

WHITETAIL DISPOSAL, INC.
2473 BIG RD
GILBERTSVILLE, PA 19525

DRIVER'S APPLICATION FOR EMPLOYMENT

NOTE: U. S. DEPT. OF TRANSPORTATION REQUIRES THAT EMPLOYMENT FOR AT LEAST THREE (3) YEARS AND DRIVING RECORDS FOR AT LEAST TEN (10) YEARS BE SHOWN.

COMPLETE ALL INFORMATION REQUESTED

Name: _____ Phone Number: _____

Date of Birth: _____ Social Security Number: _____

Current Address: Street: _____ City, State, ZIP: _____ No. Yrs. _____

Addresses for past seven years:

Street: _____ City, State, ZIP: _____ No. Yrs. _____

Street: _____ City, State, ZIP: _____ No. Yrs. _____

Answer **Yes** or **No** to the following:

Can you work: Shifts: _____ Weekends: _____ Overtime: _____ Date you can begin work _____

EXPERIENCE AND QUALIFICATIONS

License No. _____ State _____ Class _____ Expires _____

Type Truck Driven (Van, dump, flat, etc.)	Dates		Approximate number of total miles
	From	To	

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ACCIDENT RECORD (Last five years)

Date	Nature of Accident (head-on, rear-end, overturned, etc.)	Injuries	Fatalities
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TRAFFIC CONVICTIONS AND FORFEITURES (Last five years)
(Do not list parking violations)

Date	Locations (City & State)	Charges	Penalty
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been denied a license, permit or privilege to operate a motor vehicle of any type?

Yes _____ No _____ If yes, explain why: _____

Has your license, permit or privilege ever been suspended or revoked for any reason? Yes _____ No _____

If yes, explain why: _____

EMPLOYMENT HISTORY

All applicants 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 of 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.)

*Includes vehicles having a GWR 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

Last Employer _____		Supervisor _____	
Address _____		_____	
Street	City	State	Zip
Telephone _____	Position Held _____	From _____ To _____	Salary _____
Reason for Leaving _____		Did you drive a vehicle requiring a CDL? ___YES ___NO	

Last Employer _____		Supervisor _____	
Address _____		_____	
Street	City	State	Zip
Telephone _____	Position Held _____	From _____ To _____	Salary _____
Reason for Leaving _____		Did you drive a vehicle requiring a CDL? ___YES ___NO	

Last Employer _____		Supervisor _____	
Address _____		_____	
Street	City	State	Zip
Telephone _____	Position Held _____	From _____ To _____	Salary _____
Reason for Leaving _____		Did you drive a vehicle requiring a CDL? ___YES ___NO	

Last Employer _____		Supervisor _____	
Address _____		_____	
Street	City	State	Zip
Telephone _____	Position Held _____	From _____ To _____	Salary _____
Reason for Leaving _____		Did you drive a vehicle requiring a CDL? ___YES ___NO	

Last Employer _____ Supervisor _____

Address _____
Street City State Zip

Telephone _____ Position Held _____ From _____ To _____ Salary _____

Reason for Leaving _____ Did you drive a vehicle requiring a CDL? YES NO

Last Employer _____ Supervisor _____

Address _____
Street City State Zip

Telephone _____ Position Held _____ From _____ To _____ Salary _____

Reason for Leaving _____ Did you drive a vehicle requiring a CDL? YES NO

Last Employer _____ Supervisor _____

Address _____
Street City State Zip

Telephone _____ Position Held _____ From _____ To _____ Salary _____

Reason for Leaving _____ Did you drive a vehicle requiring a CDL? YES NO

Last Employer _____ Supervisor _____

Address _____
Street City State Zip

Telephone _____ Position Held _____ From _____ To _____ Salary _____

Reason for Leaving _____ Did you drive a vehicle requiring a CDL? YES NO

TO BE READ AND SIGNED BY THE APPLICANT:

I certify that I have completed this application and that all entries on it and information provided are true and complete to the best of my knowledge.

I authorize Whitetail Disposal, Inc. to make such investigations and inquiries from personal references, previous employers and such related matters as may be necessary to arrive at an employment decision. I hereby release any previous employer, school or person giving personal references from any and all liability in responding to inquiries made in connection with my application for employment with Whitetail Disposal, Inc.

In the event of my employment, I understand that any false or misleading information given on this application or during any interview may result in discharge. I also understand that if an offer of employment is made I will be required to undergo and pass a physical examination including drug and/or alcohol screening before being permitted to begin my duties. I also understand that I am required to abide by all of the rules and regulations of Whitetail Disposal, Inc. as permitted by law.

Date: _____ Applicant's Signature: _____

Date: _____ Company Representative: _____