**TORROMEO INDUSTRIES, INC.**

**APPLICATION FOR EMPLOYMENT**



33 Old Ferry Road

P.O BOX 2308

Methuen, MA 01844-1097

Office: (978) 686 5634

Fax: (978) 685-6721

***REVISED IN AUGUST OF 2018***

*Torromeo Industries Co. Inc. is an equal opportunity employer. We are commited to ensuring that all decisions regarding terms, conditions and privleges of employment are in accordance with our principles of equal opportinity.*

# APPLICATION FOR EMPLOYMENT

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Today’s Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | **Email** | : |

|  |  |
| --- | --- |
| Date Available for Potential Hire: |  |

|  |  |
| --- | --- |
| Position Applied for: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you ever worked for this company? | YES | NO | If yes, when? | ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| YES | NO |

Are you legally eligible to work in the U.S.?

## Education

|  |  |  |  |
| --- | --- | --- | --- |
| High School: |  | Address: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Did you graduate? | YES | NO | Diploma: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| College: |  | Address: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Did you graduate? | YES | NO | Degree: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Other: |  | Address: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Did you graduate? | YES | NO | Degree: |  |

## References

**Please list two professional references**.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Name: |  | | Relationship: |  |
| Company: |  | | Phone: |  |
| Address: |  | | | |
|  |  | |  |  |
| Full Name: |  | | Relationship: |  |
| Company: |  | | Phone: |  |
| Address: | |  | | |

## Previous Employment

|  |  |  |  |
| --- | --- | --- | --- |
| Company: |  | Phone: |  |
| Address: |  | Supervisor: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Title: |  | Starting Salary: | $ | Ending Salary: | $ |

|  |  |
| --- | --- |
| Responsibilities: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| May we contact your previous supervisor for a reference? | YES | NO |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Company: |  | Phone: |  |
| Address: |  | Supervisor: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Title: |  | Starting Salary: | $ | Ending Salary: | $ |

|  |  |
| --- | --- |
| Responsibilities: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| May we contact your previous supervisor for a reference? | YES | NO |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Company: |  | Phone: |  |
| Address: |  | Supervisor: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Title: |  | Starting Salary: | $ | Ending Salary: | $ |

|  |  |
| --- | --- |
| Responsibilities: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| May we contact your previous supervisor for a reference? | YES | NO |  |

## License Information

Section 383.21 FMCSR states “No person who operates a commercial motor vehicle shall at any time have more than one driver’s license.” I certify that I do not have more than one motor vehicle license, the information for which is listed below.

|  |  |  |  |
| --- | --- | --- | --- |
| **STATE** | **LICENSE NO.** | **TYPE** | **EXPIRATION DATE** |
|  |  |  |  |

**Driving Experience**

|  |  |  |  |
| --- | --- | --- | --- |
| **CLASS OF EQUIPMENT** | **TYPE OF EQUPIMENT**  **(VAN, TANK, FLAT, ETC)** | **DATES**  **TO FROM** | **APPROX. NO. OF MILES**  **(TOTAL)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Accident Record for past 3 years or more (attach sheet if more space is needed)**

**iF NONE PLEASE CHECK “NONE.”**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DATES** | **NATURE OF ACCIDENT**  **(HEAD-ON, REAR-END, UPSET, ETC.)** | **NUMBER OF FATALITIES** | **NUMBER OF INJURIES** | **CHEMICAL SPILLS** |
|  |  |  |  | **YES / NO** |
|  |  |  |  | **YES / NO** |
|  |  |  |  | **YES / NO** |

**NONE:**

**Traffic convictions and forfeitures for the past 3 years (other than parking violations)**

**IF NONE PLEASE CHECK “NONE.”**

|  |  |  |  |
| --- | --- | --- | --- |
| **DATE CONVICTED**  **(MONTH/DATE)** | **VIOLATION** | **STATE OF VIOLATION LOCATION** | **PENALTY (FORFEITED BOND, COLLATERAL AND/OR POINTS)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**NONE:**

1. Have you ever been denied a license, permit or privilege to operate a vehicle? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain ­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Has any license, permit or privilege ever been suspended or revoked? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain ­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

I authorize you to make sure investigations and inquires to 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 interviews(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.

“I understand the information I provide regarding current and/or previous employers may be used and those employer(s) will be contacted or 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 current/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.”

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

Printed Name: ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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