

EMPLOYMENT APPLICATION

Headquarters: 30 Pottstown Pike, Chester Springs, PA 19425



Eagle Wolfington Leasing Corporation is an equal opportunity employment company. We are dedicated to a policy of Non-Discrimination in employment on any basis including, Race, Creed, Age, Sex, Religion, National Origin or non-job related Physical Handicap. Pursuant to the Immigration Reform and Control Act of 1986, Eagle Wolfington Leasing Corporation will employ only United States citizens and Aliens authorized to work in the United States.

COMPLETE IN FULL OR IT WILL NOT BE CONSIDERED. PLEASE PRINT.

APPLICANT INFORMATION					
FIRST NAME		MIDDLE/LAST NAME			
PHONE		EMAIL			
DATE OF BIRTH		SOCIAL SECURITY #			
DATE OF APPLICATION		POSITION APPLIED FOR		DATE AVAILABLE FOR WORK	
ARE YOU EMPLOYED NOW? Y / N		IF YES, MAY WE CONTACT PRESENT EMPLOYER?		DESIRED SALARY	
EVER APPLIED TO THIS COMPANY BEFORE? Y / N		DATE APPLIED:		IF REFERRED - BY WHOM:	

Do you have legal right to work in the United States? YES NO

PREVIOUS THREE YEARS RESIDENCY					
<i>Attach additional sheet if more space is needed</i>					
	STREET / CITY	COUNTY/MUNICIPALITY	STATE	ZIPCODE	# OF YEARS AT ADDRESS
CURRENT					
MAILING					
PREVIOUS					
PREVIOUS					
PREVIOUS					

EMPLOYMENT HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all 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.

NOTE: Additional employer data sections can be found at the end of this document.

CURRENT (MOST RECENT) EMPLOYER					
NAME				PHONE	
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?*					
<input type="checkbox"/> YES <input type="checkbox"/> NO					
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?+					
<input type="checkbox"/> YES <input type="checkbox"/> NO					

SECOND (MOST RECENT) EMPLOYER					
NAME				PHONE	
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?*					
<input type="checkbox"/> YES <input type="checkbox"/> NO					
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?+					
<input type="checkbox"/> YES <input type="checkbox"/> NO					

THIRD (MOST RECENT) EMPLOYER					
NAME				PHONE	
ADDRESS					
POSITION HELD			FROM MO/YR		TO MO/Y
REASON FOR LEAVING					SALARY
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?*					
<input type="checkbox"/> YES <input type="checkbox"/> NO					
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?+					
<input type="checkbox"/> YES <input type="checkbox"/> NO					

*Includes vehicle having GVWR of 26,001 lbs. or more, vehicle designed to transport 16 or more passengers (including driver), or any size vehicle used to transport hazardous material in a quantity requiring placarding

+The Federal Motor Carrier Safety Regulation (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers on property when the vehicle (1) weighs or has a GVWR of 10,0001 pounds or more (2) is designed or used to transport more than 8 passengers (including the drive), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding

EDUCATION						
SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRADUATE		DETAILS
				Y	N	
High School				<input type="checkbox"/>	<input type="checkbox"/>	
College				<input type="checkbox"/>	<input type="checkbox"/>	
Other				<input type="checkbox"/>	<input type="checkbox"/>	

OTHER QUALIFICATIONS
<p>Please list any other qualifications that you have and which you believe should be considered. e.g military or naval service, organizations other than religious, related training....</p> <p>_____</p> <p>_____</p> <p>_____</p>

REFERENCES: PLEASE LIST NAMES OF AT LEAST TWO PERSON(S) NOT RELATED TO YOU WHOM YOU HAVE KNOWN FOR ONE YEAR OR MORE.

NAME	ADDRESS	PHONE/EMAIL	BUSINESS	YEARS ACQUAINTED

LICENSE INFORMATION

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 additional sheets if needed.

STATE	LICENSE #	TYPE/CLASS	ENDORSEMENTS	EXPIRATION DATE
PREVIOUSLY HELD LICENSES				

ACCIDENT RECORD FOR THE PAST 3 YEARS

Attach additional sheet if more space is needed. Check this box if none

DATES (List most recent first)	NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.)	# FATALITIES	# PERSONAL INJURIES	CHEMICAL SPILLS (Y/N)

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

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: _____

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROX # OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR & 2 TRAILERS				
TRACTOR & TANKER				
OTHER				

List additional addresses or employers below

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 authorize and release all of my employers, schools, health care providers, and any other persons from all liability in responding to inquiries and releasing information in connection with my application.

I hereby authorize and request any and all of my former employers and any other person, firm or corporation to furnish any and all information concerning my credit-worthiness and personal background and I hereby release each such employer or other person, firm or corporation from any and all liability by reason of furnishing the requested information. I understand that in connection with this application, a consumer report and/or an investigative consumer report may be requested whereby information is obtained through personal interviews with my neighbors, friends or associates or with others with whom I am acquainted or who may have knowledge with respect to my character, general reputation, personal characteristics and mode of living, and hereby authorize the procurement of any consumer reporting agency that furnished such report and in the case of the a consumer investigative report, that I may inspect and receive a copy of such report by contacting such agency. I also understand that I have the right to receive a complete and accurate disclosure of the nature and scope of the information requested if I request such disclosure within a reasonable period of time.

In the event of employment, I understand that any 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.

I understand that if employed, I would be an employee-at-will of the Company and that this Application does not establish any contractual right, either implied or express, to employment.

Applicant Name (Printed): _____

Applicant Signature: _____

Date: _____