

## EMPLOYMENT APPLICATION



7474 Shipley Avenue  
Hanover, MD 21076



**Instructions:** Thank you for your interest in employment with the Company. Please complete all sections of this employment application to be considered for employment at the Company. We are an equal opportunity employer. Use additional paper if necessary to provide complete answers to any questions.

### Section One: Personal Information

Name:	Date of Birth:
Current Address:	City/State/Zip:
Social Security Number:	Phone Number:

**Please list all addresses where you have resided in the past 3 years:**

---



---



---



---

### Section Two: Desired Employment

Desired Position:	Available Start Date:	Compensation Desired:
Have you ever applied for employment at this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where:	When:
Have you ever worked for this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where:	When:

Please list any other name under which you have been employed: \_\_\_\_\_

Are you legally authorized to work in the United States on an unrestricted basis for any employer?  Yes     No

Have you ever been convicted of a felony?  Yes     No

If yes. Please explain. \_\_\_\_\_

### Section Three: Education

Education/Type	Name & City	Did you Graduate?	Degree Received
High School		Yes / No	
College		Yes / No	
Graduate School		Yes / No	
Other		Yes / No	

### Section Four: Employment History

Please provide your complete Employment History for the last three years. If you drove a commercial vehicle at any time in the 7 years before the last 3 years, please detail that employment information also. Ask for/use extra paper if necessary.

Name of Present or Last Employer:			
Address:		City:	State: Zip Code:
Starting Date (Month/Year):	Date Last Worked (month/Year):		Job Titles:
Starting Salary/Hourly Rate:	Final Salary/Hourly Rate:	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why? _____	
Starting Commission/Bonus:	Final Commission/Bonus:		
Name of Supervisor:		Title:	Employer's Phone Number:
Summarize Type of Work Performed and Job Responsibilities:			
Reason(s) for Leaving:		If you were terminated or asked to resign, please explain:	
Were you subject to the Federal Motor Carrier Safety Regulations (DOT Regulations) while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was your job designated as safety sensitive function in any DOT Regulated mode? Were you subject to DOT-Required Drug and Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## Section Four: Employment History Continued

Name of Previous Employer:				
Address:		City:	State:	Zip Code:
Starting Date (Month/Year):		Date Last Worked (month/Year):		Job Titles:
Starting Salary/Hourly Rate:		Final Salary/Hourly Rate:		May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No  If no, why? _____
Starting Commission/Bonus:		Final Commission/Bonus:		
Name of Supervisor:		Title:		Employer's Phone Number:
Summarize Type of Work Performed and Job Responsibilities:				
Reason(s) for Leaving:			If you were terminated or asked to resign, please explain:	
Were you subject to the Federal Motor Carrier Safety Regulations (DOT Regulations) while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			Was your job designated as safety sensitive function in any DOT Regulated mode? Were you subject to DOT-Required Drug and Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of Previous Employer:				
Address:		City:	State:	Zip Code:
Starting Date (Month/Year):		Date Last Worked (month/Year):		Job Titles:
Starting Salary/Hourly Rate:		Final Salary/Hourly Rate:		May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No  If no, why? _____
Starting Commission/Bonus:		Final Commission/Bonus:		
Name of Supervisor:		Title:		Employer's Phone Number:
Summarize Type of Work Performed and Job Responsibilities:				
Reason(s) for Leaving:			If you were terminated or asked to resign, please explain:	
Were you subject to the Federal Motor Carrier Safety Regulations (DOT Regulations) while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			Was your job designated as safety sensitive function in any DOT Regulated mode? Were you subject to DOT-Required Drug and Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## Section Four: Employment History Continued

Name of Previous Employer:				
Address:		City:	State:	Zip Code:
Starting Date (Month/Year):		Date Last Worked (month/Year):		Job Titles:
Starting Salary/Hourly Rate:		Final Salary/Hourly Rate:		May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No  If no, why? _____
Starting Commission/Bonus:		Final Commission/Bonus:		
Name of Supervisor:		Title:		Employer's Phone Number:
Summarize Type of Work Performed and Job Responsibilities:				
Reason(s) for Leaving:			If you were terminated or asked to resign, please explain:	
Were you subject to the Federal Motor Carrier Safety Regulations (DOT Regulations) while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			Was your job designated as safety sensitive function in any DOT Regulated mode? Were you subject to DOT-Required Drug and Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of Previous Employer:				
Address:		City:	State:	Zip Code:
Starting Date (Month/Year):		Date Last Worked (month/Year):		Job Titles:
Starting Salary/Hourly Rate:		Final Salary/Hourly Rate:		May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No  If no, why? _____
Starting Commission/Bonus:		Final Commission/Bonus:		
Name of Supervisor:		Title:		Employer's Phone Number:
Summarize Type of Work Performed and Job Responsibilities:				
Reason(s) for Leaving:			If you were terminated or asked to resign, please explain:	
Were you subject to the Federal Motor Carrier Safety Regulations (DOT Regulations) while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			Was your job designated as safety sensitive function in any DOT Regulated mode? Were you subject to DOT-Required Drug and Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## Section Four: Employment History Continued

Name of Present or Last Employer:				
Address:		City:	State:	Zip Code:
Starting Date (Month/Year):		Date Last Worked (month/Year):		Job Titles:
Starting Salary/Hourly Rate:		Final Salary/Hourly Rate:		May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Starting Commission/Bonus:		Final Commission/Bonus:		
Name of Supervisor:		Title:		Employer's Phone Number:
Summarize Type of Work Performed and Job Responsibilities:				
Reason(s) for Leaving:			If you were terminated or asked to resign, please explain:	
Were you subject to the Federal Motor Carrier Safety Regulations (DOT Regulations) while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			Was your job designated as safety sensitive function in any DOT Regulated mode? Were you subject to DOT-Required Drug and Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### Employment Gaps:

Explain any periods that you were not working during the last 10 years other than due to personal illness, injury or disability.

### Related Information:

If you hold any certifications, are a member of any job related organizations (professional, trade, etc.), or have received any job-related awards or accomplishments, list and describe them.

### Job Skills and Qualifications:

Summarize any special training skills, licenses and/or certificates that may assist you in performing the position for which you are applying. If driving is required in the job for which you are applying, please provide your valid driver's license number, expiration date, and state of issuance.

**Section Five: Driver Information:**

**Driver License Information:** Please list all States in last three years where a license was held

	STATE	LICENSE NO.	TYPE (Class)	EXPIRATION DATE
DRIVER LICENSES				

**Driving Experience:** Please list all driving experience

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Flatbed, Van, Mini-Bus, etc.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
BUS				
TRACTOR AND SEMI-TRAILOR				
OTHER (Indicate Type)				

**Accident Record For the Past 3 years or more** (Attach sheet if more space is needed)

	DATE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES?	INJURIES?
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				
NEXT PREVIOUS				

**Traffic Conviction s and Forfeitures for the Past 3 Years** (Other than parking violations)

LOCATION	DATE	CHARGE	TYPE OF VEHICLE OPERATED

**Section Five Continued: Driver Information:**

IF THE ANSWER TO ANY OF THE BELOW IS YES, PLEASE ATTACH STATEMENT GIVING DETAILS

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle?

Yes       No

*If you answered "yes", you must attach a statement giving details.*

2. Has any license, permit or driving privilege ever been suspended or revoked?

Yes       No

3. For the past two years, have you tested positive or refused to test on any pre-employment drug or alcohol test required by a DOT-regulated employer because you would perform safety-sensitive transportation work?

Yes       No

*If you answered "yes", you must identify the DOT-regulated employers and when the testing took place in the space below. You must provide the Company with documentation that you successfully completed the return-to-duty process required by the DOT regulations. Failure to provide this documentation to the Company within two (2) weeks or other time period determined by the Company will result in the withdrawal of any job offer/transfer.*

**Section Six: Acknowledgement, Certification, Authorization:**

I, the applicant, certify that the entries and information set forth in this Application are true and complete to the best of my knowledge. I understand that deliberately entering false information will result in the withdrawal of any job offer/transfer.

---

Applicant Signature

---

Date

**Section Six Continued: Acknowledgement, Certification, Authorization:**

***PLEASE READ CAREFULLY BEFORE SIGNING – Initial this page where indicated and sign the next page after reading all certifications and notices contained therein.***

1. I certify that the information contained in this application for employment at the Company is correct and complete. I understand that any false or misleading statements or omissions made in this application or interview(s), whenever discovered are grounds for disqualification from further consideration or for dismissal from employment, regardless of how discovered.
2. I understand that if I am offered employment at the Company it is at-will and can be terminated at any time and for any reason with or without advance notice by myself or the company.
3. I understand and agree that only the Company has any authority to enter into any agreement to employ me for any specified period of time or to modify terms and conditions of my employment. I agree that such an agreement must be in writing and signed by the President, and I will not rely upon any other representations regardless of the source.
4. I understand and agree that the Company may make a full complete investigation of my personal employment history, and authorize any former employer, person, firm, corporation, school, government agency, or other entity to provide the Company with any information (including fact or opinion) they may have regarding me. In consideration of the Company's review of this application, I release the Company and all providers of any information from any liability, which may arise as a result of furnishing or receiving this information. I understand and agree any employment offer or continued employment shall authorize the Company to provide truthful information (fact or opinion) regarding my employment to any potential or future employer and release and waive any claims against the company for truthfully communicating any such information to be potential or future employer.
5. I understand and agree that I may be required to submit to drug testing and complete a medical examination as part of my application for employment. I also understand and agree that I may be required to submit to a complete medical examination during my employment with the Company, provided that such examination is job-related and consistent with business necessity. I authorize the physician conducting the examination and any laboratory testing, any specimen obtained by the physician or collection site to disclose the results of the examination and the laboratory test to the Company in accordance with state and/or federal laws. The Company will keep such results confidential and disclose the results only to persons who need to know where required by law. Also, I agree to fully cooperate and provide the company with any additional consent(s) and/or release(s) as required by the Company to investigate my employment application.
6. I agree that the Company may investigate and consider any criminal conviction record that I may have after it makes a conditional offer of employment. The Company may withdraw a conditional employment offer if I have a criminal conviction record which bears a rational relationship to the duties and responsibilities of the position for which I am applying.
7. I understand and agree that if offered employment by the Company I may be required to disclose military service information in accordance with law, and that any such employment offer shall be depended upon the receipt of satisfactory military record as determined by the Company.
8. If hired, I agree not to disclose or use confidential information belonging to prior employees and that I will inform the Company of any agreements that would limit my ability to work for the Company.

**Initial Here**

\_\_\_\_\_



**Section Six Continued: Acknowledgement, Certification, Authorization:**

**Disclosure and Authorization to Obtain Consumer Report**

In order to evaluate you for hiring, promotion, reassignment, transfer, retention in employment, or other employment-related purposes, the Company may decide to obtain a consumer report bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. However, no consumer report will be obtained by the Company for employment purposes without your prior written authorization.

I hereby acknowledge that the Company has disclosed, in writing, that it may obtain a consumer report bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living for employment purposes. I hereby authorize the Company and its representatives and agents to obtain a consumer report bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living.

**Previous Employer Inquiries & Investigations**

As required by 391.23, we will make investigative inquiries to previous DOT-regulated employers related to your employment history, drug and alcohol testing results, and accident history. We will use this information in our hiring decision.

Pursuant to 391.23, you have the following rights with regard to responses received in these areas from previous DOT-regulated employers:

1. The right to review information provided by previous DOT-regulated 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 you and the previous employer cannot agree on the accuracy of the information.

If you wish to review previous DOT-regulated employer information received in response to required inquiries, you must submit a written request to the prospective employer no later than 30 days after being employed or being notified of denial of employment. After making such written request, any information received will be provided to you within five days, unless no such information has been provided in response to required inquiries. For information on procedures to rebut information provided by previous DOT-regulated employers, see Title 49 of the Coded Federal Regulations (CFR), Part 391.23(j).

**I hereby acknowledge and certify that I have read and understood these Authorizations and Notifications on this and the previous page (pages 8 & 9) of this Employment Application.**

Authorization/Signature \_\_\_\_\_

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

Print Name: \_\_\_\_\_