

Liberty Transportation, Inc.
PO Box 377
New Alexandria, PA 15670
(724) 668-2772

Driver Qualification

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 non-job related disability.

Please answer all sections below-please print

Date of application (This date must be within 30 days of hire date) _____

Position(s) Applied for _____

Name _____ Social Security Number _____
Last First Middle

Current Address _____
Street City State

Phone number _____ How long have you lived here? _____

Previous Addresses

_____ How long? _____
Street City State

_____ How long? _____
Street City State

_____ How long? _____
Street City State

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

Date of Birth _____ Can you provide proof of age? _____

Have you worked for Liberty Transportation before? _____ Where? _____

Dates: From _____ to _____ Rate of Pay _____ Position _____

Reason for Leaving _____

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

Who referred you? _____ Rate of pay expected _____

Is there any reason you might be unable to perform the functions of the job for which you have applied?

If yes, explain

TEN-YEAR EMPLOYMENT HISTORY

(There must be no gaps in employment history more than 30-days)

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding three years. List complete mailing address, street number, city, state, and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an addition seven years information on those employers for whom the applicant operated such vehicle.

List in reverse order starting with most recent. Include all gaps in dates by indicating if you were unemployed, etc. in the lines between employers. Add another sheet if necessary

Employer			Date	
Name			From Mo. Yr.	To Mo. Yr.
Address			Position Held	
City Phone#	State	Zip	Salary/wage	
Contact Person			Reason for Leaving	

Was this company a federal motor carrier? Yes or No

Was the applicant drug tested? Yes or No

Employer			Date	
Name			From Mo. Yr.	To Mo. Yr.
Address			Position Held	
City Phone #	State	Zip	Salary/wage	
Contact Person			Reason for Leaving	

Was this company a federal motor carrier? Yes or No

Was the applicant drug tested? Yes or No

Employer			Date	
Name			From Mo. Yr.	To Mo. Yr.
Address			Position Held	
City Phone #	State	Zip	Salary/wage	
Contact Person			Reason for Leaving	

Was this company a federal motor carrier? Yes or No

Was the applicant drug tested? Yes or No

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

Employer		Date	
Name		From Mo. Yr.	To Mo. Yr.
Address		Position Held	
City	State	Zip	
Phone #	Salary/wage		
Contact Person	Reason for Leaving		

Was this company a federal motor carrier? Yes or No

Was the applicant drug tested? Yes or No

Employer		Date	
Name		From Mo. Yr.	To Mo. Yr.
Address		Position Held	
City	State	Zip	
Phone #	Salary/wage		
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ACCIDENT RECORD

Accident Record for past 3 years or more (attach sheet if more space is needed)

If there is none, simply write "none" in the spaces provided.

This information should match what is on your most current MVR.

Dates	Nature of Accident	Fatalities	Injuries

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

Location	Date	Charge	Penalty

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

EXPERIENCE AND QUALIFICATIONS-DRIVER

Driver Licenses

(List the last three years of driver license information)

State	License No.	Type	Expiration Date

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

Yes _____

No _____

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

Yes _____

No _____

If the answer to either A or B is yes, attach a statement giving details.

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (van, truck, flat, etc.)	Dates		Approx. Total number of miles
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Tractor-Two Trailers				
Motorcoach-School Bus				
Other				

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 AND QUALIFICATIONS (OTHER)

Show any trucking, transportation, or other experiences that may help in your work for this company

List courses and training other than shown elsewhere in this application

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

List any alcohol or drug history that you are aware of in your past

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.

(Date)

(Applicant's signature)

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 and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers, and other persons from all liability in responding to inquiries and releasing 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 Liberty Transportation, Inc.

_____ Date _____ Applicant's signature

PROCESS RECORD

Applicant Hired _____ Rejected _____
 Date Employed _____ Point Employed _____
 Department _____ Classification _____

This section to be filled in by responsible officer or company representative

	Superior	Good	Fair	Below Average	Poor	Written Record on File
1. Application						
2. Interview						
3. Past employment						
4. Written exam						
5. Road Test						
6. Criminal and Traffic Convictions						

Signature of Interviewing officer _____

Transfers

From: _____ To: _____
 Date: _____
 Reason for Transfer: _____

From: _____ To: _____
 Date: _____
 Reason for Transfer: _____

Termination of Employment

Date Terminated : _____
 Dismissed: _____ Voluntarily quit: _____ Other: _____
 Termination report placed in file: _____ Supervisor: _____