# **Northstar Fireworks**

P.O. Box 65 • E. Montpelier, VT 05651 Tel (802) 229-9690 • Fax (802) 229-2300

## **DRIVER'S APPLICATION FOR EMPLOYMENT**

(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.

Name			_ Social Security l	No.
Last	First	Middle		
List your address	ses of residency	for the past 3 years		
Current Address				
	Street		City	
		Pho	one	How long?
Previous	State	Zip Code		
Address				How long?
radioss	Street	City	State & Zip Code	110 w 10 lig
				How long?
	Street	City	State & Zip Code	&
				How long?
	Street	City	State & Zip Code	
Oo you have the	legal right to w	ork in the United St	ates?	
Date of Birth Required for Truck Driv	/ers)	/ Can you p	rovide proof of age?	
Have you worked	d for this comp	any before?	Where?	
Dates: From	To	Rate of Pay_	Posi	tion
Reason for leavir	ng			
Are you now em	ployed?	If not, how long s	ince leaving last emp	ployment?
Who referred you	ı?		Rate of pay	expected
	on you might b	e unable to perform		e job for which you ha
If wes evoluin if		J F	,	

#### **EMPLOYMENT HISTORY**

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional 7 years of information on those employers for whom the applicant operated such vehicle. (NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER			DATE			
NAME			FROM MO. YR.	TO MO. YR.		
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE			
CONTACT PERSON			REASON FOR LEAV	ING		
	EMPLOYER		DA	TE		
NAME			FROM MO. YR.	TO MO. YR.		
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE			
CONTACT PERSON			REASON FOR LEAV	ING		
	EMPLOYER		DA	TE		
NAME			FROM MO. YR.	TO MO. YR.		
ADDRESS	ADDRESS			POSITION HELD		
CITY	STATE	ZIP	SALARY/WAGE	SALARY/WAGE		
CONTACT PERSON			REASON FOR LEAV	ING		
	EMPLOYER		DA	TE		
NAME			FROM MO. YR.	TO MO. YR.		
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE			
CONTACT PERSON			REASON FOR LEAV	ING		
	EMPLOYER		DA	TE		
NAME			FROM MO. YR.	TO MO. YR.		
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE			
CONTACT PERSON			REASON FOR LEAVING			

<sup>\*</sup> Includes vehicles have a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

Accident record for past 3 years or more (attach sheet if more space is needed). If none, write none.

DATE	NATURE OF ACCIDENT (Head-on, Rear-end, Upset, etc.)	FATALITIES	INJURIES
LAST			
ACCIDENT			
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 c	completed: 1 2 3 4 5 6 7 8	High School: 1234	College: 1234
Last school attended			
-	Name	City	,

## **EXPERIENCE AND QUALIFICATIONS – DRIVER**

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
DRIVER				
LICENSES				

- 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 ANSER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

## **DRIVING EXPERIENCE** – IF NONE, WRITE NONE

CLASS OR EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	DA FROM	ATES TO	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR-TWO TRAILERS				
OTHERS				

LIST STATES OPERATED IN FOR LAST	FIVE YEARS			
SHOW SPECIAL COURSES OR TRAININ	NG THAT WILL HE	LP YOU AS A I	DRIVER:	
WHICH SAFE DRIVING AWARDS TO Y	OU HOLD AN FRO	M WHOM?		

# **EXPERIENCE AND QUALIFICATIONS – OTHER**

SHOW ANY TRUCKING, TI	RANSPORTATIO	ON OR OTHE	ER EXPERI	ENCE THAT MAY HE	LP YOU W	ORK FOR THIS COMPANY	
LIST COURSES AND TRAIN	NING OTHER TH	IAN SHOW	N ELSEWH	ERE IN THIS APPLICA	TION		
LIST SPECIAL EQUIPMENT	Γ OR TECHNICA	L MATERIA	ALS YOU C	CAN WORK WITH (OTI	HER THAN	N THOSE ALREADY SHOWN)	
my knowledge.  I authorize you to make matters as may be necessary in a conditional offer of employn liability in responding to inqui	such investigation n arriving at an em nent has been exteriries and releasing ent, I understand t	s and inquiried apployment desinded.) I here information that false or n	e, and that all es of my per cision. (Gen by release e in connection isleading in	rsonal, employment, final erally, inquiries regardin mployers, schools, health on with my application. nformation given in my a	nation in it a neial or medig g medical has a care provi	There true and complete to the best of dical history and other related nistory will be made only if and after ders and other persons from all or interview(s) may result in	
DATE					APPLICAN	IT'S SIGNATURE	
		PR	OCESS	RECORD			
APPLICANT HIRED_				REJECTED			
DATE EMPLOYED							
DEPARTMENT				CLASSIFICATION			
(IF REJEC	TED, SUMMA	ARY REPO	ORT OR I	REASONS SHOUL	D BE PL	ACED IN FILE)	
THIS SECTION TO	BE FILLED I	N BY RE	SPONSII	BLE OFFICER OR	COMPA	ANY REPRESENTATIVE	
	SUPERIOR	GOOD	FAIR	BELOW AVERGE	POOR	WRITTEN RECORD ON FILE	
1. APPLICTION							
2. INTERVIEW							
3. PAST EMPLOYMENT							
4. WRITTEN EXAM							
5. ROAD TEST							
6. CRIMINAL AND TRAFFIC CONVICTIONS							
SIGNATURE OF INTERVIE	WING OFFICER						
			TDAN	SFERS			
FROM:	TO					TO	
DATE:		DATE:					
REASON FOR TRANSFER				_ REASON FC	OR TRANS	ER	
FROM:	TO:			FROM		TO:	
DATE:			DATE				
REASON FOR TRANSFER				REASON FC	JK IKANSI	EK	
DATE TERMINATE DISMISSED TERMINATION REPORT PI				VOLUNTAR	NT REALI	EASED FROM	