



APPLICATION FOR EMPLOYMENT - Driver

(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions with out regard to race, color, religion, sex, national origin, age, marital status or non-job disability.

PERSONAL INFORMATION

| | | | | |
|-----------------------------------|--|-------------|-------|-----|
| Date: ____ / ____ / ____ | Social Security Number: ____ / ____ / ____ | | | |
| Date of Birth: ____ / ____ / ____ | | | | |
| First Name: | Middle Name: | Last Name: | | |
| Address: | | | | |
| Street | | City | State | Zip |
| Phone Number: (____) ____ - ____ | | Email: ____ | | |

ADDITIONAL INFORMATION

Are you 21 years or older? ☐ YES ☐ NO

Are you legally authorized to work in the United States? ☐ YES ☐ NO

Have you been convicted of a felony or misdemeanor? ☐ YES ☐ NO

Please describe: _____

(You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied for.)

Have you applied to Vantage before? ☐ YES ☐ NO

If yes when and for what position: _____

Have you been employed by Vantage before? ☐ YES ☐ NO

If yes when and what position: _____

EMPLOYMENT DESIRED - A specific position has to be entered on this application on the "Position Desired" line or we will not accept your application.

Position: _____ Date You Can Start: _____ Salary Desired: _____

Are You Employed Now: _____ If so, may we inquire of your present employer? _____

EDUCATION

| | <u>Name and Location</u> | <u># Of Years Attended</u> | <u>Did you Graduate?</u> | <u>Subjects Studied</u> |
|--|--------------------------|----------------------------|--------------------------|-------------------------|
| Grammar School | | | | |
| High School | | | | |
| College | | | | |
| Trade, Business or Correspondence School | | | | |

GENERAL (Subjects of special study or research work)

U.S. Military or Naval Service: _____

Rank: _____ Present Membership in National Guard or Reserves: _____

Is there any reason you might be unable to perform the functions of the job which you have applied?_____

If yes, explain: _____

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding three (3) years. Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional seven (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.)

| <u>EMPLOYER</u> | <u>DATE</u> | |
|------------------------|--------------------|---------|
| Name: | From: | To: |
| Address: | Mo. Yr. | Mo. Yr. |
| City: State: Zip Code: | Position Held | |
| Contact Person: | Salary/Wage | |
| Phone Number: | Reason For Leaving | |

| <u>EMPLOYER</u> | <u>DATE</u> | |
|------------------------|--------------------|---------|
| Name: | From: | To: |
| Address: | Mo. Yr. | Mo. Yr. |
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| <u>EMPLOYER</u> | <u>DATE</u> | |
|------------------------|--------------------|---------|
| Name: | From: | To: |
| Address: | Mo. Yr. | Mo. Yr. |
| City: State: Zip Code: | Position Held | |
| Contact Person: | Salary/Wage | |
| Phone Number: | Reason For Leaving | |

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.

| | | | |
|-----------------------|---------------------------------|--|--|
| | (Head-on, Rear-End, upset, etc) | | |
| Last Accident: | | | |
| Next Previous: | | | |
| Next Previous: | | | |

Traffic convictions and forfeitures for the past three (3) years [other than parking violations]:

| <u>LOCATION</u> | <u>DATE</u> | <u>CHARGE</u> | <u>PENALTY</u> |
|-----------------|-------------|---------------|----------------|
| | | | |
| | | | |
| | | | |

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EDUCATION

Circle Highest Grade Completed:

High School: 1 2 3 4 5 College: 1 2 3 4 5

Last School Attended: _____

EXPERIENCE AND QUALIFICATIONS – Driver

| DRIVER LICENSES | <u>STATE</u> | <u>LICENSE NO.</u> | <u>TYPE</u> | <u>EXPIRATION DATE</u> |
|----------------------------|--------------|--------------------|-------------|------------------------|
| | | | | |
| | | | | |
| | | | | |

A. Have you ever been denied a license, permit or privilege to operate a motor 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, ATTACH STATEMENT GIVING DETAILS)

DRIVING EXPERIENCE

| CLASS OF EQUIPMENT | TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.) | DATES | | APPROX. NO. OF MILES (TOTAL) |
|---------------------------|--|--------------|------------|---|
| | | FROM: | TO: | |
| Straight Truck: | | | | |
| Tractor and Semi-Trailer: | | | | |
| Tractor –Two Trailers: | | | | |
| Other: | | | | |

List states operated in for the last five (5) years: _____

Show special courses or training that will help you as a driver: _____

Which safe driving awards do you hold and from whom? _____

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): _____

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.

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 division. (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.

Date

Applicant's Signature

This section to be filled in by responsible officer or company representative

| | SUPERIOR | GOOD | FAIR | BELOW AVERAGE | POOR | WRITTEN RECORD ON FILE |
|-------------------------------------|----------|------|------|---------------|------|------------------------|
| 1. Application | | | | | | |
| 2. Interview | | | | | | |
| 3. Past Employment | | | | | | |
| 4. Written Exam | | | | | | |
| 5. Road Test | | | | | | |
| 6. Criminal and Traffic Convictions | | | | | | |

Signature of Interviewing Office: _____

TRANSFERS

From: _____ To: _____
Date: _____
Reason for Transfer: _____

From: _____ To: _____
Date: _____
Reason for Transfer: _____

From: _____ To: _____
Date: _____
Reason for Transfer: _____

From: _____ To: _____
Date: _____
Reason for Transfer: _____

TERMINATION OF EMPLOYMENT

Date Terminated: _____
Dismissed: _____ Voluntarily Quit: _____
Termination Report Placed in File: _____

Department Released From: _____
Other: _____
Supervisor: _____

DISCLOSURE AND RELEASE

In connection with my application for employment (including contract for services) with you, I understand that consumer reports, which may contain public record information, may be requested from Services, Tulsa, Oklahoma. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation claims, credit bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from DAC concerning previous driving record requests made by others from such state agencies, and state provided driving records.

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

I have the right to make a request to DAC, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which DAC has previously furnished within the two-year period preceding my request. I hereby consent to your obtaining the above information from DAC, and I agree that such information which DAC has or obtains, and my employment history with you if I am hired, will be supplied by DAC to other companies which subscribe to DAC services.

I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

Print Name

Social Security Number

Applicant's Signature

Date

PRE-EMPLOYMENT URINALYSIS NOTIFICATION

The Federal Motor Carrier Safety Regulations, Section 391.103 – pre-employment testing requirements, apply to driver-applicants of this company.

391.103 Pre-employment testing requirements.

- (a) A motor carrier shall require a driver-applicant who the motor carrier intends to hire or use to be tested for the use of controlled substances as a requalification condition.
- (b) A driver-applicant shall submit to controlled substance testing as a prequalification condition.
- (c) Prior to collection of a urine sample under §391.107 of this subpart, a driver-applicant shall be notified that the sample will be tested for the presence of controlled substances.

As a condition of my employment, I agree to the urine sample collection and controlled substance testing.

I understand a positive test for controlled substances based on the Urinalysis Test will medically disqualify me from the operation of a commercial motor vehicle for this company.

The Medical Review Officer will maintain the results of the Urinalysis Test. Negative and positive results will be reported to the company.

My written authorization is required of the Urinalysis Test results to be given to other parties.

I have read and understand the above conditions of the Pre-Employment Urinalysis Notification.

APPLICANT'S NAME (please print)

APPLICANT'S SIGNATURE

MONTH

DAY

YEAR

Witnessed By:

COMPANY REPRESENTATIVE'S SIGNATURE

MONTH

DAY

YEAR

*January 1, 1995, Section 391.103 use of this form terminates for motor carries with fifty drivers or more.

**January 1, 1995, Section 391.103 use of this form terminates for motor carries with fewer than fifty drivers more.

MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall, at least once every twelve (12) months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he has forfeited bond or collateral during the preceding twelve (12) months. (Section 391.127)

Drivers who have provided information required by Section 383.31 need not repeat that information here.

DRIVER REQUIREMENTS: Each Driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he shall so certify (Section 391.27)

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past twelve (12) months.

Date

Offense

Location

Type of Vehicle Operated

[illegible]

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past twelve (12) months.

Driver's License No. _____ State: _____ Expiration Date: _____

(Date of Certification)

(Driver's Signature)

(Motor Carriers Name)

(Motor Carriers Address)

(Reviewed By: Signature)

(Title)



Vantage® Holding Company, LLC

1305 South Main Street ♦ Meadville, PA 16335

(814) 337-0000

Vantage® Values

Below are five values that Vantage® uses within its companies. Beside each value, please explain how you can contribute to our company by using the value.

TRUTH: _____

MUTUAL RESPECT: _____

CREATIVITY: _____

FLEXIBILITY: _____

CUSTOMER SERVICE: _____

Authorization to Release Information

TO: (Prior Employer, School Attended, Police Record, etc.)

As an applicant for a position with Vantage®, I have been asked to furnish information for use in reviewing my background and qualifications. In this connection, I hereby authorize the investigation of my past and present work, character, education, military and police records to ascertain any and all information which may be pertinent to my employment qualifications. The release in any manner of any and all information by you is authorized whether such information is of record or not, and I do hereby release all persons, firms, agencies or companies, whomsoever, from any damages resulting from furnishing such information.

This authorization shall be valid for three months from the date of my signature below. You may retain this copy of my release for your files. Thank you for your assistance.

Print Your Name: _____

Date: _____

Signature: _____

Date: _____

Social Security Number: _____

Date of Birth: _____

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice.

Signature: _____

Date: _____