

DURDACH BROS., INC.
P.O. BOX #117, MAIN STREET
PAXINOS, PA 17860

APPLICATION FOR EMPLOYMENT

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.

(Please Print)

Date of application: _____

Position(s) Applied for _____
Name: _____ Social Security No. _____
Last First Middle

Address: _____
Street City
State Zip Phone: _____

ADDRESS	_____	How Long?	_____
FOR PAST	Street	City	State & Zip Code
THREE	_____	_____	How Long?
YEARS	Street	City	State & Zip Code
(If different than listed above)			

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

Date of birth: ____/____/____ Can you provide proof of age? _____
(Required for Truck Drivers)

Have you filed an application here before? _____ When? _____

Are you now employed: _____ If not, how long since leaving last employment? _____

May we contact your present employer? _____

Who referred you? _____ Rate of pay expected: _____

What date would you be available for work? _____ Are you on a lay-off/subject to recall? _____

Are you available to work: Full Time _____ Part-time _____ Shift Work _____ Temporary _____

Can you travel if a job requires it? _____ yes _____ no

Have you been convicted of a felony or misdemeanor within the last 7 years? _____ yes _____ no
(conviction will not necessarily disqualify applicant from employment.)

If yes, please explain _____

EMPLOYMENT HISTORY/EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin. Supply the following information on all employers during the preceding ten (10) years.

(Add another sheet as necessary, list employers in reverse order starting with the most recent.)

1. Employer	Telephone ()	Dates Employed		Work Performed
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting	Final	
Supervisor/Contact Person				
Reason for leaving				
2. Employer				
Telephone ()		Dates Employed		Work Performed
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting	Final	
Supervisor/Contact Person				
Reason for leaving				
3. Employer				
Telephone ()		Dates Employed		Work Performed
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting	Final	
Supervisor/Contact Person				
Reason for leaving				
4. Employer				
Telephone ()		Dates Employed		Work Performed
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting	Final	
Supervisor/Contact Person				
Reason for leaving				

Give name, address and telephone number of three (3) references who are not related to you and are not previous employers.

1. _____
2. _____
3. _____

Special Skills and Qualifications:

Summarize special skills and qualifications acquired from employment or other experience: _____

Traffic accident Record for past 3 years or more (Attach sheet if more space is needed)

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)

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)

Describe Course of Study: _____

Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities: _____

Honors Received: _____

State any additional information you feel may be helpful to us in considering your application: _____

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): _____

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 answer to either A or B is yes, attach statement giving details

Driving Experience

Class of Equipment	Type of Equipment (Van, Truck, Flat, Etc.)	Dates From To	Approx. no of Miles (total)
Straight Truck			
Tractor and Semi-Trailer			
Tractor-Two Trailers			
Other			

List states Operated in for the last 5 years: _____

Show special courses or training that will help you as a driver: _____

Which safe driving awards do you hold and from whom? _____

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 inquires of my personal, equipment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquires 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 and is not intended to be a contract of employment.

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

Applicants Signature