

EABORN TRUCK SERVICE INC.

1300 Crafton Boulevard
Pittsburgh, PA 15205
412-921-9928

APPLICATION FOR EMPLOYMENT

Date _____

Name _____
(FIRST) (MIDDLE) (LAST) Social Sec. No. _____

Present Address _____
(STREET) (CITY) (STATE) (ZIP) Phone _____

Municipality _____ County _____

How long have you lived at your present address? _____

Previous Address _____
(STREET) (CITY) (STATE) (ZIP) How Long _____

In case of emergency, notify:

Name _____ Tel. No. _____

Address _____

Relationship _____

ABILITY TO PERFORM JOB FUNCTIONS

Please read the job description for the position you are applying for. Are you able to perform these tasks with or without an accommodation(s)?

Yes No

How would you perform the tasks, and with what accommodation(s)? _____

Applicants for all positions may be required to work weekends, evenings, nights and holidays as part of a regular schedule. Are you able to meet this requirement?

Yes No

How many absences from work have you had in the past three years? _____

Explanation (optional): _____

APPLICATIONS FOR DRIVING POSITIONS ONLY:

Occasional lifting of up to 85 lbs. and frequent lifting of items up to 20 lbs. is required. Are you able to perform these tasks with or without an accommodation(s)?

Yes No

How would you perform these tasks and with what accommodation(s)? _____

Extended periods of sitting and occasional standing, walking, bending, stooping and climbing stairs is required. Are you able to perform these tasks with or without an accommodation(s)?

Yes No

How would you perform these tasks and with what accommodation(s)? _____

Full-time driving applicants may be required to work up to eleven hours a day. Are you able to meet this requirement?

Yes No

JOB INFORMATION

Position applied for _____ Full-time Part-time Temporary

Salary/wage desired _____ Shift preference _____

Have you worked for this company before? _____ Dates: From _____ To _____ Position _____

Reason for leaving _____

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

How were you referred? _____

EDUCATION

Name of School	City/State	Yrs. Completed No. Credits	Did you Graduate	Degree Course of Study
Elementary				
High School				
College				
Graduate				
Trade/Special Training				

PAST EMPLOYMENT

Please provide information covering your complete employment experience, including time spent in military service, if any. Be accurate and account for all of your time. Indicate any periods of employment.

Present or Last Employer
Name and Address of Company

Tel. No. _____

From	To	Starting Salary	Last Salary	Reason for Leaving	Name of Super.
Mo. Yr.	Mo. Yr.				

In detail, describe the work you did: _____

Previous Employer
Name and Address of Previous Employer

Tel. No. _____

From	To	Starting Salary	Last Salary	Reason for Leaving	Name of Super.
Mo. Yr.	Mo. Yr.				

In detail, describe the work you did: _____

Previous Employer
Name and Address of Previous Employer

Tel. No. _____

From	To	Starting Salary	Last Salary	Reason for Leaving	Name of Super.
Mo. Yr.	Mo. Yr.				

In detail, describe the work you did: _____

Previous Employer
Name and Address of Previous Employer

Tel. No. _____

From	To	Starting Salary	Last Salary	Reason for Leaving	Name of Super.
Mo. Yr.	Mo. Yr.				

In detail, describe the work you did: _____

Periods of unemployment

From	To
Mo. Yr.	Mo. Yr.

From	To
Mo. Yr.	Mo. Yr.

DRIVERS LICENSE INFORMATION
LIST ANY LICENSES HELD IN OTHER STATES FOR THE LAST 5 YEARS

	OPERATOR'S NUMBER	STATE	RESTRICTIONS/CLASS	EXPIRATION DATE
CURRENT LICENSE				
PAST LICENSE				
PAST LICENSE				

Have you ever been denied a license, permit or had the privilege to operate a motor vehicle suspended? Yes No

If yes, list state, operators number and reason: _____

Can you operate a vehicle with a standard transmission (Stick Shift) Yes No

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, FLAT, ETC.)	DATES FROM - TO	COMPANY NAME	APPROXIMATELY NO. OF MILES
VAN				
STRAIGHT / TRACTOR / TRAILER				
OTHER				

DRIVING RECORD

LIST ACCIDENTS AND MOVING VIOLATIONS FOR PAST 3 YEARS (ATTACH SEPARATE SHEET IF NECESSARY)

DATE	NATURE OF ACCIDENT/MOVING VIOLATIONS:	FATALITIES	INJURIES	CITATION

HAVE YOU EVER BEEN CHARGED WITH DRIVING UNDER THE INFLUENCE (DUI)? Yes No

LIST ALL DRIVING UNDER THE INFLUENCE (DUI) CHARGES AND DISPOSITIONS BELOW

LOCATION	DATE	CHARGE	DISPOSITIONS

SPECIAL SKILLS

Please give other information on your experience or abilities which you believe would assist us in evaluating your qualifications:

What types of machines and equipment can you operate?

CRIMINAL HISTORY

List all felony, misdemeanor and acts of dishonesty charges and their dispositions.

Have you ever been convicted of an Act of Dishonesty? Yes No

Date	Offense	Disposition

Have you ever tested positive for alcohol and/or controlled substances? Yes No

Please explain! _____

TO BE READ AND SIGNED BY APPLICANT

It is agreed and understood that any misrepresentation of information given above shall be considered an act of dishonesty.

It is agreed and understood that the employer or his/her agents may investigate the applicant and background to determine the accuracy and completeness of this information and applicant releases employers and persons named herein from all liability or any damage on account of his/her furnishing such information.

The applicant agrees to furnish such additional information and complete such examinations as may be required to complete his/her employment file.

It is agreed and understood that in an employment-at-will state the employer or employee may terminate employment at any time with/without cause.

It is agreed and understood that this application for employment in no way obligates the employer to employ the applicant and in no way can be implied as a contract for employment.

It is agreed and understood that any future offer of employment for driving and maintenance positions will be conditional upon passage of a post offer physical.

Eaborn Truck Service, Inc. is an Equal Opportunity Employer.

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)

(Date)

EABORN TRUCK SERVICE, INC.

COMMON CARRIER

1300 CRAFTON BLVD.
PITTSBURGH, PA 15205

Subject: Notification and authorization to obtain information

In connection with my application for employment with Eaborn Truck Service Inc., I understand that prior to or at any time after my acceptance as an employee, a Consumer Report may be requested from public record including, but not limited to, Social Security number, motor vehicle operation history and criminal history to the extent permitted by law from various local, state and federal agencies.

I VOLUNTARILY AND KNOWINGLY AUTHORIZE ANY LAW ENFORCEMENT AGENCY, STATE AGENCY, LOCAL AGENCY, FEDERAL AGENCY, CREDIT BUREAU, AND/OR OTHER PERSONS TO GIVE RECORDS OR INFORMATION THEY MAY HAVE CONCERNING MY CRIMINAL HISTORY, MOTOR VEHICLE HISTORY, SOCIAL SECURITY NUMBER.

I understand that I have the right to request a complete and accurate disclosure of the nature and scope of the investigation requested. Further, I am entitled to know if my application is denied because of information obtained, if so, I will be so advised in writing and be given the name and address of the agency, a statement that the action was based in whole or in part on information contained in the report and written notice that I have the right (1) if I request, to obtain within sixty days a free copy of the Report from the Reporting Agency and any other consumer credit Reporting Agency which compiles and maintains files on consumers on a nationwide basis; and (2) to dispute the accuracy or completeness of any information in a consumer report furnished by the Reporting Agency. I understand that upon my request with reasonable notice, Eaborn Truck Service Inc. will supply me with investigative information in my file during normal business hours in person or upon written request, by mail or telephone as permitted by law.

I understand that any Consumer Report requested will be used strictly for purposes as defined under the Fair Credit Reporting Act 604. I further understand that any offer will be conditional upon the receipt of satisfactory information as required. Further, I understand that I must authorize procurement of such report(s). A photographic or faxed copy of this notification and Release Authorization shall be as valid as the original.

Last Name: _____ First Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____ License #: _____ State: _____

Date of Birth: _____ Signature: _____ Date: _____