

# P-D MIDWEST TRANSPORT INC.

a subsidiary of the *Palmer-Donavin Mfg. Co.*

1200 Steelwood Road • Columbus, Ohio 43212-1372 • 614-486-9657 • FAX: 614-486-8101

## DRIVER'S APPLICATION FOR EMPLOYMENT

*(Application Must Be Complete - 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 \_\_\_\_\_  
Last First Middle

List your addresses of residency for the past three years.

Current Address \_\_\_\_\_  
Street City  
State Zip Code Phone \_\_\_\_\_ How long? \_\_\_\_\_

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

Do you have a legal right to work in the United States?  Yes  No

Can you provide proof of age?  Yes  No  
(Required for Truck Drivers)

Have you worked for this company before?  Yes  No Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

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

Are you now employed?  Yes  No If not, how long since leaving last employment? \_\_\_\_\_

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

Can you perform all functions of the job as outlined in the job description?  Yes  No

## 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 and interstate commerce shall also provide an additional 7 years' 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 if necessary.)

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON			REASON FOR LEAVING	
PHONE#				

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON			REASON FOR LEAVING	
PHONE#				

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON			REASON FOR LEAVING	
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EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON			REASON FOR LEAVING	
PHONE#				

\*Includes vehicles having 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.

DATES	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 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 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 (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK _____				
TRACTOR AND SEMI-TRAILER				
TRACTOR - TWO TRAILERS _____				
OTHER _____				

List states operated in for last five years: \_\_\_\_\_

List 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

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List courses and training other than shown elsewhere in this application

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List special equipment or technical materials you can work with (other than those already shown)

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**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 \_\_\_\_\_

**TRANSFERS**

FROM: _____ TO: _____	FROM: _____ TO: _____
DATE: _____	DATE: _____
REASON FOR TRANSFER: _____	REASON FOR TRANSFER: _____
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 \_\_\_\_\_

# REQUEST FOR INFORMATION

From Previous Employer

I hereby authorize you to release the following information to P-D Midwest Transport for the purpose of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

MAIL TO:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear Sir/Madam:

The below named individual has made application to this company for a position as \_\_\_\_\_  
\_\_\_\_\_ and states that he/she was employed by you as  
\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ .

We appreciate your time in completing, in confidence, the information requested below. Enclosed is a business reply envelope for your convenience. Thank you for your courtesy.

Sincerely,

\_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
Employed from \_\_\_\_\_ to \_\_\_\_\_ as \_\_\_\_\_ at wage or salary  
of \_\_\_\_\_ .

Did he/she drive a motor vehicle for you? \_\_\_\_\_ Straight Truck? \_\_\_\_\_ Tractor-Semitrailer? \_\_\_\_\_  
Bus? \_\_\_\_\_ Other (Specify) \_\_\_\_\_

Was he/she a safe and efficient driver? \_\_\_\_\_

Reason for leaving your employ: Discharged \_\_\_\_\_ Resignation \_\_\_\_\_ Lay-Off \_\_\_\_\_  
Military Duty \_\_\_\_\_

Was his/her general conduct satisfactory? \_\_\_\_\_

Please advise history of past driving record if available for past three years: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# CONFIDENTIAL REPORT OF PERSONAL REFERENCE

Please indicate your opinion by placing a check (✓) in the appropriate column.

CHARACTERISTICS	EXCELLENT	GOOD	FAIR	POOR
Disposition, Tact, Ability to get along with others				
Initiative, Resourcefulness				
Safety Habits				
Driving Skills				
Attitude				
Loyalty				

Any other remarks \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

FOR PROSPECTIVE EMPLOYER'S RECORD  
MAINTAIN THIS INFORMATION IN THE DRIVER QUALIFICATION FILE FOR  
3 YEARS AFTER THE PERSON'S EMPLOYMENT BY THE MOTOR CARRIER CEASES.

**DISCLOSURE UNDER FAIR  
CREDIT REPORTING ACT AND CONSENT  
TO PROCUREMENT OF  
CONSUMER REPORT FOR EMPLOYMENT PURPOSES**

The undersigned hereby authorizes the Palmer-Donavin Mfg Co,

or its insurance agency Indiana Insurance, or it assigns, to obtain copies of consumer reports, including a motor vehicle report, pertaining to me for employment purposes, and for use in rating and/or underwriting insurance for which the above-named employer may apply, and any renewal thereof. I understand that in obtaining such consumer reports, a consumer reporting agency may be used, and I do hereby authorize such use.

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_

\_\_\_\_\_  
Print Name

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## FUNCTIONAL JOB ANALYSIS WORKSHEET

### DESCRIPTION OF JOB:

The driver's are responsible for transporting material to customers, unloading trucks, operating a forklift or crane, keeping a log book of stops, maintenance on trucks and check off inventory.

### SUMMARY OF ESSENTIAL JOB FUNCTIONS

Driving on a frequent basis.  
Sitting on a frequent basis.  
Lifting in the medium/heavy PDL level on a rare basis.  
Step climbing on a regular basis.  
Completing paperwork on a regular basis.  
Stair climbing on a regular basis.  
Walking on an occasional to regular basis.  
Cervical rotation on an occasional basis.

SHIFT:  Days  Evenings  Midnights

HOURS PER WEEK: \_\_\_\_\_ OVERTIME REQUIRED?  Yes  No

VARIABLES: Self-pacing/Repetitive motion/Occasional rudimentary tasks/Adequate lighting

SENSORY REQUIREMENTS: Near & far vision/Color vision/Gross & fine hearing/Depth perception/  
Peripheral vision

SAFETY/HYGIENE EXPOSURE: Elevated work/Protective gloves required

FUNCTIONAL ABILITIES: Regular 50 to 100 lb. floor to waist lifting  
Rarely 25 to 30 lbs. waist to overhead lifting  
Occasional 30 to 50 lbs. pushing  
Occasional 30 to 50 lbs. pulling  
Occasional 30 to 50 lbs. carrying  
Frequent right/left hand grasping

FLEXIBILITY: Rare elevated work  
Rare kneeling and squatting  
Occasional forward bending/standing  
Frequent forward bending/sitting

STATIC WORK: Occasional standing required  
Frequent sitting required

AMBULATION: Regular walking  
Regular stair climbing  
Regular ladder  
Regular balance

COORDINATION: Occasional left and right hand gross motor skills  
Frequent left and right hand fine motor skills