

**HOFFMAN TRANSPORT, INC.**  
**485 MASON DIXON ROAD**  
**GREENCASTLE, PA 17225**  
**Ph : (717) 597-7117**  
**Fax : (717) 597-1759**

The Civil Rights Act of 1964 prohibits discrimination because of race, color, religion, sex or national origin. PL 90-202 prohibits discrimination because of age.

NOTE: Read and complete all portions of this proposal in your own handwriting (legible) in ink (Please print). Applications that are incomplete, inaccurate, false or filled out in pencil may be rejected.

Date \_\_\_\_\_ Social Security # \_\_\_\_\_

Name \_\_\_\_\_

(Last) (First) (Middle)  
Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Place of Birth \_\_\_\_\_

Have you ever been known by any name other than the one appearing on this application (including Maiden Name) \_\_\_\_\_

If yes, what name(s): \_\_\_\_\_ When: \_\_\_\_\_

Present Address \_\_\_\_\_

(#) (Street/Route) Phone \_\_\_\_\_  
(City/State) (Zip)

How long have you lived here? \_\_\_\_\_ Own Home? \_\_\_\_\_ Rent? \_\_\_\_\_

Previous Address \_\_\_\_\_ How Long \_\_\_\_\_

(Last 5 yrs.) (Street) (City) (State) (Attach sheet if more space needed.)

Check One: Single \_\_\_\_\_ Engaged \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

Is your spouse working? \_\_\_\_\_ Where? \_\_\_\_\_ Phone No. \_\_\_\_\_

Any relatives or friends in our employ? \_\_\_\_\_ Names \_\_\_\_\_

How were you referred here? \_\_\_\_\_ Newspaper Ad – Name of Paper \_\_\_\_\_

Personally Referred by \_\_\_\_\_ Other \_\_\_\_\_

Miles per week expected? \_\_\_\_\_ Rate of pay expected? \_\_\_\_\_

Have you ever worked here before? \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_ Position \_\_\_\_\_

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

Have you ever applied here before? \_\_\_\_\_ If so, when? \_\_\_\_\_

Corporate Office  
485 Mason Dixon Rd. Greencastle, PA. 17225 TEL 717-597-7117 FAX 717-597-1759

## HOFFMAN TRANSPORT

I understand and agree that:

1. Any material misrepresentation or deliberate omission of fact in my application may be justification for refusal of, or if employed termination from employment.
2. It is my understanding that Hoffman Transport will make a thorough investigation of my entire work history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by Hoffman Transport and I release from liability any person giving or receiving any such information. In connection with my application for employment (including contract for services) with you, I understand that a consumer report which may contain public record information is being requested from DAC Services, Tulsa, Oklahoma. I understand that falsification of data so given or, other derogatory information discovered as a result of this investigation, may prevent my being hired, or if hired, may subject me to immediate dismissal.
3. I agree that my employment may be terminated by this Company any time without liability for wages or salary except such as may have been earned at the date of such termination. If requested by their management at any time, I agree to submit to search of my person or of any lockers that may be assigned to me, and I hereby waive all claims for damages of account of each examination. I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of a job I am being considered for prior to employment or in the future during employment with Hoffman Transport.
4. Although management makes every effort to accommodate individual preference, business needs may at times make the following conditions mandatory: overtime, shift work, a rotation of work schedule, or a work schedule other than Monday through Friday. I understand and accept these conditions of continuing employment.
5. I understand that I am subject to pre-employment, random, reasonable suspicion, post-accident and return to duty Alcohol/Drug Testing. I understand that refusal to submit to testing or my failure of a test shall result in my termination.

I further understand that this is an application for employment and that no employment contract is being offered.

I understand that if I am employed, such employment is for no definite period of time and that Hoffman Transport can change wages, benefits, and conditions at any time.

I have read and understand the above.

\_\_\_\_\_  
APPLICANTS SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
S.S. #

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) (State)

Have you ever attended a truck driving school? \_\_\_\_\_ Date \_\_\_\_\_ What school? \_\_\_\_\_

List below current drivers licenses and any other license you had in past 10 years (even if expired):

	State	License Number	Type	Expiration Date
Operators Licenses				

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? \_\_\_\_\_
- B. Has any license, permit or privilege ever been suspended or revoked? \_\_\_\_\_
- C. Have you ever been charged with driving under the influence of alcohol, drugs, etc.? \_\_\_\_\_
- D. Have you ever been convicted for possession, sale or use of a narcotic drug, amphetamine, or derivative thereof? \_\_\_\_\_
- E. Have you ever been refused auto liability insurance? \_\_\_\_\_
- F. Have you ever been convicted of a crime or felony? \_\_\_\_\_
- G. Have you ever been ordered to prove that you had insurance in order to obtain a license? \_\_\_\_\_

If answer to either A, B, C, D, E, F, or G is yes, state circumstances and date \_\_\_\_\_

Do you possess a valid U.S. Dept. of Transportation examination certificate card? \_\_\_\_\_ Date Issued \_\_\_\_\_

Do you possess a valid U.S. Dept. of Transportation physical examination long form? \_\_\_\_\_ Date Issued \_\_\_\_\_

Show special courses or training that will help you as a driver: \_\_\_\_\_

Have you ever been trained in Hazardous Material Handling? \_\_\_\_\_ By Whom? \_\_\_\_\_

Have you ever been trained in reefer operation? \_\_\_\_\_ By Whom? \_\_\_\_\_

Which safe driving awards do you hold and from whom? \_\_\_\_\_

**This is a most IMPORTANT part of application. It must be answered ACCURATELY and IN DETAIL.** List any and all tickets or arrests for any Motor Vehicle Law violations with any type vehicle in past 5 years (other than parking tickets).

Violation	Date	Place	Fine or Bond	Type of Vehicle

(Attach Sheet If More Space Is Needed)



FAMILY INFORMATION

\_\_\_\_\_  
SPOUSE'S FULL NAME (OR FORMER SPOUSE)

\_\_\_\_\_  
MAIDEN NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
TELEPHONE NO.

CHILDREN \_\_\_\_\_  
(NAME) (AGE)

\_\_\_\_\_  
(NAME) (AGE)

\_\_\_\_\_  
(NAME) (AGE)

\_\_\_\_\_  
(NAME) (AGE)

IN THE EVENT OF AN ACCIDENT OR EMERGENCY, WHOM SHOULD WE NOTIFY?

RELATIVE (OTHER THAN SPOUSE): \_\_\_\_\_  
(NAME) (RELATIONSHIP) (ADDRESS)

\_\_\_\_\_  
(CITY) (STATE) (WK PHONE #) (HOME #)

MINISTER: \_\_\_\_\_  
(NAME) (ADDRESS) (WK #) (HOME #)

FRIEND: \_\_\_\_\_  
(NAME) (ADDRESS) (WK #) (HOME #)

PLEASE READ CAREFULLY

A. I, \_\_\_\_\_, the undersigned applicant/employee understand that I will be required as a condition of continuing employment to submit to any test for the presence of any controlled substance or alcohol. I also understand that refusal to submit to these tests will result in my immediate termination. I further understand that these tests will be required as part of our pre-employment screening as a part of my D. O. T. physical, and at any time during my employment at the company's discretion, as required in sections 391.93 through 391.113 of the Motor Carrier Safety Regulations.

B. I hereby authorize the company to remove and retain any property and/or anything it deems contraband, chemical substances, weapons, or any object that could in the company's judgement endanger the safety or health of its employees or customers.

C. I waive any claim against the company on account of any such tests.

D. I have read and understand the above statements and voluntarily give my consent to these conditions.

E. I give my consent to Hoffman Transport, Inc. to deduct from my final pay any expenses paid out by them for my Pre-employment physical, drug test, orientation, DAC report, background checks, administrative processing fees, and M.V.R.. If I should leave employment within 1 year of my hire date. (not to exceed \$250.00)

\_\_\_\_\_  
SIGNATURE OF APPLICANT/ EMPLOYEE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE

Have you ever been discharged or suspended from any job? \_\_\_\_\_ If yes, explain when and why: \_\_\_\_\_

**ACCIDENT RECORD** (If None, Write None)

List **all** accident involvements with **any** motor vehicle for past 5 years (even if not at fault):

	Date	Type of Vehicle	Nature of Accident (Head-on,Rear-end,Upset,Etc.)	Were You At Fault?	Were You Ticketed?	Number of Fatalities	Number of Injuries	Amount of Property Damage
LAST ACCIDENT								
NEXT PREVIOUS								
NEXT PREVIOUS								
NEXT PREVIOUS								
NEXT PREVIOUS								

(Attach Sheet if More Space is Needed)

Has your license ever been suspended because of an accident? \_\_\_\_\_ Please explain: \_\_\_\_\_

**DRIVING EXPERIENCE**

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

List States operated in for last 5 years \_\_\_\_\_

Length of time refrigerated experience \_\_\_\_\_  
Approximate miles \_\_\_\_\_

Length of time driving Tractor-Trailer from coast  
to coast \_\_\_\_\_  
Approximate miles \_\_\_\_\_

Length of time winter weather driving  
(Tractor-Trailer) \_\_\_\_\_  
Approximate miles \_\_\_\_\_

Length of time mountain driving  
(Tractor-Trailer) \_\_\_\_\_  
Approximate miles \_\_\_\_\_

Makes of Tractor driven: \_\_\_\_\_

Twin Screw: \_\_\_\_\_ Single Axle: \_\_\_\_\_ Conventional: \_\_\_\_\_ Sleeper: \_\_\_\_\_

Types of engines: Detroit \_\_\_\_\_ Cummins \_\_\_\_\_ Cat \_\_\_\_\_ Other (Specify) \_\_\_\_\_

Kinds of Transmission: \_\_\_\_\_

Kind of Freight Handled: Produce \_\_\_\_\_ Meat \_\_\_\_\_ Swinging Meat \_\_\_\_\_

Other: (Specify) \_\_\_\_\_

**MILITARY STATUS**

Have you served in the U.S. Armed Forces? \_\_\_\_\_ Branch \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

Rank at Discharge \_\_\_\_\_ Date of Discharge \_\_\_\_\_

Type of Discharge \_\_\_\_\_ If other than Honorable, please explain \_\_\_\_\_

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. I further acknowledge that I have been informed that the above may be used, and my prior employers may be contacted, by this company or its agent for the purpose of investigating my background, as required by 391.23 of the Federal Motor Carrier Regulations.

Date \_\_\_\_\_

Signature \_\_\_\_\_

**HOFFMAN TRANSPORT, INC.**

**INQUIRY TO PAST EMPLOYERS**

**Applicant's Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

PLEASE PRINT

You are hereby authorized to give to Hoffman Transport, Inc. all information regarding my services, character and conduct while in your employ, and you are released from any liability which may result from giving such information. In order to enable Hoffman Transport, Inc. to comply with the Federal requirements of 49.C.F.R. #382.413, I hereby consent to Hoffman Transport, Inc. obtaining from my prior employers, the information pertaining to me which they are required to maintain by 49 C.F.R. #382.401 (b) (1) (I) through (iii) regarding alcohol tests with a concentration result of 0.04 or greater, positive controlled substance test results, and refusals to be tested, within the two (2) years preceding the date of this application. I hereby authorize and direct my prior employers to release such information to Hoffman Transport, Inc. in personal interviews, telephone interviews, letters, or any other method that insures confidentiality. I hereby authorize Hoffman Transport, Inc. to release such information to any of its personnel whose duties require them to assess this application or to make any recommendations or decisions with respect to it.

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**APPLICANTS – DO NOT WRITE BELOW THIS LINE**

**To Former Employer: Please give the following information about this applicant. It will be held in confidence.**

**Company Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Address:** \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Period Of Employment: From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Driver:** Yes No Part Time Full Time Company Driver Owner Operator Driver For Owner Operator

**Equipment** Tractor Trailer Van Reefer Tank Flat Bed Other \_\_\_\_\_

**LOGS** Did Applicant Have Any Log or Expense Account Problem? No Yes please explain: \_\_\_\_\_

**ACCIDENTS:** Total Number: \_\_\_\_\_ Preventable: \_\_\_\_\_ Non-Preventable: \_\_\_\_\_ Please give brief description and dates: \_\_\_\_\_

**TICKETS:** No Yes please explain: \_\_\_\_\_

What license did applicant have? Class \_\_\_\_\_ State of Issue \_\_\_\_\_

Why did applicant leave your employ? \_\_\_\_\_

Is applicant eligible for rehire? Yes No If no, please explain why: \_\_\_\_\_

What companies did applicant show working for prior to your company? \_\_\_\_\_

**ALCOHOL & CONTROLLED SUBSTANCE TEST RESULTS:**

Has this person tested positive for a controlled substance in the previous 3 years ? Yes No  
Has this person had a breath alcohol concentration of 0.04 or greater in the previous 3 years ? Yes No  
Has this person ever refused a required test for drugs or alcohol in the previous 3 years ? Yes No  
If yes to any of these three questions, please provide the SAP's (Substance Abuse Professional) Name, Address, and phone Number for further reference.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**ADDITIONAL COMMENTS:** \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Person Supplying Information) (Title)

Person Requesting Information: \_\_\_\_\_ Date: \_\_\_\_\_  
Hoffman Transport, Inc. Representative