

D.H. GRIFFIN COMPANIES

APPLICATION FOR EMPLOYMENT

Company _____

Address _____

City _____ State _____ Zip _____

(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 non-job related disability.

Date of application _____

Position(s) applied for _____

Name _____

Last First Middle

List your addresses of residency for the past 3 years.

Current Address _____

Street City

State Zip Code Phone How Long?

Previous Addresses _____ How Long? _____

Street City State & Zip Code

Street City State & Zip Code How Long? _____

Street City State & Zip Code How Long? _____

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

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

(Required for Commercial Drivers)

Have you worked for this company before? _____ Where? _____

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

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last 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 (as described in the attached job description?)

If yes, explain if you wish _____

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	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

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12

COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED _____

(NAME)

EXPERIENCE AND QUALIFICATIONS

STATE	LICENSE NO	TYPE	EXPIRATION DATE
DRIVERS LICENSES			

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

Yes _____ No _____

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

Yes _____ No _____

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

DRIVING EXPERIENCE (IF NONE, WRITE NONE)

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	FROM	DATES	TO	APPX NO OF MILES (TOTAL)
STRAIGHT TRUCK					
TRACTOR & SEMI TRL					
TRACTOR - TWO TRLS					
OTHER					

LIST STATES OPERATED IN FOR LAST 6 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 EXPERIENCE THAT WILL HELP IN YOUR WORK FOR THIS COMPANY

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. (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 releasing information in connection with my application. Drug test language/waiver. 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 _____ Applicant's Signature _____

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____
 (IF REJECTED SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
1 APPLICANT	_____	_____	_____	_____	_____	_____
2 INTERVIEW	_____	_____	_____	_____	_____	_____
3 PAST EMPLOY	_____	_____	_____	_____	_____	_____
4 WRITTEN EXAM	_____	_____	_____	_____	_____	_____
5 ROAD TEST	_____	_____	_____	_____	_____	_____
6 CRIMINAL AND TRAFFIC CONVICTIONS	_____	_____	_____	_____	_____	_____

SIGNATURE OF INTERVIEWING OFFICER _____

TRANSFERS

FROM _____ TO _____	FROM _____ TO _____
DATE _____	DATE _____
REASON FOR TRANSFER _____	REASON FOR TRANSFER _____
FROM _____ TO _____	FROM _____ TO _____
DATE _____	DATE _____
REASON FOR TRANSFER _____	REASON FOR TRANSFER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACE IN FILE _____ SUPERVISOR _____

EMPLOYMENT HISTORY

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

EMPLOYER		DATE	
Name		From Mo	To Mo
Position Held			
Address			
Salary/ Wage			
City	State	Zip	
Phone Number			
Contact Person			

EMPLOYER		DATE	
Name		From Mo	To Mo
Position Held			
Address			
Salary/ Wage			
City	State	Zip	
Phone Number			
Contact Person			

EMPLOYER		DATE	
Name		From Mo	To Mo
Position Held			
Address			
Salary/ Wage			
City	State	Zip	
Phone Number			
Contact Person			

EMPLOYER		DATE	
Name		From Mo	To Mo
Position Held			
Address			
Salary/ Wage			
City	State	Zip	
Phone Number			
Contact Person			

Includes vehicles having GVWR of 26,001 lbs or more, vehicles designed to transport 16 or more passengers or any size vehicle used to transport hazardous materials in a quantity requiring placards.