

PIEDMONT FLEET SERVICES, INC.



FULL SERVICE TRUCK, TRAILER AND EMERGENCY VEHICLE REPAIR FACILITY
ASE CERTIFIED ♦ EVT CERTIFIED ♦ DOT CERTIFIED ♦ VIRGINIA INSPECTION STATION
OFFICE (434) 239-1748 FAX (434) 239-4547

APPLICATION FOR EMPLOYMENT

(answer all questions-please print)

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, or disability.

Date of application _____

Positions(s) Applied for _____

Are you available to work: (Please check all the apply)

Full Time Part Time Shift Work Temporary Work

Name _____ SS# _____
Last First MI

Current Address _____
Street

_____ How Long _____
City State Zip

Previous Address _____
Street

_____ How Long _____
City State Zip

Previous Address _____
Street

_____ How Long _____
City State Zip

Date of Birth ____/____/____ Can you provide proof of age? Yes No
(Required for Commercial Drivers)

Do you have the legal right to work in the United States? Yes No

Have you ever filed an application with us before? Yes No

If yes, give date: ____/____/____

Have you ever been employed with us before? Yes No

If yes, give dates: From ____/____/____ To ____/____/____ Position _____

Reason for leaving _____

Are you now employed? Yes No

If yes, may we contact your present employer? Yes No

Who referred you? _____ Rate of Pay Expected _____

Have you been convicted of a felony within the last 7 years? Yes No

If yes, please explain: _____

Employment History

All applicants with a commercial drivers license must provide 10 years of employment information. If employed for less than 10 years all employment history must be listed.

EMPLOYER #1

Name _____ From ____/____/____

Addresses _____ To ____/____/____

Street

_____ Position _____

City State Zip

Wage/Salary _____

Contact Person _____ Phone _____

Reason for leaving _____

EMPLOYER #2

Name _____ From ____/____/____

Addresses _____ To ____/____/____

Street

_____ Position _____

City State Zip

Wage/Salary _____

Contact Person _____ Phone _____

Reason for leaving _____

EMPLOYER #3

Name _____ From ____/____/____

Addresses _____ To ____/____/____

Street

_____ Position _____

City

State

Zip

Wage/Salary _____

Contact Person _____ Phone _____

Reason for leaving _____

EMPLOYER #4

Name _____ From ____/____/____

Addresses _____ To ____/____/____

Street

_____ Position _____

City

State

Zip

Wage/Salary _____

Contact Person _____ Phone _____

Reason for leaving _____

EMPLOYER #5

Name _____ From ____/____/____

Addresses _____ To ____/____/____

Street

_____ Position _____

City

State

Zip

Wage/Salary _____

Contact Person _____ Phone _____

Reason for leaving _____

EMPLOYER #6

Name _____ From ____/____/____

Addresses _____ To ____/____/____

Street

_____ Position _____

City

State

Zip

Wage/Salary _____

Contact Person _____ Phone _____

Reason for leaving _____

Certifications

List any certifications below

ASE

_____	Expiration	___/___/___
_____	Expiration	___/___/___
_____	Expiration	___/___/___
_____	Expiration	___/___/___
_____	Expiration	___/___/___
_____	Expiration	___/___/___
_____	Expiration	___/___/___
_____	Expiration	___/___/___

EVT

_____	Expiration	___/___/___
_____	Expiration	___/___/___
_____	Expiration	___/___/___
_____	Expiration	___/___/___
_____	Expiration	___/___/___
_____	Expiration	___/___/___
_____	Expiration	___/___/___
_____	Expiration	___/___/___

MANUFACTURER

Engine, transmission, series, etc.

<input type="checkbox"/> Allison Transmissions	Expiration	___/___/___	_____
<input type="checkbox"/> CAT	Expiration	___/___/___	_____
<input type="checkbox"/> Cummins	Expiration	___/___/___	_____
<input type="checkbox"/> Detroit Diesel	Expiration	___/___/___	_____
<input type="checkbox"/> Mercedes Engines	Expiration	___/___/___	_____
<input type="checkbox"/> Hale Pumps	Expiration	___/___/___	_____
<input type="checkbox"/> Waterous Pumps	Expiration	___/___/___	_____
<input type="checkbox"/> Spartan Chassis	Expiration	___/___/___	_____
<input type="checkbox"/> Meritor	Expiration	___/___/___	_____
<input type="checkbox"/> Heavy Truck Alignment	Expiration	___/___/___	_____
<input type="checkbox"/> _____	Expiration	___/___/___	_____
<input type="checkbox"/> _____	Expiration	___/___/___	_____

EXPERIENCE

Engine, transmission,
series, etc.

Engine, transmission,
series, etc.

<input type="checkbox"/> Allison Transmissions	_____	<input type="checkbox"/> Hale Pumps	_____
<input type="checkbox"/> CAT	_____	<input type="checkbox"/> Waterous Pumps	_____
<input type="checkbox"/> Cummins	_____	<input type="checkbox"/> Spartan Chassis	_____
<input type="checkbox"/> Detroit Diesel	_____	<input type="checkbox"/> Meritor	_____
<input type="checkbox"/> Mercedes Engines	_____	<input type="checkbox"/> Heavy Truck Align	_____

Accident Record & Driving Record

Accident Record for Past 3 Years or More (Attach Sheet if More Space is Needed) if None, Write None

	Date	Nature of Accident (Head-On, Rear-End, Upset, Etc.)	Fatalities	Injuries
Last Accident	___/___/___			
Next Previous	___/___/___			
Next Previous	___/___/___			
Next Previous	___/___/___			
Next Previous	___/___/___			

Traffic convictions and forfeitures for the past 3 years (other than parking violations) if none, write none

Location	Date	Charge	Penalty
	___/___/___		
	___/___/___		
	___/___/___		

(Attach sheet if more space is needed)

Education

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

Driver Qualifications

	State	License #	Type	Expiration Date
Driver				___/___/___
				___/___/___
				___/___/___

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

Has any license, permit or privilege ever been suspended or revoked? Yes No

IF THE ANSWER TO ABOVE IS YES, ATTACH STATEMENT GIVING DETAILS

Driving Experience, If None, Write None

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates	Approximate # of Miles
Straight Truck		From ___/___/___ To ___/___/___	
Tractor & Semi-Trailer		From ___/___/___ To ___/___/___	
Tractor-Two Trailers		From ___/___/___ To ___/___/___	
Motor Coach		From ___/___/___ To ___/___/___	
School Bus		From ___/___/___ To ___/___/___	
Other		From ___/___/___ To ___/___/___	

List States Operated In For Last Five Years _____

Show Special Courses or Training That Will Help You As A Driver _____

Which Safe Driving Awards Do You Hold and From Whom? _____

Experience & Qualifications – Other

Show any trucking, transportation or other experience (not listed elsewhere on the application) that may help in you work for this company _____

List courses and training (other than those shown elsewhere in this application) _____

List special equipment or technical materials you can work with (other than those already shown) _____

Note to Applicants: Do not answer this question unless you have been informed about the requirements of the job for which you are applying.

Are you capable of performing in a reasonable manner, with or without reasonable accommodation, the activities involved in the job or occupation for which you have applied? Yes No

TO BE READ AND SIGNED BY APPLICANT

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 authorize you to make such investigations and inquiries of my personal, employment, financial or medical history, criminal record, 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, health care providers and other persons from all liability in responding to inquiries and leasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

Date _____ Signature _____