



neighbors taking care of neighbors

# HOMETOWNE ENERGY

500 Holley Street  
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  
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## 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? \_\_\_\_\_

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**EXPERIENCE AND QUALIFICATIONS-OTHER**

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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**

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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.

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Date

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Applicant's Signature