

NAPA

DEVELOPMENT CORP., INC.

Application for Employment as a CDL DRIVER

Physical Address:
991 W. Pennsylvania Ave.
Pen Argyl, PA 18072

INSTRUCTIONS: Please complete the entire application and fax it to our office. Leave no blank spaces. If more space is needed for work history, please send an additional sheet.

Mailing Address:
P.O. Box 639
Wind Gap, PA 18091
Phone: (610) 863-1450
Fax: (610) 863-6165

First Name		Middle	Last	
Present Address	Street	City	State	Zip
	Mailing Address (if different from above)	P.O. Box	City	State
Phone Number				
Social Security No.				
Emergency Contact		Referred By	Phone Number	
		Relationship		

Please list your previous addresses for the past 3 years:

Dates	Street	Apt. #	City	State	Zip

Please list any Motor Vehicle Licenses issued to you in the past 7 years:

State	Number	Class	Endorsements	Expiration Date
Current				
Previous				
Previous				

Please list any Commercial Vehicle Driving Schools you may have attended:

Name and Location of School	Phone Number	Dates Attended

Please list all Motor Vehicle Accidents you may have been involved in during the past 3 years:

Date	Description	Location

Please list all violations of Motor Vehicle laws or ordinances (excluding parking tickets) which you have been convicted of during the past 3 years:

Date	Violation	City/State

Please list all suspensions or revocations of your driving privileges during the past 5 years:

Date	Reason

Please list all criminal offenses (misdemeanors, felonies, DUI's, DWI's, etc.) for which you have *been convicted* in your lifetime: (Prior criminal convictions may not prevent applicants from being hired. Submitting false information on this application, however, will result in immediate termination of employment if hired.)

Date	Conviction

Have you ever *failed or refused* any DOT mandated drug or alcohol tests during the past 2 years?

No Yes (Please explain)

Are you currently under a physician's care or taking any prescribed medication?

No Yes (Please explain)

Please detail ALL your places of Employment during the past 10 years(Attach additional sheets if necessary)

1. MOST RECENT EMPLOYER	ADDRESS	PHONE NUMBER
TYPE/SIZE OF TRAILER HAULED	POSITION/TYPE OF WORK	APPROXIMATE MILES
REASON FOR LEAVING	DATES OF EMPLOYMENT FROM: TO:	

2. MOST RECENT EMPLOYER	ADDRESS	PHONE NUMBER
TYPE/SIZE OF TRAILER HAULED	POSITION/TYPE OF WORK	APPROXIMATE MILES
REASON FOR LEAVING	DATES OF EMPLOYMENT FROM: TO:	

3. MOST RECENT EMPLOYER	ADDRESS	PHONE NUMBER
TYPE/SIZE OF TRAILER HAULED	POSITION/TYPE OF WORK	APPROXIMATE MILES
REASON FOR LEAVING	DATES OF EMPLOYMENT FROM: TO:	

4. MOST RECENT EMPLOYER	ADDRESS	PHONE NUMBER
TYPE/SIZE OF TRAILER HAULED	POSITION/TYPE OF WORK	APPROXIMATE MILES
REASON FOR LEAVING	DATES OF EMPLOYMENT FROM: TO:	

5. MOST RECENT EMPLOYER	ADDRESS	PHONE NUMBER
TYPE/SIZE OF TRAILER HAULED	POSITION/TYPE OF WORK	APPROXIMATE MILES
REASON FOR LEAVING	DATES OF EMPLOYMENT FROM: TO:	

CERTIFICATION AND RELEASE: I hereby certify that I personally completed this application, and that all information herein is true and correct. I authorize NAPA Development Corp., Inc. to conduct a complete investigation of my background, in compliance with State and Federal laws. I understand that previous employers for whom I have worked will be contacted by NAPA Development Corp., Inc. regarding my work record, dates of employment, safety record, and my record regarding drug & alcohol testing. I also understand that any employment is conditioned on obtaining employment reports, which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation and personal characteristics. This report may be compiled with information from credit bureaus, criminal history, court record repositories, departments of motor vehicles, past or present employers, educational institutions, governmental occupational licensing or registration entities, business or personal references, any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification. I authorize the release of this information, and agree to hold harmless any previous employer, their agents, and CBA of Lehigh Valley for any and all information they may provide to NAPA Development Corp., Inc.

Applicant's Signature

Date

Print Full Name

Fair Credit Reporting Act Disclosure and Release

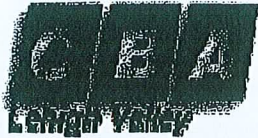
In connection with my application for employment (including contract for services) with you, I understand that consumer reports, which may contain public record information, may be requested from any previous employer, or any agency that obtains information from public records. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceeding, criminal records, etc. from federal, state, and other agencies which maintain such records; as well as information from any previous employer, or any agency who obtains information from public records concerning previous driving record requests made by others from such state agencies, and state provided driving records.

I AUTHORIZE WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY NAPA DEVELOPMENT CORP., INC., OR THEIR AUTHORIZED REPRESENTATIVE, TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to make a request to NAPA Development Corp., Inc., or their authorized representative, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request to NAPA Development Corp., Inc., or their authorized representative, including the sources of information; and the recipients of any reports on me which Napa Development Corp. or their authorized representative, has previously furnished within the two-year period preceding my request. I hereby consent to your obtaining the above information from any previous employer or any agency that obtains information from public records.

I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall service as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

Operator's License #	Issuing State
Print Name	Social Security Number
Signature	Date



**1414 Millard Street
Bethlehem, Pa 18018
610-867-5044 • Fax 610-867-8603**

MVR Account No. _____

Pennsylvania Driver Authorization

I, _____, do hereby authorize the Division of
Motor Vehicles to release my driving record to

End User

Company Name _____ NAPA Development Corp., Inc.
Address 1: _____ P.O. Box 639
Address 2: _____
City: _____ Wind Gap **State:** _____ PA **Zip Code:** _____ 18091
Phone Number _____ 610-863-1450

This release shall remain in full force and effect until I myself file formal withdrawal.

Driver's Full Name: _____
Driver's Address: _____
Driver's City, State Zip: _____
Date of Birth: (xx/xx/xxxx) _____
Driver's License Number: _____

Signature

Date