



1705 E Trout Rd, State College, PA 16801 Phone: 814-234-26-72 Fax: 888-352-5110

APPLICATION OF EMPLOYMENT

Signature of Applicant _____ Date _____

Name _____ Phone(____) _____
First Middle Last Maiden

*Current Address _____ Years: _____
Street City State Zip Code

*If at the above address less than three years, list below all addresses for the past three years.

Previous Address _____ Years: _____
Street City State Zip Code

Previous Address _____ Years: _____
Street City State Zip Code

In case of emergency call _____
Name Phone

Are you over the age of 18 years? _____ If under 18, do you have a work permit? _____

Are you legally authorized to work in the U.S.? _____

Can you provide required proof of eligibility to work? _____

Have you previously been employed by this company? _____

Position applying for _____ Salary Desired _____ Date available _____

Have you ever been convicted of a felony? _____ If so, please explain _____

EDUCATION

High School _____ Years Attended _____ Subjects Studied _____

College _____ Years Attended _____ Subjects Studied _____

Trade School _____ Years Attended _____ Subjects Studied _____

REFERENCES

Give below the names of three persons not related to you, whom you have known at least a year.

Name _____ Phone _____ Years Acquainted _____

Name _____ Phone _____ Years Acquainted _____

Name _____ Phone _____ Years Acquainted _____

DRIVER EXPERIENCE AND QUALIFICATIONS

Date of Birth _____ Social Security No. _____

All licenses for past 3 years must be shown	State	License No.	Class	Endorsements	Expiration

- A. Have you ever been denied a license, permit, or the privilege to operate a motor vehicle? _____
- B. Has your license ever been suspended or revoked? _____
- C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? _____

If you answered YES to A, B, or C, give details on back of sheet.

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Dump, Flat, etc.)	Dates		Approximate Total Miles
		From	To	
Straight Truck				
Tractor & Trailer				

List states operated in during the last five years _____

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

ACCIDENT REVIEW FOR PAST 3 YEARS (attach separate sheet of paper if more space is needed.)

Date	Nature of accident (Head-on, Rear-end, Overturn, etc.)	Number of Fatalities	Number of Injuries

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS

(other than parking violations)

Location	Date	Charge	Penalty

EMPLOYMENT RECORD

List all employers for at least the past three years.

Current Employer _____ Supervisor _____

Address _____

City _____ State _____ Zip _____ Phone (____) _____

Position Held _____ From _____ To _____ Salary _____

Reason for leaving _____

Was this job subject to DOT Federal Motor Carrier Safety Regulations? _____

Was this job considered a safety-sensitive function by DOT requiring drug & alcohol testing? _____

Employer _____ Supervisor _____

Address _____

City _____ State _____ Zip _____ Phone (____) _____

Position Held _____ From _____ To _____ Salary _____

Reason for leaving _____

Was this job subject to DOT Federal Motor Carrier Safety Regulations? _____

Was this job considered a safety-sensitive function by DOT requiring drug & alcohol testing? _____

Employer _____ Supervisor _____

Address _____

City _____ State _____ Zip _____ Phone (____) _____

Position Held _____ From _____ To _____ Salary _____

Reason for leaving _____

Was this job subject to DOT Federal Motor Carrier Safety Regulations? _____

Was this job considered a safety-sensitive function by DOT requiring drug & alcohol testing? _____

Employer _____ Supervisor _____

Address _____

City _____ State _____ Zip _____ Phone (____) _____

Position Held _____ From _____ To _____ Salary _____

Reason for leaving _____

Was this job subject to DOT Federal Motor Carrier Safety Regulations? _____

Was this job considered a safety-sensitive function by DOT requiring drug & alcohol testing? _____

MECHANIC

Complete **ONLY** if applying for mechanic position.

Indicate training and experience in the following:	Formal Training (check)	Years of Experience		Formal Training (check)	Years of Experience
Drive line components			Body work		
Diesel engine tune-up and rebuild			Gas engine tune-up and rebuild		
Tractor tire breakdown & repair			Electrical repair		
Electric welder			Brakes		
Oxyacetylene Welder			Cooling system		
Paint spray gun			Car Inspection		
Engine Rebuild			Tractor Inspection		
Sheet Metal Equipment			Air brakes		
General car repair			Air suspension		

List any special courses or training you have had that would help you as a mechanic:

Do you have an inspection license? _____

Do you have your own tools? _____

EXCAVATING

Complete **ONLY** if applying for excavating position.

Indicate training and Experience:	Formal Training (check)	Years of Experience	Area	Formal Training (check)	Years of Experience
Dozer			Crane		
Backhoe			Loader		
Skid steer			Other		

List any special courses or training you have had that would help you as an excavator:

ALL APPLICANTS – Please read the following and address any questions to a Human Resource Representative before signing.

- ❖ I affirm that the information provided on this application, resume, and any other accompanying documents is true and correct to the best of my knowledge. I understand that if employed, any false statements, significant omissions, or misleading information I give in connection with my application or accompanying documents may result in dismissal, regardless of when it is discovered.
- ❖ I authorize investigation of all statements contained in this application (and any resume or other accompanying documents) for the purposes of arriving at an employment decision.
- ❖ I authorize all personnel, schools, companies, corporations, credit bureaus, and law enforcement agencies to supply any and all pertinent information about my background and character to Maxwell's and release the same from any liability resulting from providing such information.
- ❖ I understand that from time to time Maxwell's may be asked to submit or release certain information about my employment. I release Maxwell's and its agents from any liability resulting from submitting/releasing such information.
- ❖ I acknowledge that the company may request, as a condition of employment or at any time while employed, that I undergo a medical exam or drug or alcohol testing. I consent and agree to any such exam. I understand that when medical or controlled substance testing is required, a satisfactory result may be a condition of employment.
- ❖ I understand that the federal law prohibits the employment of unauthorized aliens and requires satisfactory proof of employment authorization and identity. Upon hire, I will have the necessary documents promptly available for inspection as required by law.
- ❖ If employed, I agree to abide by the rules and regulations of this company.
- ❖ I understand that if employed, my employment is for no fixed period and is at-will. I understand that my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either Maxwell's or myself. I understand that any employee rules, policies, or statements, whether oral or written, made by Maxwell's ARE NOT contracts of employment. I understand that no employee of Maxwell's, except the President, has any authority whatsoever to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the foregoing, and that no such agreement has been made.
- ❖ I understand that this application does not create an offer of employment.
- ❖ I understand that this company is an Equal Opportunity Employer. Maxwell's does not discriminate on the basis of race, color, religion, national origin, gender, age, or disability.
- ❖ I understand that this application will be kept on file for one year from the date of completion.
- ❖ I certify that all entries on this application are true and complete to the best of my knowledge.

I have read and understand the above notice, including the at-will basis of employment.

Signature of applicant

Printed name

Date

ALL DRIVERS MUST READ AND SIGN:

Before your application is submitted, you must be notified of your rights in accordance with FMCSR Section 391.23. Please read the following and sign below. By signing this document, you acknowledge that you understand and agree to the regulations explained below. If you have any questions about this section, please direct your questions to a manager.

Maxwell's will investigate your safety performance history and past drug and alcohol test results by contacting your previous employers that are listed on this application. All employers during the three years preceding the date the application is submitted will be contacted. All information collected will be kept confidential. You will need to sign a release in order for us to complete these investigations. If you refuse to give Maxwell's this written consent, the law does not permit Maxwell's to allow you to drive commercial motor vehicles for our company.

Maxwell's must investigate, at a minimum, the following information from your previous employers:

1. General driver identification and employment verification information.
2. Any information on accidents as defined in section 390.5, or any minor accidents the previous employer may have documented involving the driver that occurred in the three-year period preceding the date of this application.
3. If a driver performed safety sensitive functions requiring drug and alcohol testing at any time during the previous three years, whether the driver has violated the alcohol and controlled substances prohibitions under subpart B of part 382, or 49 CFR part 40.
4. Whether the driver failed to complete a required rehabilitation program pursuant to 382.605 or 49 CFR part 40, subpart O. If the previous employer does not have documentation on completion of the rehabilitation program, the driver will need to provide this information to Maxwell's.
5. Whether driver had any alcohol tests with a result of 0.04 or higher, verified positive drug tests, or refusals to be tested (including verified adulterated or substituted test results).

You have the following rights regarding the investigative information that will be provided to Maxwell's:

1. The right to review information provided by previous employers, if you submit a written request to Maxwell's at any time within the first 30 days after being employed or being denied employment by Maxwell's.
2. The right to have errors in information from the previous employer corrected and the corrected information sent to Maxwell's.
3. 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.
4. Maxwell's will provide all information gathered from previous employers within 5 days from receipt of a written request, except when information is not yet received from the previous employer. If information is not yet available, it will be provided to the driver within 5 days of being received by Maxwell's. If the driver does not request, in writing, to review the information collected within 30 days, Maxwell's will consider the driver to have waived his/her request to review the records.

If drivers wish to request correction of erroneous information supplied by their previous employers, they must send a request for correction directly to the previous employer that supplied the erroneous information. The previous employer has 15 days to either correct the data and forward the corrections to Maxwell's, or notify the driver that they do not agree to change the data supplied. If corrected information is sent to Maxwell's, we will retain that information in the confidential driver file. The previous employer will not notify the driver unless they do NOT agree to change the data and send the corrections to Maxwell's within 15 days.

Drivers also have a right to send a written rebuttal to the previous employer with instructions to include the rebuttal in that driver's safety performance history. The driver may submit a rebuttal initially, or subsequent to a request for correction of information already supplied by previous employer. Within 5 business days of receiving a rebuttal from a driver, the previous employer must forward a copy of the rebuttal statement to Maxwell's, and add the rebuttal statement to the driver's file, to be included as part of the response for any subsequent investigating prospective employers for the duration of the 3 year data retention requirement. The driver may report failures of previous employers to comply with these regulations to the FMCSA following procedures specified in 386.12.

Maxwell's must use the information described above only as part of deciding whether or not to hire the driver. Maxwell's will take all precautions reasonably necessary to protect the driver's records from disclosure to any person not directly involved in the decision to hire the driver. Maxwell's may not provide any alcohol or controlled substances information to our insurer. No action or proceeding for defamation, invasion of privacy, or interference with a contract that is based on the furnishing or use of information in accordance with this section may be brought against a motor carrier investigating the information of an individual under consideration for employment as a commercial motor vehicle driver, against a person who has provided such information, or any agents or insurers of Maxwell's or any previous employers. However, insurers are not granted a limitation on liability for any alcohol or controlled substance information. The protections mentioned in this paragraph do not apply to persons who knowingly furnish false information, or who are not in compliance with the procedures specified for these investigations.

Signature: _____

Date: _____

