



## Driver's Application For Employment

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

Name: \_\_\_\_\_ SS #: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Best Number to be reached at:  Home #  Cell # (check one)

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

Date of Birth: \_\_\_\_\_ Can you provide Proof of Age? \_\_\_\_\_

Have you worked for this company before: \_\_\_\_\_ When? From: \_\_\_\_\_ To: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Are you currently employed: \_\_\_\_\_ If no, how long since leaving your last employment? \_\_\_\_\_

How did you hear about the job? \_\_\_\_\_ Rate of pay expected? \_\_\_\_\_

Did you hear about this job from a current Kline's Services, Inc. Employee? \_\_\_\_\_ Who? \_\_\_\_\_

Are there any reasons 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employment is subject to successfully completing and passing a pre-employment substance test.

**Please sign to give your approval for testing:**

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

## Employment History

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 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 if needed)

Employer			Date	
Name			From	To
Address			Position Held	
City	State	Zip	Salary / Wage	
Contact	Phone #		Reason for Leaving	

Employer			Date	
Name			From	To
Address			Position Held	
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			Reason for Leaving	

## Driving History

List all traffic accidents

Dates	Nature of Accident <small>(Head-On, Rear-End, etc.)</small>	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

(Attach Sheet if more space is needed)

List all traffic convictions and forfeitures for the past three (3) years (other than parking violations)

Location	Date	Charge	Penalty
Last Accident			
Next Previous			
Next Previous			

(Attach Sheet if more space is needed)

## Education History

Circle highest grade completed:

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

College:

1 2 3 4

Last School Attended: \_\_\_\_\_

City / State: \_\_\_\_\_

## Experience and Qualifications – Driver

	State	License #	Type	Expiration Date
<b>Driver's License</b>				

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

2. Have you ever had any license, permit or privilege suspended or revoked?             Yes     No

If the answer to either question is yes, please attach statement giving details.

Class of Equipment	Type of Equipment	Dates	Approx. # of Miles
Straight Truck			
Tractor & Semi-Trailer			
Tractor – 2 Trailers			
Other			

List states operated in for last five (5) years: \_\_\_\_\_

Show special courses or training that you have taken 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 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).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## 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.

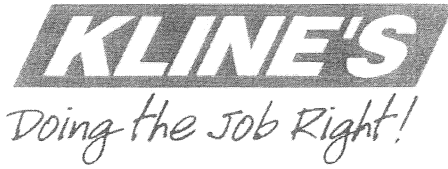
I authorize Kline's Services, Inc. to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional 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 Kline's Services, Inc.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

Kline's Services, Inc. considers all qualified applicants for all positions without regard to race, color, religion, sex, national origin, age, marital status, non-job related disability or sexual orientation.



**Past Employment Reference and Request for Alcohol & Controlled Substance**

I \_\_\_\_\_ authorize \_\_\_\_\_  
(Prospective Employee Name) (Previous Employer Name)  
located at \_\_\_\_\_  
(Address) (City) (State) (Zip code) (Telephone)

to release my records relating to alcohol and controlled substance to **Kline's Services, Inc.** located at **5 Holland Street, Salunga, PA (717) 898-8158**. Submit information to the attention of **Human Resources**.

I understand that the prospective employer will keep this information confidential. The information provided by a previous employer may be used to determine my fitness to perform a safety sensitive job function.

\_\_\_\_\_  
(Applicant's Signature) (Date)

**PREVIOUS EMPLOYER INQUIRY**

Complete this information as required by 49CFR part 382.413.

Operator's License #: \_\_\_\_\_ State: \_\_\_\_\_

Has the individual listed above ever had an alcohol test with an alcohol concentration result of 0.04 or greater during the last 2 years?  YES  NO

Has the individual listed above ever had a verified positive test result for a controlled substance during the last two years?  YES  NO

Has the individual listed above ever refused a controlled substance or alcohol test in the last two years?  YES  NO

If you answered YES to any of the above questions, please provide information on the Substance Abuse Professional (SAP) who evaluated the prospective employee to determine what assistance, if any, was necessary to resolve the problems associated with alcohol misuse and controlled substance use (see 49CFR part 382.605 for further information)

\_\_\_\_\_  
(SAP Name) (Address) (City) (State) (Zip code) (Telephone)

**Qualification:**

Was this driver physically qualified?  YES  NO

Was this driver ever disqualified?  YES  NO If Yes, Reason: \_\_\_\_\_

**General:**

Any other violations or company infractions? \_\_\_\_\_

Would you rehire this driver?  YES  NO

Operators License #: \_\_\_\_\_ State: \_\_\_\_\_

\_\_\_\_\_  
(Previous Employer Representative's Signature) (Date)

**PROSPECTIVE EMPLOYER REVIEW**

Authorization/Inquiry was \_\_\_\_\_ faxed \_\_\_\_\_ mailed to previous employer on \_\_\_\_\_  
(Date)

Information was received from previous employee via \_\_\_\_\_ fax, \_\_\_\_\_ mail, \_\_\_\_\_ telephone interview, or personal interview on \_\_\_\_\_  
(Date)

I certify that I have reviewed the information provided by the previous employer listed above regarding alcohol and controlled substances as required by 49CFR part 382.413. I understand that this information is confidential.

\_\_\_\_\_  
(Prospective Employer's Signature) (Date)