

# Application for Employment

**PRE-EMPLOYMENT QUESTIONNAIRE  
EQUAL OPPORTUNITY EMPLOYER**

## Personal Information

DATE \_\_\_\_\_

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO.	SECONDARY PHONE NO.	REFERRED BY	

## Employment Desired

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE	WHEN

## Education History

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL				

## General Information

SUBJECT OF SPECIAL STUDY/RESEARCH WORK	
SPECIAL TRAINING	
SPECIAL SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

## Former Employers (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

**References** (GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.)

NAME	ADDRESS	BUSINESS	YEARS KNOWN

**Authorization**

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

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 relevant federal and state laws."

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**Do Not Write Below This Line**

DATE \_\_\_\_\_

INTERVIEWED BY \_\_\_\_\_

**Remarks**

NEATNESS			CHARACTER	
PERSONALITY			ABILITY	
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES

APPROVED:

EMPLOYMENT MANAGER \_\_\_\_\_

DEPARTMENT HEAD \_\_\_\_\_

GENERAL MANAGER \_\_\_\_\_



Operating Privileges

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes  No   
Has any license, permit, or privilege ever been suspended or revoked? Yes  No

If any answer is "Yes", attach a statement giving details.

Employment Record for Past 10 Years

Last Employer \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

2<sup>nd</sup> Last Employer \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

3<sup>rd</sup> Last Employer \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

TO BE READ AND SIGNED BY APPLICANT

By signing below, 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.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Today's Date

NOTE: This employer may require an applicant to provide additional information than is required by the Federal Motor Carrier Safety Regulations. The information provided above and that obtained from previous employers may be used for the purpose of investigating the applicant's work safety. This employee has the following rights regarding this information: (a) the right to review information provided by previous employers; (2) the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer; (3) the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information. Prospective employees who wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment.



# REQUEST FOR DRIVER INFORMATION

PRINT OR TYPE ALL INFORMATION LEGIBLY

DO NOT SEND CASH

SEE REVERSE FOR INSTRUCTIONS / INFORMATION

- CHECK (✓) ONE ONLY:
- BASIC INFORMATION - \$5.00 FEE
  - 3 YEAR DRIVER RECORD - \$5.00 FEE
  - 10 YEAR DRIVER RECORD - \$5.00 FEE - FOR COMMERCIAL DRIVERS ONLY
  - CERTIFIED DRIVER RECORD - \$10.00 FEE
  - COPY OF DOCUMENT FROM FILE (MICROFILM) - \$5.00 FEE
  - CERTIFIED COPY OF DOCUMENT FROM FILE - \$10.00 FEE

## A REQUESTER INFORMATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

DAYTIME TELEPHONE ( \_\_\_\_\_ ) NUMBER \_\_\_\_\_

X \_\_\_\_\_  
SIGNATURE OF REQUESTER

NOTARIZATION NOT REQUIRED WHEN REQUESTING YOUR OWN RECORD

## B DRIVER INFORMATION

NAME: LAST \_\_\_\_\_ FIRST \_\_\_\_\_ INITIAL \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

DRIVER NUMBER \_\_\_\_\_

DATE OF BIRTH			SOCIAL SECURITY NUMBER			
MONTH	DAY	YEAR				

## E AFFIDAVIT OF INTENDED USE

I hereby Certify that \_\_\_\_\_  
NAME OF REQUESTER

will use the driver record abstract(s) required pursuant to Section 6114 of the Pennsylvania Vehicle Code, for the purpose checked below only and no other reason. This affidavit is filed in compliance with Section 607 of the Fair Credit Reporting Act.

X \_\_\_\_\_  
SIGNATURE OF REQUESTER

Title (if applicable): \_\_\_\_\_

YOU MUST FURNISH MORE THAN A NAME AND ADDRESS FOR A SEARCH

## C DRIVER RELEASE

\_\_\_\_\_ hereby  
NAME OF DRIVER

request the Pennsylvania Department of Transportation to furnish \_\_\_\_\_  
NAME OF REQUESTER

a copy of my Pennsylvania Driver's Record.

X \_\_\_\_\_  
SIGNATURE OF DRIVER DATE \_\_\_\_\_

Intended Use of the Information Requested: **CHECK ONLY ONE**

- E = Employment  
\* To support the hiring or the continuation of employment
- K = Court Order (Must be attached)
- R = Insurance  
Insurance Company Requesting Record of:  
\* Person it intends to insure or  
\* Person it now insures. or  
\* Person it has rejected for insurance.
- L = Attorney Representing Driver Identified in Section B

## D MICROFILM

Complete if requesting microfilm copy of specific document(s)  
TYPE OF DOCUMENT (see list of available documents below)

\_\_\_\_\_

DATE OF VIOLATION/ACTION	CERTIFIED COPY OF MICROFILM <input type="checkbox"/> YES (\$10.00 Fee) <input type="checkbox"/> NO (\$5.00 Fee)
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SUBSCRIBED AND SWORN TO BEFORE ME: MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_

SIGNATURE OF PERSON ADMINISTERING OATH \_\_\_\_\_

NOTARIZATION

S  
E  
A  
L

SIGN IN PRESENCE OF NOTARY

- Microfilm copies of the following documents may be requested:
- Citations
  - Court Certifications
  - Applications
  - License Renewals
  - Judgments
  - Suspension Credit Affidavits
  - Suspension/Revocation Letters
  - Restoration Letters
  - Rescind Letters
  - Department Hearing or Exam Notice

**PSATS CDL Program  
Pre-CDL Employment  
Drug Test Notice Form**

In applying for a job with this employer which requires a commercial driver's license (CDL), I understand that federal regulations require this employer to test applicants for CDL positions for the presence of illegal drugs in their body before the employer can offer me CDL employment.

I understand that a confirmed positive pre-CDL employment drug test will prevent me from being hired. I understand that I will not be hired if I refuse to take this test. I understand that I will not be hired if I refuse to release prior test results and/or other required information from previous employers. I understand that the test result obtained by this employer will be kept confidential and handled by authorized personnel.

I hereby acknowledge that I have been informed by

\_\_\_\_\_  
(Employer)

of the need to submit to a pre-CDL employment drug test

on \_\_\_\_\_, 200\_\_, at \_\_\_\_\_ (am) (pm).

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Print Applicant's Name

*Note: A signed copy of this form must be  
permanently maintained in this employee's file.*

**CDL**

Rev. 7/06