

JAMES S. PISCOPO G. C. INC.

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Application for Employment

TRUCK DRIVER

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status or any other legally protected status.

NAME: _____ DATE: _____

MAILING ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ PHYSICAL ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____ EMAIL: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____ Married _____ Single: _____

HOW DID YOU HEAR ABOUT JAMES S. PISCOPO G. C., Inc.?

ADVERTISEMENT _____ EMPLOYEE _____ FRIEND _____ OTHER _____

POSITION APPLIED FOR: _____ On what date are you available for work _____

(Note: If applying for a truck driving position, please complete Driver Application Supplement #1)

Have you filed an application with us before? Yes ___ No ___ If Yes, date: _____

Have you ever been employed with us before? Yes ___ No ___ If Yes, date: _____

Are you currently employed? Yes ___ No ___ If yes, may we contact your present employer? Yes ___ No ___

Are you available to work: Full Time _____ Part Time _____ Seasonal _____

Are you currently on lay-off subject to recall? Yes ___ No ___ If yes, employer: _____

Due to the nature of our business, employees are expected to travel to assigned job site.

Do you have reliable transportation? Yes ___ No ___ If no, please explain: _____

Do you have a valid driver's license? Yes ___ No ___ If yes, please provide #: _____

Issuing State: _____ Expiration: _____ Endorsement (circle all that apply): CDL-A, CDL-B, HAZMAT

Do you have a DOT Medical Card? Yes ___ No ___ If yes, expiration date: _____

Do you have an OSHA-10 Card? Yes ___ No ___ If yes, date of certification: _____

You will be asked for a photo copy of your driver's license, DOT medical card and OSHA-10 card. Please have it with you when you return your application or come in for an interview. If mailing or faxing your application, please attach a copy when possible.

Please list types of heavy equipment that you can operate: _____

Please list other pertinent skills or experience: _____

EDUCATION:

	NAME & LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

EMPLOYMENT EXPERIENCE: Please list most recent employer first

1. EMPLOYER:	Dates Employed:		JOB TITLE / Position / Work Performed
	From	To	
Address:	Hourly Rate/Salary		
Telephone Number:			Reason for Leaving:
2. EMPLOYER:	Dates Employed:		JOB TITLE / Position / Work Performed
	From	To	
Address:	Hourly Rate/Salary		
Telephone Number:			Reason for Leaving:
3. EMPLOYER:	Dates Employed:		JOB TITLE / Position / Work Performed
	From	To	
Address:	Hourly Rate /Salary		
Telephone Number:			Reason for Leaving:
4. EMPLOYEE:	Dates Employed:		JOB TITLE / Position / Work Performed
	From	To	
Address:	Hourly Rate/Salary		
Telephone Number:			Reason for Leaving:

ADDITIONAL REFERENCES

NAME	TOWN/CITY	PHONE #	RELATIONSHIP	YEARS ACQUAINTED

Driver Experience and Qualification

NAME: _____ DATE: _____

DRIVERS LICENSE(S):

Please list all drivers licenses held in the past (3) years	STATE LICENSE	NUMBER	CLASS	ENDORSEMENT	EXPIRATION DATE

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 ___

C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes ___ No ___

D. Have you ever been convicted of a crime in connection with the operation of a motor vehicle? Yes ___ No ___

If you answered "yes" to any of the above, please explain below (be sure to indicate letter(s) you are explaining) Use additional sheets if necessary:

E. Are you aware of any medical conditions that may prevent you from performing any duties as required by the Company? Yes ___ No ___ If Yes Please explain _____

DRIVING EXPERIENCE:

CLASS	TYPE OF EQUIPMENT (DUMP, VAN, TANK, FLAT, ETC..)	FROM DATE	TO DATE	APPROX. MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR & SEMI TRAILER				
MOTORCOACH- SCHOOL BUS				
OTHER				

List states operated in during the last five years: _____

List any special courses or training you have had relevant to driving: _____

ACCIDENT RECORD (For the past 3 years):

If none, write NONE.

DATE	CITY/TOWN/STATE	NATURE OF ACCIDENT (Head-On, Rear-End, Overturn, Etc.)	INJURIES	FATALITIES

ACCIDENT RECORD (For past 3 years):

(Other than parking violations) If none, write NONE.

DATE	LOCATION	CHARGE/OFFENSE	PENALTY

*****IMPORTANT QUESTIONS*****

Are you prevented from lawfully becoming employed in the U.S.? ___Yes ___No
Have you been convicted of a felony or misdemeanor within the last 7 years? ___Yes ___No. If Yes Please explain:

Do you have any preexisting Health Conditions? ___Yes ___No. If Yes Please Explain_____

****DRIVER APPLICANT’S CERTIFICATION AND AGREEMENT****
(PLEASE READ CAREFULLY)

“I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATION ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND , IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY’S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY’S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE. AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT’S PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.”

Signature of Applicant Date

IN CASE OF EMERGENCY NOTIFY _____
NAME ADDRESS PHONE NUMBER

APPLICANT DATA SURVEY
(VOLUNTARY)

In effort to comply with relevant government regulations, we ask that you complete the following. Your cooperation is appreciated and your answers are not part of your application for employment.

GENDER (check one): Male ___Female ___
ETHNIC GROUP/RACE (check one): Caucasian ___ Black ___ Hispanic/Latino ___ Asian/Pacific Islander ___ Native American ___
VETERAN STATUS: Vietnam Era Veteran ___ Special Disabled Veteran ___ Newly Separated Veteran ___

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