

# M.E.M. Investments, Inc.

Pike County Concrete  
504 Well Road  
Lords Valley, Pennsylvania 18428  
570-775-7880

Carbondale Concrete  
Rear 555 Main Street  
Simpson, Pennsylvania 18407  
570-282-5850

## DRIVER'S 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.

Date of Application \_\_\_\_\_

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

Name \_\_\_\_\_

Last

First

Middle

Social Security No.

List your addresses of residency for the past 3 years.

Current Address

Street

City

State

Zip

Phone

How Long?

Previous Addresses

Street

City

State

Zip

Phone

How Long?

Street

City

State

Zip

Phone

How Long?

Are you prevented from Lawfully becoming employed in this country because of Visa or Immigration Status?  YES  NO  
Proof of citizenship or immigration status will be required upon employment.

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (Required for Truck Drivers) Can you provide proof of age?  YES  NO

Have you worked for this company before?  YES  NO Where? \_\_\_\_\_

Date

From

To

Rate of Pay

Position

Reason for leaving \_\_\_\_\_

Are you now employed? \_\_\_\_\_

Who referred you? \_\_\_\_\_

Rate of pay expected \_\_\_\_\_

Are you able to perform the essential functions of the job you are seeking without accommodations?  YES  NO

## EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional 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.)

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

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

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

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

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

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

EMPLOYER			DATE	
Name	From Mo.	Yr.	To Mo.	Yr.
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person	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.

Accident report for past 3 years or more (Attach sheet if more space is needed) if none, write none.

DATE	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

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION 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 suspended or evoked?     YES     NO

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

### Driving Experience if none, write none.

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, etc.)	DATES		APPROX. NO. OF MILES (Total)
		From	to	
Straight Truck				
Tractor and Semi-Trailer				
Tractor - Two Trailers				
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? \_\_\_\_\_

## **EXPERIENCE AND QUALIFICATIONS - OTHER**

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**

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 to make such investigations and inquiries of my employment history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools 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.

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Date

Application's Signature