

DRIVER'S APPLICATION FOR EMPLOYMENT

Company: Lucia Specialized Hauling, Inc.
Address: 9815 Western Tnpk
City: Delanson State: NY Zip: 12053

(Answer all questions – please type or 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 _____

Name _____ Social Security No. _____

Last First Middle

Address _____

Street City

State Zip Phone _____

State Zip

ADDRESS) _____ How Long? _____

FOR PAST) Street City State & Zip

THREE) _____ How Long? _____

YEARS) Street City State & Zip

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

Date of Birth _____ / _____ / _____

(Required for Truck Drivers)

Have you worked for this company before? _____ Dates: From _____ To _____

Position: _____

Is there any reason you might be unable to perform the functions of the job for which you have applied? Common tasks will include, but not be limited to the following: Lifting 50 lbs., driving long haul, driving local, chaining and tarping loads.

If yes, explain if you wish _____

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding three (3) years.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional seven (7) years information on those employers for whom the application operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER			DATE	
NAME	FROM MO. YR.		TO MO. YR.	
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON			PHONE NUMBER	
			REASON FOR LEAVING	

EMPLOYER			DATE	
NAME	FROM MO. YR.		TO MO. YR.	
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON			PHONE NUMBER	
			REASON FOR LEAVING	

EMPLOYER			DATE	
NAME	FROM MO. YR.		TO MO. YR.	
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON			PHONE NUMBER	
			REASON FOR LEAVING	

EMPLOYER			DATE	
NAME	FROM MO. YR.		TO MO. YR.	
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON			PHONE NUMBER	
			REASON FOR LEAVING	

EMPLOYER			DATE	
NAME	FROM MO. YR.		TO MO. YR.	
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON			PHONE NUMBER	
			REASON FOR LEAVING	

EMPLOYER			DATE	
NAME	FROM MO. YR.		TO MO. YR.	
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON			PHONE NUMBER	
			REASON FOR LEAVING	

* Includes vehicles having a GVWR of 26,001 lbs or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD ON, REAR-END, UPSET, 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(ATTACH SHEET IS MORE SPACE IS NEEDED)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED _____
 (NAME) (CITY)

EXPERIENCE AND QUALIFICATIONS – DRIVER

DRIVER	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
LICENSES	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

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, ATTACH STATEMENT GIVING DETAILS

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK	_____	_____	_____	_____
TRACTOR AND SEMI-TRAILER	_____	_____	_____	_____
TRACTOR-TWO TRAILERS	_____	_____	_____	_____
OTHER	_____	_____	_____	_____

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

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

WHICH SAFE DRIVING AWARDS DO YOU HOLD AD FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS – OTHER

SHOW ANY TRUCKING TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY.

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

TO BE READ AND SIGNED BY APPLICANT

Please note the following equal opportunity employment clause (EEO clause): Lucia Specialized Hauling, Inc. is an an equal opportunity employer. All applicants will be considered for employment without attention to race, color, religion, sex, sexual orientation, gender identity, national origin, veteran, age, marital status, or disability status.

I certify 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.

I authorize you to make such investigations and inquiries of my personal, employment, or financial and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquiries and releasing information in connection with my application. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other federal and state laws. I have read the above EEO clause and understand that Lucia Specialized Hauling, Inc. is an equal opportunity employer. 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.

Date

Applicant's Signature