

**Fullington Trailways, LLC.**  
 PO Box 211, 316 East Cherry Street  
 Clearfield, PA 16830, 814-765-9709

Today's Date \_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

I authorize you to make such investigation 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 interview(s) 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 employer(s) 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 current/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 employer, 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.

NAME \_\_\_\_\_ Email \_\_\_\_\_

                    Last                                      First                                      Middle

(      ) \_\_\_\_\_

Are you at least 25 years of Age?  Y  N

Social Security Number \_\_\_\_\_

Phone Number \_\_\_\_\_

Hire Date \_\_\_\_\_

ADDRESS    Street \_\_\_\_\_                                      City \_\_\_\_\_                                      State    Zip                                      # yrs at address

PAST 3 YEAR Street \_\_\_\_\_                                      City \_\_\_\_\_                                      State    Zip                                      # yrs at address

RESIDENCY Street \_\_\_\_\_                                      City \_\_\_\_\_                                      State    Zip                                      # yrs at address

Street \_\_\_\_\_                                      City \_\_\_\_\_                                      State    Zip                                      # yrs at address

**EMPLOYMENT HISTORY (Use additional history form if necessary.)**

All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three years. You must give the same information for all employers for whom you have driven a commercial vehicle seven years prior to the initial three years (total of ten year employment record). *You are required to list the complete mailing address: street number and name, city, state and zip code.*

CURRENT OR LAST EMPLOYER \_\_\_\_\_ Phone Number \_\_\_\_\_

Street \_\_\_\_\_                                      City \_\_\_\_\_                                      State    Zip \_\_\_\_\_

Position Held \_\_\_\_\_                                      From (Mo/Yr) \_\_\_\_\_                                      To (Mo/Yr) \_\_\_\_\_

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

Were you subject to the Federal Motor Carrier Safety Regulations while employed?  Y  N

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?  Y  N

May we contact your present employer?  Y  N    If no, please identify any exceptions and reasons why:

\_\_\_\_\_

\*ACCOUNT FOR PERIOD BETWEEN EMPLOYMENT – Include dates (Mo/Yr) and Reason \_\_\_\_\_

SECOND OR LAST EMPLOYER \_\_\_\_\_ Phone Number \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position Held \_\_\_\_\_ From (Mo/Yr) \_\_\_\_\_ To (Mo/Yr) \_\_\_\_\_

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

Were you subject to the Federal Motor Carrier Safety Regulations \*\* while employed?  Y  N

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?  Y  N

May we contact this former employer?  Y  N If no, please identify any exceptions and reasons why:

\_\_\_\_\_

\*ACCOUNT FOR PERIOD BETWEEN EMPLOYMENT – Include dates (Mo/Yr) and Reason \_\_\_\_\_

THIRD OR LAST EMPLOYER \_\_\_\_\_ Phone Number \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position Held \_\_\_\_\_ From (Mo/Yr) \_\_\_\_\_ To (Mo/Yr) \_\_\_\_\_

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

Were you subject to the Federal Motor Carrier Safety Regulations \*\* while employed?  Y  N

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?  Y  N

May we contact this former employer?  Y  N If no, please identify any exceptions and reasons why:

\_\_\_\_\_

\*ACCOUNT FOR PERIOD BETWEEN EMPLOYMENT – Include dates (Mo/Yr) and Reason \_\_\_\_\_

\*Any gaps in employment and/or unemployment **must be explained.**

*\*\*The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more; (2) is designed or used to transport 9 or more passengers; or (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.*

**ADDITIONAL INQUIRIES CONCERNING EMPLOYMENT**

Have you ever been convicted of or have you ever pled guilty to a felony or misdemeanor? (A conviction is not an automatic bar to employment.)  Y  N If yes, please provide the date of each conviction or guilty plea, the state in which this occurred, the nature of the offense committed, and the sentence or penalty imposed to you.

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

Is there anything that would prevent you from performing in a reasonable and safe manner each essential job function and requirement of the job from which you are applying?  Y  N

If yes, please explain \_\_\_\_\_

Have you ever been dismissed or asked to resign from any employment?  Y  N

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

**REFERENCES (Not employers or relatives. List at least 3.)**

NAME	ADDRESS	OCCUPATION	PHONE NUMBER
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**EXPERIENCE AND QUALIFICATIONS (Attach separate sheet if more space is needed.)**

**DRIVING EXPERIENCE – If no driving experience within the last three (3) years, check here**

CLASS OF EXPERIENCE	TYPE OF EQUIPMENT	FROM	TO	APPROX. NO. OF MILES
Straight Truck	<input type="checkbox"/> van <input type="checkbox"/> reefer <input type="checkbox"/> tank <input type="checkbox"/> flat			
Tractor & Semi Trailer	<input type="checkbox"/> van <input type="checkbox"/> reefer <input type="checkbox"/> tank <input type="checkbox"/> flat			
Tractor-Two Trailers	<input type="checkbox"/> van <input type="checkbox"/> reefer <input type="checkbox"/> tank <input type="checkbox"/> flat			
Tractor-Three Trailers	<input type="checkbox"/> van <input type="checkbox"/> reefer <input type="checkbox"/> tank <input type="checkbox"/> flat			
Motorcoach-School Bus (greater than 8 passengers)				
Motorcoach-School Bus (greater than 15 passengers)				
Other:				

**ACCIDENT HISTORY (3 years) – If no accidents within the last three (3) years, check here**

DATE (Mo/Yr)	NATURE OF ACCIDENT (head-on, rear end, upset, etc.)	Number of Fatalities	Number of injuries	Hazardous Spill?  <input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N

**TRAFFIC CONVICTIONS AND FORFEITURES (3 years) – If no accidents within the last three (3) years, check here**

DATE (Mo/Yr)	VIOLATION (not parking)	State of Violation	Penalty

Section 393.21 FMCSR states “No person who operates a commercial motor vehicle shall at any time have more than one driver’s license.” Applicant: I certify that I do not have more than one motor vehicle license, the information for which is listed below.

State	License Number	Expiration Date
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A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle?  Y  N

If yes, give details \_\_\_\_\_

B. Has any license, permit, or privilege ever been suspended or revoked?  Y  N

**Applicant Certification**

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.

Applicant’s Signature	Application Date
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**PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION.**

1. I authorize the company to investigate all statements in this application and to secure any necessary information from all of my employers, references, and academic institutions. I hereby release all of those employers, references, academic institutions, and the company from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with the company.
2. I also authorize the company to secure criminal and financial credit information through an appropriate agency, and I understand that, upon my written request made within a reasonable period of time, the agency providing a consumer credit report to the company will provide me with a complete description of the nature and scope of the credit report investigation.
3. I understand that any offer of employment is contingent upon receipt of a satisfactory report concerning my credit, academic credentials, and employment references. I further understand that any false or misleading statements will be cause for rejection of my application if the company has not employed me and for immediate dismissal if the company has employed me. I also authorize the company to supply information about my employment record, in whole or in part, in confidence to any prospective employer, government agency, or other party having a legal and proper interest, and I hereby release the company from any and all liability for its providing this information.
4. In the event of employment or an offer of employment. I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the essential functions of the job for which I am hired or being considered or any future job.
5. I hereby agree to submit to any lawful drug, alcohol, or other testing that may be required as a condition of employment or continued employment and understand that refusal to submit to such testing during the course of my employment may result in disciplinary action up to and including discharge.
6. I understand that according to federal law, all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and U.S. citizenship status or, if aliens, their legal authorization to work in the U.S. As a consequence, I understand that any offer of employment would be contingent on my ability to produce the required documentation within the time period required by law.
7. I agree and understand that any offer of employment I may receive is contingent upon my successful completion of the company’s pre-employment, post-offer, screening process including any pre-employment, post -offer, physical examination that may be required.
8. In the event of my employment with the company, I will comply with all rules, regulations, and policies of the company.
9. I understand that nothing in this employment application, the company’s policy statements, personnel guidelines, or in my communication with any company official, is intended to create an employment contract between the company and me. I also understand that the company has the right to modify its policies without giving me any notice of the changes. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the company, unless it is made to me in writing and signed by the President. I understand that if an employment relationship is established, I have the right to terminate my employment at any time, for any reason I think appropriate. I also understand that the company retains the right to terminate my employment at any time for any reason I think appropriate. I also understand that the company retains the right to terminate my employment at any time for any reason that the company believes is appropriate.

*I hereby acknowledge that I have read, understand and agree to the preceding nine (9) statements.*

Applicant’s Signature	Application Date
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Have you ever had your Hazmat endorsement denied or revoked?  Yes  No  
If yes, why \_\_\_\_\_

Have you ever had your Transportation Worker Identification Credential (TWIC) denied or revoked?  Yes  No  
If yes, why \_\_\_\_\_

**If you have resided in a state other than Pennsylvania in the last 10 years please fill out the information below.**

\_\_\_\_\_  
Name Driver License Number Date

\_\_\_\_\_  
Street

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Name Driver License Number Date

\_\_\_\_\_  
Street

\_\_\_\_\_  
City, State, Zip Code