

# Lansberry Trucking, Inc.

P.O. Box 58 • Woodland, PA 16881

Phone: (814) 857-7651 or (800) 832-6150 • Fax: (814) 857-7916

recruiting@lansberrytrucking.com

[www.lansberrytrucking.com](http://www.lansberrytrucking.com)

## **JOB DESCRIPTION AND REQUIREMENTS TO BE A TRUCK DRIVER (TRIAXLE AND OVER-THE-ROAD TRACTOR TRAILER OPERATOR) FOR LANSBERRY TRUCKING, INC.**

- Be able to read and speak the English language in accordance with the Federal Motor Carrier Safety Regulations.
- Have a valid Pennsylvania Commercial Driver's License available to be carried in the truck cab while driver is in service.
- Be able to qualify physically and obtain a Medical Examiner's Certificate under the requirements of the Federal Motor Carrier Safety Regulations.
- Be able to sit for extended periods of time in a truck.
- Be able to drive as many as 11 hours a day, while transporting miscellaneous cargo in various weather conditions.
- Be able to follow company guidelines, be presentable and behave in a courteous and professional manner when dealing with customers, fellow employees and the motoring public.
- Be able to walk, bend, reach, push, pull, stoop, squat, climb, grasp, and lift in order to do the following tasks:
  - Perform daily vehicle inspections required under the Federal Motor Carrier Safety Regulations;
  - Ensure safety while hooking and/or dropping trailers;
  - Tarp and/or un-tarp trailers during the loading and/or unloading process;
  - Handle any other equipment required for the loading and/or unloading process; and
  - Clean trailers (sweep, shovel, etc.), as required, to avoid residual debris and contaminated cargo.
- Be able to read a map.
- Be able to accurately complete and submit in a timely manner, a trip sheet to ensure accurate mileage information and load documentation.
- Be able to accurately complete and submit in a timely manner all daily driver logs, time sheets, fuel reports, tolls, accident/damage reports and any other paperwork required by Lansberry Trucking, Inc.
- Be able to identify mechanical defects with equipment and to accurately report such defect(s) to the maintenance department in a clear and timely manner.
- Be able to report to dispatch at the time specified and to maintain contact with dispatch as required.
- Be able to accurately judge distances to ensure on-time cargo delivery.

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## APPLICATION FOR EMPLOYMENT COMPANY DRIVER

### PERSONAL INFORMATION

Date of Application:	First Name:	M.I.:	Last Name:
Address:	City:	State:	Zip:
Phone No.:	Date of Birth:	M/F	Social Security No.:
Current physical expiration date:	If hired, do you agree to an ICC physical and drug test? <input type="checkbox"/> YES <input type="checkbox"/> NO		

How long have you been at your present address? (If shorter than 3 years, please list your addresses for the last 3 years)			
Address:	City:	State:	Zip:
Address:	City:	State:	Zip:
Address:	City:	State:	Zip:

Position being applied for: \_\_\_\_\_  
Who referred you: \_\_\_\_\_  
Desired pay range: \_\_\_\_\_  
Available start date: \_\_\_\_\_

Do you have the legal right to work in the United States?  YES  NO

If no, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Can you provide proof of age?  YES  NO

If no, please explain:

\_\_\_\_\_  
\_\_\_\_\_

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Have you ever been denied a license, permit, or privilege to operate a motor vehicle?

YES  NO

If yes, please explain:

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Has your license, permit, or privilege ever been suspended or revoked?

YES  NO

If yes, please explain:

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Have you ever been convicted of a crime?

YES  NO

(e.g. number of convictions(s), nature of offense(s), etc.)

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Have you ever been dishonorably discharged from military service?

YES  NO

If yes, please explain:

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Have you ever tested positive or refused controlled substance testing for any company which you did not accept a driving position?

YES  NO

If yes, please explain:

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Is there any reason you might be unable to perform the functions of the job for which you have applied as described in the job description on page 1 of this application?

YES  NO

If yes, please explain:

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Have you worked for Lansberry Trucking, Inc. before?

YES  NO

From: \_\_\_\_\_ To: \_\_\_\_\_

Position: \_\_\_\_\_

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Reason for leaving:

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## LICENSE INFORMATION

Section 383.21 FMCSR states “No person who operates a commercial motor vehicle shall at any time have more than one driver’s license”. I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

## DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	DATES FROM TO	APPROXIMATE # OF MILES (TOTAL)
STRAIGHT TRUCK			
TRACTOR & SEMI-TRAILER			
TRACTOR- TWO TRAILERS			
OTHER			

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## ACCIDENT RECORDS FOR PAST 3 YEARS OR MORE (attach sheet if needed)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR END, UPSET, ETC)	NUMBER FATALITIES	NUMBER INJURIES	DID YOU HAVE TO BE TOWED?

## TRAFFIC CONVICTIONS FOR THE PAST 3 YEARS OR MORE (other than parking violations)

DATE CONVICTED (MONTH/YEAR)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (Forfeited bond, collateral and/or points)

Check here if no accidents in the past 3 years

Check here is no convictions in the past 3 years

## EDUCATION

	NAME/LOCATION	GRADUATION DATE/DEGREE	MAJOR/SUBJECT OF STUDY
HIGH SCHOOL			
COLLEGE/UNIVERSITY			
SPECIALIZED TRAINING/TRADE SCHOOL/ETC.			
OTHER EDUCATION			

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List any safe driving awards you have earned:

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List any other skills or training, which will help you succeed at Lansberry Trucking, Inc.:

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## CURRENT/PREVIOUS EMPLOYMENT RECORD

Are you currently employed?

YES  NO

If no, how long since leaving last employment:

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(NOTE: PENNSYLVANIA DEPARTMENT OF TRANSPORTATION REQUIRES YOU TO SHOW GENERAL EMPLOYMENT FOR AT LEAST 3 YEARS AND/OR COMMERCIAL DRIVING EXPERIENCE FOR THE PAST 10 YEARS.)

CURRENT/PREVIOUS EMPLOYER:			
Address:	City:	State:	Zip:
Phone No.:	Position:	Salary/Wage	
Reason for leaving:	Dates of Employment:		
Was this position subject to the Federal Motor Carrier Safety Regulations (FMCSR)?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Was this position subject to the alcohol and controlled substances testing requirements under 49 CFR, Part 40?		<input type="checkbox"/> YES <input type="checkbox"/> NO	

PREVIOUS EMPLOYER:			
Address:	City:	State:	Zip:
Phone No.:	Position:	Salary/Wage	
Reason for leaving:	Dates of Employment:		
Was this position subject to the Federal Motor Carrier Safety Regulations (FMCSR)?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
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Was this position subject to the alcohol and controlled substances testing requirements under 49 CFR, Part 40?		<input type="checkbox"/> YES <input type="checkbox"/> NO	

\* - Please continue on reverse of page if additional space is required.



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## ACKNOWLEDGMENTS:

**ALL APPLICANTS** – Please read the following and address any questions to a Safety Representative before signing.

- I affirm that the information provided on this application or in connection with this application (and any resume or any other accompanying documents) is true and complete to the best of my knowledge. I understand that if employed, false statements, significant omissions, or misleading information regardless of when discovered, made on or in connection with my application and accompanying documents may result in dismissal.
- I authorize investigation of all statements contained in this application (and any resume or any other accompanying documents) as may be necessary in arriving at an employment decision.
- I understand that the applicant's prior employers may be contacted for the purpose of investigating the applicant's background as required by 49 CFR 391.23.
- I authorize all personnel, schools, companies, corporations, credit bureaus and law enforcement agencies to supply any and all pertinent information and release the same from liability resulting from any liability resulting from providing such information.
- I understand that from time to time the company may be asked to release certain information, including but not limited to, my employment or application for employment. I release the company and its agents, from liability resulting from submitting/releasing such information.
- I acknowledge that the company may require, as a condition of any offer of employment that is made or for continued employment, that I undergo a medical exam or drug testing, and I consent and agree to any such exam, if required now or in the future. I understand that when drug testing is required, a satisfactory result may be a condition of employment.
- I understand that federal law prohibits the employment of unauthorized aliens and requires satisfactory proof of employment authorization and identity. All persons hired must submit satisfactory proof of employment authorization and identity. Please have necessary documents promptly available for inspection as required by law.
- If employed, I agree to abide by the rules and regulations of the company.
- I understand that if employed, my employment is for no fixed period and is at-will. I understand that I could be terminated at any time for any or no reason and I understand that I may quit at any time for any reason. This understanding cannot be altered by anyone unless it is in writing and signed by the president of the company.
- I understand that this application does not create an offer of employment.
- I understand that this company is an Equal Opportunity Employer and provides employment opportunities without regard to race, color, religion, gender, national origin, age, disability, sexual orientation, veteran or marital status.
- This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

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**I have read and understand the above notice, including the at-will basis of employment.**

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**Signature of Applicant**

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**Date**