



Insulation. The Right Way.



4002 Main Street • Erie, PA 16511

Phone: (814) 898-8517 • Fax: (814) 898-2707

PERSONAL INFORMATION:

Last Name	First Name	M.I.	Social Security Number	
Address		City	State	Zip
Phone Number		Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Email				

THIS INFORMATION IF REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION, OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS.

- ☐ *Have you been convicted of a felony or misdemeanor? ☐ Yes ☐ No
If yes, when _____ For what reason? _____
- ☐ I understand and agree that I may be required to take one or more: ☐ Physical examination as a condition of hiring or continued employment. I agree to consent to take such a test at such time as designated by the Agency and to release the Agency, its directors, officers, agents or employees from any claim arising in connection with the use of such a test(s).
☐ Yes ☐ No

*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.

EMPLOYMENT DESIRED:

Position:		
Date you can start:	Salary desired:	Hours available:
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, may inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If no, why? _____		

PREVIOUS RESIDENCY:

Please list your previous addresses of residency for the past 3 years if different from current address:				
Address	City	State	Zip	How long?
Address	City	State	Zip	How long?
Address	City	State	Zip	How long?

EXPERIENCE:

Straight Truck _____		
Experience	Years	
Semi (List types of equipment such as van, flat, etc.)		
Type	From	To
Type	From	To
Type	From	To
Type	From	To

TRAFFIC VIOLATIONS (Last Three Years)

Date	Location	Charge	Type of Vehicle

ACCIDENTS (Last Three Years)

Date	Location	Charge	Type of Vehicle

DRIVER LICENSES (Held in Last Three Years)

State of License	License #	Exp. Date
State of License	License #	Exp. Date
State of License	License #	Exp. Date
Has your license ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____ For what reason?		

EDUCATION:

	Name and Location of School	Number of Years Attended	Did you graduate?	Subjects Studied
High School				
College				
Trade of Business School				
Other: List all schools or training related to trucking that you have attended.				

GENERAL INFORMATION:

Do you have a current driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
U.S. Military Service/Branch	Honorable discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT: List all employment during the last 3 years, plus all driving experience for the past 7 years prior to that, for a total of 10 years.

[illegible]

References: Give the name of 3 professional references, whom you have known at least 1 year.

Name	Phone Number	Occupation	Years Acquainted

PHYSICAL RECORD:

Is there any reason you cannot perform essential functions of the job with or without reasonable accommodation?

☐ Yes ☐ No

- Bauer Specialty follows ADA guidelines with respect to reasonable accommodations.

.....
"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 immediate 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 that they may have personal or otherwise, and release all parties from all liability for any damage that may result from furnishing the 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 prior notice."

Date: _____ Signature: _____