



neighbors taking care of neighbors

HOMETOWNE ENERGY

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Brockport, NY 14420
Tel (585) 637-2920
Fax (585) 637-5065

768 Brooks Avenue
Rochester, NY 14619
Tel (585) 436-7503
Fax (585) 328-3989

110 East Pearl Street
Newark, NY 14513
Tel (315) 331-8830
Fax (315) 331-0421

2300 Milo Mill Road
Penn Yan, NY 14527
Tel (585) 526-7011
Tel (315) 694-7396
Fax (315) 694-7165

DRIVER 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, veteran status, non-job related disability, or any other protected group status.

Date of application _____

PERSONAL INFORMATION

Name _____ Telephone # _____
First Last

Address _____
Street City
State Zip Code

Social Security #: _____ - _____ - _____ Date of Birth _____ / _____ / _____ SEX: M F
mo day year (circle one)

Married: Y N Number of Children _____
(circle one)

Position Desired _____ Salary Desired _____

Part Time or Full Time _____ Hours Desired _____

Presently Employed? Y N If Yes, Where? _____
(circle one)

May we contact your present employer? Y N (circle one)

Drivers License # _____ State of Issue _____

Present Status of License? _____
(any points,suspended,conditional,etc.)

Person (s) to notify in case of an emergency:

Contact #1

NAME _____ TELEPHONE _____
ADDRESS _____ RELATIONSHIP _____

Contact #2

NAME _____ TELEPHONE _____
ADDRESS _____ RELATIONSHIP _____

How did you get referred to us? _____

(Answer only if a job requirement)

Have you ever been convicted of/or have a pending felony or misdemeanor? YES NO

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment- all circumstances will be considered.

Give Name, Address and Telephone Number of two references who are not related to you or previous employers.

1. _____
2. _____

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

DRIVERS LICENSES	STATE	LICENSE NO.	CLASS	ENDORSEMENTS	EXP. 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 denied, suspended or revoked? YES _____ NO _____

IF THE ANSWER TO EITHER **A** OR **B** IS YES, GIVE DETAILS _____

DRIVING EXPERIENCE IF NONE, WRITE **NONE**.

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	APPROX. NO. OF MILES (TOTAL)	DATES	
			FROM	TO
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR- TWO TRAILERS				
MOTORCOACH-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 AND WHEN? _____

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)

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, driving record, 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. I understand that this application is not an offer of employment. I also understand that if hired, the employment will be "at will", subject to termination at any time or for any reason. 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