



Peak Incorporated 9220 Rumsey Road, Suite 201 Columbia, MD 21045 phone: 410-740-9505 Fax: (410) 740-9501

7-TOTAL PAGES

Employment Application For CDL Drivers ONLY!

APPLICATION INFORMATION

Full Name: Last First M.I. Date:

Current Address: Street Address Apartment/Unit #

City State Zipcode

If at the above residence less than three years, list below all residences for the past three years. Attach separate sheet if necessary

Street Address City State ZipCode

Street Address City State ZipCode

Street Address City State ZipCode

Home phone: Cell Phone:

Email Address: Social Security#:

Date Available: Desired Salary: \$

Position Applied for: Temporary: PartTime: FullTime:

Who referred you? Do you have any relatives employed by this company? Yes or No

Are you a citizen of the United States? Yes or No. If no, are you authorized to work in the US? Yes or No

Have you ever worked for this company? Yes or No. If yes, when? From: To: Month/Year Month/Year

Rate of Pay? \$ Position Held?

Reason for leaving?

Have you ever been convicted of a felony? YES NO

If yes, explain:

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Last school attended: _____
Name Address

GENERAL

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

DRIVER EXPERIENCE & QUALIFICATION

Answer the questions in this section only if applying for driver position

Date of birth: _____ *The U.S. Department of Transportation requires that driver applicants state their date of birth*
 (month/day/year)

Social Security No.: _____

LICENCES

ALL DRIVERS LICENSES HELD IN PAST 3 YEARS MUST BE SHOWN!

State	License No.	Class	Endorsement	Expiration Date

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes or No
- B. Has any license, permit or privilege ever been suspended or revoked? Yes or No
- C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes or No

If you answered "yes" to A, B, C, attach a statement giving details

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approximate Total Miles
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Twin Trailers-LVC's				
Other				

List special courses or training that will help you as a driver _____

List driving awards held and who awards were presented by? _____

ACCIDENT REVIEW FOR PAST 3 YEARS

(Attach a separate sheet of paper if more space is needed)

Dates	Nature of accident (Head On, Rear-End, Overturn, Etc.)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS

(Other than parking tickets)

Location	Date	Charge	Penalty

EMPLOYMENT RECORD

The U.S. Department of Transportation requires that driver applications show all employment for the past three years. Effective July, 1987, they must also show commercial driver employment for the seven years immediately preceding this year period.

Start with last of current position including military experience and work back (attach a separate sheet if necessary)

Current Employer: _____ Supervisors name: _____

Address: _____ Phone: (____) _____

Position Held: _____ From: _____ To: _____ Salary: \$ _____

Reason For Leaving: _____

Company: _____ Supervisors name: _____

Address: _____ Phone: (____) _____

Position Held: _____ From: _____ To: _____ Salary: \$ _____

Reason For Leaving: _____

Company: _____ Supervisors name: _____

Address: _____ Phone: (____) _____

Position Held: _____ From: _____ To: _____ Salary: \$ _____

Reason For Leaving: _____

MAINTENANCE EXPERIENCE & QUALIFICATIONS

List courses and training in maintenance work _____

Job Function

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experiences
Drive Line Components			Body Work		
Diesel Engine Tune-up and Rebuild			Electrical Repair		
Gas Engine Tune-up and Rebuild			Frame and Wheel Alignment		
Tire Service			Brakes		
Trailer Repair			Cooling System		
Air Conditioning			Inspections		
			General Car Repair		

Shop Equipment

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experiences
Electrical Diagnostic Equipment			Time Servicing Machine		
			Wheel & Tire Balancing Machine		
Sheet Metal Equipment			Tire Recapping Mold		
Frame & Axle Straightening Equipment			Engine Dynamometer		
Engine Rebuilding			Chassis Dynamometer		
Diesel Injection Equipment			Magnetic Crack Defector		
Electric Welder			Engine Analyzer		
Oxyacetylene Welder			Noise Measuring Equipment		
Paint Spray Gun			Smoke Measuring Equipment		
Air Conditioning			Inspections		
			General Car Repair		

CLERICAL EXPERIENCE & QUALIFICATIONS

List Courses and Training in Office Work _____

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience		Formal Training (Check)	Years of Experience
Typing (wpm)			Dictating Machine		
Shorthand (wpm)			Bookkeeping Machine		
Billing			Switchboard Equipment (indicate type)		
Filing					
Computers (indicate Software)			Tabulator		
Word processing Equipment			Accounting		
Key Punch			OS & D		
Calculator			Interline		
Adding Machine			Claims		
Telecopier			Cashier		
Photocopier			Dispatcher		

Rates (indicate tariffs with which you have worked)

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PLATFORM EXPERIENCE & QUALIFICATIONS

List types of platform experience and number of years of each _____

List platform equipment you can operate (lift truck, etc.) _____

List courses or training in platform work _____

APPLICANT MUST READ AND SIGN

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include and investigative Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

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.

_____ Date **REQUIRED** Applicant Signature

FOR OFFICE USE—DO NOT WRITE IN THIS SPACE

PROCESS RECORD

Applicant Hired? _____ Yes _____ No _____
 Date Employed _____
 Department _____
 Date of Birth _____ (month/day/year)
 Point Employed _____
 Classification _____
 (If not hired, summary report of reasons should be placed in file)
 IN CASE OF EMERGENCY NOTIFY: _____ Phone:(_____) _____
 Address _____

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	Superior	Good	Fair	Below Average	Poor	Written Record on File
1. Application						
2. Interview						
3. Physical Exam*						
4. Past Employment						
5. Written Exam						
6. Road Test						
7. Policy and Traffic Record						

*driver applicants only
 Signature of Interviewing Officer _____ Date _____

TRANSFERS

From: _____ To: _____ From: _____ To: _____
 Date: _____ Date: _____
 Reason for Transfer _____ Reason for Transfer _____

TERMINATION OF EMPLOYMENT

Date Terminated _____ Department Released From _____
 Dismissed _____ Voluntarily Quit _____ Other _____
 Termination Report Placed in File _____ Supervisor _____

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INQUIRY TO PAST EMPLOYERS

PAST 3 TO 5 YEARS
REQUIRED

FROM - Prospective Employer

TO - Previous Employer

Company Peak Incorporated
Individual Paul D. Mayerman
Street 9220 Rumsey Road, Suite 201
City Columbia State MD Zip 21045

X Company _____
Name _____
Street _____
City _____ State _____ Zip _____

Personnel Manager:

The person named below has applied to this company for employment. Your firm is listed by the applicant as a past employer. Kindly reply to this inquiry respecting this applicant. As you will note from the waiver stated below, the applicant has waived any claim of liability against your company (and its agents) for information submitted in response to this inquiry. For your convenience in replying by return mail, we have enclosed a stamped, self-addressed envelope.
Very Truly Yours,

X Name of applicant: _____
Social Security No. _____
Job applied for: _____

- X 1. This applicant lists dates of employment with your firm from: _____ to: _____ Is this correct? Yes ; No ; If no, please explain: _____
- 2. What kind(s) of work did he/she do? Driver (type of vehicle _____); Dock ; Office ; Shop ; Other (Specify) _____
- 3. If employed as a driver, please indicate type of equipment driven. Tractor trailer ; Straight truck ; Twin - Trailers ; Bus ; Other (Specify) _____
- 4. Number of reportable accidents _____; number of accidents in which applicant was ticketed _____; number of accidents in which the applicant was at fault _____ (please explain) _____; Date of each accident _____
- 5. To your knowledge, was this person's chauffeur/operator's license suspended while in your employ? _____ If so, please explain: _____
- 6. (Respond only if checked*) [] Was this person bonded while with your company? _____. If so, were there any circumstances that were reported to the bonding company? _____
*Prospective employer - check this question only if bonding is required for this position.
- 7. Is there anything in the applicant's history that could suggest he or she may not be trusted to handle company funds? _____
- 8. Did the applicant pose either repeated and/or severe disciplinary problems? Yes ; No ; If so, please explain: _____
- 9. Why did this employee leave your company? Resigned ; Discharged ; Laid off .
- 10. Would you re-employ this person? Yes ; No Please explain: _____
- 11. Remarks: _____

By: _____ Date _____
(Signature of person supplying information)

(Detach here for your files)

WAIVER

(Former Employer)

Date)

I hereby authorize you to release all information concerning my employment, including oral assessments of my job performance, ability, and fitness, to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release you from any and all liability of any type as a result of providing the above-mentioned information to the above mentioned person.

X (Applicant's signature)

(Witness's signature)

REQUIRED

FOR PAST 3 TO 5 YEARS OF EMPLOYMENT

Release of Information Form

I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:

X Employee Printed Name: _____

Employee SS or ID Number: _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer listed in Section I-A to the employer listed in Section I-B. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in Section II-A by my previous employer, is limited to the following items for the past two years:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Documentation, if any, of completion of the return-to-duty process following a rule violation;
6. Information obtained from previous employers of a drug and alcohol rule violation.

Employee Signature: X _____ Date: _____

REQUIRED

X A. Previous Employer Name: _____

Address: _____

Phone #: _____ Fax #: _____

B. New Employer Name: Peak Incorporated

Address: 9220 Rumsey Road, Suite 201
Columbia, MD 21045

Phone #: 410-740-9505 Fax #: 410-740-9501

Designated Employer Representative: PAUL MATHEWIAW

Section II. To be completed by the previous employer and transmitted to the new employer:

- A. In the previous two years, for DOT-regulated testing ~
1. Did the employee have alcohol tests with a result of 0.04 or higher? YES ___ NO ___
 2. Did the employee have verified positive drug tests? YES ___ NO ___
 3. Did the employee refuse to be tested? YES ___ NO ___
 4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? YES ___ NO ___
 5. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? N/A ___ YES ___ NO ___
 6. Did a previous employer report a drug and alcohol rule violation to you? YES ___ NO ___

(NOTE: Previous employer, if you answered "yes" to any item in Section II-A, you must also transmit a copy / copies of the appropriate documentation (e.g., CCFs, MRO results reports, BATFs, SAP reports, follow-up testing record) to the new employer.)

3. Name of person providing information in Section II-A: _____
Title: _____
Phone #: _____
Date: _____