

DRIVER'S APPLICATION FOR EMPLOYMENT

For
Lilly Trucking of Virginia, Inc.
4735 Lighthouse Lane, Naples, FL 34112-6435
1-800-822-9944
Fax 239-732-8527

APPLICANT ANSWER ALL QUESTIONS (PLEASE PRINT) AND SIGN ON PAGE 5 BEFORE SUBMITTING THIS APPLICATION

IN COMPLIANCE WITH FEDERAL AND STATE EQUAL EMPLOYMENT OPPORTUNITY 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. All applicants are tested for alcohol and drug use.

DATE _____

Name _____ S. S. No. _____
(Last) (First) (Middle) - -

LIST YOUR ADDRESSES OF RESIDENCY FOR THE PAST THREE YEARS

Current Address _____
Street City

State Zip Code Phone How Long

Previous Addresses _____ How Long

Street City State & Zip Code

Street City State & Zip Code How Long

Street City State & Zip Code How Long

GENERAL

Date of birth ____/____/____ Can you provide proof of age? _____
(Required for truck drivers)

Have you ever been bonded? _____ Name of bonding company _____
(Answer only if a job requirement)

Have you ever been convicted of a felony? _____

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

Have you worked for this company before? _____ Dates: From _____ To _____

Rate of Pay _____ Position _____

Reason for Leaving _____

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

Who referred you? _____ Rate of pay expected _____

PHYSICAL HISTORY

List any physical limitations (such as eyesight, limb impairment, etc.)

Are you physically capable of heavy manual work? _____

Date of last physical examination: _____

Doctor's Name and Address: _____

(Attach copy of current D.O.T. physical examination)

Have you ever been injured on the job? _____ If yes, give the

Nature and degree of such injuries: _____

Have you ever received Workmen's Compensation? _____ If yes, give the

Dates and reasons: _____

Is there any reason you might be unable to perform the functions of the job for which you have applied?

Yes No

If yes, explain if you wish _____

How much time have you lost from work in the past three years for illness?

In case of an emergency, whom shall we notify? Name _____

Telephone Numbers *(Please provide two (2) numbers)* _____

Comments: _____

EMPLOYMENT RECORD

NOTE: D.O.T. Requires that Employment for at least 10 years be shown

Last Employer: Name _____ **Supervisor's Name** _____
Address _____
Position Held _____ From _____ To _____ Salary _____
Reason For Leaving _____

Second Last Employer: Name _____ **Supervisor's Name** _____
Address _____
Position Held _____ From _____ To _____ Salary _____
Reason For Leaving _____

Third Last Employer: Name _____ **Supervisor's Name** _____
Address _____
Position Held _____ From _____ To _____ Salary _____
Reason For Leaving _____

Fourth Last Employer: Name _____ **Supervisor's Name** _____
Address _____
Position Held _____ From _____ To _____ Salary _____
Reason For Leaving _____

Fifth Last Employer: Name _____ **Supervisor's Name** _____
Address _____
Position Held _____ From _____ To _____ Salary _____
Reason For Leaving _____

Sixth Last Employer: Name _____ **Supervisor's Name** _____
Address _____
Position Held _____ From _____ To _____ Salary _____
Reason For Leaving _____

Seventh Last Employer: Name _____ **Supervisor's Name** _____
Address _____
Position Held _____ From _____ To _____ Salary _____
Reason For Leaving _____

Eighth Last Employer: Name _____ **Supervisor's Name** _____
Address _____
Position Held _____ From _____ To _____ Salary _____
Reason For Leaving _____

Ninth Last Employer: Name _____ **Supervisor's Name** _____
Address _____
Position Held _____ From _____ To _____ Salary _____
Reason For Leaving _____

Tenth Last Employer: Name _____ **Supervisor's Name** _____
Address _____
Position Held _____ From _____ To _____ Salary _____
Reason For Leaving _____

TO BE READ AND SIGNED BY APPLICANT

It is agreed and understood that any misrepresentations of information given above shall be considered an act of dishonesty.

I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation as required by 391.23 of the Federal Motor Carrier Safety Regulations.

In making this application for employment, I understand that an investigation may be made whereby information is obtained by personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors or others with who I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation in compliance with section 606 (A) (1) of the Fair Credit Reporting Act.

It is agreed and understood that the employer or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.

The applicant agrees to furnish such additional information and complete such examinations as may be required to complete his employment file.

It is agreed and understood that this application for employment in no way obligates the employer to employ the applicant.

It is agreed and understood that if hired, the employee may be on a probationary period during which time he may be discharged without recourse.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

_____ Date

_____ Applicant's Signature

ADDITIONAL COMMENTS

This page must be completed for application to be considered complete.

The following grid should illustrate how a driver's log should look for a trip from Richmond, VA to Newark, NJ.

The driver reported for work at 6:00 A.M., helped load, checked with dispatch, made a pre-trip inspection, and performed other duties until 7:30 A.M. when the driver began driving. At 9:00 A.M. the driver had a minor accident in Fredericksburg, VA, and spent one half hour handling details with the local police. The driver arrived at the company's Baltimore, MD, terminal at noon and went to lunch while minor repairs were made to the tractor. At 1:00 P.M. the driver resumed the trip and made a delivery in Philadelphia, PA, between 3:00 P.M. and 3:30 P.M. at which time the driver started driving again.

Upon arrival at Cherry Hill, NJ, 4:00 P.M., the driver entered the sleeper berth for a rest break until 5:45 P.M. at which time the driver resumed driving again. At 7:00 P.M. the driver arrived at the company's terminal in Newark, NJ. Between 7:00 P.M. and 8:00 P.M., the driver prepared the required paperwork including completing the driver's record of duty status, vehicle condition report, insurance report for the Fredericksburg, VA accident, checked for the next day's dispatch, etc. At 8:00 P.M., the driver went off duty.

DRIVER'S DAILY LOG
(ONE CALENDAR DAY - 24 HOURS)

ORIGINAL - File each day at home terminal
DUPLICATE - Driver retains in his possession for eight days

(MONTH)	(DAY)	(YEAR)	(TOTAL MILEAGE TODAY)	I certify these entries are true and correct:	VEHICLE NUMBERS - (SHOW EACH UNIT)
(TOTAL MILES DRIVING TODAY)				(DRIVER'S SIGNATURE IN FULL)	
LILLY TRUCKING OF VIRGINIA, INC.				(NAME OF CO-DRIVER)	
(NAME OF CARRIER OR CARRIERS) WINCHESTER, VA 22601				(HOME TERMINAL ADDRESS)	
(MAIN OFFICE ADDRESS)					

	MID-NIGHT											NOON											TOTAL HOURS
	1	2	3	4	5	6	7	8	9	10	11	1	2	3	4	5	6	7	8	9	10	11	
1: OFF DUTY																							
2: SLEEPER BERTH																							
3: DRIVING																							
4: ON DUTY (NOT DRIVING)																							
REMARKS																							

Shipping document, manifest number, or name of a shipper and commodity.
Check the time and enter name of place you reported and where released from work and when and where each change of duty occurred. Explain excess hours.

FROM: _____ (STARTING POINT OR PLACE) TO: _____ (DESTINATION OR TURN AROUND POINT OR PLACE)

USE TIME STANDARD AT HOME TERMINAL
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RECAP

DAY NO. _____

DRIVING HRS TODAY TOTAL LINE 3 _____

DRIVING VIOLATION TODAY _____

ON DUTY HRS TODAY TOTAL LINES 3 & 4 _____

70 HR/8 DAY DRIVERS

A. TOTAL HRS ON DUTY LAST 7 DAYS INCL TODAY _____

B. TOTAL HRS AVAILABLE TOMORROW 70 HRS MINUS A _____

C. TOTAL HRS ON DUTY LAST 8 DAYS INCL TODAY _____

60 HR/7 DAY DRIVERS

A. TOTAL HRS ON DUTY LAST 6 DAYS INCL TODAY _____

B. TOTAL HRS AVAILABLE TOMORROW 60 HRS MINUS A _____

C. TOTAL HRS ON DUTY LAST 7 DAYS INCL TODAY _____

