

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

Driver Application

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 _____

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)

Cell Phone: _____ Email Address _____

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 _____

Any relatives or friends in our employment ? _____ Names _____

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

Personally Referred by _____ Other _____

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

Reason for leaving _____

Have you ever applied here before? _____ If so, when? _____

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

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				

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 mile _____

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 _____

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? _____

ACCIDENT RECORD (If None, Write None)
 List **all** accident involvements with **any** motor vehicle for past 5 years (even if not at fault):
 (Attach Sheet if More Space is Needed)

	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								

- 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 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		_____ MAIDEN NAME	
_____ ADDRESS		() _____ HOME PHONE#	() _____ WORK PHONE#
_____ (CHILDS NAME)	_____ (AGE)	_____ (CHILDS NAME)	_____ (AGE)
_____ (CHILDS NAME) (AGE)	_____ (AGE)	_____ (CHILDS NAME)	_____

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

1. _____ NAME	_____ () _____ RELATIONSHIP	_____ () _____ HOME PHONE#	_____ () _____ WORK PHONE#
_____ ADDRESS		_____ CITY	_____ STATE

2. _____ NAME	_____ () _____ RELATIONSHIP	_____ () _____ HOME PHONE#	_____ () _____ WORK PHONE#
_____ ADDRESS		_____ CITY	_____ STATE

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 it's 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: _____

Please Give Complete Address **PERSONAL HISTORY FOR PAST 10 YEARS** Please Give Complete Addresses
 Begin with your present experience and work backward in order, listing all of your employers, driving school and other training programs, periods of military service, self-employment, and periods of unemployment for at least 10 years. All time must be accounted for. Use supplementary sheet if necessary. Fill in all blanks. If discharged from any job, please explain.

Leave NO blanks or gaps in time for past 10 years.

DATES: From Month / Year _____ to _____

Company	Type of Trailer Pulled	
Address	Type of Equip. Driven	
City State Zip	Number of Accidents	
Telephone ()	States You Drove in	
Supervisor	Position Held	Compensation/ Pay
Full or Part-Time Hours or Miles / Week	Reason For Leaving	

DATES: From Month / Year _____ to _____

Company	Type of Trailer Pulled	
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(Attach Sheet If More Space Is Needed)

MAY WE CONTACT YOUR PRESENT EMPLOYER (if any) TO VERIFY YOUR WORK RECORD? Y / N

DATES: From Month / Year _____ to _____

Company	Type of Trailer Pulled	
Address	Type of Equip. Driven	
City State Zip	Number of Accidents	
Telephone ()	States You Drove in	
Supervisor	Position Held	Compensation/ Pay
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Full or Part-Time	Hours or Miles / Week	Reason For Leaving

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

SOCIAL SECURITY NUMBER

HOFFMAN TRANSPORT, INC.
Please fax back to 717-597-1759 Att: Safety Department

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:** ____/____/____ **Fax:** ____/____/____

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 If yes please explain: _____

ACCIDENTS:

Date	Preventable		Description
	Yes	No	

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 p hone Number for further reference.

Name: _____ Phone: _____ Address: _____

ADDITIONAL COMMENTS: _____

By: _____ Date: _____
 (Person Supplying Information) Title

Person Requesting Information: _____ Date: _____
 Hoffman Transport, Inc. Representative