

APPLICATION FOR EMPLOYMENT

Please print and fill out the pages below

Completed applications may be returned:

By Fax: 802-862-5802

By Mail: Carpenters Motor Transport, PO Box 754, Williston, Vermont 05495

In Person: Carpenters Motor Transport, 413 Commerce Street, Williston, Vermont 05495 M-F 8am – 5pm

Questions: Call 802-862-9669

DRIVER'S APPLICATION FOR EMPLOYMENT

Carpenters Motor Transport PO Box 754 Williston, VT 05495

(answer all questions - please print)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all position without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Date of applica	ation				
Position(s) Ap	plied for		-5T	if	
Name				Social Security	, No
*Last		First	Middle	e Social Security	110.
List your addre	esses of residency fo	or the past 3 years.			22
Current Addre	\$\$				AT
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	745			-	
	State		Zip Code	_ Phone	How long?
	Suito		Zip Code		
Previous					How long?
Addresses	Street	(City	State & Zip Code	
	4				**
	Street	(City	State & Zip Code	How long?
	ſa	h ;	<u>.</u>		
	Street		711		How long?
	Succi	(City	State & Zip Code	
Do you have th	ne legal right to work	in the United State	es	*	
					3 300
Date of Birth (Required for C	Commercial Drivers		G.	Can you provide proof	of age?
	- Ja	11			
Have you work	ced for this company	before?	Where?_	55	
Dates: From_	To	Rate of Pay	P	osition	
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				ast employment?	;=
		.5			77
Who referred y				Rate of pay expecte	ed
in the attached	uson you might be un job description)?	nable to perform the	e functions of t	he job for which you hav	e applied (as described
If yes, explain i	if you wish				
	s a		N-3-10-10-10-10-10-10-10-10-10-10-10-10-10-		

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commercial shall also provide and additional 7 years' information on those employers for whom the applicant operated such vehicle. (NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

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^{*}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.

	1.	NATURE OF ACCI	DENT	FATALITES	INJURIE
LAST ACCIDENT	1	(HEAD-ON, REAR-END, UPSET,	ETC.)		
NEXT PREVIOUS				*	- /-
NEXT PREVIOUS	120			-	-
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LOCATION	ON	DATE		CHARGE	PENALT
59					
	(ATAC)	H SHEET IF MORE S	PACE I	S NEEDED)	
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DRIVER LICENSES	STATE	LICENSE N	IO.	TYPE	EXPIRATION
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LICENSES	lenied a license,	permit or privilege to	operate a	a motor vehicle?	YESNO_
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distribution in the second	Care Control					
This certifies that this application of knowledge. I authorize you to make such investing the necessary in arriving at an conditional offer of employment he liability in responding to inquiries. In the event of employment, I understand, also, that I am required.	was completed by r stigations and inqui employment decisi as been extended.) and releasing infor- cestand that false or	res of my pe ion. (General I hereby re mation in co	all entries of ersonal, emp lly, inquires lease emplo nnection w	oloyment, financial or regarding medical hi yers, schools, health ith my application.	medical history istory will be ma care providers as	and other related matters as de only if and after a nd other persons from all
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