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## DRIVER EMPLOYMENT APPLICATION

MUST BE COMPLETED IN FULL OR IT WILL NOT BE CONSIDERED.

### APPLICANT INFORMATION

First Name	Middle Name	Last Name	
Home Phone #	Cell Phone #	Email	
Date of Birth	Position Applied for:	Date of Application	
Date Available to start work	MON TUES WED THURS FRI SAT ALL 6 DAYS Circle Days Available to work	Any time restrictions?	
<input type="checkbox"/> YES <input type="checkbox"/> NO Have you worked here before?	Position	Location	Supervisor
Date From	Date To	Reason for leaving	
Who referred you to our company? Or, how did you hear about us?			
Do you have the legal right to work in the United States? _____ YES _____ NO			

### PREVIOUS THREE YEARS RESIDENCY

Current address	How long at this address?
Previous address	How long at this address?
Previous address	How long at this address?
Previous address	How long at this address?

**LICENSE INFORMATION**

No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR §383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed.

State	License #	Type/Class	Endorsements	Expiration Date
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**PREVIOUSLY HELD LICENSES**

State	License #	Type/Class	Endorsements	Expiration Date
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State	License #	Type/Class	Endorsements	Expiration Date
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**DRIVING EXPERIENCE**

Straight Truck	Length?	Date From	Date To	Approx # of total miles
Straight Truck	Length?	Date From	Date To	Approx # of total miles
Straight Truck	Length?	Date From	Date To	Approx # of total miles
Tractor Trailer	Length?	Date From	Date To	Approx # of total miles
Tractor Trailer	Length?	Date From	Date To	Approx # of total miles
Tractor Trailer	Length?	Date From	Date To	Approx # of total miles

**ACCIDENT RECORD FOR THE PAST 3 YEARS**

Attach additional sheet if more space is needed. Check this box if none ☐

Date	Nature of Accident	# Fatalities	# Injuries
Date	Nature of Accident	# Fatalities	# Injuries
Date	Nature of Accident	# Fatalities	# Injuries

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)**

Attach additional sheet if more space is needed. Check this box if none ☐

Date of Conviction	Violation	State	Penalty
Date of Conviction	Violation	State	Penalty

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? ☐ YES ☐ NO

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Has any license, permit, or privilege ever been suspended or revoked? ☐ YES ☐ NO

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR §391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. ***In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.***

Start with the last or current position, including any military experience, and work backwards(attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

### CURRENT (MOST RECENT) EMPLOYER

Business Name	Phone #
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Address
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Position Held	From Month/Year	To Month/Year
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Reason for Leaving	Salary
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Explain Any Gaps in Employment (include month/year & reason)

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? ☐ YES ☐ NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? ☐ YES ☐ NO

**SECOND (MOST RECENT) EMPLOYER**

Business Name		Phone #
Address		
Position Held	From Month/Year	To Month/Year
Reason for Leaving	Salary	
Explain Any Gaps in Employment (include month/year & reason)		

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? ☐ YES ☐ NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? ☐ YES ☐ NO

**THIRD (MOST RECENT) EMPLOYER**

Business Name		Phone #
Address		
Position Held	From Month/Year	To Month/Year
Reason for Leaving	Salary	
Explain Any Gaps in Employment (include month/year & reason)		

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? ☐ YES ☐ NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? ☐ YES ☐ NO

## EDUCATION

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High School Name & Location

Course of Study

Years Completed

Details

Did you Graduate: ☐ YES ☐ NO

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College Name & Location

Course of Study

Years Completed

Details

Did you Graduate: ☐ YES ☐ NO

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Other Name & Location

Course of Study

Years Completed

Details

Did you Graduate: ☐ YES ☐ NO

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Other Name & Location

Course of Study

Years Completed

Details

Did you Graduate: ☐ YES ☐ NO

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Other Name & Location

Course of Study

Years Completed

Details

Did you Graduate: ☐ YES ☐ NO

## OTHER QUALIFICATIONS

Please list any other qualifications that you have and which you believe should be considered.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, medical history, and other related matters as may be necessary in arriving at an employment decision. 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 also understand that I am required to abide by all rules and regulations of the Company.

I understand that the information I provide regarding my current and/or prior 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. I understand that I have the right to:

- Review information provided by current/prior employer(s);
- Have errors in the information corrected by previous employers, and for those previous employers to resend 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.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

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Applicant Signature

Date:

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Applicant Name (printed)