

SFS Tools & Safety
2500 S Main Street, Harrisonburg VA 22801 540-433-7727
APPLICATION FOR EMPLOYMENT

We are an Equal Employment Opportunity Employer. Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, disability, genetic identification, or any other legally protected status under applicable law.

If you need assistance completing this application, please contact our office.

This application will only be considered for the position(s) sought and will only be considered for such openings in the next 30 days. After 30 days, individuals should reapply if they would like to be considered for employment.

Date Application Submitted _____

Position (s) Applied for _____

Name _____
Last First Middle

Address _____

City _____ State _____ Zip Code _____

Social Security # _____

Phone # _____ Best Time to Call _____

Please list the addresses where you lived during the past three (3) years:

1. Address _____

City _____ State _____ Zip Code _____

2. Address _____

City _____ State _____ Zip Code _____

3. Address _____

City _____ State _____ Zip Code _____

(If you need additional space, please continue on a separate sheet of paper.)

Have you ever been employed here before? Yes No (If yes, date(s) of employment _____)

Are you on lay-off and subject to recall? Yes No

Have you been convicted of any crime within the past seven (7) years? Yes No (If yes, explain – conviction will not necessarily disqualify applicant from employment. The nature of the conviction, the date of the conviction, and the relationship of the conviction to the job sought will be considered)

Are you legally eligible for employment in the United States? Yes No

Person to be notified in case of an accident, injury, or emergency:

Name _____ Relation: _____

Home Phone # _____ WorkPhone # _____ Hours Worked _____

DRIVING HISTORY (Will only be considered if driving is essential to the position sought)

Do you have a valid driver's license? Yes No

Issuing State _____ License # _____ Vehicle Class _____

List the type of trucks driven and for how long _____

Have you operated any other types of construction equipment that you think might suit you for work with this company?
(i.e., backhoe, trencher, etc.) _____

Have you ever been terminated by a previous employer for violating their safety rules? Yes _____ No _____

Have you ever been terminated by a previous employer for violating their work rules? Yes _____ No _____

Are you subject to any type of agreement (such as a non-competition or confidentiality agreement) which would prohibit you from being employed with us? Yes _____ No _____

EMPLOYMENT HISTORY

Start with your present or last job. Include military service assignments and volunteer activities. (Exclude groups that indicate any status protected by applicable law). Your refusal to allow us to contact previous employer may make you ineligible for consideration of employment.
CDL Drivers: A list of the names and addresses of your employers during the past seven (7) year period preceding the past three (3) years for which you were an CDL driver -- include the dates of employment and the reason(s) for leaving such employment.

1. Date: From _____ To _____ Rate of Pay: Start _____ Final _____

Employer _____ Supervisor _____ Phone _____

Address _____ Reason for Leaving _____

Describe the work that you performed _____

May we contact? _____yes _____no

2. Date: From _____ To _____ Rate of Pay: Start _____ Final _____

Employer _____ Supervisor _____ Phone _____

Address _____ Reason for Leaving _____

Describe the work that you performed _____

May we contact? _____yes _____no

3. Date: From _____ To _____ Rate of Pay: Start _____ Final _____
 Employer _____ Supervisor _____ Phone _____
 Address _____ Reason for Leaving _____
 Describe the work that you performed _____

May we contact? yes no

4. Date: From _____ To _____ Rate of Pay: Start _____ Final _____
 Employer _____ Supervisor _____ Phone _____
 Address _____ Reason for Leaving _____
 Describe the work that you performed _____

May we contact? yes no

Describe any special job-related skills and abilities from other jobs or other experience, and volunteer activities (i.e., the nature and extent of your experience in the operation of motor vehicles, including the type of equipment such as buses, trucks, truck tractors, semitrailers, full trailers, and pole trailers that you have operated.), which would be relevant to the job you are applying for.

(If you need additional space, please continue on a separate sheet of paper.)

List each *unexpired* driver's license (including CDL's) that has been issued to you. *(Will only be considered if driving is essential to the position sought):*

State	License No.	Type	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been had any license, permit, or privilege to operate a motor vehicle denied, revoked, or suspended? *(Will only be considered if driving is essential to the position sought):*

Yes No

If you answered "yes" to the above question, please describe, in detail, the facts and circumstances surrounding the denial(s), revocation(s), and/or suspension(s): _____

(If you need additional space, please continue on a separate sheet of paper.)

List all motor vehicle accidents in which you were involved during the past three (3) years. Specify the date and nature of each accident and any fatalities or personal injuries caused. (Attach separate sheet if more space is needed.) (Will only be considered if driving is essential to the position sought):

Date	Nature of Accident (Head-on, Rear-end, etc.)	Fatalities (Yes/No)	Injuries (Yes/No)
Last Accident _____	_____	_____	_____
Next Previous _____	_____	_____	_____
Next Previous _____	_____	_____	_____
Next Previous _____	_____	_____	_____

List all traffic convictions (other than parking tickets) and/or forfeitures of bond or collateral during the past three (3) years. (Will only be considered if driving is essential to the position sought):

Location	Date	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CDL Drivers Only:

1. After October 29, 2004, were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) while employed by a previous employer? _____ Yes _____ No
2. Was your job designated as a safety-sensitive function in any Department of Transportation (DOT) regulated mode subject to alcohol and controlled substances testing requirements as set forth by 49 CFR part 40? _____ Yes _____ No
3. Are you at least 21 years old (to qualify for a Commercial Drivers License)? Yes No
4. Date of your last physical examination as required by the Department of Transportation (DOT) _____

APPLICANT MUST REVIEW AND SIGN

I understand that working overtime may be an essential function of my job. If hired, agree to work overtime as requested except where otherwise prohibited by law.

I understand that this application is not an employment contract and that, if hired, my employment and compensation is “at-will” and can be terminated, with or without cause, at any time at the option of either the company or myself.

It is agreed and understood that Special Fleet Service, Inc., may investigate my background, including any information provided in this application. As allowed by law, I release those who provided such information as well as Special Fleet Service, Inc., and their owners, employees and agents from any and all liability for any damages on account of or arising out of the dissemination of or use of the information they provided.

TO CDL DRIVERS: The information you have provided is in accordance with DOT regulations and your previous employers will be contacted for the purpose of investigating your safety performance history information as required. The following are your Due Process Rights: a.) you have the right to review information provided by previous employers; b.) you have the right to have errors in the information corrected by the previous employer and for the previous employer to re-send the corrected information to Special Fleet Service, Inc.; and c.) you have the right to have a rebuttal statement attached to the alleged erroneous information if you and your previous employer cannot agree on the accuracy of the information.

I understand that providing false or misleading information may make me ineligible for employment. If I am hired, 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. I certify 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.

SIGNATURE OF APPLICANT

DATE

AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER