

456 Sanford Rd N
Churchville, NY 14428



Telephone: (585) 293-1203
Fax: (585) 293-1263

Application For Employment

Date: _____

Name: _____ Phone: () _____
 Last M First

Address: _____
 Street City State Zip

Social Security Number: _____

How did you hear about PDI? _____

Position you are applying for: _____ Rate of pay expected: _____

Do you possess a NY State Class "A" CDL? _____ ID Number: _____

Date of Last DOT Physical: _____ Years of Experience (Class A) _____

Do you possess a NY State Driving Instructor Certificate (MV - 524)? _____ Y/N

Have you ever possessed a NY State Driving Instructor Certificate (MV - 524) and for whom?

Name of School/Company: _____

Address: _____

Telephone Number: () _____

What is your availability? (Mark an X where you ARE available to work)

	Mon	Tue	Wed	Thur	Fri	Sat	Sat hrs only
8a-12p							6a-10:30a
1p-5p							10:30a-2:30p
6p-10p							

Date available for work: _____

Education:

Do you possess a High School Diploma/GED Y/N

	Name and Location of School	Years Attended	Date Graduated	Subject Studied
Grammar School				
High School				
College				
Trade, Business or Correspondance School				

What foreign languages do you speak fluently? Read: _____
Write: _____

References

List the names of three (3) persons, not related to you, that have known you for a least one (1) year

Name	Address	Phone No.	Yrs Known
1			
2			
3			

Employment History

Are you employed now? Y/N

Have you ever been discharged or asked to resign from a position? If yes, explain

Have you ever been disciplined for job attendance problems? If yes, explain

Please use the attached sheet to list your previous employers for the past five (5) years. Start with your present or most recent employer and continue back.

Past Employers

Dates : (Month/Year)		Supervisor :	
Company :		Full Time:	Part Time: Hrs/Miles per wk. :
Address :		Average weekly earnings :	
City :	State :	Zip :	
Telephone : ()		Type of Equipment :	
Position Held :		Type of Trailer :	
Reason For Leaving :		Total Miles :	Number of Accidents :
		States/Regions Operated in ?	

*Unemployment (if any) Dates: (Month/Year) From _____ / _____
 Explain: _____

Dates : (Month/Year)		Supervisor :	
Company :		Full Time:	Part Time: Hrs/Miles per wk. :
Address :		Average Weekly Earnings :	
City :	State :	Zip :	
Telephone : ()		Type of Equipment :	
Position Held :		Type of Trailer :	
Reason For Leaving :		Total Miles :	Number of Accidents :
		States/Regions Operated in ?	

*Unemployment (if any) Dates: (Month/Year) From _____ / _____
 Explain: _____

Dates : (Month/Year)		Supervisor :	
Company :		Full Time:	Part Time: Hrs/Miles per wk. :
Address :		Average Weekly Earnings :	
City :	State :	Zip :	
Telephone : ()		Type of Equipment :	
Position Held :		Type of Trailer :	
Reason For Leaving :		Total Miles :	Number of Accidents :
		States/Regions Operated in ?	

*Unemployment (if any) Dates: (Month/Year) From _____ / _____
 Explain: _____

Dates : (Month/Year)		Supervisor :	
Company :		Full Time:	Part Time: Hrs/Miles per wk. :
Address :		Average Weekly Earnings :	
City :	State :	Zip :	
Telephone : ()		Type of Equipment :	
Position Held :		Type of Trailer :	
Reason For Leaving :		Total Miles :	Number of Accidents :
		States/Regions Operated in ?	

*Unemployment (if any) Dates: (Month/Year) From _____ / _____
 Explain: _____

Driving History

Indicate all accidents you have been involved in (regardless of fault), during the last five (5) years

Dates	Nature of Accident (head-on, rear end, etc.)	Fatalities	Injuries

Total Number of Accidents: Preventable _____ Non-preventable _____

Indicate all traffic convictions and forfeitures in the past five (5) years. (including equipment violations)

Location	Date	Charge	Penalty

List all driver's licenses you have held for the past five (5) years.

State	License Number	Endorsements	exp. Date

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

Have any of the above been suspended or revoked ? Yes _____ No _____

Have you ever been convicted of a felony? Y Yes _____ No _____

Have you ever been convicted of reckless driving, DUI, OR DWI ? Yes _____ No _____

I certify that all information provided by myself in this application is true to the best of my knowledge. I understand that misrepresentation or omission of facts called for is cause for dismissal.

Signature of Applicant

Date