

Eaborn Truck Service, Inc. d/b/a:  
**Eaborn Trucking**  
1300 Crafton Blvd., Pittsburgh PA 15205

## Application for Employment

Please Hand Print

Date \_\_\_\_\_

Applicant \_\_\_\_\_  
(First) (Middle) (Last)

Present Address \_\_\_\_\_ How Long? \_\_\_\_\_  
(Street) (City – Municipality) (State) (Zip)

Maiden Name and/or Alias(s): \_\_\_\_\_

Municipality of Residence : \_\_\_\_\_ (Borough, Township, etc) County: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Please provide ALL Previous Addresses that you resided at since adulthood. Use Additional sheets of paper as needed.

Previous Address \_\_\_\_\_ How Long? \_\_\_\_\_  
(Street) (City – Municipality) (State) (Zip)

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Previous Address \_\_\_\_\_ How Long? \_\_\_\_\_  
(Street) (City – Municipality) (State) (Zip)

Add additional sheets with previous address as needed.

Email Address: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_ Are you a U.S. Citizen? [ ] Yes [ ] No

Spouse's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

# Employment History

List your last employers over the past 10 years, including military service. Use additional sheets of paper as required.  
Indicate any periods of unemployment.

Employer's Name		Address	
Telephone Number		Reason for Leaving:	
Position		Salary/ Wages: Starting:	Last: Supervisor:
From:	Dates: To:	Describe the work you did:	

Employer's Name		Address	
Telephone Number		Reason for Leaving:	
Position		Salary/ Wages: Starting:	Last: Supervisor:
From:	Dates: To:	Describe the work you did:	

Employer's Name		Address	
Telephone Number		Reason for Leaving:	
Position		Salary/ Wages: Starting:	Last: Supervisor:
From:	Dates: To:	Describe the work you did:	

Employer's Name		Address	
Telephone Number		Reason for Leaving:	
Position		Salary/ Wages: Starting:	Last: Supervisor:
From:	Dates: To:	Describe the work you did:	

Employer's Name		Address	
Telephone Number		Reason for Leaving:	
Position		Salary/ Wages: Starting:	Last: Supervisor:
From:	Dates: To:	Describe the work you did:	

Use Additional sheets of paper to list all of your employers with information as requested above.

## Periods of Unemployment

From:	To:	From:	To:	From:	To:	From:	To:

From:	To:	From:	To:	From:	To:	From:	To:

From:	To:	From:	To:	From:	To:	From:	To:

## Education

Name of School	City – State	Years Completed/Credits	Did You Graduate?	Degree/Course of Study
Elementary				
High School				
College				
Graduate				
Trade/Special Training				

## Criminal History

*Use additional sheets of paper as required.*

Have you ever been charged for any act of dishonesty? ☐ Yes ☐ No If Yes Explain \_\_\_\_\_

Have you ever been disciplined by an employer for an act of dishonesty? ☐ Yes ☐ No If yes, explain \_\_\_\_\_

List all felony and misdemeanor convictions. Use additional sheet(s) of paper and attach them to the application as required.

If none, indicate "NONE" under Conviction Offense below.

Date	Conviction Offense	Type	Penalty

*Use Additional Pages as Required.*



List **all** Charges. Use additional sheet(s) of paper and attached them to the Application.

If none, indicate "NONE" under Pending Charges Below.

Date Charged	Pending Charges	Status

*Use Additional sheets of paper as required.*

## Physical History

Are you physically capable of manual labor? ☐ Yes ☐ No If No explain. Use additional sheets of paper as required. If none, indicate "None".

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Do you currently have an Interstate DOT Medical Card? \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Do you have the documents that were completed by the health care professional that preformed the exam? \_\_\_\_\_

Do you have a medical marijuana card ? ☐ Yes ☐ No If Yes Reason: \_\_\_\_\_

Have you ever failed a pre-employment or random drug test? ☐ Yes ☐ No If yes, explain: \_\_\_\_\_

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Do you use or have you ever used illicit substances? ☐ Yes ☐ No If yes explain: \_\_\_\_\_

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Have you ever seen a counselor or treated by a Substance Abuse Professional? ☐ Yes ☐ No If Yes explain. Use additional pages as necessary.

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Have you ever received Accelerated Rehabilitative Disposition (ARD) for Driving Under the Influence or any other charge? ☐ Yes ☐ No If Yes

Explain: \_\_\_\_\_

Have you missed time from work over the past 3 years? ☐ Yes ☐ No Dates: \_\_\_\_\_ Explain? \_\_\_\_\_

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Name of family doctor \_\_\_\_\_ Phone \_\_\_\_\_

Address of family doctor \_\_\_\_\_

How were you referred to us? \_\_\_\_\_

## Driving License Information

### Current

Operator Number	State	Restrictions / Class	Expiration Date

### Previous

Operator Number	State	Restrictions / Class	Expiration Date

Do you have a Commercial Driver's License? ☐ Yes ☐ No If CDL, Class \_\_\_\_\_ Endorsements: \_\_\_\_\_

Have you ever been denied a driver's license or permit? ☐ Yes ☐ No

Have you ever had your driver's license revoked or suspended? ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

## Driving Experience

Vehicle Type	Description of Vehicle	From	To	Company Name	Number of Miles
Truck <26,000 GVW					
Tuck >26,000 GVW					
Tractor/Trailer Van					
Tractor/Trailer Flat					
Tractor/Trailer Other					

## Driving Record

Have you ever been convicted of Driving Under the Influence? ☐ Yes ☐ No

Have you ever been convicted of refusing to submit to an alcohol or other type of sobriety Test? ☐ Yes ☐ No

If yes explain \_\_\_\_\_

**List all Traffic Convictions including DUI for the last Ten (10) years. If none, place "NONE" under date below.**

Date	Vehicle Type	Boro/City	Charge	Penalty

Due you have any Pending Traffic Violations ? ☐ Yes ☐ No Explain: \_\_\_\_\_

## Accident Record

If none, place "NONE" below under Description of Accident.

Date	Description of Accident	Injuries / Damage

## Emergency Contact

Name and Relationship (ie spouse, parent, friend, etc.)	Phone Number

## To Be Read and Signed by Applicant

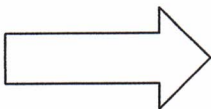
It is agreed and understood that any misrepresentation or omissions of information given on this application shall be considered an act of dishonesty.

It is agreed and understood that the Eaborn Truck Service Inc. d/b/a Eaborn Trucking or its agents may investigate the applicant by contacting anyone it determines necessary to determine the accuracy and completeness of the information on the application and any additional information received from conducting a background and reference checks. The applicant releases Eaborn Truck Service, Inc. d/b/a Eaborn Trucking and its employees, Officers, and agents from all liability or damages in obtaining information about the applicant.

The applicant agrees to furnish such additional information and complete such examinations as may be required to complete the applicant's file or is statutorily required.

By signing the application, I certify that the application was completed by me and that all entries and information are complete and true to the best of my knowledge.

Applicant Signature	Date	Social Security Number



**Verify All Information is Completed**  
then  
**Scan the entire completed Application, Driver's License  
and DOT Medical Card and email to:**

**[jobs@eaborntrucking.com](mailto:jobs@eaborntrucking.com)**

Or

Postal Mail the Complete Application, Copy of Driver's License and DOT Medical Card to:  
**1300 Crafton Blvd., Pittsburgh PA 15205**

**Any additional Comments/Experience(s) or information that would be helpful in understanding your abilities. Also, please explain your reason for seeking new employment.**