



First Piedmont Corporation  
P.O. Box 1069  
Chatham, VA 24531

# Application for Employment

First Piedmont is an **Equal Opportunity Employer**  
(Application must be completed even if attaching a personal resume.)

<b>Personal Information</b>				( If you need accommodation filling out the application contact H.R. 434 432-0211)			
Name: Last, First, Middle				Maiden Name		Date:	
Current Address: Street		City		State		Zip	
				Home Phone ( )		Alternate Phone ( )	
Are you 18 years or older? Yes <input type="checkbox"/> No <input type="checkbox"/>		If under 18, do you have a work permit? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Can you, after employment, provide proof of your legal right to work in the U.S.?				Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you ever been convicted of a felony? (Convictions are not an automatic denial of employment.)				Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, give details and years:	
Have you ever worked for First Piedmont? No <input type="checkbox"/> Yes <input type="checkbox"/>				If yes, give location & employment date			
How were you referred to? (check one)						Name of referral source:	
Advertisement <input type="checkbox"/>		Employment Agency <input type="checkbox"/>		School <input type="checkbox"/>		Employee <input type="checkbox"/> Self <input type="checkbox"/> Other <input type="checkbox"/>	
<b>Employment Desired</b>							
Position Desired:						Date Available:	
Are you presently employed? Yes <input type="checkbox"/> No <input type="checkbox"/>		If so, may we contact your current employer? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Check the box which indicates the work status you desire:				Shift Desired:			
Full Time <input type="checkbox"/>		Part Time <input type="checkbox"/>		Summer <input type="checkbox"/>		Temporary <input type="checkbox"/>	
				Day <input type="checkbox"/>		2nd <input type="checkbox"/> 3rd <input type="checkbox"/> Weekend <input type="checkbox"/>	
If required, would you be willing to work overtime? Yes <input type="checkbox"/> No <input type="checkbox"/>							
<b>Education and Training</b>							
Indicate last level of education completed		High School 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>		College or University 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		Graduate School 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
Name of School		Location: City and State		Major		Post High School Degree(s)-	
Additional educational, vocational, and/or professional information:							
License/Driving History/Experience: (Please complete <b>only</b> if applying for a position that requires a CDL license.)							
License Held: Class A <input type="checkbox"/> Class B <input type="checkbox"/> CDL Learner's <input type="checkbox"/>							
Endorsements: Hazardous Materials <input type="checkbox"/> Tanker <input type="checkbox"/> Doubles/Triples <input type="checkbox"/>							
State Issued: License Number: Expiration:							
Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes: <input type="checkbox"/> No: <input type="checkbox"/>							
Explain if yes to either question:							
Traffic Convictions and Accidents: (Past 3 Years)							
Date:		Location:		Charge:			
Penalty:							
Date:		Location:		Charge:		Penalty:	
Date:		Location:		Charge:		Penalty:	

U.S. Military Service  
(indicate branch in which you served)

Describe any military training experience relevant to the job for which you are applying:

## Employment History

List most recent employment first. Account for all periods between jobs. PLEASE COMPLETE ALL INFORMATION FOR A 10-YEAR PERIOD.

From: Month Year	Employer	Responsibilities  <b>D.O.T. Regulated:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>  <b>Safety Sensitive:</b> (Position required Drug and Alcohol Testing?) Yes <input type="checkbox"/> No <input type="checkbox"/>
To: Month Year	Address City & State Zip	
Starting Salary:	Type of Business	
Final Salary:	Supervisor(s) Phone ( )	
Job Title:	Reason for leaving (or considering leaving)	

Account for period since your last job:

From: Month Year	Employer	Responsibilities  <b>D.O.T. Regulated:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>  <b>Safety Sensitive:</b> (Position required Drug and Alcohol Testing?) Yes <input type="checkbox"/> No <input type="checkbox"/>
To: Month Year	Address City & State Zip	
Starting Salary:	Type of Business	
Final Salary:	Supervisor(s) Phone ( )	
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Starting Salary:	Type of Business	
Final Salary:	Supervisor(s) Phone ( )	
Job Title:	Reason for leaving (or considering leaving)	

## Employment References

Name	Title	Company	Relationship	Years Known	Home Phone	Work Phone
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**TO BE READ AND SIGNED BY APPLICANT**

**Declaration and Authorization**

I certify that this application was completed by me and all statements made on this application are true and complete to the best of my knowledge.

I understand that any false statements made on this application will cause cancellation of any further consideration and in the event of employment may result in discharge.

I authorize, without reservation, the prospective employer, its representatives or agents to contact and obtain information from all sources; including former and current employers (unless otherwise noted), public agencies and educational institutions to verify the accuracy of information given in connection with this application for employment. A criminal background check will be required as part of the employment process.

I hereby release all such employers, public agencies and educational institutions from any and all liability resulting from the release of information.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Notification of Driver's Rights**

In accordance with Federal Motor Carrier Safety Administration regulation 391.23 (i)(1), we are required to make known to Driver applicants for employment with our company that you have the following rights regarding the investigative information that will be provided to our company pursuant to paragraphs (d) and (e) of this section of the regulation.

1. You have the right to review information provided by your previous employers.
2. You have the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to our company.
3. You have the right to have a rebuttal statement attached to the alleged erroneous information if the previous employer and the driver can not agree on the accuracy of the information.

I understand that I have been informed of these rights in accordance to the above listed regulation.

Signature \_\_\_\_\_

Date \_\_\_\_\_