

TH PORT-A-JOHN LLC



Employment Application

Phone: 814-277-6227

Fax: 814-277-6394

Address: 5695 Main St, La Jose PA 15753

Mailing Address: 358 Front street, Mahaffey PA 15757

APPLICANT INFORMATION			
Last Name:	First:	M.I.:	Date:
Street Address:		Apartment/Unit #	
City:	State:	ZIP:	
School District:	Township or Borough:		
Phone:	E-mail Address:		
Date Available:	Social Security No.:	Birth Date:	
Position Applied for:		Desired Salary:	
Are you a citizen of the United States? <u>YES</u> <input type="checkbox"/> <u>NO</u> <input type="checkbox"/> If no, are you authorized to work in the U.S.? <u>YES</u> <input type="checkbox"/> <u>NO</u> <input type="checkbox"/>			
Have you ever worked for this company? <u>YES</u> <input type="checkbox"/> <u>NO</u> <input type="checkbox"/> If yes, when?:			
Have you ever been convicted of a felony? <u>YES</u> <input type="checkbox"/> <u>NO</u> <input type="checkbox"/> If yes, explain:			
Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?		If yes, have you successfully completed the return-to-duty process?	If yes, documentation <u>MUST BE PROVIDED</u> before any safety-sensitive transportation function is performed
		<u>YES</u> <input type="checkbox"/> <u>NO</u> <input type="checkbox"/>	<u>YES</u> <input type="checkbox"/> <u>NO</u> <input type="checkbox"/>
Do you understand that TH Port A John LLC is an Equal Employment Opportunity Employer? <u>YES</u> <input type="checkbox"/> <u>NO</u> <input type="checkbox"/>			
PLEASE DESCRIBE HOW YOU HEARD ABOUT EMPLOYMENT OPPORTUNITIES AT TH PORT-A- JOHN LLC:			
Advertisement:		Person:	Other:
IN CASE OF EMERGENCY, CONTACT:			
Name:	Relationship to you:		Telephone:
Name:	Relationship to you:		Telephone:

EDUCATION			
High School:		Address:	
From:	To:	Did you graduate? <u>YES</u> <input type="checkbox"/> <u>NO</u> <input type="checkbox"/>	Degree:
College:		Address:	
From:	To:	Did you graduate? <u>YES</u> <input type="checkbox"/> <u>NO</u> <input type="checkbox"/>	Degree:
Other:		Address:	
From:	To:	Did you graduate? <u>YES</u> <input type="checkbox"/> <u>NO</u> <input type="checkbox"/>	Degree:

REFERENCES	
<i>Please list three professional references</i>	
Full Name:	Relationship:
Company:	Phone:
Address:	
Full Name:	Relationship:
Company:	Phone:
Address:	
Full Name:	Relationship:
Company:	Phone:
Address:	

PREVIOUS EMPLOYMENT		
Company:	Phone:	
Address:	Supervisor:	
Job Title:	Starting Salary: \$	Ending Salary: \$
Responsibilities:		
From:	To:	Reason for Leaving:
Were you subject to FMCSA regulations during this period? <u>YES</u> <input type="checkbox"/> <u>NO</u> <input type="checkbox"/>		

Were you subject to 49 CFR Part 40 controlled substance/alcohol testing during this period? <u>YES</u> <input type="checkbox"/> <u>NO</u> <input type="checkbox"/>		
May we contact your previous employer? <u>YES</u> <input type="checkbox"/> <u>NO</u> <input type="checkbox"/> If No, please explain why:		
Company:	Phone:	
Address:	Supervisor:	
Job Title:	Starting Salary: \$	Ending Salary: \$
Responsibilities:		
From:	To:	Reason for Leaving:
Were you subject to FMCSA regulations during this period? <u>YES</u> <input type="checkbox"/> <u>NO</u> <input type="checkbox"/>		
Were you subject to 49 CFR Part 40 controlled substance/alcohol testing during this period? <u>YES</u> <input type="checkbox"/> <u>NO</u> <input type="checkbox"/>		
May we contact your previous employer? <u>YES</u> <input type="checkbox"/> <u>NO</u> <input type="checkbox"/> If No, please explain why:		
REQUEST FROM PREVIOUS EMPLOYER		
I hereby authorize past employers and current employer to release the following information to TH Port A John, LLC for the purpose of investigation as required by section 391.23 FMSCR. You are released from any and all liability that may result from furnishing this information.		
Applicants Signature:	SSN:	Date:

CONSENT TO BACKGROUND INVESTIGATION			
First Name:	MI:	Last Name:	
Address:	City:	State:	Zip:
SSN:	Driver's License:	State Issued:	
DISCLAIMER AND SIGNATURE			
I certify that my answers are true and complete to the best of my knowledge. I understand that TH PORT-A-JOHN LLC is an Equal Employment Opportunity employer. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I understand that I am applying for this position that is At-Will and that if I am hired; TH PORT-A-JOHN makes no guarantees about the length of my employment. If hired, I understand that TH PORT-A-JOHN LLC can terminate my employment at any time and that in return, I have the right to resign at any time.			
Signature:	Date:		