



APPLICATION FOR EMPLOYMENT

LOWHILL TOWNSHIP
7000 HERBER RD
NEW TRIPOLI PA 18066
610-298-2641

APPLICANT INFORMATION:

DATE _____ Position applying for: _____

NAME _____

PHONE _____ EMERGENCY PHONE _____

AGE _____ DATE OF BIRTH _____ SS# _____

(The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.)

CURRENT & PREVIOUS THREE YEARS ADDRESSES:

_____ FROM _____ TO _____

_____ FROM _____ TO _____

_____ FROM _____ TO _____

HAVE YOU WORKED FOR THIS COMPANY BEFORE? _____ Yes _____ No

If yes, give dates: From _____ To _____
Reason for leaving?

EDUCATION HISTORY:

Please circle the highest grade completed:

Grade school: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 Post Graduate: 1 2 3

EMPLOYMENT HISTORY:

Give a COMPLETE RECORD of all employment for the past three (3) years, including any unemployment or self employment periods, and all commercial driving experience for the past ten (10) years.

Mo/Yr Mo/Yr Present or Last Employer

From _____ To _____

Name _____

Position

Held _____ Address _____

Reason for leaving _____

Company phone: _____

Were you subject to the FMCSRs while employed here* _____ Yes _____ No

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? _____ Yes _____ No

Mo/Yr Mo/Yr Present or Last

Employer From _____ To _____

Name _____

Position

Held _____ Address _____

Reason for leaving _____

Company phone: _____

Were you subject to the FMCSRs while employed here? _____ Yes _____ No

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? _____ Yes _____ No

Mo/Yr Mo/Yr Present or Last

Employer From _____ To _____

Name _____

Position

Held _____ Address _____

Reason for leaving _____ Company

phone: _____

Were you subject to the FMCSRs while employed here? _____ Yes _____ No

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? _____ Yes _____ No

Mo/Yr Mo/Yr Present or Last

Employer From _____ To _____

Name _____

Position

Held _____ Address _____

Reason for leaving _____

Company phone: _____

Were you subject to the FMCSRs while employed here? _____ Yes _____ No

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? _____ Yes _____ No

If additional space is needed, please use the reverse side.

EQUIPMENT EXPERIENCE: _____

TYPE OF EQUIPMENT: _____

YEARS EXPERIENCE: _____

Accident Record for past three (3) years: (attach sheet if more space is needed):

Date of Accident Nature of Accidents _____

Location of accident _____

Traffic Convictions and Forfeitures for the last three (3) years (other than parking violations):

Date _____ Location _____ Charge Penalty _____

Driver's License (list each driver's license held in the past three(3) years:

State _____ License Type _____ Endorsements _____ Expiration Date _____

Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____ Yes
_____ No

Has any license, permit or privilege ever been suspended or revoked? _____ Yes _____ No

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)? _____ Yes ____ No

Have you ever been convicted of a felony? _____ Yes ____ No

If the answers to any questions listed above are "yes",
please give details: _____

Job References

List three (3) persons for references, other than family members, who have knowledge of your safety habits.

Name _____ Address _____

Phone _____

Name _____ Address _____

Phone _____

Name _____ Address _____

Phone _____

To Be Read and Signed by Applicant:

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.

It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to obtain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and person named herein from all liability for any damages on account of his 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 investigating 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 application file.

It is agreed and understood that this Application in no way obligates the motor carrier to employ or hire the applicant.

It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.

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.

Applicant

Signature _____ Date _____