



★ SERVICE IS OUR BUSINESS ★

Wayne W. Sell Corporation  
236 Winfield Road  
Sarver, PA 16055

## DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name \_\_\_\_\_ Date of Application \_\_\_\_\_

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

### TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations 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 employers 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 I have the right to:

- Review information provided by 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### FOR COMPANY USE

#### PROCESS RECORD

APPLICANT HIRED \_\_\_\_\_

DATE EMPLOYED \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

REJECTED \_\_\_\_\_

POINT EMPLOYED \_\_\_\_\_

CLASSIFICATION \_\_\_\_\_

*(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)*

Signature of Interviewing Officer \_\_\_\_\_

#### TERMINATION OF EMPLOYMENT

DATE TERMINATED \_\_\_\_\_

DEPARTMENT RELEASED FROM \_\_\_\_\_

DISMISSED \_\_\_\_\_

VOLUNTARILY QUIT \_\_\_\_\_

OTHER \_\_\_\_\_

Termination Report Placed in File \_\_\_\_\_

Supervisor \_\_\_\_\_

This form is made available with the understanding that J. J. Keller & Associates, Inc. is not engaged in rendering legal, accounting, or other professional services. J. J. Keller & Associates, Inc. assumes no responsibility for the use of this form or any decision made by an employer which may violate local, state or federal law.

# APPLICANT TO COMPLETE

(answer all questions)

Position(s) Applied for \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Last First Middle

List your addresses of residency for the past 3 years.

How Long?

Current Address	Street	City			yr. / mo.
	State	Zip Code	Phone		
Previous Addresses	Street	City	State	Zip Code	yr. / mo.
	Street	City	State	Zip Code	yr. / mo.
	Street	City	State	Zip Code	yr. / mo.

Emergency contact \_\_\_\_\_ Phone No. \_\_\_\_\_

Do you have the legal right to work in the United States? \_\_\_\_\_

Date of Birth \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_

(Required for Commerical Drivers)

Have you worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

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

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Have you ever been bonded? \_\_\_\_\_ Name of bonding company \_\_\_\_\_

(Answer only if a job requirement)

Have you ever been convicted of a felony? \_\_\_\_\_

If yes, please explain fully on a seperate sheet of paper. Conviction of a crime is not an automatic bar to employment - all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)? \_\_\_\_\_

If yes, explain if you wish. \_\_\_\_\_

## EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceeding 3 years. List complete mailing address, street number, city, state, and zip code.

Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER	DATE			
Name	From: Mo.	Yr.	To: Mo.	Yr.
Address	Position Held			
City	State	Zip	Salary/Wage	
Contact Person	Phone	Reason for leaving		

WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED?  YES  NO

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?  YES  NO

**EMPLOYMENT HISTORY (continued)**

EMPLOYER			DATE			
Name			From: Mo.	Yr.	To: Mo.	Yr.
Address			Position Held			
City	State	Zip	Salary/Wage			
Contact Person	Phone		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 THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO						

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\* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

† The Federal Motor Carrier Safety Regulations (FMCSRs) 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.

## EMPLOYMENT HISTORY (continued)

EMPLOYER			DATE			
Name			From: Mo.	Yr.	To: Mo.	Yr.
Address			Position Held			
City	State	Zip	Salary/Wage			
Contact Person		Phone	Reason for leaving			
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**EMPLOYMENT HISTORY (continued)**

EMPLOYER			DATE			
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City	State	Zip	Salary/Wage			
Contact Person	Phone		Reason for leaving			
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ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (Use last page of this form if additional space is needed) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT HEAD ON, REAR-END, UPSET, ETC.	FATALITIES	INJURIES	HAZARDOUS MATERIALS SPILL
DRIVER				
NEXT PREVIOUS				
NEXT PREVIOUS				

LOCATION	DATE	CHARGE	PENALTY

(Use last page of this form if additional space is needed)

**EXPERIENCE AND QUALIFICATIONS - DRIVER**

List all driver licenses or permits its held in the past 3 years.

	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE
DRIVER LICENSES				

A. Have you ever been denied a license, permit, or privilege to operate a molor vehicle?  YES  NO

B. Has any license, permit, or privilege ever been suspended or revoked?  YES  NO

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS \_\_\_\_\_

**DRIVING EXPERIENCE CHECK YES OR NO**

CLASS OF EQIPMENT	NATURE OF ACCIDENT LIST TYPE OF EQUIPMENT	DATES FROM (M/Y) TO (M/Y)	APPROX. NO. OF MILES (TOTAL)
Straight Truck <input type="checkbox"/> YES <input type="checkbox"/> NO			
Tractor and Semi-Trailer <input type="checkbox"/> YES <input type="checkbox"/> NO			
Tractor-Two Trailers <input type="checkbox"/> YES <input type="checkbox"/> NO			
Tractor-Three Trallers <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More Than 15</small>			
Motorcoach-School Bus <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More Than 7 passengers</small>			
Other			

LIST STATES OPERATED IN FOR THE LAST FIVE YEARS: \_\_\_\_\_

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: \_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS - OTHER**

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

**EDUCATION**

HIGHEST GRADE COMPLETED: 1-8 [ ] High School: 9 [ ] 10 [ ] 11 [ ] 12 [ ] College: 1 [ ] 2 [ ] 3 [ ] 4 [ ]

LAST SCHOOL ATTENDED (Name) \_\_\_\_\_ (City,State) \_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

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.

Signature \_\_\_\_\_ Date \_\_\_\_\_



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Wayne W. Sell Corporation  
236 Winfield Road  
Sarver, PA 16055

## FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

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Applicant's Signature

Date

---

Print name

Social Security Number



Wayne W. Sell Corporation  
236 Winfield Road  
Sarver, PA 16055

## CONSUMER REPORT DISCLOSURE & RELEASE

This is to notify you that in connection with your application for Wayne W. Sell Corporation requested from USIS Commercial Services (USIS). Such reports may contain public record Information concerning your driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records.

You have the right to make a request to USIS, upon proper identification. to request the nature and substance of all information in its files on you at the time of your request, including the sources of information and the recipients of any reports on you that USIS has previously furnished within the two-year period preceding your request.

I AUTHORIZE, WITHOUT RESERVATION, USIS, AND ANY PARTY OR AGENCY CONTACTED BY USIS, TO FURNISH THE ABOVE-MENTIONED INFORMATION.

USIS is authorized to disclose all information obtained to the requesting entity. By signing below. I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my application for Wayne W. Sell Corporation.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

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



## REQUEST FOR INFORMATION - From Previous Employer

I hereby authorize you to release the following information to  
for the purposes of investigation as required by Section 391.23  
of the Federal Motor Carrier Safety Regulations

Wayne W. Sell Corporation  
Prospective employer

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

Date \_\_\_\_\_

NAME AND ADDRESS OF  
PREVIOUS EMPLOYER:

THIS FORM WAS (check appropriate box)

- Mailed, Date \_\_\_\_\_
- Faxed, Date \_\_\_\_\_
- Emailed, Date \_\_\_\_\_
- Received by Phone, Date \_\_\_\_\_
- Name of Person Contacted \_\_\_\_\_

Name of Applicant: \_\_\_\_\_  
Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Dear Sir/Madam:

The above named individual has made application to this company for a position as \_\_\_\_\_  
\_\_\_\_\_ and states that he/she was employed by you as \_\_\_\_\_  
\_\_\_\_\_ from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_

In accordance with Section 391.23, we are obligated to request the information below from all previous employers of the applicant that employed him/her to operate a commercial motor vehicle within the 3 years preceding (date of application) Please complete the information below and return to us within 30 days, as required by Section 391.23(g). You may return the information by telephone, fax, mail, or email.

Prospective Employer \_\_\_\_\_ Attention \_\_\_\_\_  
Street \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

### TO BE COMPLETED BY PREVIOUS EMPLOYER

#### SECTION I: DRIVER IDENTIFICATION

The applicant named above was employed by us. Yes  No   
Employed as \_\_\_\_\_ from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_  
If driver was involved in a safety-sensitive position subject to drug and alcohol testing under Part 40, check here .

#### SECTION 2: SAFETY PERFORMANCE HISTORY

1. Did he/she drive motor vehicles for you? Yes  No  If yes. what type? Straight Truck  Tractor-Semitrailer  Bus   
Cargo Tank  Doubles/Triples  Other (Specify) \_\_\_\_\_
2. Reason for leaving your employ: Discharged  Resignation  Lay Off  Military Duty   
If there is no safety performance history to report, check here , sign below and return.

ACCIDENTS: Complete the following for any accidents included on your accident register (§390.IS(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here  if there is no accident register data for this driver.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: \_\_\_\_\_

Any other remarks: \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

PREVIOUS EMPLOYER: KEEP A RECORD OF THIS REQUEST AND THE THE RESPONSE FOR ONE YEAR.  
INCLUDING THE DATE. THE PARTY TO WHOM IT WAS HE LEASED. AND A SUMMARY IDENTIFYING WHAT WAS PROVIDED.

PREVIOUS EMPLOYER ALCOHOL AND DRUG TEST INFORMATION

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) \_\_\_\_\_
First M.I. Last Social Security Number

hereby authorize: \_\_\_\_\_
Date of Birth \_\_\_\_\_

Previous Employer \_\_\_\_\_ Email \_\_\_\_\_
Street \_\_\_\_\_ Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Fax No. \_\_\_\_\_

to release and forward the information requested by section2 (below) of this document concerning my Alcohol and
Controlled Substances Testing records within the previous 3 years from \_\_\_\_\_
(date of employment application)

To:
Prospective Employer Wayne W. Sell Corporation
Attention Walt Lesser Telephone 724-352-9441
Street 236 Winfield Road
City, State, Zip Sarver, PA 16055

In compliance with §40.2S(g) and 391.23(h), release of this information must be made in a written form that ensures
confidentiality, such as fax, e-mail, or letter.

Prospective employer's confidential fax number: 724-352-2688

Prospective employer's confidential email address: Walt@wwsellcorp.com

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

This information is being requested in compliance with §40.2S and §391.23. (See back of form for regulations.)

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please
check here D, fill in the dates of employment from \_\_\_\_\_ to \_\_\_\_\_, complete bottom of Section 2, sign, and return.

Driver was subject to Department of Transportation testing requirements from \_\_\_\_\_ to \_\_\_\_\_ YES NO

- 1. Has this person had an alcohol test with a result 010.04 or higher alcohol concentration?
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?
3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up
alcohol or controlled substance test?
4. Has this person committed other violations of Subpart B of Part382, or Part 40?
5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-
prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests?
If yes, please send documentation back with this form.
6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your em-
ploy, did this driver subsequently have an alcohol test result 010.04 or greater, a verified positive
drug test, or refuse to be tested?

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previ-
ous employers in the previous 3 years prior to the application date shown in Section 1.

Name \_\_\_\_\_ Company \_\_\_\_\_

Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

SECTION 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) [ ] Faxed to a previous employer [ ] Mailed [ ] Emailed [ ] Other \_\_\_\_\_

Complete below when information is obtained. (Date)

Information received from \_\_\_\_\_

Recorded by \_\_\_\_\_ Method [ ] Fax [ ] Email [ ] Other [ ] Phone

Date \_\_\_\_\_ [ ] Other \_\_\_\_\_

