



112 Spruce Street  
Elizabethville, PA 17023  
Phone: (717) 362-8117  
Fax: (717) 362-4434

## Candidate Information

Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name Last First Middle

Address Street

City State Zip Code

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Please list any other names you have used (for reference checking purposes).

In case of emergency call \_\_\_\_\_  
Name Phone

Please list any other addresses you have lived at during the past three years.

- Are you over the age of 18 years? Yes  No  Not Applicable
- If under 18, do you have a work permit? Yes  No  Not Applicable
- Are you legally authorized to work in the United States? Yes  No  Not Applicable
- Can you provide required proof of eligibility to work? Yes  No  Not Applicable
- Have you previously been employed by this company? Yes  No

If yes, from \_\_\_\_\_ to \_\_\_\_\_. In what position? \_\_\_\_\_

If you have any relatives working for this company, please list them.

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Name Relationship

Positions/Type of work for which you are applying? \_\_\_\_\_

Full-Time  Part-Time  Either

Regular  Temporary  Seasonal

Salary expected: \_\_\_\_\_ When can you start: \_\_\_\_\_

Have you ever been convicted of a felony? Yes  No

If so, please explain \_\_\_\_\_

## Driver Experience and Qualifications

Please list each state driver's license number of permit number and expiration date of each unexpired commercial driver's license or permit issued to you.

State \_\_\_\_\_ CDL/Permit Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

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Please list the types of Equipment (i.e. tractor, straight truck) and extent of experience with operation of each motor vehicle.

Type of Equipment \_\_\_\_\_ Years of Experience \_\_\_\_\_

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Type of Equipment \_\_\_\_\_ Years of Experience \_\_\_\_\_

Please list all motor vehicle accidents in which you were involved during the last three years.

Date of Accident \_\_\_\_\_ Number of Injuries \_\_\_\_\_ Number of Fatalities \_\_\_\_\_

Description of Accident \_\_\_\_\_

Did you receive a citation? If so, explain \_\_\_\_\_

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Date of Accident

Number of Injuries

Number of Fatalities

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Description of Accident

Did you receive a citation? If so, explain \_\_\_\_\_

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Date of Accident

Number of Injuries

Number of Fatalities

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Description of Accident

Did you receive a citation? If so, explain \_\_\_\_\_

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Please list all other violations of motor vehicle laws or ordinances (other than parking) for which you were convicted or forfeited bond during the last three years

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Has your license, permit, or privilege to operate a motor vehicle ever been denied, revoked or suspended?

Yes

No

If so, please describe all facts and circumstances. \_\_\_\_\_

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Date of Birth

(Required by the Department of Transportation in 49CFR 391.21)

## Education and Training

### High School

Name \_\_\_\_\_ Number of years completed \_\_\_\_\_

City/State \_\_\_\_\_ Did you graduate? Yes  No

Major Course of Study: \_\_\_\_\_

### Trade or Business School

Name \_\_\_\_\_ From \_\_\_\_\_

City/State \_\_\_\_\_ To \_\_\_\_\_

Major Course of Study: \_\_\_\_\_ Number of years completed \_\_\_\_\_

Did you graduate? Yes  No

### College

Name \_\_\_\_\_ From \_\_\_\_\_

City/State \_\_\_\_\_ To \_\_\_\_\_

Major Course of Study \_\_\_\_\_ Number of years completed \_\_\_\_\_

Did you graduate? Yes  No  Degree \_\_\_\_\_

## Additional Skills/Training/Experience

Please indicate any additional training/experience you have.

Truck Repair	<input type="checkbox"/>	Body Work	<input type="checkbox"/>	Inspection	<input type="checkbox"/>	Air Conditioning	<input type="checkbox"/>
Trailer Repair	<input type="checkbox"/>	Electrical	<input type="checkbox"/>	Loading/Unloading	<input type="checkbox"/>	Brakes	<input type="checkbox"/>
Car Repair	<input type="checkbox"/>	Lift Truck	<input type="checkbox"/>	Shipping/Receiving	<input type="checkbox"/>	Safety	<input type="checkbox"/>
Tank Repair	<input type="checkbox"/>			Tire Service	<input type="checkbox"/>	Hazardous Materials	<input type="checkbox"/>

Please list specific certifications or training you have received

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Please list any additional job related skills or qualifications

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## Military Experience

Did you serve in the U.S. Armed Forces?      Yes       No

If yes, in which branch \_\_\_\_\_

Describe any military training received relevant to the position for which you are applying

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Are you currently serving the Military Reserves?      Yes       No

Are you currently serving in the National Guard?      Yes       No

## Employment Experience

(List most recent position first)

Please list the names and addresses of all employers **during the preceding 10 years** (*attach additional sheets if necessary*).

If you are currently employed, may we contact your employer?      Yes       No

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Company \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

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Name of Supervisor \_\_\_\_\_ Starting Pay \_\_\_\_\_ Final Pay \_\_\_\_\_

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Reason for Leaving \_\_\_\_\_

Part-Time       Full-Time       Temp

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Company \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

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Address \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

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Name of Supervisor \_\_\_\_\_ Starting Pay \_\_\_\_\_ Final Pay \_\_\_\_\_

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Reason for Leaving \_\_\_\_\_

Part-Time  Full-Time  Temp

## Acknowledgements

**ALL APPLICANTS - Please read the following and address any questions to C. Summers Inc. before signing.**

- I affirm that the information provided on this application or in connection with the processing of this application (and any resume or any other accompanying documents) is true and complete to the best of my knowledge. I understand that if employed, false statement, significant omissions, or misleading information regardless of when discovered made on or in connection with my application and accompanying documents may result in dismissal.
- I authorize investigation of all statements contained in this application (and any resume or any other accompanying documents) as may be necessary in arriving at an employment decision.
- I understand that the applicant's prior employers may be contacted for the purpose of investigating the applicant's background as require by 49CFR 391.23.
- I authorize all personnel, schools, companies, corporations, credit bureaus and law enforcement agencies to supply any and all pertinent information and release the same from any liability resulting from providing such information.
- I understand that from time to time the company may be asked to submit/release certain information, including but not limited to, my employment or application for employment. I release the company and its agents, from any liability resulting from submitting/releasing such information.
- I acknowledge that the company may request, as a condition of any offer of employment that is made or for continued employment, that I undergo a medical exam or drug testing, and I consent and agree to any such exam, if required now or in the future. I understand that when drug testing is required, a satisfactory result may be a condition of employment.
- I understand that federal law prohibits the employment of unauthorized aliens and requires satisfactory proof of employment authorization and identity. All persons hired must submit satisfactory proof of employment authorization and identity. Please have necessary documents promptly available for inspection as required by law.
- If employed, I agree to abide by the rules and regulations of the company.
- I understand that if I am employed, my employment is for no fixed period and is at-will. I understand that I could be terminated at any time for any or no reason and I understand that I may quit at any time for any or no reason. This understanding can not be altered by anyone unless it is in writing and signed by the president of C. Summers Inc.
- I understand that this application does not create an offer of employment
- I understand that C. Summers Inc is an Equal Opportunity Employer.
- This certified 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 have read and understand the above notice, including the at-will basis of employment.

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Signature of Applicant \_\_\_\_\_

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Date \_\_\_\_\_