



Driver's Application for Employment

Perry Engineering Company, Inc.
1945 Millwood Pike Winchester, VA 22602
(540) 667-4310

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

In consideration 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, veteran 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 my 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 the Company.

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; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature _____

Date _____

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED _____

REJECTED _____

DATE EMPLOYED _____

POINT EMPLOYED _____

DEPARTMENT _____

CLASSIFICATION _____

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

APPLICANT TO COMPLETE
PLEASE PRINT CLEARLY

Position Applying For: _____

Date: _____

NAME: _____
Last First Middle

SS# _____

PHONE NUMBER: _____

D.O.B _____

ADDRESS _____
Street City State Zip # of years

PAST 3 YEAR RESIDENCY _____
Street City State Zip # of years

_____ Street City State Zip # of years

_____ Street City State Zip # of years

Are you 18 years of age or older? Yes No

Are you legally eligible for employment in the U.S.? Yes No

Will you work overtime, emergency hours, Saturday or Sunday, if necessary? Yes No

Are you physically able to perform the duties of the job for which you are applying? Yes No

Have you ever worked for this company before? Yes No Dates: From _____ To _____

Reason for leaving: _____

EDUCATION:

Circle the last year of school completed: 8 9 10 11 12 College or Trade: 13 14 15 16 Graduate: 17 18 19

Name of School	City and State	Courses Taken

Have you served in the U.S. Armed Forces? YES NO Branch _____ Rank _____ Discharged _____

EMPLOYMENT HISTORY:

All applicants wishing to drive in interstate commerce must provide the following information on ALL employers during the preceding 3 years. Applicants to drive a commercial motor vehicle (GVWR of 26,001 lbs or more or any size vehicle used to transport hazardous materials in a quantity requiring placarding) shall provide an additional 7 years information on those employers for whom the applicant operated such vehicle. Any gaps in employment **must be explained**. List the complete mailing address: street number, city, state and zip code. Use additional sheets as necessary.

Last Employer:	Phone:	May We Contact?	
Address:	City:	State:	Zip:
Position Held:	From (month/year):	To (month/year):	
Reason for Leaving:			
Account for period between jobs (include dates and reason):			
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 lbs or more, (2) is designed or used to transport more than 8 passengers including the driver, or (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.			
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Second to Last Employer:	Phone:	May We Contact?	
Address:	City:	State:	Zip:
Position Held:	From (month/year):	To (month/year):	
Reason for Leaving:			
Account for period between jobs (include dates and reason):			
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 lbs or more, (2) is designed or used to transport more than 8 passengers including the driver, or (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.			
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Third to Last Employer:	Phone:	May We Contact?	
Address:	City:	State:	Zip:
Position Held:	From (month/year):	To (month/year):	
Reason for Leaving:			
Account for period between jobs (include dates and reason):			
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 lbs or more, (2) is designed or used to transport more than 8 passengers including the driver, or (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.			
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Fourth to Last Employer:	Phone:	May We Contact?	
Address:	City:	State:	Zip:
Position Held:	From (month/year):	To (month/year):	
Reason for Leaving:			
Account for period between jobs (include dates and reason):			
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 lbs or more, (2) is designed or used to transport more than 8 passengers including the driver, or (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.			
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer:	Phone:	May We Contact?	
Address:	City:	State:	Zip:
Position Held:	From (month/year):	To (month/year):	
Reason for Leaving:			
Account for period between jobs (include dates and reason):			
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 lbs or more, (2) is designed or used to transport more than 8 passengers including the driver, or (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.			
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer:	Phone:	May We Contact?	
Address:	City:	State:	Zip:
Position Held:	From (month/year):	To (month/year):	
Reason for Leaving:			
Account for period between jobs (include dates and reason):			
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 lbs or more, (2) is designed or used to transport more than 8 passengers including the driver, or (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.			
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer:	Phone:	May We Contact?	
Address:	City:	State:	Zip:
Position Held:	From (month/year):	To (month/year):	
Reason for Leaving:			
Account for period between jobs (include dates and reason):			
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 lbs or more, (2) is designed or used to transport more than 8 passengers including the driver, or (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.			
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

ACCIDENT RECORD FOR PAST 3 YEARS. Attach sheet if more space is needed. If None, write NONE.

DATES	NATURE OF ACCIDENT (head-on, rear-end, upset, etc)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (other than parking violations).

If None, write NONE.

LOCATION	DATE	CHARGE	PENALTY

EXPERIENCE AND QUALIFICATIONS

List all driver licenses or permits held in the past 3 years

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, GIVE DETAILS:

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	CIRCLE TYPE OF TRUCK	DATES		APPROX. TOTAL MILES DRIVEN
		FROM (M/Y)	TO(M/Y)	
Straight Truck <input type="checkbox"/> Yes <input type="checkbox"/> No	van, tank, flat, dump			
Tractor-trailer <input type="checkbox"/> Yes <input type="checkbox"/> No	van, tank, flat, dump			
Bus <input type="checkbox"/> Yes <input type="checkbox"/> No				
Other				

List states operated in for last 5 years: _____

What special training or courses have you taken: _____

REFERENCES:

Please list 3 persons not related to you.

Name	Phone	Relationship	Years Known

In the event of an emergency, notify:

Name: _____ Relationship: _____ Phone: _____

I understand that the processing of my employment application requires the expenditure of time and resources by this employer. I understand that this application does not constitute a contract for employment. I also understand that this employer would not process this application if I had no genuine interest in employment at the time this application is submitted. Therefore, I hereby represent and certify that I am interested in employment with Perry Engineering, Inc., and that my application is submitted in good faith and genuine interest in employment. I hereby consent to a drug screening test. I understand and agree that any omission or falsification of this application may be cause for the disqualification of my application or termination of employment. I understand and agree that, once hired, I am required to abide by all rules and regulations of Perry Engineering, Inc.

By signing, this certifies that this application was completed by me, and that all entries and information are true and complete to the best of my knowledge.

Signature of Applicant _____ Date _____