

# Summers Lawnscape Maintenance, Inc.

402 Valley Park Drive  
Auburn IN 46706

## Driver's Application for Employment

(Please Print and Return to 1919 Jacob St. Auburn, IN. 46706)

Applicant Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

Social Security Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ How Long? \_\_\_\_\_ Phone \_\_\_\_\_

*List Addresses for previous 3 Years. Use additional Sheet if necessary.*

\_\_\_\_\_ How Long? \_\_\_\_\_  
Street City Zip & State

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Street City Zip & State

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Street City Zip & State

Do you have the legal right to work in the United States? \_\_\_\_\_

Have you worked for this company before? \_\_\_\_\_ When? From \_\_\_\_\_ To \_\_\_\_\_

Position Held \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ If yes, please explain in detail on a separate sheet of paper. Conviction of a felony is not an automatic denial of employment. All Circumstances will be reviewed and considered.

### Education

Last grade completed \_\_\_\_\_ College \_\_\_\_\_ Additional Training \_\_\_\_\_

Last grade completed \_\_\_\_\_ College \_\_\_\_\_ Additional Training \_\_\_\_\_

## Previous Employment History

All driver applicants who operate in interstate commerce must provide the following information on all current and previous employers for the previous 3 years. You must also provide previous employer information for an additional 7 years where you drove a commerce motor vehicle.

*(Please begin with the most recent Employer)*

<b>Employer</b>	Date: (Include month & year)
Name:	From:                      To:
Address:	Position:
City:                                      State:                                      Zip Code:	Reason for Leaving:
Contact:                                      Phone:	
Were you subject to FMCSRs While Employed? _____ Yes _____ No	
Was your job designated as a safety-sensitive function subject to the drug and alcohol testing requirements 49CFR Part 40? _____ Yes _____ No	Wage:
<b>Employer</b>	Date: (Include month & year)
Name:	From:                      To:
Address:	Position:
City:                                      State:                                      Zip Code:	Reason for Leaving:
Contact:                                      Phone:	
Were you subject to FMCSRs While Employed? _____ Yes _____ No	
Was your job designated as a safety-sensitive function subject to the drug and alcohol testing requirements 49CFR Part 40? _____ Yes _____ No	Wage:
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Name:	From:                      To:
Address:	Position:
City:                                      State:                                      Zip Code:	Reason for Leaving:
Contact:                                      Phone:	
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<b>Employer</b>	Date: (Include month & year)
Name:	From:                      To:
Address:	Position:
City:                                      State:                                      Zip Code:	Reason for Leaving:
Contact:                                      Phone:	
Were you subject to FMCSRs While Employed? _____ Yes _____ No	
Was your job designated as a safety-sensitive function subject to the drug and alcohol testing requirements 49CFR Part 40? _____ Yes _____ No	Wage:

**Accident Record:**

Please list all accidents regardless of fault for the previous 3 years.  
Write **NONE** if non-applicable.

Date of Accident	Type of Accident	Fatalities	Injuries	Haz-mat Spill
1.				
2.				
3.				

**All traffic convictions and forfeitures  
for the previous 3 years. (other than parking)**

Write **NONE** if non-applicable.

Date	Charge	Location	Penalty
1.			
2.			
3.			
4.			

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 **yes** to A or B please provide specific details:

\_\_\_\_\_

\_\_\_\_\_

**License Information:**

License	License	License Number	License

**Driving Experience:**

Equipment	Dates From / To	Approximate Miles
Straight Truck		
Tractor-Trailer		
Tractor-Double Trailers		
Tractor-Triple Trailers		
Tractor-Flatbed Trailer		
Tractor-Tank Trailer		
Tractor-Dump Trailer		
Other		

List states operated in: \_\_\_\_\_

List safe driving awards: \_\_\_\_\_

List any special training: \_\_\_\_\_

**APPLICANT READ COMPLETELY AND SIGN**

In connection with my application for employment (including contract for services) with **Summers Lawnscape Maintenance, Inc.**,

I understand that consumer reports which may contain public record information may be requested from **Summers Lawnscape Maintenance, Inc.** These reports may include the following types of information: Names and dates of previous employers, reason for termination of employment, work experience, accidents, safety performance, etc. I further understand that such reports may contain public record information concerning my driving record, workers', compensation history, credit, bankruptcy proceedings, criminal records, etc. From federal, state and other agencies which maintain such records. I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY **Summers Lawnscape Maintenance, Inc.** TO FURNISH THE ABOVE MENTIONED INFORMATION TO THE EXTENT AUTHORIZED BY STATE AND FEDERAL LAW.

I have the right to make request to **Summers Lawnscape Maintenance, Inc.**, upon proper identification, to request the nature and substance of all information in the files on me at the time of my request, to have incorrect information corrected and have a rebuttal statement included if necessary. In conformity with 49 C.F.R. Part 40, I hereby authorize motor carriers (company/school) listed on my application to furnish to **Summers Lawnscape Maintenance, Inc.** the following information concerning drug and alcohol tests, DOT drug and alcohol testing violations including pre-employment tests during the past three years (I) the dates on which I tested positive for drugs and the drugs involved; (II) the dates on which I tested .04 or greater for alcohol and the test result levels; (III) the dates on which I refused to be tested for drugs and/or alcohol; (IV) any failure to undertake or complete a rehabilitation program prescribed by a Substance Abuse Professional; (V) other violations of DOT drug and alcohol testing regulations; and (VI) any information the carriers have received regarding violations of drug/alcohol testing regulations from my previous employers observed by DOT.

I fully understand that the information I authorized **Summers Lawnscape Maintenance, Inc.** to receive involves tests which were required by the Department of Transportation (DOT). If any carrier (company/school) listed on my application furnishes **Summers Lawnscape Maintenance, Inc.** with information concerning items (I) through (V) above, I also authorize that carrier (company/school) to release and furnish dates of my negative drug and /or alcohol tests and/or test with results below 0.04 during the three year period and the names and phone numbers of any substance abuse professional who evaluated me during the past three years.

**Driver Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**APPLICANT READ COMPLETELY AND SIGN**

In compliance with Federal and State equal 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 disability, or any other group protected status.

I certify that the information presented on 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.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_