



APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER

APPLICATION MUST BE COMPLETELY FILLED OUT TO BE CONSIDERED.

DATE OF APPLICATION:
POSITION APPLYING FOR:
RATE OF PAY EXPECTED:

PERSONAL INFORMATION	FIRST NAME:	MIDDLE:	LAST:	
	HOME PHONE:	CELL PHONE:	E-MAIL:	
	DATE OF BIRTH:	SOCIAL SECURITY NUMBER:		
	CURRENT ADDRESS:	CITY:	STATE:	ZIP CODE:
	PREVIOUS ADDRESS:	CITY:	STATE:	ZIP CODE:
	PREVIOUS ADDRESS:	CITY:	STATE:	ZIP CODE:
	PREVIOUS ADDRESS:	CITY:	STATE:	ZIP CODE:
	WHERE YOU REFERRED BY SOMEONE: <input type="checkbox"/> YES <input type="checkbox"/> NO			IF YES BY WHOM:

EMPLOYMENT ELIGIBILITY	
ARE YOU PERMITTED TO WORK IN THE U.S.: <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER WORKED FOR PHILIPP'S TRUCKING BEFORE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES LOCATION: _____ DATES OF EMPLOYMENT: _____ TO _____	
REASON FOR LEAVING: _____	
HAVE YOU EVER BEEN BONDED: <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES NAME OF BONDING COMPANY: _____	
HAVE YOU EVER BEEN CONVICTED OF A FELONY: <input type="checkbox"/> YES <input type="checkbox"/> NO	
<i>A CONVICTION OF A CRIME IS NOT AN AUTOMATIC BAR TO EMPLOYMENT, ALL CIRCUMSTANCES WILL BE REVIEWED AND CONSIDERED.</i>	
IF YES PLEASE EXPLAIN: _____	
IF YES PLEASE EXPLAIN: _____	
IS THERE ANY REASON YOU MAY BE UNABLE TO PERFORM THE FUNCTIONS OF THE JOB WHICH YOU HAVE APPLIED FOR: <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES PLEASE EXPLAIN: _____
IF YES PLEASE EXPLAIN: _____	
IF YES PLEASE EXPLAIN: _____	

EDUCATION											
MARK HIGHEST GRADE COMPLETED:	<table border="1"> <tr> <td>HIGH SCHOOL</td> <td><input type="checkbox"/> 9TH</td> <td><input type="checkbox"/> 10TH</td> <td><input type="checkbox"/> 11TH</td> <td><input type="checkbox"/> 12TH</td> </tr> <tr> <td>COLLEGE</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> <td><input type="checkbox"/> 4</td> </tr> </table>	HIGH SCHOOL	<input type="checkbox"/> 9TH	<input type="checkbox"/> 10TH	<input type="checkbox"/> 11TH	<input type="checkbox"/> 12TH	COLLEGE	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
HIGH SCHOOL	<input type="checkbox"/> 9TH	<input type="checkbox"/> 10TH	<input type="checkbox"/> 11TH	<input type="checkbox"/> 12TH							
COLLEGE	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4							
NAME OF LAST SCHOOL ATTENDED: _____											
ADDRESS: _____											
CITY: _____ STATE: _____ ZIP: _____											
AREA OF STUDY: _____											
AWARDS: _____											



PHILIPP'S TRUCKING LLC.
EMPLOYMENT APPLICATION

EMPLOYMENT HISTORY

The US Department of transportation requires that all drivers show all employment for the past three (3) years. They must also show commercial driver employment for the seven years immediately preceding this three (3) year period. Start with the most recent employer.

MOST RECENT/CURRENT EMPLOYER					
Name:				DATES OF EMPLOYMENT	
				From:	
Address:				To:	
				WAGE:	
City:		State:		Zip Code:	
SUPERVISOR:			PHONE:		
REASON FOR LEAVING:					
WHERE YOU SUBJECT TO THE FMCRS WHILE EMPLOYED: <input type="checkbox"/> YES <input type="checkbox"/> NO					
WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECTION TO THE DRUG & ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40: <input type="checkbox"/> YES <input type="checkbox"/> NO					
MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> YES <input type="checkbox"/> NO					

PREVIOUS EMPLOYER 2					
Name:				DATES OF EMPLOYMENT	
				From:	
Address:				To:	
				WAGE:	
City:		State:		Zip Code:	
SUPERVISOR:			PHONE:		
REASON FOR LEAVING:					
WHERE YOU SUBJECT TO THE FMCRS WHILE EMPLOYED: <input type="checkbox"/> YES <input type="checkbox"/> NO					
WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECTION TO THE DRUG & ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40: <input type="checkbox"/> YES <input type="checkbox"/> NO					
MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> YES <input type="checkbox"/> NO					

PREVIOUS EMPLOYER 3					
Name:				DATES OF EMPLOYMENT	
				From:	
Address:				To:	
				WAGE:	
City:		State:		Zip Code:	
SUPERVISOR:			PHONE:		
REASON FOR LEAVING:					
WHERE YOU SUBJECT TO THE FMCRS WHILE EMPLOYED: <input type="checkbox"/> YES <input type="checkbox"/> NO					
WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECTION TO THE DRUG & ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40: <input type="checkbox"/> YES <input type="checkbox"/> NO					
MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> YES <input type="checkbox"/> NO					



PHILIPP'S TRUCKING LLC.
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PREVIOUS EMPLOYER 4					
Name:				DATES OF EMPLOYMENT	
				From:	
Address:				To:	
				WAGE:	
City:		State:		Zip Code:	
SUPERVISOR:			PHONE:		
REASON FOR LEAVING:					
WHERE YOU SUBJECT TO THE FMCRS WHILE EMPLOYED: <input type="checkbox"/> YES <input type="checkbox"/> NO					
WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECTION TO THE DRUG & ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40: <input type="checkbox"/> YES <input type="checkbox"/> NO					
MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> YES <input type="checkbox"/> NO					

PREVIOUS EMPLOYER 5					
Name:				DATES OF EMPLOYMENT	
				From:	
Address:				To:	
				WAGE:	
City:		State:		Zip Code:	
SUPERVISOR:			PHONE:		
REASON FOR LEAVING:					
WHERE YOU SUBJECT TO THE FMCRS WHILE EMPLOYED: <input type="checkbox"/> YES <input type="checkbox"/> NO					
WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECTION TO THE DRUG & ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40: <input type="checkbox"/> YES <input type="checkbox"/> NO					
MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> YES <input type="checkbox"/> NO					

PREVIOUS EMPLOYER 6					
Name:				DATES OF EMPLOYMENT	
				From:	
Address:				To:	
				WAGE:	
City:		State:		Zip Code:	
SUPERVISOR:			PHONE:		
REASON FOR LEAVING:					
WHERE YOU SUBJECT TO THE FMCRS WHILE EMPLOYED: <input type="checkbox"/> YES <input type="checkbox"/> NO					
WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECTION TO THE DRUG & ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40: <input type="checkbox"/> YES <input type="checkbox"/> NO					
MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> YES <input type="checkbox"/> NO					



**PHILIPP'S TRUCKING LLC.
EMPLOYMENT APPLICATION**

DRIVERS LICENSE INFORMATION

NO PERSON WHO OPERATES A COMMERCIAL VEHICLE SHALL AT ANY TIME HAVE MORE THAN ONE DRIVERS LICENSE (49 CFR 383.21). INCLUDE ALL LICENSES HELD FOR THE PAST 3 YEARS

CURRENT DRIVERS LICENSE			
STATE OF ISSUE:	LICENSE #:	ISSUE DATE:	EXPIRATION DATE:
ENDORSEMENTS:			

PREVIOUSLY HELD LICENSES			
STATE OF ISSUE:	LICENSE #:	ISSUE DATE:	EXPIRATION DATE:
ENDORSEMENTS:			

PREVIOUSLY HELD LICENSES			
STATE OF ISSUE:	LICENSE #:	ISSUE DATE:	EXPIRATION DATE:
ENDORSEMENTS:			

HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVLEDGE TO OPERATE A MOTOR VEHICLE: YES NO

IF "YES" PLEASE EXPLAIN:

ACCIDENT RECORD			
<i>REPORT ALL ACCIDENTS FOR PAST 3 YEARS - IF NONE WRITE "NONE OR N/A".</i>			
DATE(S)	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES/INJURIES	HAZARDOUS MATERIAL SPILL
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

TRAFFIC CONVICTIONS			
<i>TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS). IF NONE WRITE "NONE"</i>			
LOCATION:	DATE:	CHARGE:	PENALTY:



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DRIVING EXPERIENCE			
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES (FROM - TO)	APPROX. # OF MILES (TOTAL)
STRAIGHT TRUCK			
TRACTOR & SEMI TRAILER			
TRACTOR & 2 TRAILERS			
TRACTOR & TANKER			
MOTOR COACH/SCHOOL BUS. (7+ PASSENGERS)			
MOTOR COACH/SCHOOL BUS. (15+ PASSENGERS)			
OTHER			

LIST ANY SPECIAL COURSES THAT WILL HELP AS A DRIVER OR FOR THE POSITION APPLYING FOR	
COURSE	DATE

LIST ANY AWARDS HELP AND WHO PRESENTED BY	
AWARDS	PRESENTED BY

LIST ANY OTHER QUALIFICATIONS OR TRAINING NOT ELSEWHERE ON THIS APPLICATION

REFERANCES - PROVIDE THREE WORK REFERANCES AND TWO NON-WORK REFERANCES			
NAME:	COMPLETE ADDRESS:	PHONE:	YEARS KNOWN



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DISCLOSURE

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

IN ACCORDANCE WITH THE PROVISIONS OF SECTION 604(b)(2)(A) OF THE FAIR CREDIT REPORTING ACT PUBLIC LAW 91-508, AS AMENDED BY THE CONSUMER CREDIT REPORTING ACT OF 1996 (Title II, SUBTITLE D, CHAPTER I, OF PULBLIC LAW 104-208), YOU ARE BEING INFORMED THAT REPORTS VERIFYING YOUR PREVIOUS EMPLOYMENT, PREVIOUS DRUG AND ALCOHOL TEST RESULTS, AND YOUR DRIVING RECORD MAY BE OBTAINED ON YOU FOR EMPLOYMENT PURPOSES. THESE REPORTS ARE REQUIRED BY SECTIONS 382.413, 391.25 OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS.

SIGNATURE

THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME, AND THAT ALL ENTRIES ON IT AND THE INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I ALSO UNDERSTAND THAT PHILIPP'S TRUCKING CONDUCTS PRE-EMPLOYMENT DRUG SCREENS AND PHYSICALS.

APPLICANT SIGNATURE

DATE:

FOR COMPANY USE ONLY

APPLICANT:

HIRED REJECTED

IF HIRED:

DATE OF HIRE: _____

POSITON HIRED FOR: _____

IF REJECTED PROVIDE REASON(S):

INTERVIEW NOTES:

Large empty rectangular area for interview notes.