

INSTRUCTIONS FOR COMPLETING APPLICATIONS

ALL QUESTIONS MUST BE COMPLETED, INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

ALL APPLICATIONS MUST BE FILLED OUT, AND SIGNED, BY THE APPLICANT.

YOU MUST INDICATE ALL EMPLOYMENT, OR UNEMPLOYMENT, FOR THE PAST 10 YEARS.

IF YOU NEED ADDITIONAL PAPER, PLEASE ASK DIRECTOR OF HR & SAFETY..

ACCIDENT RECORD FOR PAST 6 YEARS – IF NONE, WRITE NONE.

TRAFFIC CONVICTIONS FOR PAST 6 YEARS – IF NONE, WRITE NONE.

IF YOU HAVE CONVICTION(S), INDICATE THE ACTUAL CHARGE, IE, 65/55, DRIVING UNDER INFLUENCE, FOLLOWING TOO CLOSE, PASSING SCHOOL BUS, ETC. IF LICENSE SUSPENDED, OR REVOKED, OR OTHER, INDICATE UNDER PENALTY.

DRIVER'S LICENSES HELD FOR PAST 3 YEARS – INDICATE ALL STATES YOU HELD LICENSES IN PAST 3 YEARS.

NED BARD AND SON, AS REQUIRED BY THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS, CHECKS ALL PRIOR EMPLOYMENT, ALL PRIOR LICENSES, AND USES DAC SERVICES TO ASSIST IN ACQUIRING THE REQUIRED RECORDS AND INFORMATION.

DRIVER'S APPLICATION FOR EMPLOYMENT

NED BARD AND SON COMPANY
132 S. MAPLE AVENUE, P.O. BOX 6
LEOLA, PA 17540

(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.

Position(s) Applied for _____ Date of Application _____

Name _____ Social Security No. _____
Last First Middle

Address _____
Street City

State Zip Phone _____

Address for Last Three Years _____ How Long? _____
Street City State & Zip Code

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 Truck 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. _____

Please Give Complete Addresses

PERSONAL HISTORY FOR PAST 10 YEARS

Please Give Complete Addresses

Begin with your **present** experience and work backward in order, listing all of your employers, driving school and other training programs, periods of military service, self-employment, and periods of unemployment for at least 10 years. All time must be accounted for. Use supplementary sheet if necessary. Fill in all blanks. If discharged from any job, please explain.

Leave NO blanks or gaps in time for past 10 years.

DATES: From Month / Year

to

Company	Type of Trailer Pulled
Address	Type of Equip. Driven
City State Zip	Number of Accidents
Telephone ()	States You Drove in
Supervisor	Position Held Pay Rate
Full or Part – Time Hours or Miles / Week	Reason for Leaving
Were you subject to Federal Motor Carrier Safety Regulations? Yes No	Were you subject to DOT Drug & Alcohol testing? Yes No

DATES: From Month / Year

to

Company	Type of Trailer Pulled
Address	Type of Equip. Driven
City State Zip	Number of Accidents
Telephone ()	States You Drove in
Supervisor	Position Held Pay Rate
Full or Part – Time Hours or Miles / Week	Reason for Leaving
Were you subject to Federal Motor Carrier Safety Regulations? Yes No	Were you subject to DOT Drug & Alcohol testing? Yes No

DATES: From Month / Year

to

Company	Type of Trailer Pulled
Address	Type of Equip. Driven
City State Zip	Number of Accidents
Telephone ()	States You Drove in
Supervisor	Position Held Pay Rate
Full or Part – Time Hours or Miles / Week	Reason for Leaving
Were you subject to Federal Motor Carrier Safety Regulations? Yes No	Were you subject to DOT Drug & Alcohol testing? Yes No

DATES: From Month / Year

to

Company	Type of Trailer Pulled
Address	Type of Equip. Driven
City State Zip	Number of Accidents
Telephone ()	States You Drove in
Supervisor	Position Held Pay Rate
Full or Part – Time Hours or Miles / Week	Reason for Leaving
Were you subject to Federal Motor Carrier Safety Regulations? Yes No	Were you subject to DOT Drug & Alcohol testing? Yes No

DATES: From Month / Year

to

Company	Type of Trailer Pulled
Address	Type of Equip. Driven
City State Zip	Number of Accidents
Telephone ()	States You Drove in
Supervisor	Position Held Pay Rate
Full or Part – Time Hours or Miles / Week	Reason for Leaving
Were you subject to Federal Motor Carrier Safety Regulations? Yes No	Were you subject to DOT Drug & Alcohol testing? Yes No

DATES: From Month / Year

to

Company	Type of Trailer Pulled
Address	Type of Equip. Driven
City State Zip	Number of Accidents
Telephone ()	States You Drove in
Supervisor	Position Held Pay Rate

Full or Part – Time	Hours or Miles / Week	Reason for Leaving
Were you subject to Federal Motor Carrier Safety Regulations? Yes No		Were you subject to DOT Drug & Alcohol testing? Yes No

ACCIDENT RECORD FOR PAST 6 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

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

ALL TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 6 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED _____
(NAME) (CITY)

EXPERIENCE AND QUALIFICATIONS – DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	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 _____

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK _____	_____	_____	_____	_____
TRACTOR AND SEMI-TRAILER _____	_____	_____	_____	_____
TRACT – TWO TRAILERS _____	_____	_____	_____	_____
OTHER _____	_____	_____	_____	_____

LIST STATES OPERATED IN 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? _____

EXPERIENCE AND QUALIFICATIONS – OTHER

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 SHOWN)

TO BE READ AND SIGNED BY APPLICANT

This certifies 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 authorize you to make such investigations and inquiries of my personal, employment, and financial or medical history and other related matters as may be necessary in arriving at any employment decision. 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 the Company.

Date

Applicant's Signature