



DRIVERS APPLICATION FOR EMPLOYMENT

JJ Powell, Inc.
P.O. Box 30
Philipsburg, PA 16866

(answer all questions – 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, or non-job related disability.

Date of application _____

Position(s) Applied for _____

Name _____ Social Security No _____
Last First Middle

List your addresses of residency for the past 3 years.

Current Address _____
Street City
State Zip code Phone How Long? _____

Previous Addresses _____ How Long? _____
Street City State & Zip Code
Street City State & Zip Code How Long? _____
Street City State & Zip Code How Long? _____

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

Date of Birth ___/___/___ Can you provide proof of age? _____
(Required for Commercial Drivers)

Have you worked for this company before? _____ If yes, where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Is there any reason you might be unable to perform the functions of the job for which you have applied (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 addresses, street numbers, cities, states, and zip codes.

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 operate such vehicle.

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

EMPLOYER		DATE	
NAME		FROM Mo. Yr.	TO Mo. Yr.
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		REASON FOR LEAVING	
	PHONE #		

EMPLOYER		DATE	
NAME		FROM Mo. Yr.	TO Mo. Yr.
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		REASON FOR LEAVING	
	PHONE #		

EMPLOYER		DATE	
NAME		FROM Mo. Yr.	TO Mo. Yr.
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		REASON FOR LEAVING	
	PHONE #		

EMPLOYER		DATE	
NAME		FROM Mo. Yr.	TO Mo. Yr.
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		REASON FOR LEAVING	
	PHONE #		

EMPLOYER		DATE	
NAME		FROM Mo. Yr.	TO Mo. Yr.
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		REASON FOR LEAVING	
	PHONE #		

EMPLOYER		DATE	
NAME		FROM Mo. Yr.	TO Mo. Yr.
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		REASON FOR LEAVING	
	PHONE #		

EMPLOYER		DATE	
NAME		FROM Mo. Yr.	TO Mo. Yr.
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		REASON FOR LEAVING	
	PHONE #		

EMPLOYER		DATE	
NAME		FROM Mo. Yr.	TO Mo. Yr.
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		REASON FOR LEAVING	
	PHONE #		

*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 required placarding.

DRIVING RECORDS

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT <small>(HEAD-ON, REAR-END, UPSET, ETC.)</small>	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

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

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF 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

DRIVERS LICENSES	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, ATTACH STATEMENT GIVING DETAILS

DRIVING EXPERIENCE IF NONE, WRITE NONE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT <small>(VAN, TANK, FLAT, ETC.)</small>	DATES		APPROX. NO. OF MILES <small>(TOTAL)</small>
		FROM	TO	

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 AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS – OTHER

SHOW ANY TRUCKING, TRANSPORTATION, OR OTHER EXPERIENCE THAT MAY HELP YOU 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

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. 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.

Applicant's Signature

Date

FOR COMPANY USE ONLY:

THIS SECTION TO BE FILLED BY A RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____

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

	SUPERIOR	GOOD	FAIR	BELOW AVG.	POOR	WRITTEN RECORD ON FILE
APPLICATION						
INTERVIEW						
PAST EMPLOYMENT						
WRITTEN EXAM						
ROAD TEST						
CRIMINAL & TRAFFIC CONVICTIONS						

SIGNATURE OF INTERVIEWING OFFICER _____

TRANSFERS

FROM: _____ TO: _____ FROM: _____ TO: _____

DATE: _____ DATE: _____

REASON FOR TRANSFER _____ REASON FOR TRANSFER _____

FROM: _____ TO: _____ FROM: _____ TO: _____

DATE: _____ DATE: _____

REASON FOR TRANSFER _____ REASON FOR TRANSFER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____