

# Truck Driver Application



*TBM Hardwoods, Inc. is an industry leader in hardwood distribution and manufacturer of custom mouldings and millwork in Hanover, PA. We are growing and looking for motivated people who are detail oriented and passionate about serving others including customers and teammates.*

Please answer all questions in full. Completed forms can be mailed or delivered to TBM Hardwoods c/o Baird McIlvain, 370 Poplar Street, Hanover, PA 17331 or emailed to [baird@tbmhardwoods.com](mailto:baird@tbmhardwoods.com).

## Contact Information

Name (first/middle/last):

Email:

Phone:

Social Security #:

Position applying for:

Date of application:

Date available for work:

Do you have the legal right to work in the United States? Yes  No

## Residency

Please provide residency information for the last three (3) years. Attach extra sheet if needed.

Current Address (street, city, state, zip):

Number of years at address: \_\_\_\_\_

Mailing Address (street, city, state, zip) if different:

Previous Address (street, city, state, zip):

Number of years at address: \_\_\_\_\_

Previous Address (street, city, state, zip):

Number of years at address: \_\_\_\_\_

## License Information

No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below.

Include all licenses held for the past three (3) years. Attach additional sheet if needed

<u>State</u>	<u>License Number</u>	<u>Type/Class</u>	<u>Endorsements</u>	<u>Exp Date</u>
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Previously Held Licenses:

## Driving Experience

<u>Class of Equipment</u>	<u>Equipment Type (Van, Tank, Flat, etc)</u>	<u>Date From</u>	<u>Date To</u>	<u>Approx Total Miles</u>
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Straight Truck

Tractor &  
Semi-Trailer

Tractor &  
2 Trailer

Tractor &  
Tanker

Other

## Accident Record (for past 3 years)

List most recent accident first. Attach additional sheet if needed. If no accidents, check box:

Date of Accident	Nature of Accident (Head-on, rear-end, upset, etc)	# Fatalities	# Injuries	Chemical Spill? (Y/N)
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## Traffic Convictions & Forfeitures (for past 3 years)

Attach additional sheet if needed. If no convictions, check box:

Conviction Date (MM/YY)	Violation	State of Violation	Penalty (Forfeiture bond, collateral and/or points)
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Have you ever been denied a license, permit or privilege to operate a motor vehicle?

Yes  No

If yes, please explain:

Has any license, permit or privilege every been suspended or revoked?

Yes  No

If yes, please explain:

## Employment History

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained. Start with the last or current position, including any military

experience, and work backwards (attach separate sheets if necessary). List the complete mailing address, including street number, city, state, zip; and complete all other information.

Current/Most Recent Employer:

Address:

Phone Number:

Supervisor's Name & Title:

Position Held:

Reason for Leaving:

Explain any gaps in employment  
(include month/year and reason):

While employed here were you subject to the Federal  
Motor Carrier Safety Regulations?

Was the job designated as a safety-sensitive function in  
any Dept. of Transportation-regulated mode subject to  
alcohol and controlled substances testing as required by  
49 CFR, part 40?

Employment Dates:

Starting Salary/Wages:

Ending Salary/Wages:

No. Hours per Week:

Yes  No

Yes  No

Second/Most Recent Employer:

Address:

Phone Number:

Supervisor's Name & Title:

Position Held:

Reason for Leaving:

Explain any gaps in employment  
(include month/year and reason):

While employed here were you subject to the Federal  
Motor Carrier Safety Regulations?

Was the job designated as a safety-sensitive function in  
any Dept. of Transportation-regulated mode subject to  
alcohol and controlled substances testing as required by  
49 CFR, part 40?

Employment Dates:

Starting Salary/Wages:

Ending Salary/Wages:

No. Hours per Week:

Yes  No

Yes  No

Third/Most Recent Employer:

Employment Dates:

Address:

Phone Number:

Starting Salary/Wages:

Supervisor's Name & Title:

Position Held:

Ending Salary/Wages:

Reason for Leaving:

No. Hours per Week:

Explain any gaps in employment  
(include month/year and reason):

While employed here were you subject to the Federal  
Motor Carrier Safety Regulations?

Yes  No

Was the job designated as a safety-sensitive function in  
any Dept. of Transportation-regulated mode subject to  
alcohol and controlled substances testing as required by  
49 CFR, part 40?

Yes  No  r Week:

## Education

Name/Location	Dates Attended	Course of Study	Diploma/Degree
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High School

College

Post College

Trade, Business, etc.

Do you have other experience, qualifications or certifications that might be considered? If so, please explain:

## Applicant Signature

*Qualified applicants receive consideration for employment without discrimination because of gender, marital status, race, color, creed, national origin, age or the presence of a disability. TBM Hardwoods is an equal opportunity employer.*

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. 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 given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the Company. I understand that the information I provide regarding my current and/or prior 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 391.23. I understand that I must provide satisfactory proof of identity and legal work authorization prior to being hired. I also agree to submit to testing as required by FMSCA regulations prior to being hired as CDL driver. TBM Hardwoods reserves the right to conduct pre-employment and employment drug/alcohol testing. I fully understand the foregoing and seek employment under these conditions. 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 resend 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.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

Signature:

Date: