

**APPLICATION FOR EMPLOYMENT  
MERCER COUNTY REGIONAL COUNCIL OF GOVERNMENTS**

2495 Highland Road, Hermitage, PA 16148

Operators of  
**Shenango Valley Shuttle Service (SVSS) and  
Mercer County Community Transit (MCCT)**

Name \_\_\_\_\_  
(First) (Middle) (Last) (Maiden Name, if any)

Address \_\_\_\_\_ How Long? \_\_\_\_\_  
(Street) (City) (State & ZIP)

Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Previous Addresses within Last Three Years

Address \_\_\_\_\_ How Long? \_\_\_\_\_  
(Street) (City) (State & ZIP)

Address \_\_\_\_\_ How Long? \_\_\_\_\_  
(Street) (City) (State & ZIP)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

**EXPERIENCE AND QUALIFICATIONS – DRIVER**

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
<b>DRIVER LICENSES</b>				

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	DATE		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILOR				
TRACTOR-TWO TRAILORS				
OTHER				

**ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)**

LOCATION	DATE	CHARGE	TYPE OF VEHICLE OPERATED

(ATTACH SHEET IF MORE SPACE IS NEEDED)

- 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

**EMPLOYMENT RECORD**  
(ATTACH SHEET IF MORE SPACE IS NEEDED)

NOTE: DOT Requires that Employment for at Least 3 Years and/or Commercial Driving Experience for the past 10 Years Be Shown

LAST EMPLOYER: NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

SECOND LAST EMPLOYER: NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

THIRD LAST EMPLOYER: NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

**BUSINESS REFENCES**

<b>NAME</b>	<b>ADDRESS</b>	<b>PHONE NUMBER</b>	<b>RELATIONSHIP</b>

**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.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.