



**APPLICATION FOR EMPLOYMENT**

Applicant Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

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, veteran status, non-job-related disability, or any other protected group status.

**TO BE READ AND SIGNED BY APPLICANT**

**FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT**

In accordance with the provisions of Section 604. (b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous Drug and Alcohol Test results, and your Motor Vehicle Driving Record may be obtained on you for employment purposes. These Reports are required by Sections 382.413, 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations.

I understand that false or misleading information provided in my application or during interviews may be cause for disqualification/termination. I understand that I am required to abide by all Company Rules, Regulations and Policies contained in the Company Handbook.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**HUMAN RESOURCES INFORMATION**

INITIAL INTERVIEW: \_\_\_\_\_

FULL CLEARINGHOUSE REGISTRATION: \_\_\_\_\_

If not provide Instructions for applicant to register.

MVR PRE-SCORED: \_\_\_\_\_ DATE HIRED: \_\_\_\_\_

DATE EMPLOYED: \_\_\_\_\_ JOB CLASSIFICATION: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE TERMINATED: \_\_\_\_\_ REASON: \_\_\_\_\_

DATA ENTRY: TCP, TMW, UIIA, CAPBLUE, – DATE ENTERED: \_\_\_\_\_



**APPLICATION FOR EMPLOYMENT**

APPLICANT'S NAME: \_\_\_\_\_  
First Name Middle Name Last Name

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ CELL TELEPHONE: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_

STATE OF ISSUE: \_\_\_\_\_ CLASS: \_\_\_\_\_

ARE YOU A U.S. CITIZEN: YES NO  
CAN YOU PROVIDE PROOF: YES NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY: YES NO  
IF YES, PLEASE EXPLAIN: \_\_\_\_\_

HAVE YOU BEEN CONVICTED OF A DUI, CARELESS OR RECKLESS DRIVING  
CHARGE IN THE PAST TEN (10) YEARS? YES NO

IF YES, LIST DATE OF CONVICTION \_\_\_\_\_  
IF YES, PLEASE EXPLAIN: \_\_\_\_\_

## EMPLOYMENT HISTORY FOR PAST TEN (10) YEARS

Begin with your current or most recent job and work backwards in order. List all employers, periods of unemployment and breaks in employment must be explained for the past ten (10) years. Examples of breaks in work history are: School, Military Service, Self-Employed etc.

### CURRENT OR LAST EMPLOYER

COMPANY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_  
CONTACT: \_\_\_\_\_  
DATES OF EMPLOYMENT: Start Date \_\_\_\_\_ End date: \_\_\_\_\_  
RATE OF PAY: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were you subject to DOT Regulations including drug and alcohol testing? YES NO

Did you log or use on-board computers? (Circle one or both): Log EOB Computers

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### SECOND LAST EMPLOYER

COMPANY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_  
CONTACT: \_\_\_\_\_  
DATES OF EMPLOYMENT: Start Date \_\_\_\_\_ End date: \_\_\_\_\_  
RATE OF PAY: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were you subject to DOT Regulations including drug and alcohol testing? YES NO

Did you log or use on-board computers? (Circle one or both): Log EOB Computers

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### THIRD LAST EMPLOYER

COMPANY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_  
CONTACT: \_\_\_\_\_  
DATES OF EMPLOYMENT: Start Date \_\_\_\_\_ End date: \_\_\_\_\_  
RATE OF PAY: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were you subject to DOT Regulations including drug and alcohol testing? YES NO

Did you log or use on-board computers? (Circle one or both):Log EOB Computers

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#### FOURTH LAST EMPLOYER

COMPANY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_  
CONTACT: \_\_\_\_\_  
DATES OF EMPLOYMENT: Start Date \_\_\_\_\_ End date: \_\_\_\_\_  
RATE OF PAY: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were you subject to DOT Regulations including drug and alcohol testing? YES NO

Did you log or use on-board computers? (Circle one or both):Log EOB Computers

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#### FIFTH LAST EMPLOYER

COMPANY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_  
CONTACT: \_\_\_\_\_  
DATES OF EMPLOYMENT: Start Date \_\_\_\_\_ End date: \_\_\_\_\_  
RATE OF PAY: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were you subject to DOT Regulations including drug and alcohol testing? YES NO

Did you log or use on-board computers? (Circle one or both):Log EOB Computers

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## ACCIDENT RECORD

List all accidents within the past three (3) years regardless of whether it involved a Commercial or Personal Vehicle. This includes Preventable and Non-Preventable Accidents as well as Property Damage. If none write None.

Date	Vehicle Type	Type/Accident	Injury/Fatalities	City/State

### JOB DESCRIPTION – PHYSICAL REQUIREMENT

See more detailed job description regarding the position of truck driver.

This position requires a Medical Examiners Certificate as required under Sub-Part E. Section 391 of the Federal Motor Carrier Safety Regulations. The company will pay for one (1) physical every two years from the date of hire. Employees who require more frequent physicals will be required to assume the expense of all the physicals required more frequently due to existing medical conditions, i.e., hypertension, sleep apnea, etc. All pre-employment and re-certification physicals will be conducted by an approved physician who is registered and certified to conduct DOT physicals as mandated by the Federal Motor Carrier Safety Administration - National Registry of Certified Medical Examiners. Employees do not have the option of selecting or using their personal or family physicians for the Pre-Employment Physical and Drug Screen. This must be conducted by our physicians who administer our physicals and perform the drug and alcohol testing. Driver applicants must also consent to registering with the FMCSA Drug and Alcohol Clearinghouse using their home computer as well as consent to allowing limited queries of their records within the Clearinghouse in order to determine if information exists about you. The driver applicant must register with the FMCSA Drug and Alcohol Clearinghouse and consent to the release of the Full Query to Gabler Trucking, Inc. before being hired. Consent for a Full Query must be authorized and ran within 24 hours of the Limited Query submitted by Gabler Trucking, Inc.

Our current Operation requires applicants to work in a Regional Mode operating within the following geographic areas: PA, MD, VA, WV, DE, NJ, and occasionally NY. Drivers can expect limited lay-overs (several per year). Additional compensation is provided for each lay-over when it occurs. Terminal departure times are dictated by transit time and the scheduled delivery appointment set by our customer. All positions are hourly with all hours in excess of 40 hours paid at a rate equal to 1 ½ times the normal hourly rate. Exceptions to this will occur on pay weeks containing holidays or an employee uses a sick or vacation day. Overtime would then start at 48 hours. Pay weeks start on Saturday and conclude or end of Friday each week. Direct Deposit is available and encouraged. A more detailed job description will be provided at the time of the initial job interview.

## 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: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_

### TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and all entries on it and information contained herein are true and complete to the best of my knowledge.

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Signature

Date