



Driver's Application For Employment

Hess Trucking Company
P.O. Box 4193
Harrisburg PA 17111

Applicant Name _____ Date of Application _____
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, 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 _____

** Additionally, I authorize the employer or their agent to make inquiries to the applicable state transportation agencies and obtain my motor vehicle violations and accident records as required by section 391.23 of the Federal Motor Carrier Safety Regulations.*

Applicant to Complete *Answer all questions - please print*

Position(s) Applied for _____

Name _____ Phone _____
Last First Middle

Social Security No. _____

List your addresses of residency for the past 3 years.

Current Address

Street City

State Zip How Long? Year / Month

Previous Addresses

Street City State Zip How Long? Year / Month.

Street City State Zip How Long? Year / Month.

Street City State Zip How Long? Year / Month.

Do you have the legal right to work in the United States? Yes No

Date of Birth ____/____/____ Can you provide proof of age? Yes No
Required for Commercial Drivers

Have you worked for this company before? Yes No If so, where? _____

Are you now employed? Yes No If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Have you ever been convicted of a felony? Yes No If yes, please explain fully on a separate sheet of paper.
Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied? Yes No
As described in the attached job description

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 3 years.
List complete mailing address, street number, city, state and zip code.

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

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

Employer _____	Date _____
<i>Name</i>	<i>From Month Year To Month Year</i>
_____	_____
<i>Address</i>	<i>Position Held</i>
_____	_____
<i>City State Zip</i>	<i>Salary/Wage</i>
_____	_____
<i>Contact Person Phone Number</i>	<i>Reason For Leaving</i>
_____	_____

Were You Subject To the FMCSR's While Employed? 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

Employer _____	Date _____
<i>Name</i>	<i>From Month Year To Month Year</i>
_____	_____
<i>Address</i>	<i>Position Held</i>
_____	_____
<i>City State Zip</i>	<i>Salary/Wage</i>
_____	_____
<i>Contact Person Phone Number</i>	<i>Reason For Leaving</i>
_____	_____

Were You Subject To the FMCSR's While Employed? 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

Employer _____	Date _____
<i>Name</i>	<i>From Month Year To Month Year</i>
_____	_____
<i>Address</i>	<i>Position Held</i>
_____	_____
<i>City State Zip</i>	<i>Salary/Wage</i>
_____	_____
<i>Contact Person Phone Number</i>	<i>Reason For Leaving</i>
_____	_____

Were You Subject To the FMCSR's While Employed? 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

Employer _____ Date _____
Name *From Month Year* *To Month Year*

Address *Position Held*

City *State* *Zip* *Salary/Wage*

Contact Person *Phone Number* *Reason For Leaving*

Were You Subject To the FMCSR's While Employed? 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

*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.

†The Federal Motor Carrier Safety Regulations (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 GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is 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, if none, write none.*

<i>Date</i>	<i>Nature Of Accident*</i>	<i>Fatalities</i>	<i>Injuries</i>	<i>Hazardous Material Spill</i>
Last Accident _____				
Next Previous _____				
Next Previous _____				

*Head-On, Rear-End, Upset, Etc.

Traffic Convictions And Forfeitures For The Past 3 Years *Other Than Parking Violations, if none, write none.*

<i>Location</i>	<i>Date</i>	<i>Charge</i>	<i>Penalty</i>

Experience And Qualifications - Driver *Attach sheet if more space is needed*

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

<i>State</i>	<i>License No.</i>	<i>Type</i>	<i>Expiration Date</i>
Driver Licenses _____			
Driver Licenses _____			
Driver 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, give details _____

