

# DRIVER'S APPLICATION FOR EMPLOYMENT

(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

Company: Vantage Healthcare Network  
Address: 1305 South Main Street  
City: Meadville State: PA Zip: 16335

(Answer all questions – please print)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions with out regard to race, color, religion, sex, national origin, age, marital status or non-job disability.

Date of Application: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Position(s) Applied for:: \_\_\_\_\_

Social Security Number: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Name: \_\_\_\_\_  
*Last First Middle*

Present Address: \_\_\_\_\_  
*Street City State Zip*

<b>Addresses for the Past Three Years</b>	Present Address: _____ <i>Street City State Zip</i>
	Present Address: _____ <i>Street City State Zip</i>

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

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Can you Provide Proof of Age? \_\_\_\_\_

Have you ever worked for this company before? \_\_\_\_\_

Dates: From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Rate of Pay: \_\_\_\_\_ Position: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected? \_\_\_\_\_

Is there any reason you might be unable to perform the functions of the job which you have applied [as described in the attached job description]? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding three (3) years.

Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional seven (7) years information on those employers for whom the applicant operated such vehicle.

**(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)**

<u>EMPLOYER</u>	<u>DATE</u>	
Name:	From:	To:
Address:	Mo. Yr.	Mo. Yr.
City: State: Zip Code:	Position Held	
Contact Person:	Salary/Wage	
Phone Number:	Reason For Leaving	

<u>EMPLOYER</u>	<u>DATE</u>	
Name:	From:	To:
Address:	Mo. Yr.	Mo. Yr.
City: State: Zip Code:	Position Held	
Contact Person:	Salary/Wage	
Phone Number:	Reason For Leaving	

<u>EMPLOYER</u>	<u>DATE</u>	
Name:	From:	To:
Address:	Mo. Yr.	Mo. Yr.
City: State: Zip Code:	Position Held	
Contact Person:	Salary/Wage	
Phone Number:	Reason For Leaving	

<u>EMPLOYER</u>	<u>DATE</u>	
Name:	From:	To:
Address:	Mo. Yr.	Mo. Yr.
City: State: Zip Code:	Position Held	
Contact Person:	Salary/Wage	
Phone Number:	Reason For Leaving	

<u>EMPLOYER</u>	<u>DATE</u>	
Name:	From:	To:
Address:	Mo. Yr.	Mo. Yr.
City: State: Zip Code:	Position Held	
Contact Person:	Salary/Wage	
Phone Number:	Reason For Leaving	

**Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.**

	(Head-on, Rear-End, upset, etc)		
<b>Last Accident:</b>			
<b>Next Previous:</b>			
<b>Next Previous:</b>			

Traffic convictions and forfeitures for the past three (3) years [other than parking violations]:

<u>LOCATION</u>	<u>DATE</u>	<u>CHARGE</u>	<u>PENALTY</u>

(ATTACH SHEET IF MORE SPACE IS NEEDED)

**EDUCATION**

Circle Highest Grade Completed:

High School: 1    2    3    4    5    College:    1    2    3    4    5

Last School Attended: \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS – Driver**

<b>DRIVER LICENSES</b>	<u>STATE</u>	<u>LICENSE NO.</u>	<u>TYPE</u>	<u>EXPIRATION DATE</u>

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**

<u>CLASS OF EQUIPMENT</u>	<u>TYPE OF EQUIPMENT</u> (VAN, TANK, FLAT, ETC.)	<u>DATES</u>		<u>APPROX. NO. OF MILES</u> (TOTAL)
		<u>FROM:</u>	<u>TO:</u>	
Straight Truck:				
Tractor and Semi-Trailer:				
Tractor –Two Trailers:				
Other:				

List states operated in for the last five (5) years: \_\_\_\_\_

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

Which safe driving awards do you hold and from whom? \_\_\_\_\_

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): \_\_\_\_\_

**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 inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment division. (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.

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

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

**This section to be filled in by responsible officer or company representative**

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
1. Application						
2. Interview						
3. Past Employment						
4. Written Exam						
5. Road Test						
6. Criminal and Traffic Convictions						

Signature of Interviewing Office: \_\_\_\_\_

**TRANSFERS**

From: \_\_\_\_\_ To: \_\_\_\_\_  
Date: \_\_\_\_\_  
Reason for Transfer: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_  
Date: \_\_\_\_\_  
Reason for Transfer: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_  
Date: \_\_\_\_\_  
Reason for Transfer: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_  
Date: \_\_\_\_\_  
Reason for Transfer: \_\_\_\_\_

**TERMINATION OF EMPLOYMENT**

Date Terminated: \_\_\_\_\_  
Dismissed: \_\_\_\_\_ Voluntarily Quit: \_\_\_\_\_  
Termination Report Placed in File: \_\_\_\_\_

Department Released From: \_\_\_\_\_  
Other: \_\_\_\_\_  
Supervisor: \_\_\_\_\_

## DISCLOSURE AND RELEASE

In connection with my application for employment (including contract for services) with you, I understand that consumer reports, which may contain public record information, may be requested from Services, Tulsa, Oklahoma. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation claims, credit bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from DAC concerning previous driving record requests made by others from such state agencies, and state provided driving records.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY DAC TO FURNISH THE ABOVE MENTIONED INFORMATION.

I have the right to make a request to DAC, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which DAC has previously furnished within the two year period preceding my request. I hereby consent to your obtaining the above information from DAC, and I agree that such information which DAC has or obtains, and my employment history with you if I am hired, will be supplied by DAC to other companies which subscribe to DAC services.

I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

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

\_\_\_\_\_  
Social Security Number

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

\_\_\_\_\_  
Date

## PRE-EMPLOYMENT URINALYSIS NOTIFICATION

The Federal Motor Carrier Safety Regulations, Section 391.103 – pre employment testing requirements, apply to driver-applicants of this company.

391.103 Pre-employment testing requirements.

- (a) A motor carrier shall require a driver-applicant who the motor carrier intends to hire or use to be tested for the use of controlled substances as a requalification condition.
- (b) A driver-applicant shall submit to controlled substance testing as a prequalification condition.
- (c) Prior to collection of a urine sample under §391.107 of this subpart, a driver-applicant shall be notified that the sample will be tested for the presence of controlled substances.

As a condition of my employment, I agree to the urine sample collection and controlled substance testing.

I understand a positive test for controlled substances based on the Urinalysis Test will medically disqualify me from the operation of a commercial motor vehicle for this company.

The Medical Review Officer will maintain the results of the Urinalysis Test. Negative and positive results will be reported to the company.

My written authorization is required of the Urinalysis Test results to be given to other parties.

I have read and understand the above conditions of the Pre-Employment Urinalysis Notification.

\_\_\_\_\_  
APPLICANT'S NAME (please print)

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
MONTH

\_\_\_\_\_  
DAY

\_\_\_\_\_  
YEAR

Witnessed By:

\_\_\_\_\_  
COMPANY REPRESENTATIVE'S SIGNATURE

\_\_\_\_\_  
MONTH

\_\_\_\_\_  
DAY

\_\_\_\_\_  
YEAR

\*January 1, 1995, Section 391.103 use of this form terminates for motor carries with fifty drivers or more.

\*\*January 1, 1995, Section 391.103 use of this form terminates for motor carries with fewer than fifty drivers more.





# APPLICATION FOR EMPLOYMENT

(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

PERSONAL INFORMATION					L A S T
Date: ____ / ____ / ____ Social Security Number: ____ / ____ / ____					
Name: _____ <span style="display: block; text-align: center; font-size: small;">Last First Middle</span>					
Present Address: _____ <span style="display: block; text-align: center; font-size: small;">Street City State Zip</span>					
Permanent Address: _____ <span style="display: block; text-align: center; font-size: small;">Street City State Zip</span>					
Phone Number: (____) _____ - _____					
Are you 18 Years or Older: <input type="checkbox"/> YES <input type="checkbox"/> NO					

SPECIAL QUESTIONS					F I R S T
<b>DO NOT answer any of the questions in this framed area unless the Employer has checked a box preceding a question.</b> Thereby indicating that the information is required for a Bona Fide Occupational Qualification, or dictated by National Security Laws, or is needed for other legally permissible reasons.					
<input type="checkbox"/> Height ____ Feet ____ Inches <span style="margin-left: 100px;"><input type="checkbox"/> Weight ____ Lbs.</span>					
<input type="checkbox"/> Are you prevented from lawfully becoming employed in the U.S. ____ YES ____ NO					
<input type="checkbox"/> Date of Birth ____ / ____ / ____ <small>(The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age)</small>					
<input type="checkbox"/> What Foreign Languages do you speak fluently? _____					
<input type="checkbox"/> What Foreign Languages do you read fluently? _____					
<input type="checkbox"/> What Foreign Languages do you write fluently? _____					
<input checked="" type="checkbox"/> Have you been convicted of a felony or misdemeanor within the last five years? __YES __NO					
Please Describe: _____ <small>(You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied for.)</small>					

EMPLOYMENT DESIRED - A specific position has to be entered on this application on the "Position Desired" line or we will not accept your application.					M I D D L E
Position: _____ Date You Can Start: _____ Salary Desired: _____					
Are You Employed Now: _____ If so may we inquire of your present employer? _____					
Ever Applied to this Company Before? _____ Where? _____ When? _____					

EDUCATION				
	<u>Name and Location</u>	<u># of Years Attended</u>	<u>Did you Graduate?</u>	<u>Subjects Studied</u>
Grammar School				
High School				
College				
Trade, Business or Correspondence School				

GENERAL (Subjects of special study or research work)	
U.S. Military or Naval Service: _____	
Rank: _____ Present Membership in National Guard or Reserves: _____	

**FORMER EMPLOYERS (List below the last four employers, starting with the last one first)**

<u>Date, Month and Year</u>	<u>Name and Address of Employer</u>	<u>Salary</u>	<u>Position</u>	<u>Reason for Leaving</u>
From: _____ To: _____				
From: _____ To: _____				
From: _____ To: _____				
From: _____ To: _____				

**REFERENCES (Give the names of three persons not related to you, whom you have known at least one year)**

<u>Name</u>	<u>Address, Phone Number &amp; Email</u> <i>(please put name of business if the reference number is a place of business)</i>	<u>Years Acquainted</u>
1.		
2.		
3.		

**PHYSICAL RECORDS**

Do you have any physical limitations that preclude you from performing any work for which you are being considered?  YES  NO

If Yes, what can be done to accommodate your limitation? Please Describe.

\_\_\_\_\_

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice.

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

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



# Vantage<sup>®</sup> Holding Company, LLC

1305 South Main Street ♦ Meadville, PA 16335

(814) 337-0000

## Vantage<sup>®</sup> Values

Below are five values that Vantage<sup>®</sup> uses within its companies. Beside each value, please explain how you can contribute to our company by using the value.

TRUTH: \_\_\_\_\_  
\_\_\_\_\_

MUTUAL RESPECT: \_\_\_\_\_  
\_\_\_\_\_

CREATIVITY: \_\_\_\_\_  
\_\_\_\_\_

FLEXIBILITY: \_\_\_\_\_  
\_\_\_\_\_

CUSTOMER SERVICE: \_\_\_\_\_  
\_\_\_\_\_

## Authorization to Release Information

TO: (Prior Employer, School Attended, Police Record, etc.)

As an applicant for a position with Vantage<sup>®</sup>, I have been asked to furnish information for use in reviewing my background and qualifications. In this connection, I hereby authorize the investigation of my past and present work, character, education, military and police records to ascertain any and all information which may be pertinent to my employment qualifications. The release in any manner of any and all information by you is authorized whether such information is of record or not, and I do hereby release all persons, firms, agencies or companies, whomsoever, from any damages resulting from furnishing such information.

This authorization shall be valid for three months from the date of my signature below. You may retain this copy of my release for your files. Thank you for your assistance.

Print Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

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

**DO NOT WRITE BELOW THIS LINE**

Interviewed by: _____	Date: _____	Hired: <input type="checkbox"/> YES <input type="checkbox"/> NO	Salary/Wage: _____
Position: _____	Department: _____	Date reporting to work: _____	
Approved: (1.) _____	(2.) _____	(3.) _____	
<i>Employment Manager</i>	<i>Department Head</i>	<i>General Manager</i>	

*This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination. This application for employment form is sold for general use throughout the United States. TOPS assumes no responsibility for the inclusion in said of any questions which, when asked by the Employer of the job applicant, may violate State and/or Federal Law.*