

BARBER UTILITIES, LLC APPLICATION FOR EMPLOYMENT

Office: (860) 872.2330 Fax: (860) 872.5674

Date: _____

PERSONAL INFORMATION

Name: _____ SS #: _____

Address: _____

Phone #: _____ *This must be accurate for contact purposes*

Are you 18 years or older? Yes No Date of Birth: _____

Are you prevented from lawfully becoming employed in this country because of visa or immigration status?
 Yes No

Have you ever been convicted of a felony? Yes No

EMPLOYMENT

Position Applied: _____

Are you a CDL Driver? Yes No If Yes, what Class? Class A Class B

When can you start? _____ Expected Rate of Pay: _____

Are you currently employed? Yes No

If yes, may we inquire your present employer? Yes No

If no, how long has it been since you were last employed? _____

Referred By: _____

EDUCATION

Education	Name/Location of School	# of Years Attended	Year of Graduation
High School			
College			
Other			

PHYSICAL HISTORY

Please describe any positions, jobs or duties that you should NOT be considered because of physical, medical or mental disabilities: _____

Do you have a current DOT Medical Card? Yes No If yes, Expiration Date: _____

Date of last DOT Physical Examination: _____

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Have you been granted a waiver under Section 391.49 of the Federal Motor Carrier Safety Regulations pertaining to the loss of foot, hand or arm? Yes No

PREVIOUS EMPLOYMENT

Last Employer: _____

Address: _____

Supervisor's Name: _____

Position Held: _____ Phone #: _____

Worked From: _____ to _____ Rate of Pay: _____

Reason for Leaving: _____

Second Last Employer: _____

Address: _____

Supervisor's Name: _____

Position Held: _____ Phone #: _____

Worked From: _____ to _____ Rate of Pay: _____

Reason for Leaving: _____

Third Last Employer: _____

Address: _____

Supervisor's Name: _____

Position Held: _____ Phone #: _____

Worked From: _____ to _____ Rate of Pay: _____

Reason for Leaving: _____

EXPERIENCE & QUALIFICATIONS

Driver Licenses	State	License #	Type	Expiration Date
Held Within the Last 3 Years				

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
B. Has any license, permit or privilege ever been suspended or revoked? Yes No
C. Have you ever been disqualified subject to section 391 of the Federal Motor Carrier Safety Regulations? Yes No

If the answer to either A, B, or C is "Yes," please attach statement giving details

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Driving/Equipment Experience (If applicable)

Type of Equipment	Start Date	End Date	Approx. # of Miles/Hours (Total)

List of States operated in for the last 5 years: _____

Accident Review for Past 3 Years (Attach sheet if more space needed)

Dates	Nature of Accident	Fatalities	Injuries
Last Accident _____			
Previous _____			
Next Previous _____			

Traffic Convictions & Forfeitures for Past 3 Years (Other than Parking Violations)

Location	Date	Charge	Penalty

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions or misrepresentations are discovered, my application may be rejected and if I am employed, may be terminated at any time. In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than the head of the company, and then only when in writing and signed by the head of the company, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

It is also agreed and understood that under the Fair Credit Report Act. Public Law 91-508 that this investigation may include an investigating Consumer Report, including information and complete such examinations as may be required to complete the employment file.

Date: _____ Signature: _____

FOR OFFICE USE ONLY

Résumé Attached Yes No

Interview Date: _____

NOTES: