

Dandy Service Corporation
916 Brush Creek Road
Warrendale, PA 15086

Application for Employment
*** Driver ***

Today's Date: _____

Name: _____
(Last) (First) (Middle)

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

Telephone Number: (_____) _____ Social Security Number: _____

Section 383.21 FMCSR states " No person who operates a commercial vehicle shall at any time have more than one drivers license" I certify that I do not have more than one motor vehicle license, the information for which is listed below

Driver's License Number: _____ State: _____ Expires: _____

Date of Birth: _____
(Month) (Day) (Year)

Address for the past three years:

_____ How Long? _____

_____ How Long? _____

Marital Status

Married? [] Yes [] No Children? [] Yes [] No

If yes complete the following:

Name of spouse: _____

Name & ages of children: _____

In case of Emergency Contact:

(Name) (Address) (Phone)

Accident Record
(List all Accidents for the last three- (3) years)

Date	Nature of Accident (Head-on, Rear-end, Upset, Etc.)	Deaths	Injuries

Traffic Convictions
(List ALL Convictions & Forfeitures for the past three- (3) years)
(Other than parking)

Location	Date	Charge	Penalty

HAVE YOU EVER:

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • been denied a license, permit or privilege to operate a motor vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/> • had your license, permit or privilege suspended or revoked? Yes <input type="checkbox"/> No <input type="checkbox"/> • been convicted of careless driving? Yes <input type="checkbox"/> No <input type="checkbox"/> • been convicted of a DWI or DUI? Yes <input type="checkbox"/> No <input type="checkbox"/> • been involved in a fatal motor vehicle accident? Yes <input type="checkbox"/> No <input type="checkbox"/> • been convicted of a crime? Yes <input type="checkbox"/> No <input type="checkbox"/> | <ul style="list-style-type: none"> • been convicted of the sale, possession, or use of any prohibited controlled substance? Yes <input type="checkbox"/> No <input type="checkbox"/> • been disqualified to drive per Federal regulations? Yes <input type="checkbox"/> No <input type="checkbox"/> • been denied liability insurance? Yes <input type="checkbox"/> No <input type="checkbox"/> • been discharged from a job? Yes <input type="checkbox"/> No <input type="checkbox"/> • been disqualified to drive because of a positive DOT drug/alcohol test? Yes <input type="checkbox"/> No <input type="checkbox"/> |
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If your answer to any is yes, provide details. _____

Education

School	Years Completed	Graduate
Elementary		[<input type="checkbox"/>] Yes [<input type="checkbox"/>] No
High		[<input type="checkbox"/>] Yes [<input type="checkbox"/>] No
College		[<input type="checkbox"/>] Yes [<input type="checkbox"/>] No
Other		[<input type="checkbox"/>] Yes [<input type="checkbox"/>] No

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc)	Dates		Approx. no. Total miles
		From	To	

Are you now employed? _____ If not, how long since leaving your last employment? _____

Please Print

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Employment History:

In accordance with 391.21 (b) (10) & (11) of the Federal Motor Carrier Safety Regulations driver applicants must provide information on **all** employers for the **past ten- (10) years** and provide dates of employment and reasons for leaving such employment. Leave '**NO GAPS**' in employment: list unemployment, Military Service, self-employment, etc.

Previous Employers:

Name:		Supervisors Name:	
Address:			
City:	State:	Zip	
Phone No:			
Dates Employed :	From:	To:	
Reason for Leaving:	Were you subject to the FMCSRs† while employed <input type="checkbox"/> Yes <input type="checkbox"/> No		
Duties Performed:			
Was your job designated as a Safety-Sensitive Function in any DOT-Regulated mode subject to Drug and Alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name:		Supervisors Name:	
Address:			
City:	State:	Zip	
Phone No:			
Dates Employed :	From:	To:	
Reason for Leaving:	Were you subject to the FMCSRs† while employed <input type="checkbox"/> Yes <input type="checkbox"/> No		
Duties Performed:			
Was your job designated as a Safety-Sensitive Function in any DOT-Regulated mode subject to Drug and Alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name:		Supervisors Name:	
Address:			
City:	State:	Zip	
Phone No:			
Dates Employed :	From:	To:	
Reason for Leaving:	Were you subject to the FMCSRs† while employed <input type="checkbox"/> Yes <input type="checkbox"/> No		
Duties Performed:			
Was your job designated as a Safety-Sensitive Function in any DOT-Regulated mode subject to Drug and Alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name:		Supervisors Name:	
Address:			
City:	State:	Zip	
Phone No:			
Dates Employed :	From:	To:	
Reason for Leaving:	Were you subject to the FMCSRs† while employed <input type="checkbox"/> Yes <input type="checkbox"/> No		
Duties Performed:			
Was your job designated as a Safety-Sensitive Function in any DOT-Regulated mode subject to Drug and Alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name:		Supervisors Name:	
Address:			
City:	State:	Zip	
Phone No:			
Dates Employed :	From:	To:	
Reason for Leaving:	Were you subject to the FMCSRs† while employed <input type="checkbox"/> Yes <input type="checkbox"/> No		
Duties Performed:			
Was your job designated as a Safety-Sensitive Function in any DOT-Regulated mode subject to Drug and Alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

† The Federal Motor Carrier Safety Regulations (FMCSR) 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.

Please Print

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Please list all states you have driven in the last five- (5) years. _____

During the past three years have you ever tested positive or refused to test for any pre-employment drug or alcohol test administered by an employer that you applied to but did not obtain safety-sensitive transportation work? _____

If yes please list all company names, addresses and telephone numbers: _____

Do you have a current CDL? Yes No

Do you have the Hazmat Endorsement? Yes No

List any criminal offense you have been convicted of or entered a plea of "no contest" to other than summary citations for (1) speeding (2) parking violations. If none, enter "NONE." _____

Answering this question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever used any other name than that shown on this application? Yes No

If so, list the other name(s), the time(s) it/they were used, and your residence at the appropriate times.

Are you restricted from operating a CMV in Canada? Yes No

How did you learn of our company? _____

Example: Newspaper, Present Employee, Other...

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.

TO BE READ AND SIGNED BY APPLICANT

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize Dandy Service Corporation to make such investigations and inquires 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 or persons from all liability in responding to inquiries in connection with my application.

In the event of employment, I understand that false or misleading information given in this application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of Dandy Service Corporation, as permitted by law.

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(d) and (e). I understand that I have the right to:

- Review information provided by 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.

(Print Name)

(Signature)

(Date)