



Driver Pre-Application

Mail to: Recruiting Department
423 Frankfort Road
or P.O. Box 188
Monaca, PA 15061
Fax to: 724-987-9010

Name _____ SS# _____ - _____ - _____

Phone _____ Date of Birth _____

Present Address _____
_____ How Long? _____

Previous Address _____

Referred by _____ Jobs in last 5 years _____

Present Employer _____

From _____ to _____ Address _____

Phone _____ Position Held _____

Reason for leaving _____

Second Last Employer _____

From _____ to _____ Address _____

Phone _____ Position Held _____

Reason for leaving _____

Third Last Employer _____

From _____ to _____ Address _____

Phone _____ Position Held _____

Can we contact your present employer? Yes No

Hazmat Endorsement License

Yes No If yes, expires _____

School Name _____

School Telephone _____ School Fax _____

Graduation Date _____

Current CDL# _____ State _____ Expire _____

Moving Violations Type _____ Date _____

Type _____ Date _____

Type _____ Date _____

Accidents (describe) _____ Date _____

(describe) _____ Date _____

Felony Convictions Yes No Date _____

DUI/DWI Yes No Date _____

I hereby certify that all information on this pre-application is correct and complete to the best of my knowledge. I hereby authorize the company to do a complete background investigation in accordance with State and Federal laws. I understand that the information on the pre-application will be used and that past or present employers will be contacted as required by the Federal Department of Transportation Regulations. I authorize release of any information as conducted under FHWA 49 CFR parts 391 or 382 by any past or current employers, which includes all standards set forth by the Fair Credit Reporting Act.

Signature Required _____ Date _____