:
