



# APPLICATION FOR CDL DRIVER

Horwith Freightliner ~ Penn Truck Leasing Inc ~ Horwith Trucks Inc. ~ LV Company Inc.  
1449 Nor Bath Blvd, PO Box 7 ~ Northampton, PA 18067  
610-261-2220 ~ 610-261-2916 fax

~ Please print clearly and answer all questions ~

In compliance with Federal and State equal employment opportunity laws, qualified applicants 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.

Date of application \_\_\_\_\_

Position(s) Applied for \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City  
State Zip Phone

ADDRESS FOR PAST THREE YEARS  
Street City State & Zip Code How Long?  
Street City State & Zip Code How Long?

Do you have the legal right to work in the United States? \_\_\_\_\_

Date Of Birth (CDL Applicants Only) ? \_\_\_\_\_

Have you worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

## Emergency Contact Information:

Contact Name #1: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ City: \_\_\_\_\_

Contact Name #2: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ City: \_\_\_\_\_

## EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state, and zip code.

Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

**(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)**

## EMPLOYMENT HISTORY

All drivers must provide the following information on all employers during the preceding three years. List complete address and phone number for each employer. If applying for a position driving a commercial motor vehicle you must also provide an additional seven years of employment information for those employers you operated a commercial vehicle. **(TOTAL of 10 YEARS NEEDED)**. Your present and previous employers will be contacted for the purpose of investigating your safety performance history as required by FMCSA. *Please use additional paper if necessary.*

|                |  |  |       |     |                    |
|----------------|--|--|-------|-----|--------------------|
| EMPLOYER       |  |  | DATES |     | POSITION HELD      |
| NAME           |  |  | FROM  |     | REASON FOR LEAVING |
| ADDRESS        |  |  | MO.   | YR. |                    |
| CITY STATE ZIP |  |  | TO    |     |                    |
| PHONE NUMBER   |  |  | MO.   | YR. |                    |

|                |  |  |       |     |                    |
|----------------|--|--|-------|-----|--------------------|
| EMPLOYER       |  |  | DATES |     | POSITION HELD      |
| NAME           |  |  | FROM  |     | REASON FOR LEAVING |
| ADDRESS        |  |  | MO.   | YR. |                    |
| CITY STATE ZIP |  |  | TO    |     |                    |
| PHONE NUMBER   |  |  | MO.   | YR. |                    |

|                |  |  |       |     |                    |
|----------------|--|--|-------|-----|--------------------|
| EMPLOYER       |  |  | DATES |     | POSITION HELD      |
| NAME           |  |  | FROM  |     | REASON FOR LEAVING |
| ADDRESS        |  |  | MO.   | YR. |                    |
| CITY STATE ZIP |  |  | TO    |     |                    |
| PHONE NUMBER   |  |  | MO.   | YR. |                    |

|                |  |  |       |     |                    |
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| PHONE NUMBER   |  |  | MO.   | YR. |                    |

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| CITY STATE ZIP |  |  | TO    |     |                    |
| PHONE NUMBER   |  |  | MO.   | YR. |                    |

### MILITARY STATUS

HAVE YOU SERVED IN THE U.S. ARMED FORCES? \_\_\_\_\_ BRANCH \_\_\_\_\_

### EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED \_\_\_\_\_ (NAME) \_\_\_\_\_ (CITY)

**EXPERIENCE AND QUALIFICATIONS – DRIVER**

| DRIVER<br>LICENSES | STATE | LICENSE NO. | TYPE | EXPIRATION DATE |
|--------------------|-------|-------------|------|-----------------|
|                    |       |             |      |                 |
|                    |       |             |      |                 |
|                    |       |             |      |                 |

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES \_\_\_\_\_ NO \_\_\_\_\_
- B. Has any license, permit or privilege ever been suspended or revoked? YES \_\_\_\_\_ NO \_\_\_\_\_
- IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

**DRIVING EXPERIENCE**

| CLASS OF EQUIPMENT             | TYPE OF EQUIPMENT<br>(VAN, TANK, FLAT, ETC.) | DATES |    | APPROX. NO. OF MILES<br>(TOTAL) |
|--------------------------------|--|-------|----|---------------------------------|
|                                |  | FROM  | TO |                                 |
| STRAIGHT TRUCK _____           |  |       |    |                                 |
| TRACTOR AND SEMI-TRAILER _____ |  |       |    |                                 |
| TRACTOR - TWO TRAILERS _____   |  |       |    |                                 |
| OTHER _____                    |  |       |    |                                 |

LIST STATES OPERATED IN FOR LAST FIVE YEARS \_\_\_\_\_

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: \_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? \_\_\_\_\_

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)**

| DATES               | NATURE OF ACCIDENT<br>(HEAD-ON, REAR-END, UPSET, ETC.) | FATALITIES | INJURIES |
|---------------------|--|------------|----------|
| LAST ACCIDENT _____ |  |            |          |
| NEXT PREVIOUS _____ |  |            |          |
| NEXT PREVIOUS _____ |  |            |          |

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)**

| LOCATION | DATE | CHARGE | PENALTY |
|----------|------|--------|---------|
|          |      |        |         |
|          |      |        |         |
|          |      |        |         |

(ATTACH SHEET IF MORE SPACE IS NEEDED)

**EXPERIENCE AND QUALIFICATIONS**

LIST TYPES OF PLATFORM EXPERIENCE AND YEARS OF EACH \_\_\_\_\_

LIST PLATFORM EQUIPMENT YOU CAN OPERATE (LIFT TRUCK, ETC) \_\_\_\_\_

SHOW COURSES OR TRAINING IN PLATFORM WORK \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS – OTHER**

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

\_\_\_\_\_

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

\_\_\_\_\_

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

\_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

This certifies 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.

As part of the application process, I am aware that certain prequalification procedures are involved. This may include a driving test, classroom attendance and other pre hiring examinations. I understand and agree that during this period I am not an employee of the company, and I am not entitled to receive any pay or compensation for my time spent in these procedures. No such testing by the Company shall be deemed to be a hiring until such time as I receive written notification from a Company official.

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.

\_\_\_\_\_ Date \_\_\_\_\_ Applicant's Signature

**PROCESS RECORD**

APPLICANT HIRED \_\_\_\_\_ REJECTED \_\_\_\_\_  
DATE EMPLOYED \_\_\_\_\_ POINT EMPLOYED \_\_\_\_\_  
DEPARTMENT \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

|                                     | SUPERIOR | GOOD | FAIR | BELOW AVERAGE | POOR | WRITTEN RECORD ON FILE |
|-------------------------------------|----------|------|------|---------------|------|------------------------|
| 1. APPLICATION                      |          |      |      |               |      |                        |
| 2. INTERVIEW                        |          |      |      |               |      |                        |
| 3. PAST EMPLOYMENT                  |          |      |      |               |      |                        |
| 4. WRITTEN EXAM                     |          |      |      |               |      |                        |
| 5. ROAD TEST                        |          |      |      |               |      |                        |
| 6. CRIMINAL AND TRAFFIC CONVICTIONS |          |      |      |               |      |                        |

SIGNATURE OF INTERVIEWING OFFICER \_\_\_\_\_

**TERMINATION OF EMPLOYMENT**

DATE TERMINATED \_\_\_\_\_ DEPARTMENT RELEASED FROM \_\_\_\_\_  
DISMISSED \_\_\_\_\_ VOLUNTARILY QUIT \_\_\_\_\_ OTHER \_\_\_\_\_  
TERMINATION REPORT PLACED IN FILE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_