



If yes, explain \_\_\_\_\_

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code. Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

<b>Employer</b>			<b>Date</b>	
			From	To
Name			Mo. Yr.	Mo. Yr.
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person	Phone number		Reason for Leaving	

<b>Employer</b>			<b>Date</b>	
			From	To
Name			Mo. Yr.	Mo. Yr.
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person	Phone number		Reason for Leaving	

<b>Employer</b>			<b>Date</b>	
			From	To
Name			Mo. Yr.	Mo. Yr.
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person	Phone number		Reason for Leaving	

\* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

Accident record for past 3 years or more (Attach sheet if more space is needed). If none, write NONE.

<b>Dates</b>	<b>Nature of Accident</b>	<b>Fatalities</b>	<b>Injuries</b>
	(Head-on, Rear-end, Upset, etc)		
Last Accident			
Next Previous			
Next Previous			



## **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 authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

---

Date

---

Applicant's Signature

**Tri County Transportation, Inc.**  
**Health Ride Plus**

404 Magnolia Street  
PO Box 1007  
Northern Cambria, PA 15714  
Phone (814) 948-6537  
Fax (814) 948-4821

***FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT***

In accordance with the provisions of Section 604 (b)(2)(A); 606 and 615 of the Fair Credit Reporting Act, effective September 30, 1997, you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes.

**Note:** In accordance with DOT regulations for appropriate drivers these reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carriers Safety Regulations.

I also understand that my employer will periodically review my Motor Vehicle Record to determine continued eligibility to drive a company vehicle.

This authorization is valid as long as I am an employee and may only be rescinded in writing.

Candidate and/or Employee Acknowledgment

\_\_\_\_\_  
Print Full Name as it appears on Drivers License

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
Driver License Number

\_\_\_\_\_  
State

\_\_\_\_\_  
Expiration

## **AUTHORIZATION FOR CRIMINAL RECORD CHECK**

(Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.)

I, \_\_\_\_\_, hereby authorize Tri County Transportation, Inc./Health Ride Plus to do a Request for Criminal Record Check through the Pennsylvania State Police for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that Tri County Transportation, Inc. will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Name - Printed