
Mark Updegraff Trucking

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Driver Application Form

Applicant's name: _____ Date _____

Address: _____

Telephone: _____ Cell: _____ E-mail _____

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, non-job related disability, or any other protected group status.

To Be Read and Signed by Applicant

I authorize you to make such investigations and inquiries of 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 Updegraff Trucking, Inc.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; an
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and cannot agree on the accuracy of the information.

Signature _____ Date _____

For Company Use

Applicant hired _____ Applicant rejected _____

Date employed _____ Division employed _____

(If rejected, summary report of reasons should be placed in file)

Signature of interviewing officer _____ Date _____

Applicant to Complete
 (Please answer all questions and please print)

Position(s) applied for _____

Name _____ Social Security number _____

Telephone number _____ E-mail _____

List your addresses of residency for the past 3 years

Current Address _____	Street	City	State	Zip code	How long yrs./mo.
Previous Address _____	Street	City	State	Zip code	How long yrs./mo.
Previous Address _____	Street	City	State	Zip code	How long yrs./mo.
Previous Address _____	Street	City	State	Zip code	How long yrs./mo.
Previous Address _____	Street	City	State	Zip code	How long yrs./mo.
Previous Address _____	Street	City	State	Zip code	How long yrs./mo.

Do you have a 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? _____ When? _____ 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 _____

Have you ever been bonded? _____ Name of bonding company _____

(Answer only if a job requirement)

Have you ever been convicted of a felony? _____

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment— all circumstances will be considered.

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 so 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 address, street number, city, state and zip code.

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 operated such vehicle.

Please list employers on the next page in reverse order starting with the most recent.

Employment History

Please list employers on the next page in reverse order starting with the most recent.

Name of company _____
Address _____
Position held _____ From ___/___/___ To ___/___/___ Salary _____
Reason for leaving _____
Contact Person _____ Phone number _____ E-mail _____
Where you subject to the FMCSRs while employed? _____ Yes _____ No
Was your job designated as a safety-sensitive function in an DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No

Name of company _____
Address _____
Position held _____ From ___/___/___ To ___/___/___ Salary _____
Reason for leaving _____
Contact Person _____ Phone number _____ E-mail _____
Where you subject to the FMCSRs while employed? _____ Yes _____ No
Was your job designated as a safety-sensitive function in an DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No

Name of company _____
Address _____
Position held _____ From ___/___/___ To ___/___/___ Salary _____
Reason for leaving _____
Contact Person _____ Phone number _____ E-mail _____
Where you subject to the FMCSRs while employed? _____ Yes _____ No
Was your job designated as a safety-sensitive function in an DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No

Name of company _____
Address _____
Position held _____ From ___/___/___ To ___/___/___ Salary _____
Reason for leaving _____
Contact Person _____ Phone number _____ E-mail _____
Where you subject to the FMCSRs while employed? _____ Yes _____ No
Was your job designated as a safety-sensitive function in an DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No

- *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 requiring placarding.
- The Federal Motor carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a

GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in quantity requiring placarding.

Accident Record for Past 3 Years or More

(Attach sheet if more space is needed) If none, write "none"

Dates	Nature of Accident (Head-On, Rear-End, etc.)		Fatalities	Injuries	Hazardous Material Spill
Last:					
Next previous:					
Next previous:					
Next previous:					

**Describe traffic convictions and forfeitures for the past 5 years (other than parking violations).
If none, write "none."**

Location	Date	Type	Expiration Date

(Attach sheet if more spaces are needed)

Experience and Qualifications

Driver Licenses	State	License #	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
 C. If the answer to either A or B is yes, please give details.

Driving Experience

(Check those you have experience driving)

Class of Equipment	Circle type of equipment	From (M/Y)	To (M/Y)	Approximate Miles (Total)
<input type="checkbox"/> Straight truck	Van Tank Flat Dump Refer			
<input type="checkbox"/> Tractor and semi-trailer	Van Tank Flat Dump Refer			
<input type="checkbox"/> Tractor with 2 trailers	Van Tank Flat Dump Refer			
<input type="checkbox"/> Tractor with 3 trailers	Van Tank Flat Dump Refer			
<input type="checkbox"/> Motor coach school bus	Van Tank Flat Dump Refer			
<input type="checkbox"/> Motor coach - other	Van Tank Flat Dump Refer			

<input type="radio"/> Other	Van	Tank	Flat	Dump	Refer			
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Related Driving Experiences and Training

List states where you operated equipment 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? _____

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 listed)

Education

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School 9 10 11 12 College 1 2 3 4 5

Last school attended _____
Name of school City/State

Consent to Release Drug and Alcohol Test Results

I hereby authorize and agree to the release of the results, including refusals to test, of my DOT required tests from my previous employer and its medical review officer for the specific purpose of obtaining my sobriety for the purpose of protecting Updegraff Trucking from the legal consequences of a future D.U.I.

Signature _____ Date _____

To be read and signed by applicant

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature _____ Date _____