



Summit Transport & Environmental, Inc.

15 Garton Plaza
Weston, WV 26452

Phone: (304) 269-3382 Fax: (304) 517-1086 recruit@ste-wv.com

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION *Incomplete information could disqualify you from further consideration.*

Date of Application: ____ / ____ / ____

Name: _____

Address: _____
Street Address

City State Zip Code

E-mail Address: _____

Home Phone #: _____ Cell Phone #: _____

Are you eligible to work in the U.S? ____ Yes ____ No

Are you at least 18 years or older? ____ Yes ____ No

Do you possess a valid driver's license? ____ Yes ____ No

Do you have a valid CDL? ____ Yes ____ No

If yes, List Class and endorsements:

Do you have reliable transportation? ____ Yes ____ No

Have you received SafeLand Training? ____ Yes ____ No

Summit Transport & Environmental

Can you work any shift, including long hours? Yes No

Can you work overtime, including weekends? Yes No

Are you willing to travel and stay away from home depending on availability of work?

Yes No

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? Yes No

Have you ever been convicted of a felony? Yes No

(A conviction will not necessarily disqualify an applicant for employment.)

If yes, provide details:

EMPLOYMENT DESIRED

Position for which you are applying: _____

Date you can start ____/____/____

Are you currently employed? Yes No

If so, may we inquire of your present employer? Yes No

REFERRAL SOURCE

How did you hear about us? Walk In Advertisement Referral (Name: _____)

Website Other: _____
Please Specify

Have you ever worked for this company before? Yes No

Explain _____

Do you know anyone who works for our company? Yes No

If yes, who? _____

EMPLOYMENT HISTORY

Include your last ten (10) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. Absolutely no gaps in employment history, MONTH / YEAR REQUIRED. If unemployed or self-employed, please note when applicable.

Last Employer Name: _____

Street Address _____ Phone _____

City _____ State _____ Zip Code _____

Were you subject to the FMCSA regulations while employed with this employer? **YES** ___ **NO** ___

Was this position designated as a safety sensitive function in any regulated mode and were you subject to alcohol and controlled substance testing as required by 49 CFR part 40? **YES** ___ **NO** ___

Position Held _____ **FROM:** _____ / _____ **TO:** _____ / _____
Month Year Month Year

Reason for Leaving _____ Salary or hourly rate _____

Employer Name: _____

Street Address _____ Phone _____

City _____ State _____ Zip Code _____

Were you subject to the FMCSA regulations while employed with this employer? **YES** ___ **NO** ___

Was this position designated as a safety sensitive function in any regulated mode and were you subject to alcohol and controlled substance testing as required by 49 CFR part 40? **YES** ___ **NO** ___

Position Held _____ **FROM:** _____ / _____ **TO:** _____ / _____
Month Year Month Year

Reason for Leaving _____ Salary or hourly rate _____

Employer Name: _____

Street Address _____ Phone _____

City _____ State _____ Zip Code _____

Were you subject to the FMCSA regulations while employed with this employer? **YES** ___ **NO** ___

Was this position designated as a safety sensitive function in any regulated mode and were you subject to alcohol and controlled substance testing as required by 49 CFR part 40? **YES** ___ **NO** ___

Position Held _____ **FROM:** _____ / _____ **TO:** _____ / _____
Month Year Month Year

Reason for Leaving _____ Salary or hourly rate _____

Employer Name: _____

Street Address _____ Phone _____

City _____ State _____ Zip Code _____

Were you subject to the FMCSA regulations while employed with this employer? **YES** ___ **NO** ___

Was this position designated as a safety sensitive function in any regulated mode and were you subject to alcohol and controlled substance testing as required by 49 CFR part 40? **YES** ___ **NO** ___

Position Held _____ **FROM:** _____ / _____ **TO:** _____ / _____
Month Year Month Year

Reason for Leaving _____ Salary or hourly rate _____

Do you have any special skills, experience, certifications, and/or training that would enhance your ability to perform the position applied for? If yes, explain.

REFERENCES

Give the names of three persons not related to you, whom you have known at least three (3) years.

Name	Phone	Email Address	Relationship

EDUCATION

Type of School	Name of School and Location (City, State)	# of Years Attended	Did you Graduate?	Type of Degree or Certification Received
High School				
College				
Vocational, Trade, or Business School				

Please read carefully before signing.

Summit Transport & Environmental, Inc. (ST&E) is an equal opportunity employer. Summit Transport & Environmental, Inc. (ST&E) does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, gender, sexual orientation, marital status, physical or mental disability, or military status.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Summit Transport & Environmental, Inc. (ST&E) to hire me. I understand if offered employment with Summit Transport & Environmental, Inc. (ST&E), the offer will be conditional upon my satisfactory background and drug and alcohol screening results. Due to customer requirements, I understand I may be required to submit a urine, hair, saliva, or blood sample. If I am hired, I understand that my employment is considered “at-will” which means that either Summit Transport & Environmental, Inc. (ST&E) or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Summit Transport & Environmental, Inc. (ST&E) has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Summit Transport & Environmental, Inc. (ST&E) true and complete information on this application. No requested information has been concealed. I authorize Summit Transport & Environmental, Inc. (ST&E) to make such investigations and inquire of my personal, employment, educational, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connections with my application. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

APPLICANT SIGNATURE

_____/_____/_____
DATE