

DRIVER'S APPLICATION FOR EMPLOYMENT

BRT, Inc. 813 North Octorara Trail, Parkesburg, PA 19365

(Answer all questions - please print)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Date of Application: _____

Position(s) Applied for: _____ Part Time/Full Time: _____

Name: _____ Social Security No.: _____
Last First Middle

List your addresses of residency for the past 3 years.

Current Address: _____
Street City

Home Phone: _____ Cell Phone: _____
State Zip Code County

How long at this address? _____ Email address: _____

Previous Addresses: _____ How Long? _____
Street City County State & Zip Code

_____ How Long? _____
Street City County State & Zip Code

_____ How Long? _____
Street City County State & Zip Code

Do you have the legal right to work in the United States? _____

Date of Birth: _____ Can you provide proof of age? _____
(Required for Commercial Drivers)

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

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

Who referred you? _____ Rate of pay expected _____

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

If yes, explain if you wish. _____

EMPLOYMENT HISTORY

Give a complete record of all employment for the past three years, including any unemployment or self employment, **and all commercial driving experience for the past ten years.**

NOTE: Please begin with your most recent employer. Add another sheet as necessary.

Employer			Date			
Name:			From: MO:	YR:	To: MO	YR
Address:			Position:			
City:	State:	Zip:	Salary/Wage:			
Contact Person:			Reason for Leaving:			
Phone #:	Fax #:					
Designated Sensitive Function:	Yes	No				
Subject to FMCSR	Yes	No				
Employer			Date			
Name:			From: MO:	YR:	To: MO	YR
Address:			Position:			
City:	State:	Zip:	Salary/Wage:			
Contact Person:			Reason for Leaving:			
Phone #:	Fax #:					
Designated Sensitive Function:	Yes	No				
Subject to FMCSR	Yes	No				
Employer			Date			
Name:			From: MO:	YR:	To: MO	YR
Address:			Position:			
City:	State:	Zip:	Salary/Wage:			
Contact Person:			Reason for Leaving:			
Phone #:	Fax #:					
Designated Sensitive Function:	Yes	No				
Subject to FMCSR	Yes	No				
Employer			Date			
Name:			From: MO:	YR:	To: MO	YR
Address:			Position:			
City:	State:	Zip:	Salary/Wage:			
Contact Person:			Reason for Leaving:			
Phone #:	Fax #:					
Designated Sensitive Function:	Yes	No				
Subject to FMCSR	Yes	No				

Employer			Date			
Name:			From: MO:	YR:	To: MO	YR
Address:			Position:			
City:		State:	Zip:		Salary/Wage:	
Contact Person:			Reason for Leaving:			
Phone #:		Fax #:				
Designated Sensitive Function:		Yes	No			
Subject to FMCSR		Yes	No			
Employer			Date			
Name:			From: MO:	YR:	To: MO	YR
Address:			Position:			
City:		State:	Zip:		Salary/Wage:	
Contact Person:			Reason for Leaving:			
Phone #:		Fax #:				
Designated Sensitive Function:		Yes	No			
Subject to FMCSR		Yes	No			
Employer			Date			
Name:			From: MO:	YR:	To: MO	YR
Address:			Position:			
City:		State:	Zip:		Salary/Wage:	
Contact Person:			Reason for Leaving:			
Phone #:		Fax #:				
Designated Sensitive Function:		Yes	No			
Subject to FMCSR		Yes	No			
Employer			Date			
Name:			From: MO:	YR:	To: MO	YR
Address:			Position:			
City:		State:	Zip:		Salary/Wage:	
Contact Person:			Reason for Leaving:			
Phone #:		Fax #:				
Designated Sensitive Function:		Yes	No			
Subject to FMCSR		Yes	No			
Employer			Date			
Name:			From: MO:	YR:	To: MO	YR
Address:			Position:			
City:		State:	Zip:		Salary/Wage:	
Contact Person:			Reason for Leaving:			
Phone #:		Fax #:				
Designated Sensitive Function:		Yes	No			
Subject to FMCSR		Yes	No			

Accident Record for the past 3 years. If none, write "none."

NOTE: Please begin with your most recent

Date	Nature of Accident	# of Fatalities	# of People Injured

Traffic Convictions and Forfeitures for the past 3 years. If none, write "none."

NOTE: Please begin with your most recent

Date	Location	Charge	Penalty

Education

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8

HIGH SCHOOL: 1 2 3 4

COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED _____
 (NAME) (CITY)

Driver's License (List each driver's license held in the past three years)

State	License Number	Type	Endorsements	Expiration Date

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? B. Has any license, permit or privilege ever been suspended or revoked? C. Have you ever been convicted of a felony? If the answer to A, B or C is yes, attach statement giving details.	YES _____ NO _____ YES _____ NO _____ YES _____ NO _____
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Driving Experience

Class of Equipment	Type of Equipment (van, tank, flat, etc.)	Date From	Date To	Approximate # of Miles
Straight Truck				
Tractor & semi-Trailer				
Tractor – 2 trailers				
Motor Coach – School Bus				
Other				

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

EXPERIENCE AND QUALIFICATIONS - OTHER

Show any trucking, transportation or other experience that may help in your work for BRT _____

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

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

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) _____

List any pump experience _____

TO BE READ AND SIGNED BY APPLICANT

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. Any misrepresentation given on this application shall be considered an act of dishonesty.

I authorize BRT, Inc and its agents or representatives the right to make such investigations and inquiries of my personal, employment, financial, criminal or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release BRT, Inc. and its agents or representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I agree and understand that this application in no way obligates the motor carrier to employ me.

I agree and understand that if qualified to operate motor carrier equipment, I may be on a probationary period, during which I may be disqualified without recourse.

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 BRT, Inc.

Date _____ Applicant's Signature _____

Remarks:
