## DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name			Date o	f Application				
Company The McCauley Trucking Co.				·				
Address 379 Industrial Park Road								
City Brookville	State	PA	Zip	15825				
In compliance with Federal and State equal employmen positions without regard to race, color, religion, sex, nat disability, or any other protected group status.								
TO BE READ AND SI	GNE	D BY APP	LICAN	T				
I authorize you to make such investigations and inquiries of other related matters as may be necessary in arriving at an er medical history will be made only if and after a conditional employers, schools, health care providers and other persons information in connection with my application.  In the event of employment, I understand that false or mislean	mploy offer of from	ment decision of employment all liability	on. (Geent has	enerally, inquiries regarding been extended.) I hereby release onding to inquiries and releasing				
may result in discharge. I understand, also, that I am require								
<ul> <li>I understand that information I provide regarding current and will be contacted, for the purpose of investigating my safety (e). I understand I have the right to:</li> <li>Review information provided by previous employers;</li> <li>Have errors in the information corrected by previous employer; and</li> </ul>	perfo	rmance hist	ory as r	required by 49 CFR 391.23(d) and				
Have a rebuttal statement attached to the alleged erroneous agree on the accuracy of the information.	ıs info	rmation, if t	the prev	rious employer(s) and I cannot				
Signature			_ Date	e				
FOR COM	<b>IPAN</b>	NY USE						
PROCES	S REC	CORD						
APPLICANT HIRED		REJECTE	)					
DATE EMPLOYED		POINT EM	[PLOYE]	D				
DEPARTMENT		CLASSIFIC	CATION					
(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED	IN FIL	Ξ)						
SIGNATURE OF INTERVIEWING OFFICER								
TERMINATION OF EMPLOYMENT								
DATE TERMINATED	DEP	ARTMENT R	ELEASE	D FROM				
DISMISSED VOLUNTARILY QUIT								
TERMINATION REPORT PLACED IN FILE								

This form is made available with the understanding that J. J. Keller & Associates, Inc.® is not engaged in rendering legal, accounting, or other professional services. J. J. Keller & Associates, Inc.® assumes no responsibility for the use of this form or any decision made by an employer which may violate local, state or federal law.

## APPLICANT TO COMPLETE

(answer all questions - please print)

Position(s) App	lied for								
Name		77		Social Security No.					
Last	C '1 C 1		Middle						
•	• •	st 3 years.							
Current Addres	Street	City							
	Street  Street  Phone  State  Street  City  Street  City  Street  City  Can you provide proof of a commerical Drivers)  orked for this company before?  To Rate of Pay  leaving  w employed?  If not, how long since leaving last employment?  and you?  were been bonded?  y if a job requirement)  reason you might be unable to perform the functions of the job for which of description]?				How Long?				
	State	Zip Code				yr./mo.			
Previous					How Long?				
Addresses	Street	City		State & Zip Code		yr./mo.			
	<u> </u>	Citi		Ct ( 0.7; C 1	How Long?				
	Street	City		State & Zip Code	How Long?	yr./mo.			
	Street	City		State & Zip Code	How Long.	yr./mo.			
*	e legal right to work in the		• 1	C - C O					
Date of Birth(Required for Co	mmerical Drivers)	Can y	ou provide proof	r or age?					
•	•	9 Wher	<u>e</u> 9						
-	<del>-</del> -			Doci	Position				
Reason for leav		T.	ate of f ay	1 031					
		how long since leaving	g last employme	ent?					
Who referred y		,	.9h	Rate of pay expect	ted				
•				Name of bonding	-	-			
•									
Is there any rea attached job de  If yes, explain i	scription]?	perform the functions	of the job for wh	hich you have applied [as	described in the				
during the pre Applicant additional 7 y	ecceeding 3 years. List co ts to drive a commercial ears' information on thos	terstate commerce nomplete mailing addr motor vehicle* in insee employers for who	nust provide the ress, street num trastate or inter om the applicar	e following information ber, city, state, and zip rstate commerce shall a nt operated such vehicle	code. lso provide an				
		EMPLOVER			DATE				
		LIVII LOTEK	-		FROM TO				
NAME					MO. YR. MO.	YR.			
ADDRESS			-		POSITION HELD				
CITY		STATE	ZIP		SALARY/WAGE				
CONTACT PER	RSON		PHONE NUMB	ER	REASON FOR LEAVING				
WERE YOU SU	JBJECT TO THE FMCSRs† '	WHILE EMPLOYED?	☐ YES ☐	] NO					

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG

☐ YES

☐ NO

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AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?

## **EMPLOYMENT HISTORY (continued)**

EMPLOYER		DATE
NAME		FROM TO MO. YR.
ADDRESS		POSITION HELD
CITY STATE	ZIP	SALARY/WAGE
CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED?	☐ YES ☐ NO	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNC AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40		SUBJECT TO THE DRUG
EMPLOYER		DATE
NAME		FROM TO MO. YR.
ADDRESS		POSITION HELD
CITY STATE	ZIP	SALARY/WAGE
CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCAND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40		SUBJECT TO THE DRUG
EMPLOYER		DATE
NAME		FROM TO MO. YR.
ADDRESS	-	POSITION HELD
CITY STATE	ZIP	SALARY/WAGE
CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED?	☐ YES ☐ NO	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUN- AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 4		SUBJECT TO THE DRUG
EMPLOYER		DATE
NAME		FROM TO MO. YR. MO. YR.
ADDRESS		POSITION HELD
CITY STATE	ZIP	SALARY/WAGE
CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED?	☐ YES ☐ NO	-
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUN- AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40		SUBJECT TO THE DRUG
EMPLOYER		DATE
NAME		FROM TO MO. YR. MO. YR.
ADDRESS		POSITION HELD
CITY STATE	ZIP	SALARY/WAGE
CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUN AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40		SUBJECT TO THE DRUG

<sup>\*</sup> Includes vehicles having a GVWR of 26,001 lbs. 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.

<sup>†</sup> 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) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 8 or more passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

CHARGE PENALTY  (ATTACH SHEET IF MORE SPACE IS NEEDED)  EXPERIENCE AND QUALIFICATIONS - DRIVER  STATE LICENSE NO. CLASS ENDORSEMENT(S) EXPIRATION DAT  Driver licenses or permit held in the past 3 years  A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? YES NO  IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS  PRIVING EXPERIENCE CHECK YES OR NO  CLASS OF EQUIPMENT CIRCLE TYPE OF EQUIPMENT FROM(M/Y) TO(M/Y)  STRAIGHT TRUCK YES NO (VAN,TANK,FLAT,DUMP,REFER)  TRACTOR AND SEMI-TRAILER YES NO (VAN,TANK,FLAT,DUMP,REFER)		DA		NATURE	RE (ATTACH SHEET IF MORE OF ACCIDENT R-END, UPSET, ETC.)		FATALITIES		INJURIES		HAZARDOUS MATERIAL SPILI	
RAFFIC CONVECTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITTONE  LOCATION DATE CHARGE PENALTY  (ATTACH SHEET IF MORE SPACE IS NFEDED)  EXPERIENCE AND QUALIFICATIONS - DRIVER  STATE LICENSE NO. CLASS ENDORSEMENT(S) EXPIRATION DATE  Tower locases of the past of the	LAST ACCIDE	ENT										,,,,,
RAPPIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRIT DONE  LOCATION  DATE  CHARGE  PENALTY  (ATTACH SHEET IF MORE SPACE IS NEEDED)  EXPERIENCE AND QUALIFICATIONS - DRIVER  (ATTACH SHEET IF MORE SPACE IS NEEDED)  EXPERIENCE AND QUALIFICATIONS - DRIVER  (ATTACH SHEET IF MORE SPACE IS NEEDED)  EXPERIENCE AND QUALIFICATIONS - DRIVER  (ATTACH SHEET IF MORE SPACE IS NEEDED)  EXPERIENCE AND QUALIFICATIONS - DRIVER  (ATTACH SHEET IF MORE SPACE IS NEEDED)  EXPERIENCE AND QUALIFICATIONS - DRIVER  LICENSE NO.  CLASS   ENDORSEMENT(S)   EXPIRATION DATE  SPACE   NO	NEXT PREVIO	ous										
CATTACH SHEET IF MORE SPACE IS NEEDED)  EXPERIENCE AND QUALIFICATIONS - DRIVER  EXPERIENCE OF CLASS ENDORSEMENT(S) EXPIRATION DATE  TO BE READ AND SIGNED PROVIDED TO THE REPORT OF THE COMPANY  THE stay by leave, permit, or privilege to operate a motor vehicle?  YES NO  CLASS FEOQUIPMENT  CIRCLE TYPE OF EQUIPMENT FROM(MY) TO(MY)  THE ANSWER TO ETHIER A OR B IS YES, GIVE DETAILS  DATES  PROVING EXPERIENCE CHECK YES OR NO  CLASS OF EQUIPMENT  CIRCLE TYPE OF EQUIPMENT FROM(MY) TO(MY)  TRACTOR AND SEMI-TRAILER YES NO  (VAN,TANK,FLAT,DUMP,REFER)  TRACTOR - TWO TRAILERS YES NO  (VAN,TANK,FLAT,DUMP,REFER)  TRACTOR - TWO TRAILERS YES NO  (VAN,TANK,FLAT,DUMP,REFER)  TRACTOR - TWO TRAILERS YES NO  MOTORCOACH - SCHOOL BUS TYES NO  MOTORCOAC												
(ATTACH SHEET IF MORE SPACE IS NEEDED)  EXPERIENCE AND QUALIFICATIONS - DRIVER  STATE LICENSE NO. CLASS ENDORSEMENT(S) EXPIRATION DATE  promite hold in the past of the past o	TRAFFIC CONONE			D FORFEITURES FO			EARS (OT			NG VIOLA		
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A PAPROX. NO. — NO	licenses or permits held											
Have you ever been denied a license, permit, or privilege to operate a motor vehicle?  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  ORIVING EXPERIENCE CHECK YES OR NO  CLASS OF EQUIPMENT  CIRCLE TYPE OF EQUIPMENT FROM(M/Y) TO(M/Y)  STRAGIGHT TRUCK  YES NO  (VAN,TANK,FLAT,DUMP,REFER)  TRACTOR AND SEMI-TRAILER YES NO  (VAN,TANK,FLAT,DUMP,REFER)  TRACTOR - TWO TRAILERS  YES NO  (VAN,TANK,FLAT,DUMP,REFER)  TRACTOR - THREE TRAILERS  YES NO  (VAN,TANK,FLAT,DUMP,REFER)  MOTORCOACH - SCHOOL BUS  YES NO  YOUN,TANK,FLAT,DUMP,REFER)  WOTHER  LIST STATES OPERATED IN FOR THE 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)  EDUCATION  CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4 CALLEGE: 1 2 3 4 COLLEGE: 1 2	in the past											
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CLASS OF EQUIPMENT  CIRCLE TYPE OF EQUIPMENT FROM(M/Y) TO(M/Y)  CIRCLE TYPE OF EQUIPMENT FROM(M/Y)  CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4  CITYL STATE)  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.	-			-						YES		NO
CLASS OF EQUIPMENT  CIRCLE TYPE OF EQUIPMENT FROM(M/Y) TO(M/Y)  CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4  CITYLE TYPE OF EQUIPMENT COMPANY  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)  CITYL STATE)  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.	IF THE ANS	WER TO EIT	HER A	OR B IS YES, GIVE DE	IAILS	·						
CLASS OF EQUIPMENT  CIRCLE TYPE OF EQUIPMENT FROM(M/Y) TO(M/Y) (TOTAL)  STRAIGHT TRUCK  YES NO  (VAN,TANK,FLAT,DUMP,REFER)  TRACTOR AND SEMI-TRAILER YES NO  (VAN,TANK,FLAT,DUMP,REFER)  TRACTOR - TWO TRAILERS YES NO  (VAN,TANK,FLAT,DUMP,REFER)  WOTHER TRAILERS YES NO  (VAN,TANK,FLAT,DUMP,REFER)  WOTHORCOACH - SCHOOL BUS YES NO  MOTORCOACH - SCHOOL BUS YES NO  WAN,TANK,FLAT,DUMP,REFER)  WAN,TANK,F	RIVING EX	KPERIENC	Е СНЕ	CK YES OR NO								
STRAIGHT TRUCK												
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TRACTOR - TWO TRAILERS  TRACTOR - THREE TRAILERS  TYES DNO  (VAN,TANK,FLAT,DUMP,REFER)  MOTORCOACH - SCHOOL BUS  TYES DNO  MORE than 8 Passengers  MOTORCOACH - SCHOOL BUS  TYES DNO  More than 15 MOTORCOACH - SCHOOL BUS  TYES DNO  More than 15 MOTORCOACH - SCHOOL BUS  TYES DNO  More than 15 MOTORCOACH - SCHOOL BUS  TYES DNO  More than 15 MOTORCOACH - SCHOOL BUS  TYES DNO  More than 15 MOTORCOACH - SCHOOL BUS  TYES DNO  More than 15 MOTORCOACH - SCHOOL BUS  TYES DNO  More than 15 MOTORCOACH - SCHOOL BUS  TYES DNO  More than 15 MOTORCOACH - SCHOOL BUS  TYES DNO  More than 15 MOTORCOACH - SCHOOL BUS  TYES DNO  More than 15 MOTORCOACH - SCHOOL BUS  TYES DNO  More than 15 MOTORCOACH - SCHOOL BUS  TYES DNO  More than 15 MOTORCOACH - SCHOOL BUS  TYES DNO  MOTORCOACH - SCHOOL BUS  TYES DNO  (VAN,TANK,FLAT,DUMP,REFER)  MOTORCOACH - SCHOOL BUS  THE SCHOOL BUS  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.	STRAIGHT TI	RUCK		□ YES □ NO	(VAN,TANK,FLAT,DUMP,REFER)							
TRACTOR - THREE TRAILERS	TRACTOR AN	ND SEMI-TR	AILER	□ YES □ NO	(VAN,TANK,FLAT,DUMP,REFER)							
MOTORCOACH - SCHOOL BUS	TRACTOR - TWO TRAILERS ☐ YES ☐ NO											
MOTORCOACH - SCHOOL BUS	TRACTOR -	THREE TRAI	LERS	□ YES □ NO	(VA	N,TANK,FLA	T,DUMP,R	EFER)				
MOTORCOACH - SCHOOL BUS	MOTORCOA	СН - SCHOO	L BUS	☐ YES ☐ NO More than 8			_					
CIST STATES OPERATED IN FOR THE 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)  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, STATE)  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.			_									
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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)  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)  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.					_							
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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)  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, STATE)  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.	SHOW SPECI	AL COURSE	S OR TI	RAINING THAT WILL H	ELP Y	YOU AS A DR	IVER :					•
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: 1 2 3 4 COLLEGE: 1 2 3 4  LAST SCHOOL ATTENDED (NAME) (CITY, STATE)  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.	WHICH SAFE	E DRIVING A	WARDS	S DO YOU HOLD AND I	ROM	WHOM ?						
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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: 1 2 3 4 COLLEGE: 1 2 3 4  LAST SCHOOL ATTENDED (NAME) (CITY, STATE)  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.									<del> </del>			
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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, STATE)  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.												
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