DRIVER'S APPLICATION FOR EMPLOYMENT

Lynn H. Scott, Inc.

8830 Blossvale Rd. PO Box 70

	Address	883	0 Blossvale	Rd, PO	Box 70	
	City	Blossvale	Sta	te NY	Zlp 1330	8
	Phone	(315)339-29		ax (315)	5)339-3900	
	are conside	ce with Federal and street for all positions was, or non-job related o	ithout regard to rac			
					Date of application	on
Position(s) App	olied for		· · · · · · · · · · · · · · · · · · ·			
Name		Fire		h 41-1-81 -	Social Security No.	****
Last				Mlddle		
•		cy for the past 3 years.				
Current Addres	Street			•	City	
	~			Phone		How Long?
Previous	State		Zlp Code			
Addresses	Street		City	St	ate & Zip Code	How Long?
						How Long?
	Street		City	St	ate & Zip Code	•
	Street		City	St	ate & Zlp Code	How Long?
Do you have the	legal right to work	In the United States?	-		•	
Date of Birth	/					
(Required for Co	mmercial Drivers)		Out you pio	vido piodi di di	30.	
Have you work	ed for this comp	any before?	Where?			
Dates: From _		_ To	Rate of	Pay	Position	
Reason for leav	ving					
Are you now er	nployed?	If not, how long	since leaving last em	ployment? _		
Who referred ye	ou?		·	····	Rate of pay expecte	d
Is there any re attached job de	eason you mlg escription]?	ht be unable to perfo	orm the functions o	f the job for	which you have a	pplied [as described in the
If yes, explain if	f you wish					
		***************************************	***************************************			

EMPLOYMENT HISTORY

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.)

	EMPLOYER	DATE
NAME		FROM TO MO. YR. MO. YR.
ADDRESS		POSITION HELD
CITY	STATE ZIP	SALARY/WAGE
CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING
	EMPLOYER	DATE
NAME		FROM TO
ADDRESS		MO. YR. MO. YR. POSITION HELD
CITY	STATE ZIP	SALARY/WAGE
CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING
		DATE
A.A.A.	EMPLOYER	DATE FROM TO
NAME		MO. YR. MO. YR. POSITION HELD
ADDRESS	OTATE	SALARY/WAGE
CITY CONTACT BERSON	STATE ZIP	REASON FOR LEAVING
CONTACT PERSON	PHONE NUMBER	
	EMPLOYER	DATE
NAME		FROM TO MO. YR. MO. YR.
ADDRESS		POSITION HELD
CITY	STATE ZIP	SALARY/WAGE
CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING
	EMPLOYER	DATE
NAME		FROM TO MO. YR. MO. YR.
ADDRESS		POSITION HELD
CITY	STATE ZIP	SALARY/WAGE
CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING
	EMPLOYER	DATE
NAME		FROM TO MO. YR. MO. YR.
ADDRESS		POSITION HELD
CITY	STATE ZIP	SALARY/WAGE
CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING
	EMPLOYER	DATE
VAME		FROM TO
ADDRESS		MO. YR. MO. YR. POSITION HELD
CITY	STATE ZIP	SALARY/WAGE
	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.

	DATES		NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)			FATALITIE	ES	INJURIES
AST ACCIDE	NT							
EXT PREVIO	ous							
IEXT PREVIO	DUS							
								······
AFFIC CONV		EITURES FOR THE PAST	T 3 YÉARS (OT	THER THAN PA	ARKING VIO	LATIONS) IF N	ONE, WR	ITE NONE
	LOCATION		DATE	CH	ARGE		PEN	NALTY
***************************************							······	
								
		(ATTACH SI	HEET IF MORE	SPACE IS NE	EDED)			
			EDUCAT			*		
CI E UIGUES	T CRADE COMPLET	ED: 1 0 0 1 5 0	7.0					
	ATTENDED	ED: 1 2 3 4 5 6	/ 8 F	HIGH SCHOOL	.: 1 2 3	4 COLL	.EGE: 1	2 3 4
11 00110027	(N	IAME)	······································			(CITY)		
			,					
		EXPERIENCE	AND QUALI	FICATIONS -	- DRIVER			
	STATE	EXPERIENCE LICENSE NO.	AND QUALI	FICATIONS -	- DRIVER	EX	PIRATION	N DATE
DRIVER	STATE		AND QUALI		- DRIVER	EX	PIRATION	N DATE
	STATE		AND QUALI		- DRIVER	EX	PIRATION	N DATE
	STATE		AND QUALI		- DRIVER	EX	PIRATION	I DATE
LICENSES		LICENSE NO.		TYPE	- DRIVER			
LICENSES Have you eve	er been denied a licen	LICENSE NO.	operate a moto	TYPE	- DRIVER	YES		_ NO
Have you eve	er been denied a licen	LICENSE NO. se, permit or privilege to a ever been suspended or	operate a motor revoked?	TYPE	- DRIVER	YES		_ NO
Have you eve	er been denied a licen	LICENSE NO.	operate a motor revoked?	TYPE	- DRIVER	YES		_ NO
Have you eve Has any licer IF THE ANS\	er been denied a licen	LICENSE NO. se, permit or privilege to ever been suspended of R B IS YES, ATTACH STA	operate a motor revoked?	TYPE	- DRIVER	YES		_ NO
Have you even Has any licer IF THE ANSI	er been denied a licen nse, permit or privilege WER TO EITHER A O	Se, permit or privilege to e ever been suspended of R B IS YES, ATTACH STA	operate a motor revoked?	TYPE or vehicle?	- DRIVER	YES		_ NO _ NO
Have you even Has any licer IF THE ANSV	er been denied a licennse, permit or privilege WER TO EITHER A O RIENCE IF NONE, V	LICENSE NO. se, permit or privilege to e ever been suspended of R B IS YES, ATTACH STA	operate a motor revoked?	TYPE		YES		_ NO
Have you even Has any licer IF THE ANS\ VING EXPE CLASS RAIGHT TRU	er been denied a licennse, permit or privilege WER TO EITHER A O RIENCE IF NONE, V OF EQUIPMENT CK	LICENSE NO. se, permit or privilege to e ever been suspended of R B IS YES, ATTACH STA	operate a motor revoked?	TYPE or vehicle?		YES		_ NO _ NO
Have you even Has any licer IF THE ANSI VING EXPE CLASS RAIGHT TRU	er been denied a licennse, permit or privilege WER TO EITHER A O RIENCE IF NONE, V OF EQUIPMENT CK SEMI-TRAILER	LICENSE NO. se, permit or privilege to e ever been suspended of R B IS YES, ATTACH STA	operate a motor revoked? ATEMENT GIVI	TYPE or vehicle?		YES		_ NO _ NO
Have you even Has any licer IF THE ANSV	er been denied a licen nse, permit or privilege WER TO EITHER A O RIENCE IF NONE, V OF EQUIPMENT CK SEMI-TRAILER D TRAILERS	LICENSE NO. se, permit or privilege to ever been suspended of R B IS YES, ATTACH STATE VRITE NONE TYPE OF EQUIP (VAN, TANK, FLAT,	operate a motor revoked? ATEMENT GIVI	TYPE or vehicle?		YES		_ NO _ NO
Have you even Has any licer IF THE ANSV	er been denied a licennse, permit or privilege WER TO EITHER A O RIENCE IF NONE, V OF EQUIPMENT CK SEMI-TRAILER	LICENSE NO. se, permit or privilege to ever been suspended of R B IS YES, ATTACH STATE VRITE NONE TYPE OF EQUIP (VAN, TANK, FLAT,	operate a motor revoked? ATEMENT GIVI	TYPE or vehicle?		YES		_ NO _ NO
Have you even Has any licer IF THE ANSWIVING EXPECLASS TRAIGHT TRUBACTOR AND MACTOR - TWO	er been denied a licen nse, permit or privilege WER TO EITHER A O RIENCE IF NONE, V OF EQUIPMENT CK SEMI-TRAILER D TRAILERS	LICENSE NO. se, permit or privilege to ever been suspended of R B IS YES, ATTACH STATE VRITE NONE TYPE OF EQUIP (VAN, TANK, FLAT,	operate a motor revoked? ATEMENT GIVI	TYPE or vehicle?		YES		_ NO _ NO

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM?

EXPERIENCE AND QUALIFICATIONS - OTHER

SHOW ANY TRUCKING, 1	TRANSPORTATION	N OR OTHER EX	XPERIENCE	THAT MAY HELF	P IN YOUR WO	RK FOR THIS COMPANY	
LIST COURSES AND TRA	INING OTHER TH	AN SHOWN EL	SEWHERE I	IN THIS APPLICA	TION		
LIST SPECIAL EQUIPMEN	NT OR TECHNICA	L MATERIALS Y	OU CAN WO	ORK WITH (OTHE	R THAN THOS	SE ALREADY SHOWN)	
I authorize you to mand other related megarding medical had been been inquiries and releasing the event of emparts.	best of my kno ake such invenatters as ma istory will be ployers, scho g information lovment. I und	was comple by by by by by stigations are by be neces made only in ols, health of in connection derstand that	eted by not inquiried sary in a fand after proven with my at false o	es of my pers rriving at an er a condition iders and oth application.	all entries of conal, employment offer of the persons	on it and information in it are tru byment, financial or medical histor ent decision. (Generally, inquirie employment has been extended is from all liability in responding to a given in my application or inter de by all rules and regulations of	
Date						Applicant's Signature	
				S RECORD			
DATE EMPLOYED	· · · · · · · · · · · · · · · · · · ·			POINT EMPLO	YED		
DEPARTMENT(IF REJECTED, SUMMARY RE	PORT OF REASONS	SHOULD BE PLAC	CED IN FILE)	_ CLASSIFICATI	ON		
		THIS SECTI OFFICE	ON TO BE F	ILLED IN BY RESPANY REPRESEN	SPONSIBLE NTATIVE		
_	SUPERIOR	GOOD FA	NR BEL	OW AVERAGE	POOR	WRITTEN RECORD ON FILE	
1. APPLICATION							
2. INTERVIEW							
3. PAST EMPLOYMENT							
4. WRITTEN EXAM							
5. ROAD TEST 6. CRIMINAL AND TRAFFIC CONVICTIONS							
TRAFFIC CONVICTIONS _	OF INTERVIEWING	OFFICER					
				SFERS			
EDOM:	Ŧ ^. .			1			
TO:							
REASON FOR TRANSFER							
ROM: TO:				FROM: TO:			
DATE:			DATE:				
REASON FOR TRANSFER				REASON FOR	TRANSFER .		
		TERMI	NATION C	F EMPLOYM	ENT		
ATE TERMINATED							