

**DRIVER'S  
APPLICATION FOR EMPLOYMENT  
SENN FREIGHT LINES, INC.  
P. O. BOX 1191 HWY 121/34  
NEWBERRY, SC 29108-1191**

Fill out this application blank in your own handwriting with PEN AND INK or INK PENCIL and sign it.

Do not answer any question on this blank until such question is thoroughly clear to you.

The undersigned agrees to the following conditions by execution of this application:

- 1) That this application for employment in no way assures the applicant of a position with the above Company.
- 2) That, if hired, the applicant shall first be subject to a sixty (60) days probationary period of employment, during which time such applicant employee may be discharged without cause or recourse.
- 3) This application authorizes any of your former employers and/or their authorized agents to furnish the above Company such information as may be required regarding your personal record and/or character without recourse.
- 4) This application is submitted with the understanding that

it will not be accepted unless the applicant shall pass a physical examination satisfactory to the above Company, such examination to be at the applicant's expense.

5) And it is further understood and agreed by the undersigned that if, in making this application, he (or she) has made any misrepresentations which may later come to the attention of the above Company, it shall be considered sufficient grounds for immediate dismissal or discharge without recourse, whatsoever.

I HAVE READ THE ABOVE INSTRUCTION AND AGREEMENT AND AGREE TO BE BOUND THEREBY.

\_\_\_\_\_  
(Applicant's Signature)

Date \_\_\_\_\_ Location \_\_\_\_\_

Position Desired \_\_\_\_\_ Social Security Number \_\_\_\_\_

**I. PERSONAL DESCRIPTION**

Telephone Number \_\_\_\_\_

Full Name \_\_\_\_\_  
First Middle Last Sex \_\_\_\_\_ Age \_\_\_\_\_

Present Address \_\_\_\_\_  
Street & Number City State Zip Code

Previous Address \_\_\_\_\_  
Street & Number City State Zip Code

How Long at Present Address \_\_\_\_\_ How Long at Previous Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_ Marital Status: \_\_\_Married \_\_\_Single \_\_\_Divorced \_\_\_Widowed

Are You a U.S. Citizen? \_\_\_\_\_ Number of Dependents \_\_\_\_\_ Date Available for Work \_\_\_\_\_

Have You Ever Applied for Employment With Us? \_\_\_\_\_ If Yes: Month and Year \_\_\_\_\_

Have You Been Convicted of a Crime in the Past Ten Years \_\_\_\_\_ If Yes, Describe in Full \_\_\_\_\_

State Names of Relatives and Friends Working for Us. \_\_\_\_\_

Have You Received Workmen's Compensation or Disability Income Payments? \_\_\_\_\_  
 If Yes, Explain \_\_\_\_\_

Have You Any Physical Defects Which Would Hinder You from Performing Certain Jobs? \_\_\_\_\_  
 If Yes, Explain \_\_\_\_\_

Do You Have Transportation To and From Work? \_\_\_\_\_

Have You Ever Had Any Litigation With Any Transportation Company, Person, Firm or Corp for Damages on Account of Personal Injuries \_\_\_\_\_ Give Particulars \_\_\_\_\_

Were You Ever Discharged from a Position? \_\_\_\_\_ Give Particulars \_\_\_\_\_

Have You Ever Served in the Military? \_\_\_\_\_ Dates of Active Duty \_\_\_\_\_ Branch \_\_\_\_\_



<b>E D U C A T I O N</b>	SCHOOL	NAME AND LOCATION OF SCHOOL AND DATES ATTENDED	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
	College	From _____ To _____			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High	From _____ To _____			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Elementary	From _____ To _____			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Other (Truck Driving School)	From _____ To _____			<input type="checkbox"/> Yes <input type="checkbox"/> No	

**(G) REFERENCES**

List the Names of Five (5) Persons Who Are Not Related to You. They must Be Householders and of Good Standing Who Have Known You Well at Least Three (3) of the Past Five (5) Years.

(Do Not Show Former Employers)

NAME	ADDRESS	OCCUPATION	YEARS KNOWN
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

List all unexpired motor vehicle operating licenses and permits issued to applicant: \_\_\_\_\_

Chauffeurs License:—Issuing State: \_\_\_\_\_ Number: \_\_\_\_\_ Expires: \_\_\_\_\_

Operators License:—Issuing State: \_\_\_\_\_ Number: \_\_\_\_\_ Expires: \_\_\_\_\_

Drivers License:—Issuing State: \_\_\_\_\_ Number: \_\_\_\_\_ Expires: \_\_\_\_\_

List all motor vehicle accidents in which applicant was involved during past 3 years: \_\_\_\_\_

**VEHICLE ACCIDENT RECORD**

NAME & ADDRESS OF EMPLOYER	TIME & DATE	LOCATION	TYPE OF VEHICLE	PROPERTY DAMAGE	PERSONAL INJURIES	PERSONS KILLED
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

List all violations of motor vehicle laws or ordinances (other than violations involving only parking) of which the applicant was convicted or forfeited bond or collateral during the 3 years preceeding date of this application:

DATE	VIOLATION	LOCATION	PENALTY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 revoked? YES \_\_\_\_\_ NO \_\_\_\_\_

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

