

Hugill Sanitation Inc.  
779 Front St  
Mahaffey, PA 15757-8909  
814-277-6050 Fax: 277-5511  
Email: [Trash\\_trucks@hughes.net](mailto:Trash_trucks@hughes.net)

## TRUCK DRIVER APPLICATION FOR:

CDL ( ) Non-CDL ( ) Either ( )

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

### PERSONAL INFORMATION:

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

Social Security Number: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Current Address: Street \_\_\_\_\_ PO BOX: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Are You Legally Permitted to work in the United States? Yes ( ) No ( )

Are You Presently Employed? Yes ( ) If so, may we contact your present employer? Yes ( ) No ( )

No ( ) If not, how long since last employment? \_\_\_\_\_

### EMPLOYMENT DESIRED:

Full-time ( ) Part-Time ( )

Salary Desired: \$ \_\_\_\_\_

EDUCATION: [Circle highest grade completed] High School: 9<sup>th</sup>, 10<sup>th</sup>, 11<sup>th</sup>, 12<sup>th</sup>, College: 1, 2, 3, 4,

Are you proficient in reading and speaking English? Yes ( ) No ( )

### EXPERIENCE & QUALIFICATIONS:

List all licenses or permits held in the past three (3) years;

State: License Number: Class: Expiration Date:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Have you ever been denied a license, permit or privilege to operate a motor vehicle? ? Yes ( ) No ( )

\*Has any license, permit or privilege ever been suspended or revoked? Yes ( ) No ( )

\*Have you ever been disqualified for violation of a Federal Motor Carrier Safety Regulation? Yes ( ) No ( )

\*If yes to ANY of the above questions, please provide detail(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any trucking, transportation or other experience that may help you in your work as a driver for this company:

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How many years of LOCAL DRIVING experience do you have? \_\_\_\_\_

How many years of OVER THE ROAD DRIVING experience do you have? \_\_\_\_\_

How many years of experience driving a Commercial Motor Vehicle do you have? \_\_\_\_\_

List courses or training not shown elsewhere on this application:

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- \*Do you know and understand how to properly complete a Driver's Daily Log? Yes ( ) No ( )
- \*Do you know and understand Federal Motor Carrier's Safety Regulations? Yes ( ) No ( )
- \*Have you ever been discharged or lost driver approval because of an accident? Yes ( ) No ( )
- \*Have you ever been refused motor vehicle insurance? Yes ( ) No ( )
- \*Drivers approved by this company are held personally responsible for all traffic laws they break and the related fines; do you accept this rule? Yes ( ) No ( )
- \*Have you ever failed a drug or alcohol test with any employer? Yes ( ) No ( )

**DRIVING EXPERIENCE:**

Type:	Number of Axles:	Manual/Automatic:	Dates:	Approximate miles:
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**Current Drug Testing Card?** Yes ( ) No ( )

**Current Physical Card?** Yes ( ) No ( )

**ACCIDENT/INCIDENT RECORD FOR PAST 5 YEARS:**

Date:	Nature of Accident:	Fatalities?	Injuries?	Were You Cited?
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**TRAFIC CONVICTIONS & VIOLATIONS FOR THE PAST 3 YEARS:**

Date:                      Location:                      Violation:                      Penalty:                      Points:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT RECORD FOR PAST 10 YEARS:**

Last Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ Position Held: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

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Previous Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ Position Held: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

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Previous Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ Position Held: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

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**Please also provide copies of your Driver's License, Physical Card, and we must see your Social Security Card.**

**TO BE READ AND SIGNED BY THE APPLICANT:**

By signing below, I recognize that Hugill Sanitation Inc. is an Equal Opportunity Employer and I certify that this application was completed by me, and that all entries on it and the information contained herein is true and complete to the best of my knowledge. I further understand that as a condition of consideration for employment, I will be required to prove evidence of a current DOT physical, complete a pre-employment drug screening, and prove my ability to drive a commercial vehicle by a supervised road test of duration to be determined by the company.

**Applicant's Signature:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_