

# INDEPENDENT CONTRACTOR'S APPLICATION FOR EMPLOYMENT

Company Road Scholar Transport

Address 130 Monahan Ave

City Dunmore State PA Zip 18512

(answer all questions – please print)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Date of application \_\_\_\_\_

Position(s) Applied for \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Last First Middle

List your addresses of residency for the past 3 years.

Current Address \_\_\_\_\_

Street City Phone \_\_\_\_\_ How Long? \_\_\_\_\_

Previous Addresses \_\_\_\_\_ How Long? \_\_\_\_\_

Street City State & Zip Code \_\_\_\_\_ How Long? \_\_\_\_\_

Street City State & Zip Code \_\_\_\_\_ How Long? \_\_\_\_\_

Street City State & Zip Code \_\_\_\_\_

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 \_\_\_\_\_

Reason for leaving \_\_\_\_\_

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

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

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Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

If yes, explain if you wish. \_\_\_\_\_

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ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

| DATES         | NATURE OF ACCIDENT<br>(HEAD-ON, REAR-END, UPSET, ETC.) | FATALITIES | INJURIES |
|---------------|--|------------|----------|
| LAST ACCOUNT  |  |            |          |
| NEXT PREVIOUS |  |            |          |
| NEXT PREVIOUS |  |            |          |

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

| LOCATION | DATE | CHARGE | PENALTY |
|----------|------|--------|---------|
|          |      |        |         |
|          |      |        |         |
|          |      |        |         |

(ATTACH SHEET IF MORE SPACE IS NEEDED)

### EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8      HIGH SCHOOL: 1 2 3 4      COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED \_\_\_\_\_

(NAME)

(CITY)

### EXPERIENCE AND QUALIFICATIONS – DRIVER

| DRIVER<br>LICENSES | STATE | LICENSE NO. | TYPE | EXPIRATION DATE |
|--------------------|-------|-------------|------|-----------------|
|                    |       |             |      |                 |
|                    |       |             |      |                 |
|                    |       |             |      |                 |

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 THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

**DRIVING EXPERIENCE** IF NONE, WRITE NONE

| CLASS OF EQUIPMENT       | TYPE OF EQUIPMENT<br>(VAN, TANK, FLAT, ETC.) | DATES |    | APPROX. NO. OF MILES<br>(TOTAL) |
|--------------------------|--|-------|----|---------------------------------|
|                          |  | FROM  | TO |                                 |
| STRAIGHT TRUCK           |  |       |    |                                 |
| TRACTOR AND SEMI-TRAILER |  |       |    |                                 |
| TRACTOR – TWO TRAILERS   |  |       |    |                                 |
| MOTOR COACH – SCHOOL BUS |  |       |    |                                 |
| OTHER                    |  |       |    |                                 |

LIST STATES OPERATED IN FOR LAST FIVE YEARS \_\_\_\_\_

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER \_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? \_\_\_\_\_

## EXPERIENCE AND QUALIFICATIONS – OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY \_\_\_\_\_

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION \_\_\_\_\_

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN) \_\_\_\_\_

### EQUIPMENT PROFILE

TRACTOR MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ YEAR \_\_\_\_\_

IS YOUR TRACTOR CURRENTLY REGISTERED? \_\_\_\_\_

IF SO: WHAT STATE? \_\_\_\_\_ ARE YOU APPORTIONED? \_\_\_\_\_ PLATE NUMBER \_\_\_\_\_

Road Scholar requires that you provide proof of payment of the 2290 (Heavy Use Tax) as well as proof of insurance. Your vehicle must also pass a pre-lease vehicle inspection and submit to a vehicle inspection schedule during the course of the lease.

OWNER'S NAME AND ADDRESS IF OTHER THAN THE APPLICANT \_\_\_\_\_

### TO BE READ AND SIGNED BY APPLICANT

**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 authorize 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 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.**

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant's Signature

### PROCESS RECORD

APPLICANT HIRED \_\_\_\_\_ REJECTED \_\_\_\_\_

DATE EMPLOYED \_\_\_\_\_ POINT EMPLOYED \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

### 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. PAST EMPLOYMENT                  |          |      |      |               |      |                        |
| 4. WRITTEN EXAM                     |          |      |      |               |      |                        |
| 5. ROAD TEST                        |          |      |      |               |      |                        |
| 6. CRIMINAL AND TRAFFIC CONVICTIONS |          |      |      |               |      |                        |

SIGNATURE OF INTERVIEWING OFFICER \_\_\_\_\_

### TERMINATION OF EMPLOYMENT

DATE TERMINATED \_\_\_\_\_ DEPARTMENT RELEASED FROM \_\_\_\_\_

DISMISSED \_\_\_\_\_ VOLUNTARILY QUIT \_\_\_\_\_ OTHER \_\_\_\_\_

TERMINATION REPORT PLACED IN FILE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_