

DRIVER APPLICATION FOR EMPLOYMENT

COMPANY BELL'S WHOLESALE GROCERY, INC STREET ADDRESS 211 MEADOW RIDGE DRIVE,
 CITY, STATE AND ZIP CODE MT. MORRIS, PA 15349

NAME _____
(FIRST) (Middle) (Maiden Name, (If any)) (Last)

ADDRESS _____ (State TZip Code) _____ HOW LONG? _____
(Street) (City)

DATE OF BIRTH _____ SOC SECURITY # _____

ADDRESS _____
(STREET) (CITY) (STATE & ZIP) (HOW LONG?)

FOR PAST _____
 THREE YEARS} (Skeet) (City) (State & Zip Code)

QUALIFICATIONS—DRIVE/1 EXPERIENCE AND

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN. TANK. FLAT, ETC.)	FROM	DATES	TO	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK					
TRACTOR AND SEMI-TRAILER					
TRACTOR—Two TRAILERS					
OTHER					

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE **ATTACH SHEET IF MORE SPACE IS NEEDED)**

DATES	NATURE OF ACCIDENT (HEAD ON, REAR END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

A. Have you ever been denied a license, permit or privilege to operate motor vehicle? YES _____ NO _____

S. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____

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

EMPLOYMENT RECORD (Attach Sheet IF More Space is Needed)

NOTE: DOT Requires That Employment for at Least 3 Years And/Or Commercial Driving Experience for the Past 10 Years Be Shown:

LAST EMPLOYER: NAME _____
 ADDRESS _____
 POSITION HELD _____ FROM _____ TO _____ SALARY _____
 REASONS FOR LEAVING _____

SECOND PREVIOUS EMPLOYER: NAME _____
 ADDRESS _____
 POSITION HELD _____ FROM _____ TO _____ SALARY _____
 REASONS FOR LEAVING _____

THIRD LAST EMPLOYER: NAME _____
 ADDRESS _____
 POSITION HELD _____ FROM _____ TO _____ SALARY _____
 REASON FOR LEAVING _____

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.

Date

Applicant signature

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety regulations: