

DRIVER'S APPLICATION FOR EMPLOYMENT

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, sexual orientation, 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 the Township 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 that I am required to abide by all policies and regulations of East Buffalo Township.

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 I have the right to:

- Review information provided by a previous employer;
- Have errors in the information corrected by previous employers, and may have previous employers re-send the corrected information to the Township; 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.

Applicant's Signature

Date

FOR TOWNSHIP USE

PROCESS RECORD

APPLICANT HIRED _____

REJECTED _____

DATE EMPLOYED _____

If rejected, summary report of reasons should be placed in file.

SIGNATURE OF INTERVIEWING SUPERVISOR _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ TERMINATION REPORT PLACED IN FILE _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

SIGNATURE OF SUPERVISOR _____

APPLICANT TO COMPLETE
(Answer all questions – please print)

Position(s) Applied for: _____

Name: _____ Social Security Number: _____

Phone Number: _____ E-mail Address: _____

List your addresses of residency for the past 3 years:

Current Address

Street City

State Zip Code How Long? (yr/mo)

Street City State & Zip Code How Long? (yr/mo)

Previous
Addresses

Street City State & Zip Code How Long? (yr/mo)

Street City State & Zip Code How Long? (yr/mo)

Do you have the legal right to work in the United States? _____

Date of Birth: _____ Can you provide proof of age? _____

Have you worked for East Buffalo Township before?

Dates of Employment: _____ 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? _____

Have you ever been convicted of a felony? _____

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment
– all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied?
(as described in the job description) _____

If yes, explain if you wish.

Commercial Motor Vehicle – Includes vehicles having a GVWR of 26,001 pounds or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

FMCSR – The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: 1) weight or has a GCWR of 10,001 pounds 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.

EMPLOYMENT HISTORY

The Applicant MUST answer ALL questions of the Employment History section. Please list the complete mailing address including street number, city, state, and zip code as well as phone number, fax number, contact person and department.

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

EMPLOYER	DATE	
Name	From	To
Address		
City	State	Zip
Contact Person	Phone	
Salary/Wage		
Reason for Leaving:		
Were you subject to the FMCSR's while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was your job designated as a safety-sensitive function in any DOT regulated operation subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EMPLOYER	DATE	
Name	From	To
Address		
City	State	Zip
Contact Person	Phone	
Salary/Wage		
Reason for Leaving:		
Were you subject to the FMCSR's while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was your job designated as a safety-sensitive function in any DOT regulated operation subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EMPLOYER	DATE	
Name	From	To
Address		
City	State	Zip
Contact Person	Phone	
Salary/Wage		
Reason for Leaving:		
Were you subject to the FMCSR's while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was your job designated as a safety-sensitive function in any DOT regulated operation subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EMPLOYER	DATE	
Name	From	To
Address		
City	State	Zip
Contact Person	Phone	
Salary/Wage		
Reason for Leaving:		
Were you subject to the FMCSR's while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was your job designated as a safety-sensitive function in any DOT regulated operation subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EMPLOYER	DATE	
Name	From	To
Address		
City	State	Zip
Contact Person	Phone	
Salary/Wage		

Reason for Leaving:
Were you subject to the FMCSR's while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Was your job designated as a safety-sensitive function in any DOT regulated operation subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYER			DATE	
Name			From	To
Address				
City	State	Zip	Position Held	
Contact Person	Phone		Salary/Wage	
Reason for Leaving:				
Were you subject to the FMCSR's while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Was your job designated as a safety-sensitive function in any DOT regulated operation 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 three (3) years or more (attach sheet if space is needed). If none, write **NONE**.

	Date	Nature of Accident (Head-on, Rear-end, Upset, etc.)	Fatalities	Injuries	Hazardous Material Spill
Last Accident					
Next Previous					
Next Previous					

TRAFFIC CONVICTIONS and forfeitures for the past three (3) years (other than parking violations), If none, write **NONE**.

Location	Date	Charge	Penalty

(Attach sheet if more space is needed)

EXPERIENCE AND QUALIFICATIONS - DRIVER

	State	License Number	Class	Endorsement(s)	Expiration Date
Driver licenses or permits held in past three (3) years					

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 (Check Yes or No)

CLASS OF EQUIPMENT	CIRCLE TYPE	DATES		APPROX. # OF MILES
		FROM	TO	
STRAIGHT TRUCK <input type="checkbox"/> Yes <input type="checkbox"/> No	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR & SEMI-TRAILER <input type="checkbox"/> Yes <input type="checkbox"/> No	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR – TWO TRAILERS <input type="checkbox"/> Yes <input type="checkbox"/> No	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR – THREE TRAILERS <input type="checkbox"/> Yes <input type="checkbox"/> No	(VAN, TANK, FLAT, DUMP, REFER)			
MOTORCOACH – SCHOOL BUS More than 8 passengers <input type="checkbox"/> Yes <input type="checkbox"/> No	---			
MOTORCOACH – SCHOOL BUS More than 15 passengers <input type="checkbox"/> Yes <input type="checkbox"/> No	---			
OTHER				

List states operated in for the last five years _____

Show special courses or training that will help you as a driver _____

List safe driving awards you hold and from whom _____

EXPERIENCE AND QUALIFICATIONS – OTHER

Show any trucking, transportation or other experience that may help in your work for the Township

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)

EDUCATION

Circle highest grade completed 1 2 3 4 5 6 7 8 High School: 9 10 11 12 College: 1 2 3 4 +

Last school attended _____ City/State

Degree attained _____

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.

Signature: _____

Date: _____

**Motor Vehicle Driver's
CERTIFICATION OF COMPLIANCE
WITH DRIVER LICENSE REQUIREMENTS**

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. They are as follows:

1. **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.
2. **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the next BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.3 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to:
 1. your employing motor carrier, and
 2. the State that issued your license (If the violation occurs in a state other than the one which issued your license).

The notification to both the employer and the State must be in writing.

The following license is the only one I will possess:

Driver's License Number _____ State _____ Expiration Date _____

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.

Signature: _____

Date: _____

REQUEST FOR CHECK OF DRIVING RECORD

In conjunction with my application for employment with East Buffalo Township (the prospective employer) that will require the operation of motor vehicles on public roads or for my continuation of employment, I understand that this employer intends to obtain information concerning my driver's license record from the state which issued my current driver's license at time of hire and regularly during my employment.

I understand that this employer may use the information provided by such state agency in determining whether (1) to offer employment to me pursuant to Section 604 of the federal Fair Credit Reporting Act, or (2) to continue employment based on the findings of such report. I further understand that, if this prospective employer takes any adverse action (such as not offering me employment) based in whole or in part on this information, the prospective employer shall provide me a copy of the report containing the information obtained from the applicable state driver's license agency, including:

1. The name, address, and telephone number of the state agency that provided the report;
2. A statement that the state agency in question did not make the adverse decision and is not able to explain why the adverse decision was made;
3. A statement setting forth the applicant's right to obtain a free disclosure of the applicant's file from the state agency if the consumer makes a written request within 60 days; and,
4. A statement setting forth the applicant's right to dispute directly with the relevant state agency the accuracy or completeness of any information provided by such state agency.

By signing below, I acknowledge having read the above disclosure and hereby authorize the prospective employer (or its authorized agents) to obtain the above referenced information. Further, if I am hired, this authorization shall remain on file with the employer and shall serve as an ongoing authorization for this employer to obtain this same information about me at any time during my employment. Any copy of this authorization shall be as valid as the original.

I also agree that any and all disputes arising from the prospective employer's use of this information shall be brought only in state or federal court in the Commonwealth of Pennsylvania, and shall be governed by, and construed in accordance with, the laws of the Commonwealth of Pennsylvania.

Signature

Date

Print Name