

# DeLullo Trucking Corp. Application for Employment

1022 DeLaum Road  
P.O. Box 497  
St. Marys, PA 15857  
Tel: 814-834-1464  
Fax: 814-834-9588



Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Current Address : \_\_\_\_\_  
\_\_\_\_\_

Previous Address for (3) three years prior to current address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State : \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Endorsements: \_\_\_\_\_

List any other state(s) that you had a driver's license in the last (3) yrs \_\_\_\_\_

Type of Equipment operated (list tractor trailer, tri-axle, dry van, walking floor van etc.): \_\_\_\_\_  
\_\_\_\_\_

List all Accident(s) in the last (3) three years:

Date of Accident	Location of the Accident	Nature of the Accident	Fatalities/personal injuries
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_____	_____	_____	_____
_____	_____	_____	_____

List all moving violation in the last (3) three years:

Date	State	Violation	Date	State	Violation
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Has your driver's license ever been suspended ? \_\_\_\_\_ If yes, state license was issued, date and reason of suspension \_\_\_\_\_

Have you been drug and/or alcohol tested and had a positive test result in the last (3) three years? \_\_\_\_\_

If yes, did you complete the required SAP counseling and training. \_\_\_\_\_

Please list the name, address and phone number of the SAP \_\_\_\_\_  
\_\_\_\_\_

List all Past Employment in the last (3) three years, or a total of (10) ten years, if operating a commercial vehicle. List the most recent employer first. Under the name of the Company if you were subjected to Federal Motor Carriers Safety Regulations circle yes..

Name of Company and Address: \_\_\_\_\_  
Subjected to FMCSRs? yes or no \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number(required) \_\_\_\_\_  
Dates of Employment \_\_\_\_\_ to \_\_\_\_\_  
Job Description \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Did you follow FMCSRs?(did you complete a log-driver's duty status record) \_\_\_\_\_

Name of Company and Address: \_\_\_\_\_  
Subjected to FMCSRs? yes or no \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number (required) \_\_\_\_\_  
Dates of Employment \_\_\_\_\_ to \_\_\_\_\_  
Job Description \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Did you follow FMCSRs?(did you complete a log-driver's duty status record) \_\_\_\_\_

Name of Company and Address: \_\_\_\_\_  
Subjected to FMCSRs? yes or no \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number(required) \_\_\_\_\_  
Dates of Employment \_\_\_\_\_ to \_\_\_\_\_  
Job Description \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Did you follow FMCSRs?(did you complete a log-driver's duty status record) \_\_\_\_\_

Name of Company and Address: \_\_\_\_\_  
Subjected to FMCSRs? yes or no \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number(required) \_\_\_\_\_  
Dates of Employment \_\_\_\_\_ to \_\_\_\_\_  
Job Description \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Did you follow FMCSRs?(did you complete a log-driver's duty status record) \_\_\_\_\_

Emergency contact: \_\_\_\_\_  
Name Phone Number Relationship to this person

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 also give DeLullo Trucking Corp. permission to check my past employment and drug/alcohol records.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

# INQUIRY TO PAST EMPLOYERS

FROM:

**DeLullo Trucking Corp.**

1022 DeLaum Road  
P.O. Box 497  
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Tel: 814-834-1464  
Fax: 814-834-9588



TO:

**Personnel Manager:** The person named below has applied to this company for employment. Your company is listed by the applicant as a past employer. Kindly reply to this inquire within 14 days.

Name of Applicant: \_\_\_\_\_ SS#: \_\_\_\_\_  
Job applied for: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Sincerely, Renee D. Sullivan, Safety Director

Is employment record with your company correct as stated above? \_\_\_\_\_ If not, list correct dates \_\_\_\_\_  
What type of work did he/she do while employed by your company? \_\_\_\_\_  
If employed as a driver, specify equipment driven: \_\_\_\_\_  
Did he/she have custody of money or valuables? \_\_\_\_\_ Were accounts properly kept? \_\_\_\_\_

**Number of Accidents** \_\_\_\_\_

**List any and all vehicle accidents in the previous three(3) years:**

Date of Accident: \_\_\_\_\_ Location of Accident: \_\_\_\_\_ Preventable/Non Preventable \_\_\_\_\_

Description of Accident: \_\_\_\_\_

Number of Fatalities \_\_\_\_\_ Number of Injuries \_\_\_\_\_ Number of Vehicles Towed \_\_\_\_\_ Hazmat/Fuel Spill \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Location of Accident: \_\_\_\_\_ Preventable/Non Preventable \_\_\_\_\_

Description of Accident: \_\_\_\_\_

Number of Fatalities \_\_\_\_\_ Number of Injuries \_\_\_\_\_ Number of Vehicles Towed \_\_\_\_\_ Hazmat/Fuel Spill \_\_\_\_\_

Please list any additional accident information: \_\_\_\_\_

To your knowledge was his/her license ever suspended or revoked? \_\_\_\_\_

Please list the state the applicant's license was issued from while in your employment. \_\_\_\_\_

Reason for Leaving: Discharged \_\_\_\_\_ Laid off \_\_\_\_\_ Resigned \_\_\_\_\_

Was his/her general conduct satisfactory? \_\_\_\_\_ Would you re-employ this person? \_\_\_\_\_

Any problems with the following: paperwork, logs, directions, dispatch etc.? \_\_\_\_\_

**Drug and Alcohol testing information for the last three years: Any positives or Refusals:** \_\_\_\_\_

Additional Comment? \_\_\_\_\_

Signature and Title of Person Supplying Information: \_\_\_\_\_

You are hereby authorized to give DeLullo Trucking Corp. all information regarding my character, conduct and services while I was employed with your company. You are release from all liability which may result from such information.

Print Name: \_\_\_\_\_

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

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**REQUEST FOR PAST TEST RESULTS FOR PAST THREE (3) YEARS**

\_\_\_\_\_ Applicants Name                      \_\_\_\_\_ Social Security Number                      \_\_\_\_\_ Date

In accordance with Department of Transportation Regulations 49 CFR Part 382.43(b), 391.23(a)(2) and at the request of DeLullo Trucking Corp. the following information is being provided by \_\_\_\_\_ regarding DOT drug and alcohol tests. On the above named applicant while he/she was in your employ.

I hereby authorize the above listed company to release to DeLullo Trucking Corp. all information concerning all my alcohol tests with a concentration result of .04 or greater. Any positive controlled substance test results and refusals to be tested in the last three (3) years.

\_\_\_\_\_ Signature of Applicant                      \_\_\_\_\_ Print Name                      \_\_\_\_\_ Date

Please complete the following information requested:

\_\_\_\_\_ **No Positive Drug Test or refusal to be tested---last three years**

**Positive Drug Test Results during the last three (3) Years**

Date of Test _____	_____ Positive	_____ Refusal to be tested
Date of Test _____	_____ Positive	_____ Refusal to be tested
Date of Test _____	_____ Positive	_____ Refusal to be tested

\_\_\_\_\_ **No Positive Alcohol Test or refusal to be tested ---last three years**

**Positive Alcohol Tests Results(.04 BAC or Greater) during the past three (3) years.**

Date of Test _____	_____ Positive	_____ Refusal to be tested
Date of Test _____	_____ Positive	_____ Refusal to be tested
Date of Test _____	_____ Positive	_____ Refusal to be tested

PLEASE COMPLETE THIS FORM AND RETURN TO FAX 814-834-9588 OR IN THE SELF ADDRESSED STAMPED ENVELOPE THAT IS PROVIDED.