

DRIVER'S APPLICATION FOR EMPLOYMENT

CHUDY PAPER CO. INC.
930 BAILEY AVENUE
BUFFALO NY 14206

(Answer All Questions) (Please Print)

In compliance with Federal and State equal employment 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 _____ Social Security No. _____
Last First Middle

List your address of residency for the past three years.

Current Address _____
Street City
State Zip Code Phone _____ How long? _____

Previous Addresses

_____	_____	_____	How long? _____
Street	City	Zip Code	
_____	_____	_____	How long? _____
Street	City	Zip Code	
_____	_____	_____	How long? _____
Street	City	Zip Code	

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

Date of Birth ____/____/____

Can you provide proof of age? _____

Have you worked for this company before? _____ Where? _____

Dates From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since last employment? _____

Who referred you? _____ Rate of pay expected _____

Is there any reason you might be unable to perform the functions of the job for which you have applied? _____
If yes please explain _____

All driver applicants to drive in interstate commerce must provide the following information on all employed 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.)

EMPLOYMENT HISTORY

EMPLOYER		DATE	
Name _____	_____	From _____	To _____
Address _____	_____	Position _____	_____
City _____	State _____	Zip _____	Salary/Wage _____
Contact Person _____	Phone Number _____	Reason for Leaving _____	_____

EMPLOYER		DATE	
Name _____	_____	From _____	To _____
Address _____	_____	Position _____	_____
City _____	State _____	Zip _____	Salary/Wage _____
Contact Person _____	Phone Number _____	Reason for Leaving _____	_____

EMPLOYER

DATE

Name _____	From _____ To _____
Address _____	Position _____
City _____ State _____ Zip _____	Salary/Wage _____
Contact Person _____ Phone Number _____	Reason for Leaving _____

EMPLOYER

DATE

Name _____	From _____ To _____
Address _____	Position _____
City _____ State _____ Zip _____	Salary/Wage _____
Contact Person _____ Phone Number _____	Reason for Leaving _____

VIOLATIONS/ACCIDENTS

Dates	Nature of Accident	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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

READ AND SIGN

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 decision. (Generally, inquires 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 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 to abide by all rules and regulations by the company.

DATE

APPLICANT'S SIGNATURE

PROCESS RECORD

Hired _____

Rejected _____

Date Employed _____

Department _____

Classification _____

INTERVIEW

	SUPERIOR	GOOD	FAIR	BELOW AVG	POOR
APPLICATION	_____	_____	_____	_____	_____
INTERVIEW	_____	_____	_____	_____	_____
PAST EMPLOYMENT	_____	_____	_____	_____	_____

Signature if interviewing officer _____