



Annaville Pa. 17003

717-821-6914

manager@klinestruckinginc.com

APPLICATION FOR EMPLOYMENT

Full Name:		Date:	
Address:		Email Address:	
Phone:	DOB:	S.S#	

Employment Desired

Position:	Full Time	Part Time	Seasonal	On Call	Other
Date you can start:	Salary desired:				
Are you employed?	May we contact your present employer?				

CDL: CLASS A CLASS B	Special Endorsements:
Driver's License#	
Please attach DMV record (penndot.gov)	
How long have you had your CDL?	
Do you have dump experience (end dump / triaxle dump)? How long?	
Please describe experience with all trucks & equipment:	

Former Employers: Please list the last 4 employers, starting with the last one first. Be sure to include all CDL jobs for the last 3 years as required by law. Continue on back.

Date: Month & Year	Name of Employer & Address	Position Held	Salary	Reason for leaving
From:				
To:				

From:				
To:				
From:				
To:				
From:				
To:				

References: Give 3 persons not related to you that you have known for at least 1 year

Name:	Phone:	Years known:
Name:	Phone:	Years known:
Name:	Phone:	Years known:

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities (ADA) and other relevant federal and state laws.
Signature:
Date: