APPLICATION FOR CMV/CDL EMPLOYMENT

All information must be obtained. Attach extra sheets if more space is needed for any of the following answers.

<u>New Employer Info</u>	rmation.	• •				
Name Dingr	nan	Townsk	NiP	***************************************		
Street Address 119	& Fis	sher Lar	rė	100000		
City, State, Zip <u> </u>	ulfor	l, PA 18	337			
Contact Person Phone	e#: <u>K</u>	iren Kle	ist 570	-296-8	455	
Applicant Informat	tion:					
Print Applicant's Nar	ne					
Date of Birth						
Current Address						
(Stre	eet)		(City)	(State)	(Zip)	
Addresses for past thi	ree years:					
Address			2000 C C C C C C C C C C C C C C C C C C			
(Stree	et)		(City)	(State)	(Zip)	
(Stree	et)		(City)	(State)	(Zip)	
Nature and Extent	of Drivi	ng Experience				
Type of equipment		Date from:	Date to	0:	Total miles driven:	
List all Valid Com	moroial	Motor Vohiala I	Ligangas and/av D	ormita		
	Valid Commercial Motor Vehicle Licenses and/or Permits Issuing State License Number Expiration Date		xpiration Date			
Commercial Moto			ord (49 CFR 390.5) for past 3 y		
Date of accident:	of accident: Nature of accident # Fatalities # Inju			# Fatalities # Injuries		
Traffic Conviction	s (any ve	hicle, other tha	n parking) and B	ond Forfeitu	res in past 3 years	
		<u>Date</u>			Penalty	

Has any license, permit, or privilege ever been suspended or revoked? Did you have a positive pre-employment drug or alcohol test in the past two years? If any answer is "Yes", attach a statement giving details, including contact information for your counselor. **Record of CMV Employment for Past 10 Years** Note: If this employee has no history of CMV employment in last 3 years, check here (_). Last Employer ___ Street Address City, State, Zip From: To: Reason for leaving ____ Was this employment subject to FMCSRs (i.e., CMV)? (Y) (N) Was this employment subject to U.S. DOT alcohol and controlled substance testing (i.e., CDL)? (Y) (N) 2nd Last Employer ______ Street Address City, State, Zip ______ To: _____ To: _____ Reason for leaving _____ Was this employment subject to FMCSRs (i.e., CMV)? (Y) (N) Was this employment subject to U.S. DOT alcohol and controlled substance testing (i.e., CDL)? (Y) (N) 3rd Last Employer _____ Street Address City, State, Zip ______ From: _____ To: _____ Reason for leaving ____ Was this employment subject to FMCSRs (i.e., CMV)? (Y) (N) Was this employment subject to U.S. DOT alcohol and controlled substance testing (i.e., CDL)? (Y) (N) TO BE READ AND SIGNED BY APPLICANT By signing below, I certify 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. Today's Date Applicant's signature

Operating Privileges

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?

NOTE: This employer may require an applicant to provide additional information than is required by FMCSRs for the purpose of investigating your work safety. Applicants also have additional rights regarding the information provided by previous employers, and may review previous employer-provided investigative information by submitting a written request to the new employer within 30 days after being employed or being notified of denial of employment.

Application for Employment

PLEASE PRINT

DINGMAN TOWNSHIP MUNICIPAL OFFICES 118 FISHER LANE MILFORD, PENNSYLVANIA 18337

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

Position(s) applied	d for			Date of application	
Referral Source	Advertisement	☐ Employee	Relative	Government Employme	nt Agency
	☐ Walk-in	☐ Private Employme	ent Agency	Other	
	Name of source (if ap	plicable)	<u>}</u>		
Name	LAST	FIRST			MIDDLE
Address	STREET	CITY		STATE	ZIP CODE
Telephone # () Mobile/	Beeper/Other Phone # (_	Social Security #	
If, necessary, best	time to call you at home is				: AM : PM
May we contact ye	ou at work?				
If yes, work numb	per and best time to call)	: AM PM
-					
	-				
•					
•				From/To	
Are you legally el	igible for employment in t	his country?			. □ Yes □ No
Date available for	work				
Type of employm	ent desired	Time ☐ Part-Time	☐ Tempora	ry 🗆 Seasonal 🗆 Educ	cational Co-Op
Will you relocate	if job requires it?	Yes No	Will you trav	rel if job requires it?	. Yes 🗆 No
Are you able to m	eet the attendance require	· ments of the position?			
Will you work ove	ertime if required?				. 🗆 Yes 🗆 No
If no, please expla	ain				
Have you ever bee	en bonded?				. 🗆 Yes 🗆 No
Have you been co	nvicted of a crime in the la	ast seven (7) years?			. 🗆 Yes 🗆 No
If yes, please expl	ain	NT. EACH INSTANCE AND EXPLANAT	ION WILL BE CONSIDE	RED IN RELATION TO THE POSITION FOR WHI	ICH YOU ARE APPLYING.
	umber if driving is an esse)

Employment History

Provide the following information for your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below. TELEPHONE DATES EMPLOYED SUMMARIZE THE TYPE OF WORK **EMPLOYER** PERFORMED AND JOB RESPONSIBILITIES FROM TO ADDRESS HOURLY RATE/SALARY JOB TITLE STARTING PER IMMEDIATE SUPERVISOR AND TITLE HOURLY RATE/SALARY REASON FOR LEAVING FINAL PER MAY WE CONTACT FOR REFERENCE? YES □ио LATER TELEPHONE DATES EMPLOYED **EMPLOYER** SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES FROM **ADDRESS** HOURLY RATE/SALARY JOB TITLE STARTING PER IMMEDIATE SUPERVISOR AND TITLE HOURLY RATE/SALARY REASON FOR LEAVING **FINAL** PER LATER YES □ NO MAY WE CONTACT FOR REFERENCE? TELEPHONE DATES EMPLOYED **EMPLOYER** SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES FROM ADDRESS HOURLY RATE/SALARY JOB TITLE STARTING PER IMMEDIATE SUPERVISOR AND TITLE HOURLY RATE/SALARY REASON FOR LEAVING FINAL PER □ № LATER MAY WE CONTACT FOR REFERENCE? YES TELEPHONE DATES EMPLOYED **EMPLOYER** SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES FROM **ADDRESS** HOURLY RATE/SALARY JOB TITLE STARTING \$ PER IMMEDIATE SUPERVISOR AND TITLE HOURLY RATE/SALARY REASON FOR LEAVING FINAL PER MAY WE CONTACT FOR REFERENCE? LATER YES Comments including explanation of any gaps in employment Skills and Qualifications - Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Educational Background IF JOB-RELATED A. List last three (3) schools attended, starting with most recent. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank. E. Major field of study. F. Minor field of study (if applicable). NUMBER OF DEGREE GPA A. SCHOOL E. MAJOR F. MINOR CLASS RANK YEARS COMPLETED DIPLOMA References List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you. NAME TELEPHONE YEARS KNOWN **Additional Information** List professional, trade, business, or civic associations and any offices held. EXCLUDE MEMBERSHIPS WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY OR ANY OTHER SIMILARLY PROTECTED STATUS. ORGANIZATION OFFICES HELD List special accomplishments, publications, awards, etc. EXCLUDE INFORMATION WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY OR OTHER PROTECTED STATUS.

List any additional information you would like us to consider.

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these c	onditions.	
Signature of Applicant	Date	



Affirmative Action Voluntary Information

COMPLETION OF INFORMATION BELOW IS VOLUNTARY

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is STRICTLY VOLUNTARY. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision

The information will be used and kept	confidential in acc	ordance with applicable	laws and regulations.	2 m any mang decision.		
PLEASE PRINT		and the second of the second o				
Position(s) applied for				Date//		
Referral Source Walk-in Government Employment Agency Employee Relative Advertisement - Source_ Name of person who referred you IF APPLICABLE			☐ Private Employment Agency☐ School☐ Other			
Applicant Information			99 ES MAN MAN ALDER STOCK STOC			
NameLast	FIRST	MIDDLE	Telephone ()		
Address		CITY	STATE	ZIP CODE		
Please check one of the fol ☐ White (not of Hispanic origin)		l Employment O	pportunity Identif	ication Groups:		
American Indian/Alaskan Native	American Indian/Alaskan Native			Multiracial (having parents of different races) THIS IDENTIFICATION GROUP IS RECOGNIZED ONLY IN THE STATE OF MICHIGAN.		
For Administrative Use O	nly					
Position(s) applied for Availab Other positions considered for						
Hired Yes No			·			
Position hired for			Date of	hire//		
From the EEO job classifications listed Officials and Managers Professionals Technicians Notes	☐ Sales ☐ Offic ☐ Craft	s Workers ee and Clerical Workers Workers (skilled)		Operatives (semi-skilled) Laborers (unskilled) Service Workers		
Completed by				Date//		

