



Masser Logistics Services, Inc.
2 Fearnot Road, P.O. Box 210
Sacramento, PA 17968

DRIVER'S APPLICATION FOR EMPLOYMENT

(answer all questions – please print)

In compliance with Federal and State employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Date of application _____

Position Applied for _____

Name _____ Social Security No. _____
Last First Middle

Address _____
Street City

_____ Phone _____
State Zip

ADDRESS FOR PAST THREE YEARS	}	_____	How Long? _____
		Street City State & Zip Code	
		_____	How Long? _____
		Street City State & Zip Code	

Do you have the legal right to work in the United States? ☐ Yes ☐ No

Date of Birth ____/____/____ Can you provide proof of age? ☐ Yes ☐ No
(Required for Truck Drivers)

Have you worked for this company before? ☐ Yes ☐ No If yes, where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? ☐ Yes ☐ No If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

If yes, explain if you wish. _____

EMPLOYMENT HISTORY

All driver applications to drive in interstate commerce must provide the following information on all employers during the preceding 3 years.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on 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.)

EMPLOYER			<u>From:</u>		<u>To:</u>	
NAME:			Mo:	Yr:	Mo:	Yr:
ADDRESS:			POSITION HELD:			
CITY : STATE: ZIP:			SALARY/WAGE:			
CONTACT PERSON : PHONE:			REASON FOR LEAVING:			

EMPLOYER			<u>From:</u>		<u>To:</u>	
NAME:			Mo:	Yr:	Mo:	Yr:
ADDRESS:			POSITION HELD:			
CITY : STATE: ZIP:			SALARY/WAGE:			
CONTACT PERSON : PHONE:			REASON FOR LEAVING:			

EMPLOYER			<u>From:</u>		<u>To:</u>	
NAME:			Mo:	Yr:	Mo:	Yr:
ADDRESS:			POSITION HELD:			
CITY : STATE: ZIP:			SALARY/WAGE:			
CONTACT PERSON : PHONE:			REASON FOR LEAVING:			

EMPLOYER			<u>From:</u>		<u>To:</u>	
NAME:			Mo:	Yr:	Mo:	Yr:
ADDRESS:			POSITION HELD:			
CITY : STATE: ZIP:			SALARY/WAGE:			
CONTACT PERSON : PHONE:			REASON FOR LEAVING:			

EMPLOYER			<u>From:</u>		<u>To:</u>	
NAME:			Mo:	Yr:	Mo:	Yr:
ADDRESS:			POSITION HELD:			
CITY : STATE: ZIP:			SALARY/WAGE:			
CONTACT PERSON : PHONE:			REASON FOR LEAVING:			

EMPLOYER			<u>From:</u>		<u>To:</u>	
NAME:			Mo:	Yr:	Mo:	Yr:
ADDRESS:			POSITION HELD:			
CITY : STATE: ZIP:			SALARY/WAGE:			
CONTACT PERSON : PHONE:			REASON FOR LEAVING:			

EMPLOYER			<u>From:</u>		<u>To:</u>	
NAME:			Mo:	Yr:	Mo:	Yr:
ADDRESS:			POSITION HELD:			
CITY : STATE: ZIP:			SALARY/WAGE:			
CONTACT PERSON : PHONE:			REASON FOR LEAVING:			

*Includes vehicles having a GVWR 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.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT _____			
NEXT PREVIOUS _____			
NEXT PREVIOUS _____			

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

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EDUCATION

CHECK 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)

EXPERIENCE AND QUALIFICATIONS – DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

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

C. IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR – TWO TRAILERS				
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS: _____

LIST SPECIAL COURSES OR TRAINING ATTAINED 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)

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.

I authorize you 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. I hereby release employers, schools or persons from all liability in responding to inquiries 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, also, that I am required to abide by all rules and regulations of the Company, as permitted by Law.

Date

Applicant's Signature

PROCESS RECORD COMPLETED INTERNALLY

APPLICANT HIRED _____

REJECTED _____

DATE EMPLOYED _____

POINT EMPLOYED _____

DEPARTMENT _____

CLASSIFICATION _____

(IF REJECTED, SUMMARY REPORT SHOULD BE PLACED IN FILE)

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
1. APPLICATION						
2. INTERVIEW						
3. PAST EMPLOYMENT						
4. WRITTEN EXAM						
5. ROAD TEST						
6. CRIMINAL AND TRAFFIC CONVICTIONS						

SIGNATURE OF INTERVIEWING OFFICER _____

TRANSFERS

FROM: _____ TO: _____

FROM: _____ TO: _____

DATE: _____

DATE: _____

REASON FOR TRANSFER: _____

REASON FOR TRANSFER: _____

FROM: _____ TO: _____

FROM: _____ TO: _____

DATE: _____

DATE: _____

REASON FOR TRANSFER: _____

REASON FOR TRANSFER: _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED: _____

DEPARTMENT RELEASED FROM: _____

DISMISSED: _____ VOLUNTARILY QUIT: _____ OTHER: _____

TERMINATION REPORT PLACED IN FILE: _____ SUPERVISOR: _____