

# Driver's Application for Employment

*Perry Engineering Company, Inc.*

*1945 Millwood Pike Winchester, VA 22602*

*(540)667-4310*

## NOTICE TO ALL TRUCK DRIVER APPLICANTS

YOU MUST PROVIDE THE FOLLOWING IN ORDER TO BE CONSIDERED FOR A POSITION WITH OUR COMPANY:

1. If you are a CDL holder and are applying for a driving position, prior to submitting this Employment Application you **MUST** register and create an account with the Federal Motor Carrier Safety Administration (FMCSA) Drug & Alcohol Clearinghouse. We cannot consider you for employment until you have created this account.

**Registration is available at:**

**<https://clearinghouse.fmcsa.dot.gov/register>**

2. Application with previous employer's complete address
3. **Current** copy of driving record and current physical card

If driving record is not submitted or application is incomplete, you will not be considered for a position!



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## WE ARE AN EQUAL OPPORTUNITY EMPLOYER

In consideration 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 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.

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 49 CFR 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 \_\_\_\_\_

### FOR COMPANY USE

#### PROCESS RECORD

APPLICANT HIRED \_\_\_\_\_

REJECTED \_\_\_\_\_

DATE EMPLOYED \_\_\_\_\_

POINT EMPLOYED \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

CLASSIFICATION \_\_\_\_\_

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING OFFICER \_\_\_\_\_

#### TERMINATION OF EMPLOYMENT

DATE TERMINATED \_\_\_\_\_ DEPARTMENT RELEASED FROM \_\_\_\_\_

DISMISSED \_\_\_\_\_ VOLUNTARILY QUIT \_\_\_\_\_ OTHER \_\_\_\_\_

TERMINATION REPORT PLACED IN FILE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

**APPLICANT TO COMPLETE**  
PLEASE PRINT CLEARLY

Position Applying For: \_\_\_\_\_

Date: \_\_\_\_\_

NAME: \_\_\_\_\_  
Last First Middle

SS# \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

D.O.B \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City State Zip # of years

PAST 3 YEAR RESIDENCY \_\_\_\_\_  
Street City State Zip # of years

\_\_\_\_\_ Street City State Zip # of years

\_\_\_\_\_ Street City State Zip # of years

Are you 18 years of age or older?  Yes  No

Are you legally eligible for employment in the U.S.?  Yes  No

Will you work overtime, emergency hours, Saturday or Sunday, if necessary?  Yes  No

Are you physically able to perform the duties of the job for which you are applying?  Yes  No

Have you ever worked for this company before?  Yes  No Dates: From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**EDUCATION:**

Circle the last year of school completed: 8 9 10 11 12 College or Trade: 13 14 15 16 Graduate: 17 18 19

| Name of School | City and State | Courses Taken |
|----------------|----------------|---------------|
|                |                |               |
|                |                |               |
|                |                |               |
|                |                |               |

Have you served in the U.S. Armed Forces?  YES  NO Branch \_\_\_\_\_ Rank \_\_\_\_\_ Discharged \_\_\_\_\_

**EMPLOYMENT HISTORY:**

All applicants wishing to drive in interstate commerce must provide the following information on ALL employers during the preceding **3** years. Applicants to drive a commercial motor vehicle (GVWR of 26,001 lbs or more or any size vehicle used to transport hazardous materials in a quantity requiring placarding) shall provide an additional **7** years information on those employers for whom the applicant operated such vehicle. Any gaps in employment **must be explained**. List the complete mailing address: street number, city, state and zip code. Use additional sheets as necessary.

|   |                    |                  |                 |
|---|--------------------|------------------|-----------------|
| Last Employer:  |                    | Phone:           | May We Contact? |
| Address:  |                    | City:            | State: Zip:     |
| Position Held:  | From (month/year): | To (month/year): |                 |
| Reason for Leaving:   |                    |                  |                 |
| Account for period between jobs (include dates and reason):   |                    |                  |                 |
| Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>FMCSRs apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 lbs or more, (2) is designed or used to transport more than 8 passengers including the driver, or (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding. |                    |                  |                 |
| 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? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                    |                  |                 |

|   |                    |                  |      |
|---|--------------------|------------------|------|
| Second to Last Employer:  | Phone:             | May We Contact?  |      |
| Address:  | City:              | State:           | Zip: |
| Position Held:  | From (month/year): | To (month/year): |      |
| Reason for Leaving:   |                    |                  |      |
| Account for period between jobs (include dates and reason):   |                    |                  |      |
| Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>FMCSRs apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 lbs or more, (2) is designed or used to transport more than 8 passengers including the driver, or (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding. |                    |                  |      |
| 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? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                    |                  |      |

|   |                    |                  |      |
|---|--------------------|------------------|------|
| Third to Last Employer:   | Phone:             | May We Contact?  |      |
| Address:  | City:              | State:           | Zip: |
| Position Held:  | From (month/year): | To (month/year): |      |
| Reason for Leaving:   |                    |                  |      |
| Account for period between jobs (include dates and reason):   |                    |                  |      |
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| 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? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                    |                  |      |

|   |                    |                  |      |
|---|--------------------|------------------|------|
| Fourth to Last Employer:  | Phone:             | May We Contact?  |      |
| Address:  | City:              | State:           | Zip: |
| Position Held:  | From (month/year): | To (month/year): |      |
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|   |                    |                  |      |
|---|--------------------|------------------|------|
| Employer:   | Phone:             | May We Contact?  |      |
| Address:  | City:              | State:           | Zip: |
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| 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? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                    |                  |      |

|   |                    |                  |      |
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| Employer:   | Phone:             | May We Contact?  |      |
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| Reason for Leaving:   |                    |                  |      |
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| 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? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                    |                  |      |

|   |                    |                  |      |
|---|--------------------|------------------|------|
| Employer:   | Phone:             | May We Contact?  |      |
| Address:  | City:              | State:           | Zip: |
| Position Held:  | From (month/year): | To (month/year): |      |
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| 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? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                    |                  |      |

**ACCIDENT RECORD FOR PAST 3 YEARS.** Attach sheet if more space is needed. If None, write NONE.

| DATES | NATURE OF ACCIDENT<br>(head-on, rear-end, upset, etc) | FATALITIES | INJURIES | HAZARDOUS<br>MATERIAL SPILL |
|-------|---|------------|----------|-----------------------------|
|       |   |            |          |                             |
|       |   |            |          |                             |
|       |   |            |          |                             |

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS** (other than parking violations).

If None, write NONE.

| LOCATION | DATE | CHARGE | PENALTY |
|----------|------|--------|---------|
|          |      |        |         |
|          |      |        |         |
|          |      |        |         |

**EXPERIENCE AND QUALIFICATIONS**

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

| STATE | LICENSE NO. | TYPE | 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

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS:

\_\_\_\_\_

\_\_\_\_\_

**DRIVING EXPERIENCE**

| CLASS OF EQUIPMENT   | CIRCLE TYPE<br>OF TRUCK | DATES      |         | APPROX. TOTAL<br>MILES DRIVEN |
|--|-------------------------|------------|---------|-------------------------------|
|  |                         | FROM (M/Y) | TO(M/Y) |                               |
| Straight Truck <input type="checkbox"/> Yes <input type="checkbox"/> No  | van, tank, flat, dump   |            |         |                               |
| Tractor-trailer <input type="checkbox"/> Yes <input type="checkbox"/> No | van, tank, flat, dump   |            |         |                               |
| Bus <input type="checkbox"/> Yes <input type="checkbox"/> No             |                         |            |         |                               |
| Other  |                         |            |         |                               |

List states operated in for last 5 years: \_\_\_\_\_

What special training or courses have you taken: \_\_\_\_\_

**REFERENCES:**

Please list 3 persons not related to you.

| Name | Phone | Relationship | Years Known |
|------|-------|--------------|-------------|
|      |       |              |             |
|      |       |              |             |
|      |       |              |             |

In the event of an emergency, notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

*I understand that the processing of my employment application requires the expenditure of time and resources by this employer. I understand that this application does not constitute a contract for employment. I also understand that this employer would not process this application if I had no genuine interest in employment at the time this application is submitted. Therefore, I hereby represent and certify that I am interested in employment with Perry Engineering, Inc., and that my application is submitted in good faith and genuine interest in employment. I hereby consent to a drug screening test. I understand and agree that any omission or falsification of this application may be cause for the disqualification of my application or termination of employment. I understand and agree that, once hired, I am required to abide by all rules and regulations of Perry Engineering, Inc.*

*By signing, this certifies that this application was completed by me, and that all entries and information are true and complete to the best of my knowledge.*

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_