

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

A Drug Free Workplace

PLEASE PRINT LEGIBLY

Date: _____

Company Name & Address: _____

Your Name: _____

Present Address: _____ Phone: (____) _____

All Prior Address for the past 3 years: _____

EMPLOYMENT DESIRED:

Position Applied For: _____ (Per attached Job Description)

What type of work are you applying for: Permanent / Seasonal and Full-time / Part-time

Days and hours you are not available to work: _____

Are you available to work: Evenings? Yes No / Weekends? Yes No / Overtime? Yes No

If hired, when can you report to work? ____/____/____ Salary Desired: _____

PERSONAL INFORMATION:

Have you ever applied for employment or worked for this company? Yes No

If yes, when? _____ Do you have any friends or relatives working for this company? Yes No

If yes, please state their name(s) and relationship: _____

If hired, do you have a reliable means of transportation to and from work? Yes No

Are you at least 18 years old? Yes No (If under 18, hire is subject to verification that you are of minimum legal age)

Have you ever been forced to resign or discharged? Yes No If yes, please explain: _____

Did you receive disciplinary action within the last 12 months of active employment? Yes No

If yes, please explain: _____

EDUCATION, TRAINING AND EXPERIENCE

School	Name & Address	Graduate?	Degree / Diploma
High School:	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College / University:	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Vocational / Business:	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Do you speak, write or understand any non-English language(s) fluently? Yes No
If yes, which language(s)? _____

Do you have any other experiences, training, qualifications or skills which you feel would make you especially suited for work at this company? Yes No If yes, please explain: _____

If you are applying for a Driving Position, please answer the following questions:

Are you licensed/certified for the job applied for? Yes No Are you over 21? Yes No

Name of license certification: _____ Issuing State: _____

Expiration Date: _____ License/certification No: _____

Type of equipment operated: _____

Have you been subject to the Federal Motor Carriers Safety Regulations (FMCSR)? Yes No

Has your license / certification ever been revoked or suspended? Yes No

If yes, state reason(s), date of revocation or suspension and date or reinstatement: _____

EMPLOYMENT HISTORY: Below, list all present and past employment starting with your most recent employer for the last 10 years.

Name of Employer: _____ Telephone No: _____

Complete Mailing Address: _____

Supervisor's Name & Title: _____

Type of Business: _____

Your Job Title & duties: _____

Dates of Employment: ___/___/___ To ___/___/___ Rate of Pay: Start _____ End _____

Reason for Leaving: _____

Name of Employer: _____ Telephone No: _____

Complete Mailing Address: _____

Supervisor's Name & Title: _____

Type of Business: _____

Your Job Title & duties: _____

Dates of Employment: ___/___/___ To ___/___/___ Rate of Pay: Start _____ End _____

Reason for Leaving: _____

Name of Employer: _____ Telephone No: _____

Complete Mailing Address: _____

Supervisor's Name & Title: _____

Type of Business: _____

Your Job Title & duties: _____

Dates of Employment: ___/___/___ To ___/___/___ Rate of Pay: Start _____ End _____

Reason for Leaving: _____

Name of Employer: _____ Telephone No: _____

Complete Mailing Address: _____

Supervisor's Name & Title: _____

Type of Business: _____

Your Job Title & duties: _____

Dates of Employment: ___/___/___ To ___/___/___ Rate of Pay: Start _____ End _____

Reason for Leaving: _____

If further employment history is necessary to cover ten years, please use separate paper.

IMPORTANT NOTICE: APPLICANT MUST COMPLETELY ANSWER EACH QUESTION OR THIS APPLICATION WILL NOT BE PROCESSED FURTHER

I hereby certify that this application was completed by me and, I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I understand that any omission or misstatement of fact on this application or any document used to secure employment shall be grounds for rejection of this application or immediate discharge if I am employed, regardless of the time elapsed before discovery. I understand that nothing contained in the application or conveyed during any interview, which may be granted, is intended to create an employment contract between the company and me. I understand that this application is not an offer of employment and no promises or representations of employment have been made to me at this time. I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative. If hired, I will be responsible for familiarizing myself with all rules, regulations, policies, procedures and regulations of the Company as they presently exist or are later modified.

This application is valid for only ninety (90) days from the date I signed. If I want to be considered for job openings more than ninety (90) days from the date signed, I will submit a new application.

Authorization/Release

I hereby authorize this company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and further, authorize my former employers to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

This company is a Drug Free Workplace and I understand that a Drug Test will be required as a condition of employment upon hire and as part of an ongoing Drug Free Workplace policy.

My name below certifies that I have read, understand, and agree with the above and the information contained herein is true and correct.

Applicant's Printed Name

Applicant's Signature

Date

**** Conductor and Mechanic applicants please read and sign pages 5 & 6 before submitting your application.***

Conductor and Mechanic Applicants: Read and sign this document before submitting your application.

Company Name & Address: _____

DRIVER'S RIGHTS UNDER FMCSR §391.23

As a Driver, you are provided with certain rights under the Federal Motor Carrier Safety Regulations in §391.23. These rights are:

§391.23(i)(1)

- (i) The right to review information provided by previous employers;
- (ii) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;
- (iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the Driver cannot agree on the accuracy of the information.

§391.23(i)(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five business days deadline will begin when the prospective employer receives the requested safety performance history information. If the Driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the Driver to have waived his/her request to review the records.

§391.23(j)(1) Drivers wishing to request correction or erroneous information in records received pursuant to paragraph (i) of this section must send the request for the correction to the previous employer that provided the records to the prospective employer.

§391.23(j)(2) After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer or notify the Driver within 15 days of receiving a Driver's request to correct the data that it does not agree to correct the data. If the previous employer corrects and forwards the data as requested, that employer must also retain the corrected information as part of the Driver's safety performance history record and provide it to subsequent prospective employers when requests for this information are received. If the previous employer corrects the data and forwards it to the prospective motor carrier employer, there is no need to notify the Driver.

§391.23(j)(3) Drivers wishing to rebut information in records received pursuant to paragraph (i) of this section must send the rebuttal to the previous employer with instructions to include the rebuttal in the Driver's safety performance history.

§391.23(j)(4) After October 29, 2004, within five (5) business days of receiving a rebuttal from a Driver, the previous employer must:

- (i) Forward a copy of the rebuttal to the prospective motor carrier employer;
- (ii) Append the rebuttal to the Driver's information in the carrier's appropriate file, to be included as part of the response for any subsequent investigating prospective employers for the duration of the three (3) year data retention requirement.

§391.23(j)(5) The Driver may submit a rebuttal initially without a request for correction, or subsequent to a request for correction.

§391.23(j)(6) The Driver may report failures of previous employers to correct information or include the Driver's rebuttal as part of the safety performance information, to the FMCSA following procedures specified in §386.12.

§391.23(k)(1) The prospective motor carrier employer must use the information described in paragraphs (d) and (e) of this section only as part of deciding whether to hire the Driver.

§391.23(k)(2) The prospective motor carrier employer, its agents and insurers must take all precautions reasonably necessary to protect the records from disclosure to any person not directly involved in deciding whether to hire the Driver. The prospective motor carrier employer may not provide any alcohol or controlled substances information to the prospective motor carrier employer's insurer.

§391.23(l)(1) No action or proceeding for defamation, invasion of privacy, or interference with a contract that is based on the furnishing or use of information in accordance with this section may be brought against:

- (i) A motor carrier investigating the information, described in paragraphs (d) and (e) of this section, of an individual under consideration for employment as a commercial motor vehicle driver,
- (ii) A person who has provided such information; or
- (iii) The agents or insurers of a person described in paragraph (l)(1)(i) or (ii) of this section, except insurers are not granted a limitation on liability for any alcohol and controlled substance information.

§391.23(l)(2) The protections in paragraph (l)(1) of this section do not apply to persons who knowingly furnish false information, or who are not in compliance with the procedures specified for these investigations.

§391.23(e) In addition to the investigations required by paragraph (d) of this section, the prospective motor carrier employers must investigate the information listed below in this paragraph from all previous DOT regulated employers that employed the driver within the previous three years from the date of the employment application, in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR part 40.

- (1) Whether, within the previous three (3) years, the driver had violated the alcohol and controlled substances prohibitions under subpart B of part 382 of this chapter, or 49 CFR part 40.
- (2) Whether the driver failed to undertake or complete a rehabilitation program prescribed by a substance abuse professional (SAP) pursuant to §382.605 of this chapter, or 49 CFR part 40, subpart O. If the previous employer does not know this information (*e.g.*, an employer that terminated an employee who tested positive on a drug test), the prospective motor carrier must obtain documentation of the driver's successful completion of the SAP's referral directly from the driver.
- (3) For a driver who had successfully completed a SAP's rehabilitation referral, and remained in the employ of the referring employer, information on whether the driver had the following testing violations subsequent to completion of a §382.605 or 49 CFR part 40, subpart O referral:
 - (i) Alcohol tests with a result of 0.04 or higher alcohol concentration;
 - (ii) Verified positive drug tests;
 - (iii) Refusals to be tested (including verified adulterated or substituted drug test results).

My name below certifies that I have read and understand the above-mentioned rights and responsibilities.

Signature

Date

Printed Name

****Copy to Applicant***