

APPLICATION FOR EMPLOYMENT
MERCER COUNTY REGIONAL COUNCIL OF GOVERNMENTS
2495 Highland Road, Hermitage, PA 16148
(724) 981-1561 / Fax (724) 981-2639

JOB APPLYING FOR: _____

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)

EMPLOYMENT RECORD

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 _____

(ATTACH SHEET IF MORE SPACE IS NEEDED)

BUSINESS REFENCES

NAME	ADDRESS	PHONE NUMBER	RELATIONSHIP

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.