## **DRIVER EMPLOYMENT APPLICATION**

## WILLIAM DICKSON INDUSTRIES, INC. DICKSON BULK SERVICES, INC.

113 Lee Valley Rd, Derry, PA 15627 (724) 539-8840

FIRST NAME			,		CHARLE	APPLICANT INFORMATION											
INCIVIL			NAME				LAST NAME										
PHONE		E	MAIL														
DATE OF BIR	тн	Si	OCIAL SE	CURITY#													
DATE OF APPLICATION		POSITION APPLIED FOR						DATE AVA									
Do you have legal right to work in the United States?																	
			PREVIOL	JS THREE Y	EARS RESII	DENCY											
					if more spa		ded										
	STREET				CITY				STATE	ZIP CODE	# OF YEARS AT ADDRESS						
CURRENT																	
MAILING																	
PREVIOUS																	
PREVIOUS																	
PREVIOUS																	
										•	•						
not have m	nore than one motor vehic		e shall at	any time h	nave more t	han one					No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach						
	sheets if needed. LICENSE #	Т	TYPE/CLA	SS													
						ENDORS	EMENTS				EXPIRATION DATE						
						ENDORS	SEMENTS										
			PR	EVIOUSLY H	IELD LICENSE		SEMENTS										
			PR	EVIOUSLY H	HELD LICENS		EMENTS										
			PR	EVIOUSLY F	HELD LICENSE		EMENTS										
							EMENTS										
CLASS OF					HELD LICENSE		EMENTS										
EQUIPMENT	TYPE OF EQUIPMENT (VA	.N, TANK, FLAT, ET	C				DATE FR		DATE TO		DATE						
STRAIGHT TRUCK	TYPE OF EQUIPMENT (VA	.N, TANK, FLAT, ET	C						DATE TO		DATE  APPROX # OF						
EQUIPMENT STRAIGHT		.N, TANK, FLAT, ET	C						DATE TO		DATE  APPROX # OF						
STRAIGHT TRUCK TRACTOR &		.N, TANK, FLAT, ET	C						DATE TO		DATE  APPROX # OF						
EQUIPMENT STRAIGHT TRUCK TRACTOR & SEMI-TRAILE TRACTOR &		N, TANK, FLAT, ET	C						DATE TO		DATE  APPROX # OF						

Attach additional sheet if more space is needed. Check this box if none    CHEMICAL SPILL			ACCIDENT RECORD FO	OR THE	PAST 3	YEAR	S			
TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)    Attach additional sheet if more space is needed. Check this box if none			Attach additional sheet if more space	e is nee	ded. Ch	eck thi	s box if	попе 🗆		
Attach additional sheet if more space is needed. Check this box if none     DATE	(List most	NATU	RE OF ACCIDENT (Head-on, rear-end, upset, etc.)					# FATALITIES	# INJURIES	CHEMICAL SPILL (Y/N)
Attach additional sheet if more space is needed. Check this box if none     DATE										
DATE CONVICTED (Month/Year) VIOLATION STATE OF VIOLATION PENALTY (Forfeited bond, collateral and/or points)  Have you ever been denied a license, permit, or privilege to operate a motor vehicle? YES NO  If yes, explain  Has any license, permit, or privilege ever been suspended or revoked? YES NO  If yes, explain  EMPLOYMENT HISTORY  The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list a employment for the last three (3) years. In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.  Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.  CURRENT (MOST RECENT) EMPLOYER  NAME  PHONE  PHONE  REASON FOR LEAVING  SALARY		TR							DLATIONS)	
CONVICTED (Month/Year) VIOLATION VIOLATION VIOLATION VIOLATION VIOLATION PENALTY (Forfeited bond, collateral and/or points)  Have you ever been denied a license, permit, or privilege to operate a motor vehicle? YES NO  If yes, explain  Has any license, permit, or privilege ever been suspended or revoked? YES NO  If yes, explain  EMPLOYMENT HISTORY  The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list a remployment for the last three (3) years. In addition, if you have driven a commercial vehicle previously, you must provide remployment for the last three (3) years. In addition, if you have driven a commercial vehicle previously, you must provide remployment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.  Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary), for are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.  CURRENT (MOST RECENT) EMPLOYER  NAME  PHONE  ADDRESS  FROM TO MO/YR  SALARY  SALARY  SALARY			Attach additional sheet if more space	e is nee	ded. Ch	eck thi	s box if	none 🗀		
Has any license, permit, or privilege ever been suspended or revoked?    YES	CONVICTED	VIOLA	ATION			PEN	ALTY (Fo	rfeited bond, co	ollateral and/o	or points)
Has any license, permit, or privilege ever been suspended or revoked?    YES										
Has any license, permit, or privilege ever been suspended or revoked?    YES										
Has any license, permit, or privilege ever been suspended or revoked?    YES										
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employment for the last three (3) years. In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.  Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.  CURRENT (MOST RECENT) EMPLOYER  NAME  ADDRESS  FROM PHONE  FROM MO/YR  SALARY  EXPLAIN ANY GAPS IN EMPLOYMENT (Include										
NAME ADDRESS  FROM TO MO/YR  POSITION HELD  REASON FOR LEAVING  EXPLAIN ANY GAPS IN EMPLOYMENT (Include	employment f employment i month must b Start with the	for the <b>history</b> De explo last or	last three (3) years. In addition, if you have do for an additional seven (7) years (for a total ained.  current position, including any military experi	riven d of ten ience,	a comm (10) ye and wo	nercial ears). A	<b>vehicl</b> <b>Any ga</b> ckward	e previously, ps in employ s (attach sep	you must p ment in exc arate sheet	orovide cess of one (1) s if necessary).
NAME ADDRESS  FROM TO MO/YR  POSITION HELD  REASON FOR LEAVING  EXPLAIN ANY GAPS IN EMPLOYMENT (Include	CURRENT (MOS	T RECEN	T) FMPLOYFR							
ADDRESS  FROM TO MO/YR  POSITION HELD  REASON FOR LEAVING  EXPLAIN ANY GAPS IN EMPLOYMENT (Include			,, <u> </u>		P	HONE				
POSITION HELD  REASON FOR LEAVING  EXPLAIN ANY GAPS IN EMPLOYMENT (Include						HONE				
EXPLAIN ANY GAPS IN EMPLOYMENT (Include	•									
EXPLAIN ANY GAPS IN EMPLOYMENT (Include		AVING								
	EXPLAIN ANY GA	APS IN Include						3.12.111		

While employed here, were you subject to the Federal Motor Carrier Safety Regulations?							☐ YES	□ №		
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated									□ vcc	
mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?								☐ YES	□ NO	
SECOND (N	MOST R	ECENT)	EMPLOYER							
0200112 (1										
NAME						PHONE				
ADDRESS										
POSITION I	HELD			FROM MO/YR				TO MO/YR		
REASON FO		/ING						SALARY		
EXPLAIN A								SALANT		
EMPLOYM month/yea	ENT (In	clude								
While en	nploye	ed her	e, were you subject to the Federal Motor C	arrier Sa	fety F	Regulatio	ns?		$\square$ YES	$\square$ NO
Was the	job de	esignat	red as a safety-sensitive function in any Dep	partmen	t of Ti	ransporta	tion-regu	lated		
mode su	bject 1	to alco	hol and controlled substances testing as re	quired b	y 49 (	CFR, part	40?		☐ YES	$\square$ NO
THIRD (MC	OST REC	ENT) EI	MPLOYER							
NAME						PHONE				
ADDRESS										
				FROM				ТО		
POSITION I	HELD			MO/YR				MO/YR		
REASON FO	OR LEAN	/ING						SALARY		
EXPLAIN A		_								
month/yea	,									
While en	nploye	ed her	e, were you subject to the Federal Motor C	arrier Sa	fety F	Regulatio	ns?		$\square$ YES	$\square$ NO
Was the	iob de	esignat	ed as a safety-sensitive function in any Dep	partmen	t of Ti	ransporta	tion-regu	lated		
	-	_	hol and controlled substances testing as re			-	_		$\square$ YES	$\square$ NO
FOURTH (I	MOST F	RECENT)	EMPLOYER							
NAME						PHONE				
ADDRESS										
	1			FROM				то		
POSITION	HELD			MO/YR				MO/YR		
REASON FO	OR LEAV	/ING						SALARY		
EXPLAIN A	NY GAP	'S IN						•		
EMPLOYM month/yea	•									
While en	nploye	ed her	e, were you subject to the Federal Motor C	arrier Sa	ıfety F	Regulatio	ns?		$\square$ YES	$\square$ NO
Wastho	ioh da	scionat	red as a safety-sensitive function in any Do	nartmen	t of T	ransnorta	tion-regu	lated		
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?							☐ YES	□NO		

FIFTH (MC	OST RECENT) E	MPLOYER						
NANAE				DUONE				
NAME				PHONE				
ADDRESS			50014			TO		
POSITION	HELD	T	FROM MO/YR			TO MO/YR		
REASON F	REASON FOR LEAVING SALARY							
EMPLOYM	EXPLAIN ANY GAPS IN EMPLOYMENT (Include							
	wonth/year & reason)  While employed here, were you subject to the Federal Motor Carrier Safety Regulations?  □ YES □ NO							
							23	
	-	ted as a safety-sensitive function in any De ohol and controlled substances testing as r	-		_	lated	☐ YES	□NO
SIXTH (MC	OST RECENT) E	MPLOYER						
NAME				PHONE				
ADDRESS								
POSITION	HELD		FROM MO/YR			TO MO/YR		
REASON F	OR LEAVING					SALARY		
	ANY GAPS IN MENT (Include							
	ear & reason)							
While er	mployed he	re, were you subject to the Federal Motor	Carrier Sa	ifety Regulatio	ons?		☐ YES	$\square$ NO
	-	ted as a safety-sensitive function in any Do ohol and controlled substances testing as I	-	=	_	lated	☐ YES	□ NO
L		ets to list additional employment history	•					
	•			•				
		Carrier Safety Regulations (49 CFR 391.21) the last three (3) years. <i>In addition, if you</i>						
employn	ment history	for an additional seven (7) years (for a to						
month n	nust be expl	ained.						
		ED	UCATION					
SCHOO	DL	NAME & LOCATION	COURS	E OF STUDY	YEARS COMPLETED	GRADUAT Y N	TE DETAILS	
High Scho	ool						]	
College								
Other								
ADDITIONAL QUALIFICATIONS AND INFORMATION								
Use this space to list additional qualifications or information regarding employment history.								
I								

## TO BE READ AND SIGNED BY APPLICANT

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. 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 also understand that I am required to abide by all rules and regulations of the Company.

I understand that the information I provide regarding my current and/or prior 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. I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers, and for those previous employers to resend 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.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

Applicant Signature	Da	ate	
Applicant Name (printed)			