

Date Submitted: _____

Crowe Transportation

2388 N. Market Street
Elizabethtown, PA 17022
717-367-2291

APPLICATION FOR EMPLOYMENT

In compliance with Federal & State Equal Employment Opportunity Laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job related medical condition or handicap.

As part of the application process, I am aware that certain pre-qualification procedures are involved including driving test, classroom attendance and other pre-hiring examinations. I understand and agree that during this period, I am not an employee of the Company, and I am not entitled to receive any pay or other compensation for my time spent in these procedures. No such testing by the Company shall be deemed to be a hiring and until such time as I receive written notification from a Company official that I have been hired, my position is that of an applicant.

PLEASE PRINT

NAME

Last

First

Middle

ADDRESS

Street

City

HOME PHONE ()

State

Zip

Please indicate Area Code

ADDRESSES FOR PAST THREE (3) YEARS (State for how long)

SS# ____ / ____ / _____

If hired, can you provide proof of age? Yes No

If you have worked for Crowe Transportation before, please furnish dates.

From ____ / ____ / ____ to ____ / ____ / ____ Reason for leaving _____

How did you find out about our company _____

(Insert name of employee, newspaper or website, etc.)

DRIVERS LICENSES

STATE LICENSE NUMBER TYPE OF LICENSE EXPIR. DATE

Yes No

A.	Have you ever been denied a license, permit or privilege to operate a motor vehicle?		
B.	Has any license, permit or privilege been suspended or revoked?		
C.	Have you ever been convicted for driving while intoxicated?		
D.	Have you ever been convicted for possession, sale or use of a narcotic drug?		
E.	Have you ever been refused auto liability insurance?		
F.	Have you ever been arrested or convicted of a crime?		

If answer to A, B, C, D, E or F is yes, state circumstances and dates:

APPLICANT CERTIFICATION STATEMENT

I understand that per DOT requirements my Employer must obtain certain information from me for compliance with their applicable DOT Controlled Substance and Alcohol Testing Program. This includes information on any violations of the prohibitions I may have had. If you are unsure about how to complete this portion of the application ask for assistance.

No, I do not have information to report on any violations of the DOT Drug and Alcohol testing regulations.

If you have no information to report, check the above statement and proceed to the certification statement.

Yes, I have information to report on my drug and alcohol history

If while in a DOT mandated drug and alcohol testing program for any employer who had to meet the requirements for any DOT operating agency (FMCSA, FAA, FTA, Coast Guard, RSPA, or FRA) it was determined that you violated drug and alcohol regulations within the prior two-years from the date of application, or if you have not completed the return-to-duty process for any prior violation, you need to complete the following two sections.

I was deemed to have violated one or more of the following DOT prohibitions	Date of violation
I had a verified positive drug test for a prior employer or as a pre-employment test	
I had an alcohol test with an alcohol concentration of 0.04 or greater for a prior employer	
I refused to be tested (includes submitting a substituted or adulterated specimen)	
I performed a safety-sensitive function within four hours after using alcohol	
I used alcohol while performing safety-sensitive functions	
I was involved in an accident that required post-accident testing and I used alcohol prior to being tested	
I used controlled substances while performing a safety-sensitive function	
I was deemed to have violated a drug or alcohol regulation under any mandated program which I have not listed above	

Below I have indicated where the violation took place either as an applicant or employee of said company:

I have have not completed the return to duty requirements

Prior employer (or company which I applied to) Company Name
Employers Designated Employer Representative
Employers Address
Employer Telephone Number
Substance Abuse Professional information

Certification: I certify that this information is complete and accurate. I understand that failure to accurately report information may result in my not being hired or termination of my employment If I am hired.

Date of application: _____

Signature: _____

Print Full Name: _____

WORK HISTORY

Experience and Qualifications

In the spaces below give a complete and consecutive work history covering the last 10-years of employment. Show all periods of unemployment and explain reasons for leaving each job. Begin with your present employer and work backwards down the page. Be sure to account for each month of your work experience and explain all periods of unemployment along with dates of unemployment.

From ___/___	Comp	Duties	Annual Mileage	Reasons for Leaving
To ___/___	City		Type of Equipment Driven	Was this a safety-sensitive position requiring drug/alcohol testing?
	State	Supervisor		Yes _____ No _____
	Phone			

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To ___/___	City		Type of Equipment Driven	Was this a safety-sensitive position requiring drug/alcohol testing?
	State	Supervisor		Yes _____ No _____
	Phone			

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	State	Supervisor		Yes _____ No _____
	Phone			

TRAFFIC CONVICTIONS AND FORFEITURES
For Past Five (5) Years (Other than Parking)

DATE	LOCATION	OFFENSE	PENALTY

ACCIDENT RECORD FOR PAST FIVE (5) YEARS

DATE	TYPE OF ACCIDENT: HEAD-ON, BACKING ETC.	FATALITIES	INJURIES

In consideration of my leasing/employment, I agree to the rules and regulations of this company, and my employment/lease can be terminated with our without notice, at anytime at the option of either the company or myself. I understand that no manager or representative of the company other than the President or Vice Presidents of the company has any authority to enter into any agreements for employment/leasing for any special period of time, or to make any agreement contrary to the foregoing.

I hereby authorize this company the right to make a thorough investigation of my past employment, education and activities and I release from all persons, companies and corporations supplying information. I indemnify this company against any liability that may result from making such investigations. I understand that any false answer or statement or implication made by me in this application or other required document shall be considered sufficient cause for denial of employment/lease or discharge.

Additionally, I understand that nothing contained in this application, the granting of an interview, or being invited to take a physical, be road tested or allowed to attend a training class is intended to create an employment/lease contract between this company and myself for either employment/leasing or for the providing of any benefit. No promises regarding employment/leasing have been made to me and I understand that no such promise or guarantee is binding upon this company unless made in writing. If an employment/leasing relationship is established, I understand that I have the right to terminate my relationship at any time and that the company has the same right.

My signature below certifies that I completed this application, and that all entries on it and information in it are true, correct and complete.

In connection with my application with you I understand that an investigative consumer report is being requested from DAC Services or another provider, that will include information as to my character, work habits, performance and experience, along with reasons for termination of past employment from the previous employers. Further I understand that you will be requesting information regarding my driving record and or information from various federal, state and other agencies which maintain records concerning traffic offenses, accidents, etc., as well as information from DAC or other sources concerning (1) previous driving record requests made by others from such state agencies; (2) state provided driving records (3) claims involving me in the files of insurance companies; (4) employment histories. I have a right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I hereby consent to your obtaining the above information from DAC or other sources and agree that such information which these sources has or obtains, and my employment history with you, if hired/leased will be supplies to DAC to other companies that subscribe to their services. If you desire, you can review any of this information we receive when processing your application.

DRUG AND ALCOHOL TEST RESULTS

Section 382.413(b) of the Federal Motor Carrier Safety Regulations states: "An employer shall obtain, pursuant to a driver's consent, information on the driver's alcohol tests with a concentration result of 0.04 or greater, positive controlled substance test results, and refusals to be tested, within the preceding three-years, which are maintained by the driver's previous employers under Section 382.401(b)(1)(i) through (iii)."

I hereby authorize and give my consent to all former employers to release such information, as specified in Section 382.413(b) of the Federal Motor Carrier Safety Regulations, to this Company.

Section 382.405(h) of the Federal Motor Carrier Safety Regulations states: "An employer shall release information regarding a driver's records as directed by the specific, written consent of the driver authorizing release of the information to an identified person."

I AUTHORIZE WITHOUT RESERVATION; ANY PARTY OR AGENCY CONTACTED BY THIS COMPANY TO FURNISH THE ABOVE MENTIONED INFORMATION.

Applicants Name (Signature)

Date

Applicants Name (Please Print)