

# Application for Employment -- Commercial Drivers

For Employment with R.H. Crawford, Inc. • 341 Moulstown Road • Hanover, PA 17331

This transportation company is an equal opportunity employer with all Federal and State equal employment opportunity laws. Consideration of qualified applicants for any position is made without regard to the applicant's sex, race, color, national origin, marital status, age, religion or non-job related disability.

Date \_\_\_\_\_

Position(s) Applied For: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

The U.S. Department of Transportation requires that driver applicants state their date of birth 391.21(b)(2). Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Previous Address: \_\_\_\_\_ How Long? \_\_\_\_\_  
(Go Back 3 years) Street City State Zip

Address: \_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State Zip

Can you legally be employed in the United States? \_\_\_\_\_ Do you have any proof of age? \_\_\_\_\_  
Required for commercial drivers

Have you ever been employed by this company before? \_\_\_\_\_ If so, When? \_\_\_\_\_

What was your rate of pay? \_\_\_\_\_ Position Held? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Currently \_\_\_\_\_ May we contact your employer? \_\_\_\_\_

If not, how long since you were last employed? \_\_\_\_\_ What pay rate are you expecting? \_\_\_\_\_

How did you hear about this company? \_\_\_\_\_

All drivers are required to load and unload cargo weighing up to 40 lbs. per item and pass a DOT physical.

Are you able to lift 40 lbs.? ☐ Yes ☐ No

## Employment History -- Past 10 Years

Please give the following information regarding your current and previous employers. Start with the most recent.  
Use additional sheets if necessary and please explain any employment gaps.

Employer:	Contact:	Phone:
Date: From: _____ To: _____ Position: _____ Salary: _____	Address: _____ City: _____ State _____ Zip _____ Reason for Leaving: _____ Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer:	Contact:	Phone:
Date: From: _____ To: _____ Position: _____ Salary: _____	Address: _____ City: _____ State _____ Zip _____ Reason for Leaving: _____ Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employment History continued on next page ☐

Employer: _____	Contact: _____	Phone: _____
Date: From: _____	Address: _____	
To: _____	City: _____ State _____ Zip _____	
Position: _____	Reason for Leaving: _____	
Salary: _____	Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer: _____	Contact: _____	Phone: _____
Date: From: _____	Address: _____	
To: _____	City: _____ State _____ Zip _____	
Position: _____	Reason for Leaving: _____	
Salary: _____	Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer: _____	Contact: _____	Phone: _____
Date: From: _____	Address: _____	
To: _____	City: _____ State _____ Zip _____	
Position: _____	Reason for Leaving: _____	
Salary: _____	Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please use this space for comments, additional information, or to explain periods of time between employers.

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## Driving Qualifications and Experience

### LICENSES HELD

State: \_\_\_\_\_ License No.: \_\_\_\_\_ Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

State: \_\_\_\_\_ License No.: \_\_\_\_\_ Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

State: \_\_\_\_\_ License No.: \_\_\_\_\_ Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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### EQUIPMENT EXPERIENCE

Equipment Class (Please Check)	Equipment Type (Please Check)	For How Long?	Total Miles (Approximately)
Tractor			
Tractor with Two Trailers			
Straight Truck			
Other			

Have you ever been convicted, or are any charges pending: for driving while under the influence, possession, or selling of alcohol, a narcotic drug, amphetamines or derivatives thereof? (DUI or DWI)

☐ Yes ☐ No

Have you ever been denied a license, permit or privilege to operate a motor vehicle?

☐ Yes ☐ No

Has any license, permit or privilege ever been suspended or revoked?

☐ Yes ☐ No

Have you ever been refused any type of insurance or been denied bonding?

☐ Yes ☐ No

Have you tested positive for a Pre-employment or Random or Post Accident drug or alcohol test?

☐ Yes ☐ No

If yes, have you completed the SAP program?

☐ Yes ☐ No

Have you ever abandoned your equipment?

☐ Yes ☐ No

Have you ever been stopped while intoxicated?

☐ Yes ☐ No

Have you ever been charged with a felony or misdemeanor?

☐ Yes ☐ No

If so, Dates \_\_\_\_\_ State \_\_\_\_\_

Are you on probation or parole?

☐ Yes ☐ No

If so, Dates \_\_\_\_\_ State \_\_\_\_\_

Criminal actions pending in which you are the defendant?

☐ Yes ☐ No

Accidents and Violations

ACCIDENTS IN THE PAST THREE YEARS (List most recent first - attach additional sheets if necessary)

Date: \_\_\_\_\_ Injuries? \_\_\_\_\_ Fatalities? \_\_\_\_\_ Vehicle Type: \_\_\_\_\_ Describe: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Injuries? \_\_\_\_\_ Fatalities? \_\_\_\_\_ Vehicle Type: \_\_\_\_\_ Describe: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Injuries? \_\_\_\_\_ Fatalities? \_\_\_\_\_ Vehicle Type: \_\_\_\_\_ Describe: \_\_\_\_\_

TRAFFIC CONVICTIONS IN THE PAST THREE YEARS (Not parking violations)

Date: \_\_\_\_\_ Where? \_\_\_\_\_ Violation: \_\_\_\_\_ Penalty: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Where? \_\_\_\_\_ Violation: \_\_\_\_\_ Penalty: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Where? \_\_\_\_\_ Violation: \_\_\_\_\_ Penalty: \_\_\_\_\_

Education and Training

Please provide the following information about completed education, starting with the most recent.

School or University	Years Completed	Field of Study	Graduate? (yes or no)	When

Have you ever served in the military? \_\_\_\_\_ If so, when and what branch? \_\_\_\_\_ Please list any training you have received that you think will benefit you in the position for which you are applying:

Please use the following space to list any experience or knowledge you have, not mentioned previously, special accomplishments, or comments you would like us to consider.

**Carefully Read the Following and Sign**

By signing this statement, I certify that this employment application has been completed by me, and all of the entries provided are true, complete, and accurate, to the best of my knowledge. By signing below I also authorize this company to make such inquiries into my employment, financial, personal, criminal or medical history as might be needed to make an employment decision. I understand that information I provide regarding current and/or previous employers may be used, and those employers 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 inquiries into my medical history are generally made after a job offer is made.

I hereby release my former employers, healthcare providers and schools from any and all liability in making response to these inquiries and from releasing the requested information.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that I am required to abide by all rules and regulations of the company.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**IN CASE OF EMERGENCY PLEASE NOTIFY**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

(Do not write below this line - OFFICE USE ONLY)

**Interview Notes**

Date: \_\_\_\_\_ Interviewer: \_\_\_\_\_

\_\_\_\_\_  
Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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### ***Application Results***

Hired or Rejected? \_\_\_\_\_ Hire Date: \_\_\_\_\_ Position: \_\_\_\_\_

\_\_\_\_\_  
If rejected, why? \_\_\_\_\_

\_\_\_\_\_  
Date to Start: \_\_\_\_\_

\_\_\_\_\_  
Starting Pay: \_\_\_\_\_ Comments, \_\_\_\_\_ Complaints, \_\_\_\_\_ Etc.: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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Termination Date: \_\_\_\_\_ Quit or Dismissed? \_\_\_\_\_ Why? \_\_\_\_\_

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