

MARTIN'S
Quality Eggs
Butter - Eggs - Cheese

25 Wissler Road
Lititz, PA 17543
(717) 733-1235
Fax (717) 738-0244

**DRIVER'S
APPLICATION FOR EMPLOYMENT**

(ANSWER ALL QUESTIONS – PLEASE PRINT)

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, or non-job related disability.

Date of application ___/___/___

Position(s) Applied for _____

Name _____ Social Security No. _____
Last First Middle

Cellphone # (____) _____ Home Phone # (____) _____ Email Address: _____
List your addresses of residency for the past 3 years.

Current Address _____
Street _____ City _____
State _____ Zip Code _____ Phone _____ How Long? _____

Previous Addresses _____
Street _____ City _____ State & Zip code _____ How Long? _____
Street _____ City _____ State & Zip code _____ How Long? _____
Street _____ City _____ State & Zip code _____ How Long? _____

Do you have the 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? _____ 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 _____

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 yes, 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.

(Note: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY / WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY / WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY / WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY / WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY / WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY / WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	

- 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.

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

I HERBY AUTHORIZE YOU TO RELEASE THE FOLLOWING INFORMATION TO _____ FOR PURPOSES OF INVESTIGATION
(PROSPECTIVE EMPLOYER)
AS REQUIRED BY SECTION 391.23 OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS.
YOU ARE RELEASED FROM ANY AND ALL LIABILITY WHICH MAY RESULT FROM FURNISHING
SUCH INFORMATION.

(DATE) (APPLICANT'S SIGNATURE)

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GENTLEMAN:

THE BELOW NAMED INDIVIDUAL HAS MADE APPLICATION TO THIS COMPANY FOR A POSITION AS _____ AND STATES THAT HE/SHE WAS EMPLOYED BY YOU AS _____ FROM _____ TO _____

WE APPRECIATE YOUR TIME IN COMPLETING, IN CONFIDENCE, THE INFORMATION REQUESTED BELOW. ENCLOSED IS A BUSINESS REPLY ENVELOPE FOR YOUR CONVENIENCE, OR BY FAX (FAX# 717-738-0244) THANK-YOU FOR YOUR COURTESY.

SINCERELY,

NAME OF APPLICANT: _____ SOCIAL SECURITY NO: _____

1. EMPLOYED FROM _____ TO _____ AS _____ AT WAGE OR SALARY OF _____, _____.

2. DID HE/SHE DRIVE MOTOR VEHICLE FOR YOU? _____, STAIGHT TRUCK? _____, SEMI TRACTOR- TRAILER? _____, BUS? _____, OTHER (SPECIFY) _____

3. WAS HE/SHE A SAFE AND EFFICIENT DRIVER? _____

4. REASON FOR LEAVING YOU EMPLOY: DISCHARGED _____; RESIGNATION _____; LAY OFF _____; MILITARY DUTY _____

5. WAS HIS/HER GENERAL CONDUCT SATISFACTORY? _____

6. PLEASE ADVISE HISTORY OF PAST DRIVING RECORD IF AVAILABLE FOR PAST THREE YEARS

