



Driver's Application for Employment

Applicant Name (Print) _____ Date of Application _____

Company _____
Address _____
City _____ State _____ Zip _____

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

TO BE READ AND SIGNED BY APPLICANT

I understand that information I provide regarding current and/or previous 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(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send 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.

Signature _____ Date _____

FOR COMPANY USE

Process Record

Applicant Hired _____ Rejected _____

Date Employed _____ Point Employed _____

Department _____ Classification _____

Signature of Interviewing Officer _____

Termination of Employment

Date Terminated _____ Department Released From _____

Dismissed _____ Voluntarily Quit _____ Other _____

Termination report placed on file _____ Supervisor _____



York (HQ): 460 Grim Ln, Ste 2, York, PA
 Wilson: 2009 Beeler Rd., Wilson, NC 27893
 Phone: 717-764-9090
 Website: www.mktduct.com

MKT Metal Manufacturing is an Equal Opportunity Employer and is committed to excellence through diversity.

Please print. The application must be fully completed to be considered. Once completed, please submit online or in person.

Application For Employment

Personal Information

D.O.B. (Legal Proof?) / /	Name				
Past 3 years of residency	Current Address	City	State	Zip	How Long?
Previous Address	City	State	Zip	How Long? (yr/mo)	
Previous Address	City	State	Zip	How Long? (yr/mo)	
Previous Address	City	State	Zip	How Long? (yr/mo)	
Phone Number	Mobile Number	Email Address			
Are You A U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>		Social Security Number			
Referred By:					

Position

Position You Are Applying For	Available Start Date	Desired Pay
Can you perform, with or without reasonable accommodation, the essential functions of the job? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Employment History

All driver applicants to drive in interstate commerce must provide all employers during the preceding 3 years. Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers whom the applicant operated such vehicle

Employer (Most Recent)	Job Title	Dates Employed	
Work Phone	Position Held	Reason for leaving	
Address	City	State	Zip
Driving Experience (Equipment Class) <input type="checkbox"/> Straight Truck <input type="checkbox"/> Tractor and Semi-Trailer <input type="checkbox"/> Tractor – Two Trailers <input type="checkbox"/> Tractor – Three Trailers <input type="checkbox"/> MotorCoach – School Bus <input type="checkbox"/> Other _____	Type of Equipment <input type="checkbox"/> Van <input type="checkbox"/> Tank <input type="checkbox"/> Flat <input type="checkbox"/> Dump <input type="checkbox"/> Other	Were you subject to FMCSR's while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>

Employer (2)	Job Title		Dates Employed
Work Phone	Position Held		Reason for leaving
Address	City	State	Zip
Driving Experience (Equipment Class) <input type="checkbox"/> Straight Truck <input type="checkbox"/> Tractor and Semi-Trailer <input type="checkbox"/> Tractor – Two Trailers <input type="checkbox"/> Tractor – Three Trailers <input type="checkbox"/> MotorCoach – School Bus <input type="checkbox"/> Other _____	Type of Equipment <input type="checkbox"/> Van <input type="checkbox"/> Tank <input type="checkbox"/> Flat <input type="checkbox"/> Dump <input type="checkbox"/> Other	Were you subject to FMCSR's while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>
Employer (3)	Job Title		Dates Employed
Work Phone	Position Held		Reason for leaving
Address	City	State	Zip
Driving Experience (Equipment Class) <input type="checkbox"/> Straight Truck <input type="checkbox"/> Tractor and Semi-Trailer <input type="checkbox"/> Tractor – Two Trailers <input type="checkbox"/> Tractor – Three Trailers <input type="checkbox"/> MotorCoach – School Bus <input type="checkbox"/> Other _____	Type of Equipment <input type="checkbox"/> Van <input type="checkbox"/> Tank <input type="checkbox"/> Flat <input type="checkbox"/> Dump <input type="checkbox"/> Other	Were you subject to FMCSR's while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>
Employer (4)	Job Title		Dates Employed
Work Phone	Position Held		Reason for leaving
Address	City	State	Zip
Driving Experience (Equipment Class) <input type="checkbox"/> Straight Truck <input type="checkbox"/> Tractor and Semi-Trailer <input type="checkbox"/> Tractor – Two Trailers <input type="checkbox"/> Tractor – Three Trailers <input type="checkbox"/> MotorCoach – School Bus <input type="checkbox"/> Other _____	Type of Equipment <input type="checkbox"/> Van <input type="checkbox"/> Tank <input type="checkbox"/> Flat <input type="checkbox"/> Dump <input type="checkbox"/> Other	Were you subject to FMCSR's while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>
Employer (5)	Job Title		Dates Employed
Work Phone	Position Held		Reason for leaving
Address	City	State	Zip
Driving Experience (Equipment Class) <input type="checkbox"/> Straight Truck <input type="checkbox"/> Tractor and Semi-Trailer <input type="checkbox"/> Tractor – Two Trailers <input type="checkbox"/> Tractor – Three Trailers <input type="checkbox"/> MotorCoach – School Bus <input type="checkbox"/> Other _____	Type of Equipment <input type="checkbox"/> Van <input type="checkbox"/> Tank <input type="checkbox"/> Flat <input type="checkbox"/> Dump <input type="checkbox"/> Other	Were you subject to FMCSR's while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>

Employer (6)	Job Title		Dates Employed
Work Phone	Position Held		Reason for leaving
Address	City	State	Zip
Driving Experience (Equipment Class) <input type="checkbox"/> Straight Truck <input type="checkbox"/> Tractor and Semi-Trailer <input type="checkbox"/> Tractor – Two Trailers <input type="checkbox"/> Tractor – Three Trailers <input type="checkbox"/> MotorCoach – School Bus <input type="checkbox"/> Other _____	Type of Equipment <input type="checkbox"/> Van <input type="checkbox"/> Tank <input type="checkbox"/> Flat <input type="checkbox"/> Dump <input type="checkbox"/> Other	Were you subject to FMCSR's while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>

Driving History – write N/A or none if none

Accident Record (Past 3 years)	Nature of Accident	Fatalities	Injuries	Hazardous Material Spill
Date				
Traffic Violations (Past 3 years)	Location	Charge	Penalty	
Date				

Experience/Education

Drivers licenses or permits held (Past 3 years)	License Number	Class	Endorsement(s)	Expiration Date
State				

Education	School Attended	City	State	Number of Years

Have you ever been denied/revoked/suspended from license, permit, or privilege to operate a motor vehicle? If so, give details:

Safety awards held and from whom?

Special equipment or technical materials you can work with?

Special courses or training?



Signature Disclaimer

I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

	Name (Please Print)	Signature
	Date	