



Winding Brook Turf

240 Griswold Road
Wethersfield, CT 06109
860-529-6869 800-243-0232
860-529-6807 (fax)

DRIVER'S APPLICATION FOR EMPLOYMENT

(Answer All Questions – Please Print)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Date of Application: _____

Position(s) Applied for: _____

Name: _____ Social Security #: _____
Last First Middle

List your addresses of residency for the last 3 years.

Current Address: _____

Street _____ City _____
State _____ Zip Code _____ Phone: _____ How Long? _____

Previous Addresses _____ How Long? _____

Street _____ City _____ State & Zip Code _____

Street _____ City _____ State & Zip Code _____ How Long? _____

Street _____ City _____ State & Zip Code _____ How Long? _____

Do you have the legal right to work in the United States? _____

Date of Birth: _____ / _____ / _____ Can you provide proof of age? _____
(Required for Commercial Drivers)

Have you worked for Winding Brook before? _____ Dates: From: _____ To: _____

Position: _____ Reason for Leaving: _____

Rate of Pay Expected: _____ Who Referred You? _____

Are you now employed? _____ If not, how long unemployed? _____

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER			DATE	
Name	From Mo. Yr.		To Mo. Yr.	
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person	Phone #		Reason for Leaving	

EMPLOYER			DATE	
Name	From Mo. Yr.		To Mo. Yr.	
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person	Phone #		Reason for Leaving	

EMPLOYER			DATE	
Name	From Mo. Yr.		To Mo. Yr.	
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person	Phone #		Reason for Leaving	

EMPLOYER			DATE	
Name	From Mo. Yr.		To Mo. Yr.	
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person	Phone #		Reason for Leaving	

EMPLOYER			DATE	
Name	From Mo. Yr.		To Mo. Yr.	
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person	Phone #		Reason for Leaving	

EMPLOYER			DATE	
Name	From Mo. Yr.		To Mo. Yr.	
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person	Phone #		Reason for Leaving	

*Includes vehicles having a GVWR of 26,001 lbs. Or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding

Accident Record for Past 3 Years or More. (Attach sheet if more space is needed) If none, write NONE.

Dates	Nature of Accident (Head-on, Rear end, Upset, Etc.)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

Traffic Convictions and Forfeitures for Past 3 Years (Other than Parking Violations) If none, write NONE

Location	Date	Charge	Penalty

(Attach Sheet if More Space is Needed)

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School: 9 10 11 12 College: 1 2 3 4 +

Last school attended: _____
Name City & State

EXPERIENCE & QUALIFICATIONS – DRIVER

Driver	State	License No.	Type	Expiration Date
Licenses				

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 _____

If the answer to either A or B is yes, attach statement giving details.

DRIVING EXPERIENCE. If none, write NONE.

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc)	Dates		Approx No of Miles (Total)
		From	To	
Straight Truck				
Tractor & Semi-trailer				
Tractor – Two trailers				
Motorcoach – Schoolbus				
Other				

List states operated in for the last 5 years: _____

Show special courses or training that will help you as a driver: _____

Which safe driving awards do you hold and from whom? _____

EXPERIENCE AND QUALIFICATIONS – OTHER

Show any trucking, transportation or other experience that may help in your work for this company.

List courses and training other than shown elsewhere in this application

List special equipment or technical materials you can work with other than those already shown

TO BE READ AND SIGNED BY APPLICANT

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.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and 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 persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Winding Brook Turf Farm.

Applicant's signature

Date