

APPLICATION FOR CMV/CDL EMPLOYMENT

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

New Employer Information:

Name Dingman Township
 Street Address 118 Fisher Lane
 City, State, Zip Milford, PA 18337
 Contact Person Phone #: Karen Kleist 570-296-8455

Applicant Information:

Print Applicant's Name _____

Date of Birth _____

Current Address _____
(Street) (City) (State) (Zip)

Addresses for past three years:

Address _____
(Street) (City) (State) (Zip)

Address _____
(Street) (City) (State) (Zip)

Nature and Extent of Driving Experience			
<u>Type of equipment</u>	<u>Date from:</u>	<u>Date to:</u>	<u>Total miles driven:</u>

List all Valid Commercial Motor Vehicle Licenses and/or Permits		
<u>Issuing State</u>	<u>License Number</u>	<u>Expiration Date</u>

Commercial Motor Vehicle Accident Record (49 CFR 390.5) for past 3 years			
<u>Date of accident:</u>	<u>Nature of accident</u>	<u># Fatalities</u>	<u># Injuries</u>

Traffic Convictions (any vehicle, other than parking) and Bond Forfeitures in past 3 years			
<u>Location</u>	<u>Date</u>	<u>Charge</u>	<u>Penalty</u>

Over ...

Operating Privileges

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes ___ No ___
Has any license, permit, or privilege ever been suspended or revoked? Yes ___ No ___
Did you have a positive pre-employment drug or alcohol test in the past two years? Yes ___ No ___

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 _____ 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)

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.

Applicant's signature

Today's Date

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

DINGMAN TOWNSHIP MUNICIPAL OFFICES
118 FISHER LANE
MILFORD, PENNSYLVANIA 18337

PLEASE PRINT

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 for _____ Date of application ____/____/____

Referral Source Advertisement Employee Relative Government Employment Agency
 Walk-in Private Employment Agency Other _____

Name of source (if applicable) _____

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 you at work? Yes No

If yes, work number and best time to call _____ (____) _____ : _____ AM
PM

If you are under 18 and it is required, can you furnish a work permit? Yes No

If no, please explain _____

Have you submitted an application here before? Yes No

If yes, give date(s) ____/____/____

Have you ever been employed here before? Yes No

If yes, give dates From ____/____/____ To ____/____/____

Are you legally eligible for employment in this country?..... Yes No

Date available for work ____/____/____

Type of employment desired Full-Time Part-Time Temporary Seasonal Educational Co-Op

Will you relocate if job requires it? Yes No Will you travel if job requires it?..... Yes No

Are you able to meet the attendance requirements of the position? Yes No

Will you work overtime if required? Yes No

If no, please explain _____

Have you ever been bonded? Yes No

Have you been convicted of a crime in the last seven (7) years?..... Yes No

If yes, please explain _____

CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. EACH INSTANCE AND EXPLANATION WILL BE CONSIDERED IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING.

Driver's license number if driving is an essential job function _____ State _____

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.

EMPLOYER	TELEPHONE ()	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		FROM	TO	
JOB TITLE		HOURLY RATE/SALARY		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATE/SALARY		
		FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	
EMPLOYER	TELEPHONE ()	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		FROM	TO	
JOB TITLE		HOURLY RATE/SALARY		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATE/SALARY		
		FINAL		
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		FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	
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REASON FOR LEAVING		HOURLY RATE/SALARY		
		FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	

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).

A. SCHOOL	B. NUMBER OF YEARS COMPLETED	C. DEGREE DIPLOMA	D. GPA CLASS RANK	E. MAJOR	F. MINOR

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 conditions.

Signature of Applicant _____ Date ____/____/____



