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www.maplevalefarms.com



**THIS IS A DRUG FREE WORKPLACE
AND WE DO PRE-EMPLOYMENT
TESTING**

DRIVER'S APPLICATION FOR EMPLOYMENT

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. Applications are considered active for 2 months.

Date: ____/____/____

Name: _____ Social Security Number: ____-____-____
Last First Middle

List your addresses of residency for the past 3 years. Phone: _____

Current Address _____
Street City State/Zip How Long?

Previous Address _____
Street City State/Zip How Long?

Previous Address _____
Street City State/Zip How Long?

I am a U.S. citizen or possess an Alien Registration card Yes _____ No _____

I am able to read, speak and write the English language, in accordance with DOT regulations Yes _____ No _____

Date of birth ____/____/____
(Required for Commercial Drivers)

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

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

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years of information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet if necessary.)

| EMPLOYER | | | DATE | | | |
|----------------|--------------|-----|--------------------|----|----|----|
| NAME | | | FROM | | TO | |
| ADDRESS | | | MO | YR | MO | YR |
| CITY | STATE | ZIP | POSITION HELD | | | |
| CONTACT PERSON | PHONE NUMBER | | SALARY/WAGE | | | |
| | | | REASON FOR LEAVING | | | |
| | | | | | | |
| EMPLOYER | | | DATE | | | |
| NAME | | | FROM | | TO | |
| ADDRESS | | | MO | YR | MO | YR |
| CITY | STATE | ZIP | POSITION HELD | | | |
| CONTACT PERSON | PHONE NUMBER | | SALARY/WAGE | | | |
| | | | REASON FOR LEAVING | | | |

| EMPLOYER | | | DATE | | | |
|----------------|--------------|-----|--------------------|----|----|----|
| NAME | | | FROM | | TO | |
| ADDRESS | | | MO | YR | MO | YR |
| CITY | STATE | ZIP | POSITION HELD | | | |
| CONTACT PERSON | PHONE NUMBER | | SALARY/WAGE | | | |
| | | | REASON FOR LEAVING | | | |

| EMPLOYER | | | DATE | | | |
|----------------|--------------|-----|--------------------|----|----|----|
| NAME | | | FROM | | TO | |
| ADDRESS | | | MO | YR | MO | YR |
| CITY | STATE | ZIP | POSITION HELD | | | |
| CONTACT PERSON | PHONE NUMBER | | SALARY/WAGE | | | |
| | | | REASON FOR LEAVING | | | |

| EMPLOYER | | | DATE | | | |
|----------------|--------------|-----|--------------------|----|----|----|
| NAME | | | FROM | | TO | |
| ADDRESS | | | MO | YR | MO | YR |
| CITY | STATE | ZIP | POSITION HELD | | | |
| CONTACT PERSON | PHONE NUMBER | | SALARY/WAGE | | | |
| | | | REASON FOR LEAVING | | | |

| EMPLOYER | | | DATE | | | |
|----------------|--------------|-----|--------------------|----|----|----|
| NAME | | | FROM | | TO | |
| ADDRESS | | | MO | YR | MO | YR |
| CITY | STATE | ZIP | POSITION HELD | | | |
| CONTACT PERSON | PHONE NUMBER | | SALARY/WAGE | | | |
| | | | REASON FOR LEAVING | | | |

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE IF NONE, WRITE NONE. (ATTACH SHEET IS MORE SPACE IS NEEDED)

| DATES | NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.) | FATALTIES | INJURIES |
|---------------|---|-----------|----------|
| LAST ACCIDENT | | | |
| NEXT PREVIOUS | | | |
| NEXT PREVIOUS | | | |

TRAFFIC CONVICTIONS AND FORTEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE.

| LOCATION | DATE | CHARGE | PENALTY |
|----------|------|--------|---------|
| | | | |
| | | | |
| | | | |

(ATTACH SHEETS IF MORE SPACE IS NEEDED)

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

EXPERIENCE AND QUALIFICATIONS – DRIVER (LIST EACH DRIVER’S LICENSE HELD IN THE PAST 3 YEARS)

| DRIVER LICENSES | STATE | LICENSE NO. | TYPE | 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 _____

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

DRIVING EXPERIENCE IF NONE, WRITE NONE

| CLASS OF EQUIPMENT | TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.) | DATES | | APPROX. NO OF MILES (TOTAL) |
|------------------------------|--|-------|----|--------------------------------|
| | | FROM | TO | |
| STRAIGHT TRUCK | | | | |
| TRACTOR AND SEMI- TRAILER | | | | |
| TRACTOR – TWO TRAILERS | | | | |
| MOTORCOACH – SCHOOL BUS | | | | |

| | | | |
|-------|--|--|--|
| | | | |
| OTHER | | | |

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATONS – OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY.

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 3 references:

| Name | Street | City | State/Zip | Phone |
|------|--------|------|-----------|-------|
| | | | | |
| | | | | |
| | | | | |

| Name | Street | City | State/Zip | Phone |
|------|--------|------|-----------|-------|
| | | | | |
| | | | | |
| | | | | |

| Name | Street | City | State/Zip | Phone |
|------|--------|------|-----------|-------|
| | | | | |
| | | | | |
| | | | | |

TO BE READ AND SIGNED BY APPLICANT

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.

I authorize you to make such investigations and inquiries of my personal, employment, financial, medical, or criminal 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 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 understand, also, that I am required to abide by all rules and regulations of the Company.

Date

Applicant's Signature