



905 Stone Hill Road
Phone: 717-484-6001

Denver, PA 17517
Fax: 717-484-6007

www.eliteattitude.com

Thank you for inquiring about an over-the-road or regional driving position with Elite Service, Inc. We are a small company operating 28 trucks and have been in business since 1987. We have never had to lay off a driver for lack of work or any other reason. Our relationships with our primary customers span 15 to 30 years of continuous hauling.

As a small, family-owned business, we are committed to building a company which values and respect each employee as an individual. We strive to balance your time off with adequate work time and a fair, competitive compensation package. Our benefits include health insurance for employee and family, voluntary dental, vision, disability, and life insurance, and a Simple IRA Pension plan.

Our trucks have electronic coolers, and most have invertors to help you keep eating expenses under control. We communicate with cell phones and line up all return loads for you.

We have in-house mechanics to keep the trucks in good and safe condition. You can look at some of our equipment on our Web site, www.eliteattitude.com.

I have attached an application, a release form to acquire your Motor Vehicle Record, and the PSP background check release, which is required before we would be able to hire you. Please mail back the completed packet, or you may fax it back to us at 717-484-6007. If you would like to scan it and email it back, please call our office to obtain an email address to send it to.

Please call us at 717-484-6001 with any further questions or to set up an interview.

Respectfully,

Rebecca L Yoder
President



Authorization for Employment Background Check

Applicant Name		Date of Application	
Social Security Number		Date of Birth	
Company	Elite Service Inc.	Position Applied For	

In compliance with Federal and State equal employment opportunity laws, qualified applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, no-job related disability, or any other protected group status.

To be read and signed by the applicant:

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history or other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other person from all liability in responding to inquiries and releasing information in connection with my application.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

This certifies that all information included in my application for employment was completed by me and that all entries on it and information included in it are true and complete to the best of my knowledge.

Signature _____

Print Name _____ Date _____



Application for Employment
ATTN: Rebecca Yoder, Safety/HR Director
905 Stone Hill Road, Denver, PA 17517
FAX: 717-484-6007
EMAIL: rebecca@eliteattitude.com

Name _____ Social Security # _____
Address _____ How Long? _____ Phone # () _____
Previous Addresses, last three years _____

DOB* _____ * Required for driving/CDL positions Application Date _____
Position Desired _____ Rate of Pay desired _____

EXPERIENCE

<u>Type of truck</u>	<u>Experience</u>	<u>Years: From/To</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In what states have you driven professionally? _____

TRAFFIC VIOLATIONS: Last 3 years

<u>Date</u>	<u>Location</u>	<u>Charge</u>	<u>Type of Vehicle</u>	<u>Points</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ACCIDENTS: Last 3 years

<u>Date</u>	<u>Location</u>	<u>Description</u>	<u>Type of vehicle</u>	<u>Points</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Driver Licenses Held in Last 3 Years

State: _____ Number: _____ Exp. Date: _____
State: _____ Number: _____ Exp. Date: _____
State: _____ Number: _____ Exp. Date: _____

Has your license ever been suspended or revoked? _____ If yes, why & When? _____

Have you ever been convicted of a felony? _____ If yes, date & nature of offense _____

List all schools or training related to trucking that you have attended. _____

Highest level of education completed _____

Have you ever served in the Armed Forces? _____ If yes, did you receive an honorable discharge? _____

Are you a U.S. citizen? _____ If foreign national, do you have a valid green card? _____

List states operated in at least 3 years _____

List any skills or training you have that you consider relevant to this position _____

Who should we contact in case of an emergency? _____

Phone Number(s) and Relationship: _____

Where did you first hear about us? _____

When is the best time to contact you and phone number (if not the same listed on page one, ie: cell phone, etc)? _____

Do you have access to the internet? _____ Email address _____

Did you see our web site (www.eliteattitude.com)? _____

Do you have any suggestions to help us improve our site? _____

Please fill out and attach the work history section. We will not contact your current employer until we talk to you.

I certify that all information herein is true and correct. I also hereby authorize this company to perform all background checks and investigations necessary to verify the information that I have provided. I understand that falsification or omissions by me of pertinent information shall be grounds for declining my application or revoking my safety clearance if discovered after its issuance.

Signed

Date

I understand that I have provided this information so that the company may determine whether I meet their safety and experience criteria. I also understand that decisions based on this information are provisional and that final decision is contingent upon my successfully passing a physical and drug screen as provided for in federal regulations.

Signed

Date

List all employment during the last 3 years and any driving experience in the last 10 years.

Company

Address

Dates employed

FROM

TO

Phone

Position

Reason for leaving

Company

Address

Dates employed

FROM

TO

Phone

Position

Reason for leaving

Company

Address

Dates employed

FROM

TO

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Position

Reason for leaving

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Position

Dates employed

FROM

TO

Reason for leaving

Company

Address

Phone

Position

Dates employed

FROM

TO

Reason for leaving

REQUEST FOR DRIVER INFORMATIONThe most current version of this form can be found at www.dmv.state.pa.us**PLEASE TYPE OR PRINT IN BLUE OR BLACK INK****DO NOT SEND CASH • SEE REVERSE FOR INSTRUCTIONS****pennsylvania**
DEPARTMENT OF TRANSPORTATIONBureau of Driver Licensing
P.O. Box 68695
Harrisburg, PA 17106-8695**CHECK (✓) ONE ONLY:**

- ☐ **BASIC INFORMATION: \$5.00 FEE** (Driver history is **not** included)
☐ **3 YEAR DRIVER RECORD: \$5.00 FEE**
☐ **10 YEAR DRIVER RECORD: \$5.00 FEE** (Employment Purposes Only)

- ☐ **CERTIFIED DRIVER RECORD: \$10.00 FEE**
☐ **COPY OF DOCUMENT FROM FILE (MICROFILM): \$5.00 FEE**
☐ **CERTIFIED COPY OF DOCUMENT FROM FILE: \$10.00 FEE**

You may obtain a copy of your own 3 Year and/or 10 Year Driving Record on PennDOT'S Web site at www.dmv.state.pa.us

A REQUESTER INFORMATION NAME/COMPANY Elite Service, Inc. ADDRESS <small>P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.</small> 905 Stone Hill Road CITY STATE ZIP CODE Denver PA 17517 DAYTIME TELEPHONE NUMBER (REQUIRED) (717) 484-6001 RELATIONSHIP TO DRIVER (REQUIRED) Employer/Potential Employer SIGNATURE X NOTARIZATION <u>NOT</u> REQUIRED WHEN REQUESTING YOUR OWN RECORD	B END USER OF INFORMATION BEING REQUESTED NAME/COMPANY Elite Service, Inc. ADDRESS <small>(P.O. Box not acceptable), need to provide physical location of business/residence</small> 905 Stone Hill Road CITY STATE ZIP CODE Denver PA 17517 DAYTIME TELEPHONE NUMBER (REQUIRED) (717) 484-6001 RELATIONSHIP TO DRIVER (REQUIRED) Employer/Potential Employer
C DRIVER INFORMATION NAME: LAST FIRST INITIAL ADDRESS CITY STATE ZIP CODE PHONE NUMBER DATE OF BIRTH DRIVER NUMBER MONTH DAY YEAR	D AFFIDAVIT OF INTENDED USE Intended Use of the Information Requested: CHECK ONLY ONE <input type="checkbox"/> B = Driver Release (Driver must complete Section E.) <input type="checkbox"/> C = Credit (In connection with a credit transaction involving the driver.) <input checked="" type="checkbox"/> E = Employment (To support the hiring or the continuation of employment. Driver must complete Section E.) <input type="checkbox"/> R = Insurance Company requesting record of person it intends to insure, now insures, or has rejected for insurance. <input type="checkbox"/> K = Court Order must be attached. (A subpoena issued in compliance with Pa. R.C.P. 4009.21 will be accepted in lieu of a court order). <input type="checkbox"/> L = Attorney representing driver identified in Section C (Driver must complete Section E.) I hereby Certify that <u>Elite Service, Inc</u> PRINTED NAME OF REQUESTER will use the driver record abstract(s) required pursuant to Section 6114 of the Pennsylvania Vehicle Code, for the purpose checked above only and no other reason. This affidavit is filed in compliance with Section 607 of the Fair Credit Reporting Act. I/We have read and signed this form after its completion, and I/We swear or affirm that the statements made herein are true and correct, and that any statement made on or pursuant to this form is subject to the penalties of 18 Pa C.S. Section 4903(a)(2) (relating to false swearing), which shall include punishment of a fine not exceeding \$5,000, or to a term of imprisonment of not more than two years, or both. X SIGNATURE OF REQUESTER Title _____
E DRIVER RELEASE I _____ hereby request NAME OF DRIVER the Department of Transportation to furnish a copy of my PA Driver's Record to <u>Elite Service, Inc</u> NAME OF PERSON/COMPANY X SIGNATURE OF DRIVER DATE	F MICROFILM TYPE OF DOCUMENT DATE OF VIOLATION (see list of available documents below) Documents Available: <ul style="list-style-type: none"> • Citations • Court Certifications • Applications • License Renewals • Judgments • Suspension Credit Affidavits • Suspension/Revocation Letters • Restoration Letters • Rescind Letters • Department Hearing or Exam Notice
NOTARIZATION SUBSCRIBED AND SWORN TO BEFORE ME: MONTH DAY YEAR X SIGNATURE OF PERSON ADMINISTERING OATH SEAL SIGN IN PRESENCE OF NOTARY	

MESSENGER NO.

**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL
ACCOUNT HOLDERS**

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

In connection with your application for employment with _____ (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize _____ (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 12/22/2015

General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse

I, _____ hereby provide consent to Elite Service, Inc to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

I understand that if the limited query conducted by Elite Service, Inc. indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Elite Service, Inc without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for Elite Service, Inc to conduct a limited query of the Clearinghouse, Elite Service, Inc must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Employee Signature

Date