



470 Industrial Park Road
 Ebensburg, PA 15931
 814-472-9800
 Fax 814-472-9828

Drivers Application for Employment

Equal access to all programs, services and employment is available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should notify a representative of the Human Resource Department.

Position: Driver Date of Application: ____/____/____

Name: _____

Address: _____

Telephone: _____

Cell Phone: _____ Email: _____

Referral Source (how did you hear about the job opening?) _____

Are you able to provide proof of age / 18 years or older? Yes No

Have you ever been employed here before? Yes No

List position and dates. _____

Are you able to provide proof of eligibility for employment in this country? Yes No

Date available for work.: _____ Desired salary range: _____

Type of employment seeking: Full Time Part Time Temporary Seasonal

Are you able to perform the essential functions of the job for which you are applying with or without reasonable accommodation? Yes No

Driver's License Number: _____ State: _____

List all states in which you have held a drivers license: _____

Have you ever plead guilty or no contest to or been convicted of a crime? Yes No

If yes, please provide details: _____

(answering yes to the above question does not constitute an automatic bar to employment. Factors such as the date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.)

Employment History

Applicants must complete all of the information requested for past employment. *Please start with your most recent employer first.*

Employer: _____ Telephone: _____ Street Address: _____ City/State/Zip: _____ Immediate supervisor: _____ Immediate supervisor's title: _____	Reason for leaving: _____ _____ _____ Dates employed: _____ Starting Salary: _____ Ending Salary: _____
Employer: _____ Telephone: _____ Street Address: _____ City/State/Zip: _____ Immediate supervisor: _____ Immediate supervisor's title: _____	Reason for leaving: _____ _____ _____ Dates employed: _____ Starting Salary: _____ Ending Salary: _____
Employer: _____ Telephone: _____ Street Address: _____ City/State/Zip: _____ Immediate supervisor: _____ Immediate supervisor's title: _____	Reason for leaving: _____ _____ _____ Dates employed: _____ Starting Salary: _____ Ending Salary: _____

*CMV including vehicles having a GVW rating of 26,000 pounds or over; vehicles designed to transport 15 or more passengers, including the driver of any size vehicle used to transport hazardous materials in such quantities requiring placards.

Driving Experience: _____
Type of Equipment / Dates: _____
No of miles: _____ Straight Truck Tractor and Semi Tractor/2 Trailers Other: _____
What states have you operated in over the past five years? (list) _____

Accident Information (attach an extra sheet if necessary) List all accidents.

Date: ___/___/___ Fatality? Yes No Nature of accident: _____ Injuries? Yes No
Date: ___/___/___ Fatality? Yes No Nature of accident: _____ Injuries? Yes No

Traffic Convictions for past three years (other than parking) If none, write none.
Location: _____ Date: ___/___/___ Charge: _____ Penalty: _____
Location: _____ Date: ___/___/___ Charge: _____ Penalty: _____
Location: _____ Date: ___/___/___ Charge: _____ Penalty: _____

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
Have you ever been disqualified for violations of the federal motor carrier safety regulations? Yes No
Has any license, permit or privilege ever been suspended or revoked? Yes No

If yes to any, please provide details: _____

Educational Background: Starting with your most recent school first

School Name: _____ City: _____ State: _____ Years completed: _____
Diploma: Degree (list) _____ Certification (list) _____ HS/GED
GPA _____ Major: _____ Minor: _____

School Name: _____ City: _____ State: _____ Years completed: _____
Diploma: Degree (list) _____ Certification (list) _____ HS/GED
GPA _____ Major: _____ Minor: _____

School Name: _____ City: _____ State: _____ Years completed: _____
Diploma: Degree (list) _____ Certification (list) _____ HS/GED
GPA _____ Major: _____ Minor: _____

References:

Please provide the names of three PROFESSIONAL references. These must be individuals who are not related to you, who are not just friends, and who can answer questions about how you perform in the work environment. These could be individuals who have been involved on a volunteer project or for whom you have done volunteer work. If you have no prior work experience, teachers or professors are acceptable.

Name: _____ How do you know? _____ How many years known? _____
Telephone Number: (____) _____ Alternate Telephone Number: (____) _____

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Telephone Number: (____) _____ Alternate Telephone Number: (____) _____

Name: _____ How do you know? _____ How many years known? _____
Telephone Number: (____) _____ Alternate Telephone Number: (____) _____

Applicant Statement:

I certify that all the information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees, or agents to contact and obtain information from all references, employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employers, its agents, employees, or representatives for seeking, gathering and using truthful and non defamatory information, in a lawful manner, in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that this application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisors or representative of the employer is authorized to make an assurance to the contrary and that no implied oral or written agreements contrary to the foregoing express language is valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration from employment on any basis prohibited by applicable local, state or federal law. This company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of sex, race, color, religion, national origin, citizenship, age, disability, military status, or genetic information or any other protected class under applicable federal, state, or local law. This company, likewise, does not tolerate harassment based on any protected status. The company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I understand that this application remains current for a period of six months. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out an application.

I understand that offers of employment are conditional upon successfully passing a drug/alcohol screening, a physical examination, a criminal history check, and providing proof of age, licensure, and legal right to work in the United States.

I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect will be sufficient cause to eliminate me from further consideration for employment and/or may result in my immediate discharge from employment when it is discovered.

I certify that I have read and fully understand and accept all terms of the Applicant Statement.

Applicant Signature: _____ Date: ___/___/___

FOR OFFICE USE ONLY:

Your driving record will be reviewed prior to any hiring decision. And, you will be asked to provide the following information:

Date of birth: ___/___/___ Last four digits of your social security number: _____ Drivers License Number: _____

McAneny Brothers, Inc., is an Equal Opportunity Employer.

Applicants for employment are also invited to participate in our non discriminatory hiring process by reporting their status as handicapped, disabled veteran, veteran of the Vietnam era or other minority. In extending this invitation you are also advised that: (a) workers (applicants) are under no obligation to respond, but may do so in the future if they choose; (b) responses will remain confidential within the Human Resources Department; and (c) responses will be used only for the necessary information to include in our confidential HR database. We are a company that values diversity. We actively encourage women and minorities to apply. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

Please complete the information requested below. Thank you for your cooperation.

Section 1: General Applicant Information

Name: _____ Date ____/____/____

Position applied for: _____

Section 2: (See reverse for definitions)

Race or Ethnic Identity: Select One

- Hispanic or Latino
- White (not Hispanic or Latino)
- Black or African American (not Hispanic or Latino)
- Native Hawaiian or Pacific Islander (not Hispanic or Latino)
- Asian (not Hispanic or Latino)
- American Indian or Alaskan Native (not Hispanic or Latino)
- Two or More Races (not Hispanic or Latino)

Gender: Select One

- Male Female

Veteran Status Select all that apply

- Vietnam Era Veteran
- Special Disabled Veteran
- Other Protected Veteran
- Recently Separated Veteran
- Armed Forces Medal Veteran

Other: Select if applicable

- Individual with Disabilities

I do not wish to Self-Identify

Signature: _____

How did you hear of our opening?

- Current Employee Newspaper Ad Recruiter Other - Explain: _____

EEOC RACE/ETHNIC IDENTIFICATION CATEGORIES

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.

Individual with Disabilities: Defined as a person who (1) has a physical or mental impairment which substantially limits one or more of his or her major life activity(s), (2) has a record of such impairment(s), or (3) is regarded as having such impairment(s). For purposes of this definition, an individual with disability(s) is substantially limited if he or she is likely to experience difficulty in securing, retaining, or advancing in employment because of the disability(s).

Veteran of the Vietnam-Era: Means a person who: (i) served on active duty in the U.S. military, ground, naval or air service for a period of more than 180 days, and who was discharged or released there from with other than a dishonorable discharge, if any part of such active duty was performed: (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in all other cases; or (ii) was discharged or released from active duty in the U.S. military, ground, naval or air service for a service connected disability if any part of such active duty was performed (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in any other location.

Special Disabled Veteran: Means (i) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans' Affairs for a disability (A) rated at 30 percent or more, or (B) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 38 U.S.C. 3106 to have a serious employment handicap or (ii) a person who was discharged or released from active duty because of a service connected disability.

Other Protected Veteran: Includes any veteran who served on active duty in the U.S. military, ground, navel or air service in a war, campaign or expedition in which a campaign badge has been authorized under laws administered by the Department of Defense.

Recently Separated Veteran: Any veteran who served on active duty in the U.S. military, ground, naval or air service during the one year period beginning on the date of such veteran's discharge or release from active duty.

Armed Forces Service Medal Veteran: Includes any veteran who, while serving on active duty in the Armed Forces, participated in a United States military operation for which a service medal was awarded pursuant to Executive Order 12985.