

APPLICATION FOR EMPLOYMENT

SINDALL TRUCK SERVICE LLC *
461 DILLER AVENUE, Building 2, SUITES 200 AND 300
P.O. BOX 165
NEW HOLLAND, PA

For Office Use Only
Interview _____
MVR Requested _____
Road Test if applicable
Status _____

* Herein after "The Company"

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition of handicap.		
Position Desired		Date
First Name	Middle Name	Last Name
		Home Phone ()
		Cell Phone ()
Street Address	E-mail address	
		Work Phone ()
City, State, Zip		Social Security Number
		How Long?
Previous Addresses: Three Years address history required:		How Long?
Previous Address		How Long?
Previous Address		How Long?
Have you ever applied for employment with us before?		Pay expected
___ Yes ___ No If Yes: Month and Year		
Have you ever been employed here before?		Reason For Leaving
___ Yes ___ No If Yes: Month and Year		
How did you learn about Our Company?		
Have you ever held this position or done this kind of work before?		When will you be available to begin work?
___ Yes ___ No		
Do you wish to work:		Are you on layoff and subject to recall?
___ Full Time ___ Part Time		
Are you working now? ___ Yes ___ No		
Who referred you?		

DRIVER LICENSES

Do you have a current CDL license? ___ Yes ___ No List Below all states that you have or had a vehicle license or permit in the last 10 years

State	License Number	Class/Endorsements	Expiration Date

Have you ever had your driver's license suspended or denied? ___ Yes ___ No. If yes, please explain

Have you ever been convicted of a felony in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged, or sealed by a court?

_____ Yes _____ No If yes, describe in full:

Are you over 18 years of age? _____ Yes _____ No

If no, can you furnish a work permit? _____ Yes _____ No If not, employment is subject to verification of minimum legal age.

Do you have any physical, mental, or medical impairment or disability that would limit your job performance for the position which you are applying? ___ Yes ___ No

If yes, please explain:

APPLICANT'S STATEMENT - PLEASE READ CAREFULLY

I hereby acknowledge that, prior to submitting this application. I have been informed that the information provided herein may be used, and that my references and prior employers may be contacted, for the purpose of investigating my background.

I hereby authorize the Company to investigate all statements and to secure any necessary information from my references, prior employers, or other sources identified herein.

I hereby release the Company and any of my references, prior employers, or other sources identified herein from any and all liability arising from their giving or receiving information about me or my employment history. I hereby authorize any law enforcement agency or court of record to furnish the Company information concerning any felony or misdemeanors of which I have been convicted.

I understand that any false or misleading statements in this application shall be considered an act of dishonesty and will be sufficient cause for rejection of my application if the Company has not already hired me and cause for immediate disqualification if I have already been hired.

It is agreed and understood that this application for qualification in no way obligates the company to employ me. I further agree, that if I am employed, I have the right to terminate my employment at any time for any reason and that the Company has the same right. It is agreed and understood that if qualified and hired, I will be on a conditional, probationary employment period during which time I may be disqualified without recourse.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I acknowledge that I have the right to request in writing, at any time up to thirty (30) days following being employed or denied employment by the Company, to: (1) review information provided the Company by previous employers, (2) have errors in the information corrected by the previous employer and have them re-send corrected information to the company, and (3) have a rebuttal statement attached to the alleged erroneous information, if my previous employer and I cannot agree on the accuracy of the information. 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. All written requests for records must be sent to the attention of the VP Administration, P.O. Box 165 New Holland, PA 17557.

I agree to furnish such information and complete such examinations as may be required to complete my Personnel File.

I HEREBY ACKNOWLEDGE THAT THIS APPLICATION WAS COMPLETED BY ME, AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE & COMPLETE TO THE BEST OF MY KNOW I ALSO CERTIFY THAT I HAVE READ, UNDERSTAND, AND AGREE TO THE PRECEDING STATEMENT

Signature of Applicant _____ Date _____

STATUS

Applicant hired? _____ If hired, employment date _____ Department _____