

**PELHAM TRANSPORTATION**  
**CORPORATION**

114 W. Morehead Street  
Reidsville, N.C. 27320  
Phone: (336) 349-7113 Fax: (336) 349-7107

Applicant Name \_\_\_\_\_ Date of Application \_\_\_\_\_  
(print)

In compliance with Federal and State equal opportunity laws, applicants are in considered for all positions without regard to race, color, religion, sex, national origin, age, martial status, veteran status, non-job related disability, or any other protected status.

**TO BE READ AND SIGNED BY APPLICANT**

I authorized 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.

In the event of employment, I understand that false or misleading information 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.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 392.23(s) and (e), I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

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

**FOR COMPANY USE**

**PROCESS RECORD**

APPLICANT HIRED \_\_\_\_\_ REJECTED \_\_\_\_\_  
DATE EMPLOYE \_\_\_\_\_ POINT E MLOYED \_\_\_\_\_  
DEPARTMENT \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_  
(If rejected, summary report of reasons should be placed in file)  
SIGNATURE OF INTERVIEWER \_\_\_\_\_

**TERMINATION OF EMPLOYMENT**

DATE TERMINATED \_\_\_\_\_ DEPARTMENT RELEASED FROM \_\_\_\_\_  
DIMISSED \_\_\_\_\_ VOLUNTARILY QUIT \_\_\_\_\_ OTHER \_\_\_\_\_  
TERMINATION REPORT PLACED IN FILE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

**APPLICANT TO COMPLETE**  
(Answer all questions – please print)

Position Applied for \_\_\_\_\_  
Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
                    Last                      First                      Middle  
Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Type \_\_\_\_\_ Expiration date \_\_\_\_\_

List your address of residency for the past 3 years.

Current address \_\_\_\_\_  
                    Street    City  
  Phone \_\_\_\_\_ How Long? \_\_\_\_\_  
                    Street                      Zip Code    yr/mo  
Previous    How Long? \_\_\_\_\_  
Addresses                      Street    City                      State & Zip Code                      yr/mo  
  How Long? \_\_\_\_\_  
                    Street    City                      State & Zip Code                      yr/mo  
  How Long? \_\_\_\_\_  
                    Street    City                      State & Zip Code                      yr/mo

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 \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Have you ever been bonded? \_\_\_\_\_ Name of bonding company \_\_\_\_\_  
(Answer only if a job requirement)

Have you ever been convicted of a felony? \_\_\_\_\_

If yes, please explain fully on a separate sheet of paper. Convictions of a crime are not an automatic bar to employment-all circumstances will be considered.

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Is there any reason you might be unable to perform the functions of the job for which you have applied

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If yes, explain if you wish.

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Why do you think you are qualified for this position?

**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		TO	
			MO	YR	MO	YR
ADDRESS			POSITION HELD and DUTIES:			
CITY	STATE	ZIP	SALARY/WAGE			
CONTACT PERSON		PHONE NUMBER		REASON FOR LEAVING		
WERE YOU SUBJECT THE FMCRS* *WHILE EMPLOYED?			YES _____		NO _____	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT OF THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 407?			YES _____		NO _____	
EMPLOYER			DATE			
NAME			FROM		TO	
			MO	YR	MO	YR
ADDRESS			POSITION HELD and DUTIES:			
CITY	STATE	ZIP	SALARY/WAGE			
CONTACT PERSON		PHONE NUMBER		REASON FOR LEAVING		
WERE YOU SUBJECT THE FMCRS* *WHILE EMPLOYED?			YES _____		NO _____	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT OF THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 407?			YES _____		NO _____	
EMPLOYER			DATE			
NAME			FROM		TO	
			MO	YR	MO	YR
ADDRESS			POSITION HELD and DUTIES:			
CITY	STATE	ZIP	SALARY/WAGE			
CONTACT PERSON		PHONE NUMBER		REASON FOR LEAVING		
WERE YOU SUBJECT THE FMCRS** WHILE EMPLOYED?			YES _____		NO _____	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT OF THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 407?			YES _____		NO _____	

EMPLOYER		DATE	
NAME		FROM MO          YR	TO MO          YR
ADDRESS		POSITION HELD DUTIES:	
CITY	STATE          ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT THE FMCRS** WHILE EMPLOYED?		YES _____ NO _____	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT OT THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 407?		YES _____ NO _____	
EMPLOYER		DATE	
NAME		FROM MO          YR	TO MO          YR
ADDRESS		POSITION HELD and DUTIES:	
CITY	STATE          ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING	
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WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT OT THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 407?		YES _____ NO _____	
EMPLOYER		DATE	
NAME		FROM MO          YR	TO MO          YR
ADDRESS		POSITION HELD and DUTIES:	
CITY	STATE          ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT THE FMCRS**WHILE EMPLOYED?		YES _____ NO _____	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT OT THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 407?		YES _____ NO _____	

\*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including) or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

\*\*The Federal Motor Carrier Safety Regulations (FMCRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weights or has a GWR of 10,001 pounds or more (2) is designed or used to transport more than 8 passengers (including the driver), Or (3) is of any size and is used to transport hazardous materials in a quantity require placarding.