



# Employment Application - CDL

26 Timber Lane, Reedsville, PA 17084 | Phone (717) 667-2924  
Fax (717) 667-9769

## Personal Information

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(First) (Middle) (Last)

**Address:** \_\_\_\_\_  
(Street) (City) (State & Zip Code)

**Email:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Referred by:** \_\_\_\_\_

### List previous addresses of residency for the past 3 years (if not from current).

\_\_\_\_\_  
(Street) (City) (State & Zip Code) Number of Years: \_\_\_\_\_

\_\_\_\_\_  
(Street) (City) (State & Zip Code) Number of Years: \_\_\_\_\_

\_\_\_\_\_  
(Street) (City) (State & Zip Code) Number of Years: \_\_\_\_\_

## Employment Desired

**Position Desired:** \_\_\_\_\_

**Desired pay range:** \_\_\_\_\_

**Date available for work:** \_\_\_\_\_

**Have you ever applied to Metzler before?**  Yes  No If yes, when? \_\_\_\_\_

**If under the age of 18, can you provide required proof of your eligibility to work?**  Yes  No

**Can you travel if the job requires it?**  Yes  No

**Have you ever been convicted of a felony or misdemeanor?**  Yes  No

If yes, explain \_\_\_\_\_

## Education

Give record of all High Schools, Colleges, Universities and Vocational/Technical Schools you have attended.

School Name	Location	Did you graduate?	Degree Received	Subject Studied/Major
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

## Driver Experience and Qualification

(Attach sheet if additional space is needed)

### Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Date From (Month/Year)	Date To (Month/Year)	Approx. No. of Miles (Total)
Straight Truck				
Tractor and Semi-Trailer				
Tri-Axle Dump				
Lowbed/Flatbed				
Other				

### Accident History

Date (Month/Year)	Nature of Accident (Head-on, Rear-End, etc.)	Injuries	Fatalities

### Traffic Convictions and Forfeitures for the past 3 years.

Date (Month/Year)	Charge (Other than parking violations)	Location	Penalty (Forfeited bond, collateral and/or points)

### Driver License

License Number	State	Class	Expiration Date	Medical Cert Expiration Date

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

If yes, please give details: \_\_\_\_\_

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

If yes, please give details: \_\_\_\_\_

## Employment Record

(Attach sheet if additional space is needed)

All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three years. You must give the same information for all employers for whom you have driven a commercial vehicle, seven years prior to the initial three years (total of ten employment records).

List most recent employer first. Must list the complete mailing address: street number and name, city, state and zip code.

<b>Last Employer Name:</b>		<b>May we contact?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Address:</b>		<b>Telephone Number:</b>
<b>Dates of employment</b>	<b>From:</b>	<b>To:</b>
<b>Position Held:</b>		
<b>Responsibilities:</b>		
<b>Reason for Leaving:</b>		

Were you subject to the Federal Motor Carrier Safety Regulations?  Yes  No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?  Yes  No

**Account for period between jobs -include dates (month/year) and reason:**

\*Any gaps in employment and/or unemployment must be explained

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<b>Second Last Employer Name:</b>		<b>May we contact?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Address:</b>		<b>Telephone Number:</b>
<b>Dates of employment</b>	<b>From:</b>	<b>To:</b>
<b>Position Held:</b>		
<b>Responsibilities:</b>		
<b>Reason for Leaving:</b>		

Were you subject to the Federal Motor Carrier Safety Regulations?  Yes  No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?  Yes  No

**Account for period between jobs -include dates (month/year) and reason:**

\*Any gaps in employment and/or unemployment must be explained

## Employment Record Continued

<b>Third Last Employer Name:</b>		<b>May we contact?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Address:</b>		<b>Telephone Number:</b>
<b>Dates of employment</b>	<b>From:</b>	<b>To:</b>
<b>Position Held:</b>		
<b>Responsibilities:</b>		
<b>Reason for Leaving:</b>		

**Were you subject to the Federal Motor Carrier Safety Regulations?**  Yes  No

**Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?**  Yes  No

**Account for period between jobs -include dates (month/year) and reason:**

\*Any gaps in employment and/or unemployment must be explained

**Physical Record:** *This question is voluntary, and any answers will be kept confidential.*

Do you have any physical condition which may limit your ability to perform the job applied for?

**Activities (civic, athletic, etc.)**

**References:** *List below the names of three persons not related to you, preferably work-related references.*

<b>Name</b>	<b>Relationship</b>	<b>Phone Number</b>	<b>Years Acquainted</b>
1.			
2.			
3.			

### TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquires to my personal, employment, educational, 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 omitted, 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.

I understand that information I provide regarding current and/or previous employers may be used and those employer(s) will be contacted to investigating my safety performance history as required by 49 CFR 391.23(d) and (e).

I understand that I have the right to:

- Review information provided by current/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.

I consent to completing all post offer physical and drug screen requirements of the company.

I certify that this application was completed by me, and that all entries on it and information in it are complete to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

*Metzler is an equal opportunity employer. Metzler provides equal employment opportunities to all job applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws.*