

4255 Old Wheeling Road
Zanesville, OH 43702
740-453-SEPI phone
740-455-8153 fax



Dump Truck Driver Application Form
General Information Sheet

Applications must be complete to be considered.

Today's Date _____

Full Name _____

Current Address _____

Permanent Address (if different from above) _____

City _____ State _____ Zip _____

Email address _____

Home Phone _____ Cell Phone _____

The following three fields are required so that SEPI Services may access your driving record.

Driver's License Number _____ State _____

Date of Birth _____

Please answer the following questions.

Yes No

Have you had any accidents or received any tickets in the past 5 years?

If yes, please explain below:

Will you commit yourself to: Yes No

Read the job description?

Read and adhere to the conditions of employment?

Drug/Alcohol Testing requirements?

Day Shift, Night Shift, and Weekends as needed?

Are you a Legal United States Citizen? Yes No

Rate of Pay Expected: _____

Years of Experience: _____

Education

Highest grade completed 9 10 11 12 Some College College Degree

If you went to college, what school did you attend? _____

Did you attend a Truck Driving or Trade School? Yes No

If yes, which school? _____

General

Have you ever been convicted of a felony? Yes No
Conviction of a crime is not an automatic bar to employment all circumstances will be considered

If yes, explain:

_____.

Have you worked for this company before? Yes No

Skills and Certifications

Employment Background

Current Employer _____ Supervisor _____

Address _____ Phone/Fax# _____

Position Held _____ from _____ to _____

Reason for leaving _____

Next Most Recent Employer _____ Supervisor _____

Address _____ Phone/Fax# _____

Position Held _____ from _____ to _____

Reason for leaving _____

Third Most Recent Employer _____ Supervisor _____

Address _____ Phone/Fax# _____

Position Held _____ from _____ to _____

Reason for leaving _____

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Authorization to Release Medical Information

Full Name: _____

Address: _____

Social Security #: _____

Driver's ID #: _____

Employer:
SEPI Services, Inc.
4255 Old Wheeling Road
Zanesville, OH 43702-3452

Date of Injury or Disability _____

Description:

Please attach any information regarding this injury

I hereby permit the release of medical information, records, reports, notes and memorandums relative to the disability, condition and/or injury above to the employer above or any party representing the employer.

This authorization specifically includes the release of information regarding treatment or care for any physical, psychiatric, psychological, behavioral mental related condition, illness or disorders. The authorized information includes history, finding, x-ray's diagnoses: access to hospital records and charts; and any and all diagnosis, and or treatment. This authorization includes information pertaining to any admission, commitment or emergency records. A Photostat copy will act the equivalent to the original.

Employee Signature

Date

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Fair Credit Reporting Act Disclosure Statement

I authorize **SEPI SERVICES, INC.** to conduct or hire services to conduct a MVR regarding my driver's license/history. I authorize any parties contacted to release information to my employer or its agent (e.g., a consumer reporting agency) regarding my previous driving record, licenses, certifications, medical inquiries, history and any other information. I release all persons and entities from liability for damages that may arise from the release of this information. I waive all provisions of law prohibiting the disclosure of information.

I understand that and its agents cannot guarantee the accuracy of any information reported to it by third parties. I release and its agents from liability for damages that arise from errors or omissions in this authorized inquiry of my driving history and/or driver's license.

Any applicant who refuses to complete this form, omits material facts, or provides false information, will not be considered to operate a vehicle while employed at **SEPI SERVICES INC.**

_____ Signature

_____ Printed Name

_____ Driver's License Number

_____ Date of Birth