

APPLICATION FOR EMPLOYMENT

Applicant Name _____

Date _____

SCOTT'S HAULING & EXCAVATING, INC.
1462 N. FRANKLIN ST.
CHAMBERSBURG, PA. 17202

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.

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. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) 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 interviews may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous 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(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 employers; 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.

Signature _____

Date _____

APPLICANT INFORMATION

Position Applied For _____

Name _____
Last First Middle

Social Security No. _____

List your addresses of residency for the past 3 years

Current Address _____

Street

City

State

Zip code

Phone Number _____

Cell Phone _____

Previous Addresses _____

Street

City

State

Zip code

Street

City

State

Zip code

Date of Birth ____/____/____

Driver License No. _____

Do you have the legal right to work in the United States? _____
Are you currently employed? _____ If not, how long since last employment? _____
Rate of pay expected _____
Is there any reason you might be unable to perform the functions of the job for which you are applying for?
If yes, explain _____

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.
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 vehicles.

PREVIOUS EMPLOYER

Name _____	Date From: _____ To: _____
Address _____	Position Held _____
City _____ State _____ Zip _____	Salary/Wage _____
Contact Person _____	Phone Number _____
Reason for Leaving _____	
Were you subject to FMCSRs while employed ? _____	
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? _____	

Name _____	Date From: _____ To: _____
Address _____	Position Held _____
City _____ State _____ Zip _____	Salary/Wage _____
Contact Person _____	Phone Number _____
Reason for Leaving _____	
Were you subject to FMCSRs while employed ? _____	
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? _____	

Name _____	Date From: _____ To: _____
Address _____	Position Held _____
City _____ State _____ Zip _____	Salary/Wage _____
Contact Person _____	Phone Number _____
Reason for Leaving _____	
Were you subject to FMCSRs while employed ? _____	
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? _____	

Name _____	Date From: _____ To: _____
Address _____	Position Held _____
City _____ State _____ Zip _____	Salary/Wage _____
Contact Person _____	Phone Number _____
Reason for Leaving _____	
Were you subject to FMCSRs while employed ? _____	
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? _____	

ACCIDENT HISTORY

For Past 3 Years. If None, write None.

Accident Date _____ Injuries _____ Fatalities? _____ Hazardous Materials? _____
Description of Accident _____

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Description of Accident _____

EQUIPMENT EXPERIENCE

List ALL types of equipment operated _____

List any special courses or training that will help you as a driver _____

EDUCATION

Circle Highest Grade Completed: 6 7 8 9 10 11 12

College: 1 2 3 4

Other: 1 2 3 4

Last School Attended _____

I certify 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 _____

FOR COMPANY USE ONLY

Applicant Hired Date _____

Rejected Date _____

Starting Date _____

Department/Class _____

Person Interviewed By _____

Date of Termination _____

Voluntary Quit _____

Other _____

Reason for Dismissal _____