

Sensenig Transportation Inc

10705 State Route 44 – Watsontown, Pa 17777

Phone: 570-838-3838

Fax: 570-838-3840

APPLICATION ADDENDUM FOR EMPLOYMENT REQUIRING DRIVING

NAME _____ PHONE: (____) _____
First Middle Last

DRIVER LICENSES: (list all licenses held in past 3 years and indicate those that are current)

STATE	LICENSE NUMBER	CLASS	ENDORSEMENT(S)	EXPIRATION
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you ever been denied, or had revoked or suspended any license, permit, or privilege to operate a motor vehicle?
Yes _____ No _____

If you answered YES to the above questions, give details: (if additional space is needed, attach sheet)

TRAFFIC CONVICTIONS AND FORFEITURES FOR PAST 3 YEARS: (Other than parking)

LOCATION (CITY & STATE)	DATE	CHARGE	PENALTY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DRIVING EXPERIENCE:

CLASS OF EQUIPMENT	DATES (FROM - TO)	APROX. NO. OF TOTAL MILES
Van/Pickup _____		
Truck/Tractor _____		
Other (Specify) _____		

ACCIDENT RECORD FOR PAST 3 YEARS: (if additional space is needed, attach sheet)

<u>DATE</u>	<u>LOCATION</u>	<u>NATURE OF ACCIDENT</u>	<u>FATALITIES</u>	<u>INJURIES</u>

LIST SPECIAL TRAINING RELATED TO TRANSPORTATION:

(If additional space is needed, attach sheet)

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 understand that, if hired, any misrepresentation of information in this application is cause for immediate dismissal.

I authorize Sensenig Transportation Inc to investigate my background to ascertain all information of concern to my employment history, whether same is of record or not, and release those providing such information from all liability for any damages resulting from furnishing this information. Further, I understand that I may be asked to demonstrate my ability to perform the essential functions necessary to complete the job and, if hired, that it may be conditioned on results of a physical examination, and controlled substances and alcohol misuse test.

I hereby provide consent to Sensenig Transportation Inc to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse. My consent is for unlimited limited queries for the duration of employment.

I understand that if the limited query conducted by the company indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Sensenig Transportation Inc without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for Companies to conduct a limited query of the Clearinghouse, Companies must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

DATE _____ APPLICANT'S SIGNATURE _____