

# EASTLAND FOOD CORPORATION

9475 GERWIG LANE,  
COLUMBIA, MARYLAND 21046  
1-800-645-0769 / 410-381-0710 / Fax: 410-381-2079

## DRIVER'S EMPLOYMENT APPLICATION

**EQUAL OPPORTUNITY EMPLOYER** In compliance with Federal and State Laws prohibiting employment discrimination solely based on an individual's race, color, creed, religion, sex, national origin, age, marital status, or physical handicap, except where a reasonable, bona fide occupational qualification exists.

Type of position applied for \_\_\_\_\_ (FT) (PT) (TEMP)      Date of application    /    /     
D M Y

### PERSONAL INFORMATION

Name _____	Social Security No. _____ / _____ / _____
Last                      First                      MI	
Address _____	
Street	City                      State                      Zip
Telephone No. _____	Date of Birth _____ / _____ / _____
	D                      M                      Y
Proof of age? _____	
Is the above address for the last three years? (Y)(N) If not, provide your last address and length of time there.	
Address _____	
Street	City                      State                      Zip                      Years There
Emergency Notification _____	
Name	Address                      Telephone #

Have you ever been convicted of a Felony or pleaded No Contest in a Felony, or been convicted of a misdemeanor resulting in imprisonment or a fine of over \$500 during the last ten (10) years? (Yes) (No).      Date \_\_\_/\_\_\_/\_\_\_.

If not an U.S. Citizen, do you have the legal right to work in the United States? (Yes) (No) Status \_\_\_\_\_

Where you previously employed by Eastland Food Corporation? (Y) (N). Dates \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Salary \$ \_\_\_\_\_

Presently Employed? (Y) (N)      Where? \_\_\_\_\_ Position \_\_\_\_\_

How to you learn of Eastland Food? \_\_\_\_\_

Are you a Military Veteran? (Y) (N) Branch of Service \_\_\_\_\_ Dates \_\_\_ to \_\_\_ Discharge Status: (H) (G) (DH)

### EDUCATION

Circle highest grade completed: Primary: \_\_, High School: 9 10 11 12, College: 1 2 3 4, Tech School: \_\_

Last school attended \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_  
Name City D M Y

Driving School attended \_\_\_\_\_ Completion Date \_\_\_/\_\_\_/\_\_\_  
Name City D M Y

# EMPLOYMENT HISTORY

All driver applicants that operate a commercial motor vehicle (CDL-Class "A" & "B") in intrastate and interstate commerce must provide the following information concerning their employment and employers for the proceeding ten (10) years. List complete mailing address, phone number, street number, city, state and zip code. (NOTE: Reverse order from recent to last employer. Add sheet(s) as necessary.)

## EMPLOYER

NAME	FROM MO.    YR.	TO MO.    YR.
ADDRESS	POSITION HELD	
CITY                                  STATE                                  ZIP	SALARY/WAGE	
CONTACT PERSON                                  PHONE NUMBER	REASON OF TERMINATION	

NAME	FROM MO.    YR.	TO MO.    YR.
ADDRESS	POSITION HELD	
CITY                                  STATE                                  ZIP	SALARY/WAGE	
CONTACT PERSON                                  PHONE NUMBER	REASON OF TERMINATION	

NAME	FROM MO.    YR.	TO MO.    YR.
ADDRESS	POSITION HELD	
CITY                                  STATE                                  ZIP	SALARY/WAGE	
CONTACT PERSON                                  PHONE NUMBER	REASON OF TERMINATION	

NAME	FROM MO.    YR.	TO MO.    YR.
ADDRESS	POSITION HELD	
CITY                                  STATE                                  ZIP	SALARY/WAGE	
CONTACT PERSON                                  PHONE NUMBER	REASON OF TERMINATION	

NAME	FROM MO.    YR.	TO MO.    YR.
ADDRESS	POSITION HELD	
CITY                                  STATE                                  ZIP	SALARY/WAGE	
CONTACT PERSON                                  PHONE NUMBER	REASON OF TERMINATION	

NAME	FROM MO.    YR.	TO MO.    YR.
ADDRESS	POSITION HELD	
CITY                                  STATE                                  ZIP	SALARY/WAGE	
CONTACT PERSON                                  PHONE NUMBER	REASON OF TERMINATION	

# DRIVING EXPERIENCE AND QUALIFICATIONS

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
<b>DRIVER LICENSES</b>				

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

Has your permits, license or privilege to drive a motor vehicle been suspended or revoked?      Yes \_\_\_ No \_\_\_

IF EITHER OF THE ABOVE QUESTIONS ARE ANSWERED "YES", ATTACH A SIGNED STATEMENT GIVING DETAILS.

## DRIVING EXPERIENCE

EQUIPMENT CLASS (CDL)	TYPE OF EQUIPMENT (VAN, TANKER, FLAT, ETC.)	DATES		TOTAL MILES OF EXPERIENCE
		TO	FROM	
STRAIGHT TRUCK (B)				
TRACTOR/SEMI-TRAILER (A)				
TRACTOR – TWO TRAILER				
OTHER CLASSES				

List of states that you have operated within for the last five- (5) years. \_\_\_\_\_

Special Training or courses attended (Tractor/Trailer, Hazmat, etc.). \_\_\_\_\_

Safe Driving Awards earned and presenter of award. \_\_\_\_\_

## ACCIDENT RECORD FOR THE LAST THREE YEARS (ATTACH ADDITIONAL SHEETS AS NECESSARY)

DATE	NATURE OF ACCIDENT	FATALITIES	INJURIES	APPROX. COST

## TRAFFIC VIOLATIONS, CONVICTIONS AND FORFEITURES WITHIN THE LAST THREE (3) YEARS (ADDITIONAL SHEETS AS NECESSARY)

LOCATION	DATE	CHARGE	PENALTY

OTHER EXPERIENCE, EDUCATION, TRAINING AND QUALIFICATIONS \_\_\_\_\_

# PHYSICAL HISTORY

Is there any reason you might be unable to perform the functions of the position in which you have applied for as described in the attached job description? (Yes) (No)

If yes, explain any reasons if you wish. \_\_\_\_\_

Have you ever been injured on the job? (Yes) (No) If yes, provide the nature and degree of such injuries. \_\_\_\_\_

Have you received Workers' Compensation during the last ten- (10) years? (Yes) (No) If yes, state the nature and date of injury, recurring effects, and degree of disability. Applicants will be required to pass a job related physical exam.

How much time lost from work in the past three years for injury or illness? \_\_\_\_\_

## REFERENCES

List Businesspersons known, but not related, to you for at least three (3) years

	NAME	TITLE	BUSINESS	PHONE	YEARS KNOWN
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

## COMMENTS

## ACKNOWLEDGEMENT

I acknowledge and certify that this application was completed by me, and that all entries and information 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 or persons from all liabilities in responding to inquires in connection with my application.

In the event of employment, I understand that false or misleading information provided 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, as permitted by Law.

I understand that as this organization deems necessary, I may be required to work hours outside a normally defined work-week. I understand and agree that I am employed as "At Will" and maybe terminated at any time without liability to me for any compensation or benefits from the company.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Printed Name \_\_\_\_\_