

**WAYNE COMPANIES**  
**WAYNE GRAVEL PRODUCTS**  
**WAYNE CONCRETE**

**262 Route 44**  
**Shinglehouse, PA 16748**  
**814-697-7191**

# 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, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

**We are an Equal Opportunity Employer.**

Print Applicant Name (first, middle, last)

Date of Application

### TO BE READ AND SIGNED BY THE APPLICANT

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, 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 my employment, I understand that false or misleading information given in my application or interview(s) may result in my discharge from employment. I also understand that I am required to abide by all rules and regulations of the Company. I understand that upon receiving a job offer, a physical examination and drug screening may be required.

I understand that the information I provide regarding current and/or previous employers may be used, and that previous 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 that I have the right to:

Review information provided by previous employers;

Have errors in the information corrected by previous employers and for those previous employers to re-send 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.

Applicant Signature

Date

### FOR COMPANY USE

#### PROCESS RECORD

APPLICANT HIRED \_\_\_\_\_

REJECTED \_\_\_\_\_

DATE EMPLOYED \_\_\_\_\_

POINT EMPLOYED \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

CLASSIFICATION \_\_\_\_\_

INTERVIEWED BY \_\_\_\_\_

IF THE APPLICATION WAS REJECTED, A SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE.

PLEASE PRINT LEGIBLY IN INK. YOU MUST COMPLETE THE ENTIRE APPLICATION AND SIGN THE CERTIFICATION ON PAGE 6.

**APPLICANT TO COMPLETE**

\_\_\_\_\_  
Name (first, middle, last)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Primary Phone Number (indicate home or cell)

\_\_\_\_\_  
Secondary Phone Number (indicate home or cell)

List your addresses of residency for the past 3 years (use the back of this page if more space is needed).

\_\_\_\_\_  
Current Physical Address (street, city, state, zip code)

\_\_\_\_\_  
How long? years/months

\_\_\_\_\_  
Current Mailing Address if different than above (street, city, state, zip code)

\_\_\_\_\_  
Previous Address (street, city, state, zip code)

\_\_\_\_\_  
How long? years/months

\_\_\_\_\_  
Previous Address (street, city, state, zip code)

\_\_\_\_\_  
How long? years/months

\_\_\_\_\_  
Previous Address (street, city, state, zip code)

\_\_\_\_\_  
How long? years/months

**Are you legally authorized to work in the US?**      Yes      No  
If hired, you will be required to provide proof of work authorization.

\_\_\_\_\_  
Date of Birth (MM/DD/YYYY) Required for Commercial Drivers

**Can you provide proof of age?**      Yes      No

\_\_\_\_\_  
Position(s) you are applying for

\_\_\_\_\_  
Expected rate of pay

\_\_\_\_\_  
When will you be available to start?

\_\_\_\_\_  
How were you referred to this company?

**Have you ever been bonded?** (Answer only if a job requirement)      Yes      No

\_\_\_\_\_  
Name of Bonding Company

**Can you perform, with or without reasonable accommodation, the essential functions of the job for which you are applying?**      Yes      No

**Have you applied for work with this company before?**      Yes      No

**Have you worked for this company before?**      Yes      No

\_\_\_\_\_  
If yes, when (From – To)

\_\_\_\_\_  
Why did you leave?

## EMPLOYMENT HISTORY

All driver applicants, to drive in interstate commerce, must provide the following information on all employers during the preceding **3 years**. List complete mailing address, street number, city, state and zip code.

All driver 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.

Start with the most recent employer; use the back of this page if necessary.

Name of Employer		Phone Number	
Street Address		City	State & Zip
Position Held		Dates of Employment (From – To)	
Contact Person		Reason for Leaving	
Were you subject to the FMCSRs <sup>+</sup> while employed?    Yes    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?    Yes    No			

Name of Employer		Phone Number	
Street Address		City	State & Zip
Position Held		Dates of Employment (From – To)	
Contact Person		Reason for Leaving	
Were you subject to the FMCSRs <sup>+</sup> while employed?    Yes    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?    Yes    No			

Name of Employer		Phone Number	
Street Address		City	State & Zip
Position Held		Dates of Employment (From – To)	
Contact Person		Reason for Leaving	
Were you subject to the FMCSRs <sup>+</sup> while employed?    Yes    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?    Yes    No			

### EMPLOYMENT HISTORY (continued)

Name of Employer		Phone Number
Street Address	City	State & Zip
Position Held	Dates of Employment (From – To)	
Contact Person	Reason for Leaving	
<b>Were you subject to the FMCSRs<sup>†</sup> while employed?</b> Yes    No		
<b>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?</b> Yes    No		

Name of Employer		Phone Number
Street Address	City	State & Zip
Position Held	Dates of Employment (From – To)	
Contact Person	Reason for Leaving	
<b>Were you subject to the FMCSRs<sup>†</sup> while employed?</b> Yes    No		
<b>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?</b> Yes    No		

Name of Employer		Phone Number
Street Address	City	State & Zip
Position Held	Dates of Employment (From – To)	
Contact Person	Reason for Leaving	
<b>Were you subject to the FMCSRs<sup>†</sup> while employed?</b> Yes    No		
<b>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?</b> Yes    No		

\*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.

<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 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.

**ACCIDENT RECORD** For the **past 3 years** or more (use the back of this page if more space is needed). If none, write **NONE**.

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

**TRAFFIC CONVICTIONS** and forfeitures for the **past 3 years**, other than parking violations (use the back of this page if more space is needed). If none, write **NONE**.

Location (City, State)	Date	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**EXPERIENCE AND QUALIFICATIONS-DRIVER** List all Commercial Motor Vehicle Operator's Licenses or Permits issued to you (use the back of this page if more space is needed).

Issuing State	License No.	Class	Endorsement(s)	Expiration Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle?      Yes      No  
 2. Has any license, permit, or privilege ever been suspended or revoked?                      Yes      No

IF THE ANSWER TO EITHER 1 OR 2 IS YES, GIVE DETAILS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**DRIVING EXPERIENCE** Circle Yes or No

Class of Equipment	Circle Type of Equipment		From (MM/YY)-To (MM/YY)	Approx. No. of Total Miles
Straight Truck	Y	N	Van, Tank, Flat, Dump, Refer _____	_____
Tractor and Semi-Trailer	Y	N	Van, Tank, Flat, Dump, Refer _____	_____
Tractor-Two Trailers	Y	N	Van, Tank, Flat, Dump, Refer _____	_____
Tractor-Three Trailers	Y	N	Van, Tank, Flat, Dump, Refer _____	_____
Motor Coach-School Bus (More than 8 Passengers)	Y	N	----- _____	_____
Motor Coach-School Bus (More than 15 Passengers)	Y	N	----- _____	_____
Other _____				
Other _____				

List all States operated in for the last 5 years: \_\_\_\_\_

**EDUCATION**

<hr/>	<hr/>	1	2	3	4	<hr/>	<hr/>
High School Name	Location (City, State)	Years Completed				Major Subjects	Type of Diploma or Degree Received
<hr/>	<hr/>	1	2	3	4	<hr/>	<hr/>
College or University Name	Location (City, State)	Years Completed				Major Subjects	Type of Diploma or Degree Received
<hr/>	<hr/>	1	2	3	4	<hr/>	<hr/>
Other (Specify)	Location (City, State)	Years Completed				Major Subjects	Type of Diploma or Degree Received

**EXPERIENCE AND QUALIFICATIONS - OTHER**

List special courses or training that will help you as a driver: \_\_\_\_\_

\_\_\_\_\_

List any safe driving awards you hold and from whom: \_\_\_\_\_

\_\_\_\_\_

List any trucking, transportation or other experience that may help in your work for this company:

\_\_\_\_\_

\_\_\_\_\_

List any courses or training you have taken that have not been shown elsewhere on this application:

\_\_\_\_\_

\_\_\_\_\_

List any other special equipment or technical materials you can work with that have not been shown elsewhere on this application: \_\_\_\_\_

\_\_\_\_\_

**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.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Thank you for your interest in our company.**