



P.O. BOX 184 \* EAU CLAIRE PA 16030 \* PHONE (724) 867-1711 \* FAX (724) 867-1694

## APPLICATION FOR EMPLOYMENT (CDL Drivers)

**INSTRUCTIONS:** Thank you for your interest in employment with Gardenscape Transport Inc. Please complete all portions of this employment application to be considered for employment at Gardenscape Transport Inc. If you require accommodation during the employment application process, including assistance in the completion of this employment application, please let us know. We are an equal opportunity employer. We do not discriminate on the basis of age, race, sex, religion, color, national origin, ancestry, marital status, disability, sexual orientation, arrest and court record or any other protected category recognized by PA and federal laws. This employment application is valid for a three-month period after submission to Gardenscape Transport Inc. and only for the desired position. Consideration for employment after the three-month period requires completion and submission of a new application. Use additional paper if necessary to fully answer any question.

### PERSONAL INFORMATION

NAME (LAST NAME FIRST)				
HAVE YOU EVER USED ANY OTHER NAMES? IF SO, PLEASE PRINT. (For background and criminal conviction check)				
PRESENT ADDRESS		APT. NO.	CITY	STATE
PHONE		DATE OF BIRTH:	CAN YOU, UPON EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES?	
CELL:		SOCIAL SECURITY NUMBER:	D YES [NOTE: If offered employment you will be required to submit documentation required by IRCA.]	
E-MAIL:			D NO	

### DESIRED EMPLOYMENT

DESIRED POSITION*		DATE YOU CAN START	COMPENSATION DESIRED
HAVE YOU EVER APPLIED FOR EMPLOYMENT AT COMPANY BEFORE? D YES D NO	WHERE?	WHEN?	
HAVE YOU EVER WORKED FOR COMPANY BEFORE? D YES D NO	WHERE?	WHEN?	
WHO REFERRED YOU TO COMPANY? D RELATIVE _____ D EMPLOYMENT AGENCY D NEWSPAPER ADVERTISEMENT D FRIEND D STATE EMPLOYMENT OFFICE D COLLEGE PLACEMENT SERVICE D WALK IN D OTHER			
APART FROM RELIGIOUS OBSERVANCES, WILL YOU BE ABLE TO WORK ALL OTHER TIMES? D YES D NO			

\* If hired, you will be required to perform work as required by COMPANY.

### EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	DID YOU GRADUATE?	DEGREE/CERTIFICATION RECEIVED, SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
OTHER			

## FORMER EMPLOYERS

*Please account for last ten years of employment by answering all questions for each employer.*

<b>NAME OF PRESENT OR LAST EMPLOYER</b>			
<b>ADDRESS</b>		<b>CITY</b>	<b>STATE</b>
<b>STARTING DATE</b>		<b>DATE LAST WORKED</b>	<b>JOB TITLES</b>
<b>STARTING SALARY/HOURLY RATE</b>	<b>FINAL SALARY/HOURLY RATE</b>	<b>MAY WE CONTACT YOUR SUPERVISOR?</b>	
<b>STARTING COMMISSION/BONUS</b>	<b>FINAL COMMISSION/BONUS</b>	D YES      D NO	
<b>NAME OF SUPERVISOR</b>		<b>TITLE</b>	<b>EMPLOYER'S PHONE NUMBER</b>
<b>SUMMARIZE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES</b>			
<b>REASON(S) FOR LEAVING</b>		<b>IF YOU WERE TERMINATED OR ASKED TO RESIGN, PLEASE EXPLAIN:</b>	
<b>WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS (DOT REGULATIONS) WHILE EMPLOYED?</b>		<b>WAS YOUR JOB DESIGNATED AS SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? WERE YOU SUBJECT TO DOT-REQUIRED DRUG AND ALCOHOL TESTING?</b>	
D YES      D NO		D YES      D NO	

<b>NAME OF NEXT PREVIOUS EMPLOYER</b>			
<b>ADDRESS</b>		<b>CITY</b>	<b>STATE</b>
<b>STARTING DATE</b>		<b>DATE LAST WORKED</b>	<b>JOB TITLES</b>
<b>STARTING SALARY/HOURLY RATE</b>	<b>FINAL SALARY/HOURLY RATE</b>	<b>MAY WE CONTACT YOUR SUPERVISOR?</b>	
<b>STARTING COMMISSION/BONUS</b>	<b>FINAL COMMISSION/BONUS</b>	D YES      D NO	
<b>NAME OF SUPERVISOR</b>		<b>TITLE</b>	<b>EMPLOYER'S PHONE NUMBER</b>
<b>SUMMARIZE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES</b>			
<b>WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS (DOT REGULATIONS) WHILE EMPLOYED?</b>		<b>WAS YOUR JOB DESIGNATED AS SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? WERE YOU SUBJECT TO DOT-REQUIRED DRUG AND ALCOHOL TESTING?</b>	
D YES      D NO		D YES      D NO	

NAME OF NEXT PREVIOUS EMPLOYER				
ADDRESS		CITY	STATE	ZIP CODE
STARTING DATE	DATE LAST WORKED		JOB TITLES	
STARTING SALARY/HOURLY RATE	FINAL SALARY/HOURLY RATE	MAY WE CONTACT YOUR SUPERVISOR? D YES D NO IF NO, WHY?		
STARTING COMMISSION/BONUS	FINAL COMMISSION/BONUS			
NAME OF SUPERVISOR		TITLE	EMPLOYER'S PHONE NUMBER	
SUMMARIZE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES				
WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS (DOT REGULATIONS) WHILE EMPLOYED? D YES D NO			WAS YOUR JOB DESIGNATED AS SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? WERE YOU SUBJECT TO DOT-REQUIRED DRUG AND ALCOHOL TESTING? D YES D NO	

### EMPLOYMENT GAPS

*Explain any periods that you were not working during the past 10 years, other than due to personal illness, injury or disability.*

### REFERENCES

*List name and telephone number of three business/work references who are NOT related to you and are NOT previous supervisors. If not applicable, list three personal references who are NOT related to you.*

	NAME	TITLE	RELATIONSHIP TO YOU	PHONE NUMBER	NUMBER OF YEARS KNOWN
1					
2					
3					

### JOB SKILLS AND QUALIFICATIONS

*Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying. Driving is required in the job for which you are applying, please provide your valid driver's license number, expiration date, and state of issuance.*

### RELATED INFORMATION

*If you are a member of any job-related organizations (professional, trade, etc.) or have received any job-related awards or accomplishments, list and describe them. Exclude any information that would reveal your age, race, sex, religion, color, national origin, ancestry, marital status, disability, sexual orientation, arrest and court record or any other protected category recognized by Hawaii and federal laws.*

## CDL INFORMATION

### DRIVERS LICENSE(S) FOR PAST 3 YEARS

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

### DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT)	DATES OF EXPERIENCE FROM		APPROX. NO. OF MILES (TOTAL)

### ACCIDENT RECORD FOR PAST 3 YEARS

DATES (If none, so state)	NATURE OF ACCIDENT (Head on, rear end, up set, etc.)	FATALITIES OR INJURIES (Number)
LAST ACCIDENT		
NEXT PREVIOUS		
NEXT PREVIOUS		

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

LOCATION	DATE	CHARGE	PENALTY

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle?

**YES**

**NO**

**If you answered "YES", you must attach statement giving details.**

2. Has any license, permit or privilege ever been suspended or revoked?

**YES**

**NO**

**If you answered "YES", you must attach statement giving details.**

3. For the past two years, have you tested positive or refused to test on any pre-employment drug or alcohol test required by a DOT-regulated employer because you would perform safety-sensitive transportation work?

**YES**

**NO**

**If you answered "YES", you must identify the DOT-regulated employer and when the testing took place on the reverse side of this form. You must provide the Company with documentation that you successfully completed the return-to-duty process required by the DOT rules. Failure to provide this documentation to Company within two (2) weeks or other time period determined by the Company will result in the withdrawal of any job offer/transfer.**

## CERTIFICATION

### PLEASE READ CAREFULLY BEFORE SIGNING

- A. I certify that the information contained in this application for employment at Gardenscape Transport Inc. is correct and complete. I understand that any false or misleading statements or omissions made in this application or interview(s), whenever discovered, are grounds for disqualification from further consideration or for dismissal from employment, regardless of how discovered.
- B. I understand that if I am offered employment at Gardenscape Transport Inc., **MY EMPLOYMENT WITH GARDENSCAPE TRANSPORT IS AT-WILL AND CAN BE TERMINATED AT ANY TIME AND FOR ANY REASON WITH OR WITHOUT ADVANCE NOTICE BY MYSELF OR THE COMPANY.**
- C. I understand and agree that only the President of Gardenscape Transport Inc. has any authority to enter into any agreement to employ me for any specified period of time or to modify terms and conditions of my employment. I agree that such an agreement must be in writing and signed by the President, and I will not rely upon any other representations regardless of the source.
- D. I understand and agree that Gardenscape Transport Inc. may make a full and complete investigation of my personal or employment history, and authorize any former employer, person, firm, corporation, school, government agency, or other entity to provide the Company with any information (including fact or opinion) they may have regarding me. In consideration of the Company's review of this application, I release the Company and all providers of any information from any liability which may arise as a result of furnishing and receiving this information. I understand and agree any employment offer or continued employment shall be conditional on the receipt of satisfactory references as determined by the Company. If employed by the Company, I further authorize the Company to provide truthful information (including fact or opinion) regarding my employment to any potential or future employer and release and waive any claims against the Company for truthfully communicating any such information to a potential or future employer.
- E. I understand and agree that I may be required to submit to drug testing and a complete post-offer medical examination as part of my application for employment. I also understand and agree that I may be required to submit to a complete medical examination during my employment with the Company, provided that such examination is job-related and consistent with business necessity. I authorize the physician conducting the examination and any laboratory testing any specimen obtained by the physician or collection site to disclose the results of the examination and the laboratory test to the Company in accordance with state and/or federal laws. The Company will keep such results confidential and disclose the results only to persons who need to know or where required by law. Also, I agree to fully cooperate and provide the Company with any additional consent(s) and/or release(s) as required by the Company to investigate my employment application.
- F. I agree that Gardenscape Transport Inc. may inquire into and consider any criminal conviction record that I may have after it makes a conditional offer of employment. The Company may withdraw a conditional employment offer if I have a criminal conviction record which bears a rational relationship to the duties and responsibilities of the position for which I am applying. Any criminal conviction record that is more than 10 years old (excluding periods of incarceration) or that involves certain Family Court matters will not be considered.
- G. I understand and agree that if offered employment by Gardenscape Transport Inc., I may be required to disclose military service information in accordance with law, and that any such employment offer shall be dependant upon the receipt of a satisfactory military record as determined by the Company.
- H. If hired, I agree not to disclose or use confidential information belonging to prior employers and will inform Gardenscape Transport Inc. of any agreements that would limit my ability to work for the Company.
- I. I understand and agree that all of the foregoing terms and conditions will become part of my employment relationship with Gardenscape Transport Inc. if I am employed by the Company.

Authorization/Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_



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## **DISCLOSURE AND AUTHORIZATION TO OBTAIN CONSUMER REPORT**

In order to evaluate you for hiring, promotion, reassignment, transfer, retention in employment, or other employment-related purposes, Gardenscape Transport Inc. may decide to obtain a consumer report bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. However, no consumer report will be obtained by the Company for employment purposes without your prior written authorization.

### **Authorization**

I hereby acknowledge that Gardenscape Transport Inc. has disclosed in writing that it may obtain a consumer report bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living for employment purposes. I hereby authorize the Company and its representatives and agents to obtain a consumer report bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

# Gardenscape Transport, Inc.

P.O.Box 184 Eau Claire, PA 16030

Phone: 724-867-1711 Fax: 724-867-1694

## Applicant Release

I hereby authorize the company/ employer named below to release to Gardenscape Transport, Inc. by mail, fax, telephone or email the information below. I further agree to release and hold harmless the company/ employer named below and it's directors, officers, employees, and agents, for any information provided.

**Applicant Signature:** \_\_\_\_\_ **S.S. #:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

**X:** \_\_\_\_\_, has applied for employment with Gardenscape Transport, Inc. Gardenscape Transport, Inc. is required by law to make appropriate inquiries about the applicant's work history. Gardenscape Transport, Inc. is also required to obtain information concerning the applicant's previous drug and alcohol testing and test results. The applicant's release (above) authorizes your company to provide us with the following:

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  Full Time  Part Time

Position(s) held: \_\_\_\_\_

Reason for Leaving:  Voluntary  Lay-off  Terminated

If terminated, why? \_\_\_\_\_

Eligible for rehire?  Yes  No  Upon Review

If No, why? \_\_\_\_\_

### MOTOR VEHICLE ACCIDENTS

Date of Accident: \_\_\_\_\_ Chargeable:  Yes  No Brief

Description of Accident: \_\_\_\_\_

Type of Equipment Operated:  Van  Flatbed  Tank  Tractor/Trailer  
 Straight Truck  Other  Dump Trailer Length : \_\_\_\_\_

Was the applicant a safe and efficient driver? \_\_\_\_\_

### DRUG AND ALCOHOL TESTING RESULTS

Did the Applicant test positive for any controlled substance?  Yes  No

Did the Applicant test positive for alcohol (.04 or higher) ?  Yes  No

Did the Applicant refuse to take any alcohol of controlled substance test required?  Yes  No

Did the Applicant violate any other DOT drug & alcohol testing regulations?  Yes  No

If the answer to any of the above questions is Yes, please fill in the following information.

(a) Reason for Test \_\_\_\_\_ (b) Results of Test \_\_\_\_\_ Date of Test \_\_\_\_\_

(c) If Applicant tested positive, have they satisfactorily completed all return to duty and follow up testing required?

Yes  No Other Information: \_\_\_\_\_

**Verification Completed By** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_