

# DRIVER APPLICATION FORM

COMPANY NAME Birkmire Trucking Co. Location: Region/District/Branch \_\_\_\_\_  
 COMPANY ADDRESS 7400 Birkmire Dr. Fairview PA 16415  
Street City State Zip

**TO BE READ AND SIGNED BY APPLICANT**

I authorize you to make such investigations and inquiries of my personal, employment, financial 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 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.

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(p) and (e). 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 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 \_\_\_\_\_

NAME		Last		First		Middle	
Social Security Number		Phone Number		Date of Birth		Hire Date	
ADDRESS		City		State		Zip	
PAST 3 YEAR RESIDENCY		City		State		Zip	
Street		City		State		Zip	
Street		City		State		Zip	
Street		City		State		Zip	

**Employment History**

(Use Additional Employment History Information form if necessary)

All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three years. You must give the same information for all employers for whom you have driven a commercial vehicle seven years prior to the initial three years (total of ten year employment record).  
 You are required to list the complete mailing address: street number and name, city, state and zip code.

**CURRENT OR LAST EMPLOYER:** Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Position Held \_\_\_\_\_ From \_\_\_\_\_ (month/year) To \_\_\_\_\_ (month/year)

Reasons for Leaving \_\_\_\_\_  
 Were you subject to the Federal Motor Carrier Safety Regulations\*\* while employed?  Yes  No  
 Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No  
 \*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason \_\_\_\_\_

**SECOND LAST EMPLOYER:** Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Position Held \_\_\_\_\_ From \_\_\_\_\_ (month/year) To \_\_\_\_\_ (month/year)

Reasons for Leaving \_\_\_\_\_  
 Were you subject to the Federal Motor Carrier Safety Regulations\*\* while employed?  Yes  No  
 Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No  
 \*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason \_\_\_\_\_

**THIRD LAST EMPLOYER:** Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Position Held \_\_\_\_\_ From \_\_\_\_\_ (month/year) To \_\_\_\_\_ (month/year)

Reasons for Leaving \_\_\_\_\_  
 Were you subject to the Federal Motor Carrier Safety Regulations\*\* while employed?  Yes  No  
 Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No  
 \*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason \_\_\_\_\_

\*Any gaps in employment and/or unemployment must be explained.  
 \*\*The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**USE THIS SHEET FOR ADDITIONAL EMPLOYMENT HISTORY INFORMATION (continued)**

<b>EMPLOYER</b>			<b>DATE</b>	
NAME	FROM MO. YR.		TO MO. YR.	
ADDRESS	POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

<b>EMPLOYER</b>			<b>DATE</b>	
NAME	FROM MO. YR.		TO MO. YR.	
ADDRESS	POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

<b>EMPLOYER</b>			<b>DATE</b>	
NAME	FROM MO. YR.		TO MO. YR.	
ADDRESS	POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

<b>EMPLOYER</b>			<b>DATE</b>	
NAME	FROM MO. YR.		TO MO. YR.	
ADDRESS	POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

<b>EMPLOYER</b>			<b>DATE</b>	
NAME	FROM MO. YR.		TO MO. YR.	
ADDRESS	POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

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

†The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.



## Birkmire Trucking Drug Policy

**Effective March 1, 2015 Birkmire Trucking is a zero tolerance drug free workplace.**

**In order to provide a safe and drug free workplace for our employees Birkmire trucking has adopted a zero tolerance drug policy. Employees will be subject to testing as required by but not limited to Federal Motor Carrier Safety Regulations. Employees may also be tested in other situations determined by the company. A positive drug test will result in immediate termination of employment. A refusal to test will be considered a positive test and will result in termination of employment. A positive pre-employment drug test will result in a no hire status. Birkmire Trucking will continue to improve the safety of our employees and the public.**

Sign \_\_\_\_\_

Date \_\_\_\_\_