

DRIVER'S APPLICATION FOR EMPLOYMENT

T. H. Kinsella, Inc.
P. O. Box 7
Fayetteville, NY 13066

This company subscribes to all Federal and State statutes which prohibit discrimination. We consider all applications for all positions without regard to race, color, religion, gender, national origin, age, disability, marital status, veteran status, or any other legally protected status.

TO BE READ AND SIGNED BY APPLICANT

I understand that the information I provide in accordance with paragraph (b)(10) of §391.21 of the FMCSRs may be used, and that my previous employers will be contacted, for the purpose of investigating my safety performance history information as required by paragraphs (d) and (e) of §391.23.

I have been provided and understand that I have the following rights regarding the investigative information that will be provided to the prospective employer pursuant to paragraphs (d) and (e) of §391.23:

- The right to review information provided by previous employers; and
- The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer; and
- The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Signature _____

Date _____

Applicant Name (please print)

Phone Number

Position(s) Applied for

Social Security Number

Date of Birth

<input type="checkbox"/> YES <input type="checkbox"/> NO	Are you legally eligible for employment in the United States?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you worked for this company before?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Americans with Disabilities Act Clarification: If a job description has been provided, with or without reasonable accommodation, can you perform the essential job functions for the position you have applied for?

Circle highest level of education completed:

Grade/High School	College	Graduate
8 9 10 11 12	1 2 3 4	1 2 3 4

Other business or vocational school or other training skills:

Please list the addresses which you have resided in the past 3 years:

Current Address:

Street	How long have you resided at this address?
City, State, Zip	

Previous Addresses:

Street	How long have you resided at this address?
City, State, Zip	

Street	How long have you resided at this address?
City, State, Zip	

Please detail below your employment history for at least the previous 3 years:

MOST RECENT/CURRENT EMPLOYER		
Name	Date from	Date to
Address		
City, State, Zip	Phone Number	
Contact Person	Position	
Reason for Leaving		
Were you subject to the FMCSRs while employed? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO		

PREVIOUS EMPLOYER		
Name	Date from	Date to
Address		
City, State, Zip	Phone Number	
Contact Person	Position	
Reason for Leaving		
Were you subject to the FMCSRs while employed? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO		

PREVIOUS EMPLOYER		
Name	Date from	Date to
Address		
City, State, Zip	Phone Number	
Contact Person	Position	
Reason for Leaving		
Were you subject to the FMCSRs while employed? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO		

Please complete this section for all unexpired commercial motor vehicle operator's licenses or permits that have been issued to you:

State	License #	Class	Endorsement(s)	Expiration Date
				/ /
				/ /
				/ /

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

Have you ever had any license, permit or privilege revoked or suspended? YES NO

If the answer is YES to either of these questions, please explain:

Please detail your experience in the operation of motor vehicles:

Class of Equipment	Dates		Approximate Number of Miles	Other Information
	From	To		
<input type="checkbox"/> YES <input type="checkbox"/> NO Straight Truck				
<input type="checkbox"/> YES <input type="checkbox"/> NO Tractor and Semi-Trailer				
<input type="checkbox"/> YES <input type="checkbox"/> NO Tractor - Two Trailers				
<input type="checkbox"/> YES <input type="checkbox"/> NO Tractor - Three Trailers				
<input type="checkbox"/> YES <input type="checkbox"/> NO Motor coach - School bus				
<input type="checkbox"/> YES <input type="checkbox"/> NO Motor coach - Other _____				

Please detail any motor vehicle accidents during the past 3 years:

Date	Nature of Accident	Fatalities	Injuries

Please detail traffic convictions and forfeitures during the past 3 years (excluding parking tickets):

Date	Charge	Penalty

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 _____