

W.C. ESHENAU & SON, INC

PA1736

PLUMBING·HEATING·A/C·PROPANE·FUEL OIL·SHEETMETAL FAB·CERTIFIED WELDING & MACHINING
EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

200 S. 41st Street·Harrisburg, PA 17111·Phone (717) 236-5031·Fax (717) 236-5332

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Do you have a current Driver's License? ____ Yes ____ No (State: ____ # _____ Class _____
Expiration Date _____)

List all moving motor violations (other than parking) for the last 3 years _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO
☐ ☐ ☐ ☐

Have you ever worked for this company? YES NO If yes, when? _____
☐ ☐

Are you currently Employed YES NO
☐ ☐

Are you currently on "lay off" status and subject to recall? YES NO
☐ ☐

Have you ever been convicted of a felony? YES NO
☐ ☐

If yes, explain: _____

Previous Three Years Residency

Years _____
(Street) (City) (State & Zip Code)

Years _____
(Street) (City) (State & Zip Code)

Years _____
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Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

List Professional, trade, business civic activities and offices held

(You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status).

References

Please list three professional references. (Do not list relatives or employers)

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

Company: _____ Phone: _____

Address: _____ Supervisor: _____

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Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this employer? YES___NO___

Was this job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? YES___NO___

May we contact your previous supervisor for a reference? YES NO
☐ ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this employer? YES___NO___

Was this job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? YES___NO___

May we contact your previous supervisor for a reference? YES NO
☐ ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this employer? YES___NO___

Was this job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? YES___NO___

May we contact your previous supervisor for a reference? YES NO
☐ ☐

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CDL DRIVERS

Last First M.I. Date of Birth

License Information

Section 383.21 FMCSr states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

State License No Type Expiration Date

Driving Experience

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				

Accident Record for past 3 years or more (Attach Sheet if more space is needed)

Dates	Nature of Accident (Head on, Rear-end, Upset, Etc)	Number of Fatalities	Number of Injuries	Chemical Spills	
				Yes	No
				Yes	No
				Yes	No
				Yes	No

Traffic Convictions and Forfeitures for the Past 3 Years (Other than Parking Violations)

Date Convicted (Month/Year)	Violation	State of Violation Location	Penalty (forfeited bond, collateral and/or points)

(Attach Sheet if More Space is Needed)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes____ No____

If yes, explain _____

B. Has any license, permit or privilege ever been ever been suspended or revoked? Yes____ No____

If Yes, explain _____

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Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Comments Including any gaps in employment

Disclaimer and Signature

1. **Completeness and accuracy of information.** I represent that all of the information now or hereafter given by me in support of my application for employment is true and complete. I understand that if I am hired, any false or misleading information in support of my application may subject me to discharge at any time during the period of my employment.
2. **Authorization for release of information and release from liability.** I authorize you to verify any of the information given during the application process with appropriate individuals, companies, institutions, or agencies and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of disclosure. I hereby release you and them from any liability whatsoever as a result of such inquiries and disclosures. A photocopy or other electronic reproduction of this authorization/release is binding, and may be relied upon.
3. **Employment at will.** I understand that if I am employed, I will be an employee at will. This means that either the employer or the employee may terminate the employment relationship with or without cause at any time.
4. **No written, oral, or implied contracts.** I understand that any written Company documents, oral statements, or formal or informal policies are not to be construed as granting an express or implied employment contract and that I am not entitled to rely upon any such documents, statements or Company policies as stating employment terms. The Employment relationship with the Company may be modified only in writing directed to me by the President of the Company.
5. **Benefits may be altered.** I understand that the Company at its option may change, delete, suspend, or discontinue any part or parts of its benefit program at any time without prior notice, both while persons are actively employed and while retired or otherwise separated from employment with the Company.
6. **I understand that a test for drug and alcohol misuse may be required as part of the interview process, and I hereby authorize the release of test results to the Company.** I hereby consent to the performance of such medical examination and testing. I waive all claims arising out of these procedures against the Company and those performing the examination and tests. I understand and consent that as a condition of continued employment, I will submit to drug and alcohol testing in the future. I authorize the release of any such subsequent testing to the Company and waive all claims against it or those performing the examination and tests. I understand that I will be subject to immediate termination for failing to submit to examination or testing.
7. **If an employment relationship is established, I agree to wear or use all protective clothing or devices as may be required by the Company and to comply with all safety policies and procedures.**
8. **Driver Positions** – I understand that information I provide regarding current and/or previous employer(s) may be used, and those employer(s) may be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:
 - a. **Review** information provided by current/previous employers.
 - b. **Have errors** in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer and
 - c. **Have a rebuttal statement** attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

I acknowledge that I have read and understand the above statement in its entirety, and have had the opportunity to ask questions regarding any aspect of this application, and that I accept the above terms.

Signature: _____ Date: _____