Fayetteville Contractors, Inc.
P.O. Box 610
Fayetteville, PA 17222-0610
717-352-2186

APPLICATION FOR EMPLOYMENT
All Positions Non-CDL License
Equal Opportunity Employer
Date _____

It is the policy of Fayetteville Contractors, Inc. that all applicants are treated without regard to their age, race, color, creed, national origin, religion, disability, veteran status, gender and/or other protected status.

Name _____ Phone Home _____
(First) (Middle) (Maiden, if any) (Last) Cell _____

Address _____ How long? _____

Date of Birth _____ Social Security Number _____

Current Driver's License No _____ Class A _____ B _____ C _____ Endorsements H _____ N _____

Address for the past three years if different from above(Attach sheet if more space is needed)

_____ How long? _____

_____ How long? _____

Would you take a physical examination? Yes _____ No _____

Job for with you are applying _____ Wage expected _____

Applying for: Full time work Yes _____ No _____ Part time work Yes _____ No _____

Are you presently employed? Yes _____ No _____ If yes, may we contact your employer Yes _____ No _____

Have you had any special training in any job classification or vocation? _____ If Yes, explain _____

_____

List three references (list no more than one relative)

Name _____ Phone _____ Address _____

Name _____ Phone _____ Address _____

Name _____ Phone _____ Address _____

Experience and Qualifications - Driver

Driver License	State	License No.	Class/Endorsements	Expiration Date

Driving Experience

Class of Equipment	Type of Equipment (Van, Truck, Flat, Dump, Etc.)	Dates From	To	Approx. No. of Miles (Total)
Straight Truck				
Tractor & Semi-Trailer				
Tractor – Two Trailers				
Other				

Accident Record for past 3 years or more (attach sheet if more space is needed). If none, please indicate NONE.

Dates	Nature of Accident (Head-on, rear-end, upset, etc.)	Fatalities	Injuries

Traffic Convictions and Forfeitures for the past 3 years (other than parking violations)

Date	Location	Charge	Penalty

Attached sheet if more space is needed

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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 you have answered A or B with Yes, Explain _____

Employment Record

Most recent employer Name: _____ Phone _____
Address _____
(Street) (City) (State & Zip Code)
Position Held _____ From _____ To _____ Salary _____
Reasons for Leaving

Second last employer Name: _____ Phone _____
Address _____
(Street) (City) (State & Zip Code)
Position Held _____ From _____ To _____ Salary _____
Reasons for Leaving

Third last employer Name: _____ Phone _____
Address _____
(Street) (City) (State & Zip Code)
Position Held _____ From _____ To _____ Salary _____
Reasons for Leaving

How did you learn about us?

- ☐ Advertisement
- ☐ Employment Agency
- ☐ Walk-In
- ☐ Friend
- ☐ Relative
- ☐ Current FCI Employee
- ☐ Internet
- ☐ Other_____

To be read and signed by Applicant

Pre-employment, post-injury, post-accident and random drug and alcohol testing will be performed prior to and during employment.
Motor vehicle reports will be obtained for all employees.
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 understand that if any false or misleading information, omissions, or misrepresentations are discovered the application could be rejected and/or employment terminated.

Applicant's Signature _____ Date _____

Note: A motor carrier may require an application to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations