

Stafford, NY 14143

Driver's Employment Application

In compliance with Federal and State Employment Opportunities laws, qualified applicants are considered for all positions, promotions, training and other job related conditions without regard to race, religion, sex, national origin, age, marital status, disability, veteran status, or job related conviction record.

Please check the position you are applying for:

Class A driver: _____ Class B driver: _____

Name: Last: _____ First: _____ Middle: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Mobile: _____

Date of Birth: _____ Driver's License number: _____

Exp. Date: ____ / ____ / ____ Current License Class: _____ Endorsements: _____

Medical card expiration: ____ / ____ / ____ No "K" endorsements.

Address for the last three years (If different than above)

Dates: From: _____ To: _____

Address: _____ City: _____ State: _____ Zip: _____

Dates: From: _____ To: _____

Address: _____ City: _____ State: _____ Zip: _____

Dates: From: _____ To: _____

Address: _____ City: _____ State: _____ Zip: _____

Are you legally employable in the US? _____

Have you worked for CE-Crocker before? _____

Are you currently employed? _____

How did you hear about CE-Crocker? _____

Do you have your own transportation for work? _____

This means you do not share a vehicle or depend on anyone else for transportation

Rate of pay expected? _____

Date you can start? _____

Accident record for the past 3 years:

Date	Nature of Accident	Injuries/fatalities
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Last Accident: _____

Next Previous: _____

Next Previous: _____

Traffic Convictions for the past 3 years (other than parking violations)

Location	Date	Charge Penalty
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Most Recent: _____

Next Previous: _____

Next Previous: _____

Driving Experience

Type of equipment (van, tank, etc)	Dates driven
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Straight truck: _____

Tractor & semi-trailer: _____

Tractor & two trailers: _____

Do you have experience driving with a manual transmission? _____

Do you have experience driving with an automatic transmission? _____

Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____

Has any license, permit, or privilege ever been suspended? _____

Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by a potential employer during the past two years? _____

If the answer to ANY of the above questions is YES, provide details below:

Education

Circle Highest Grade Completed: High School 1 2 3 4 College 1 2 3 4

Last school attended: _____ City, State: _____

Additional Education or Training: _____

Driver Employment History

Applicants need to supply 10 years of employment history.

Instructions: Read and follow the instructions: **WARNING!** Failure to provide this information in a complete and legible manner will prevent your qualification as a driver. This form will be returned to you if we do not receive it in a complete and legible state.

Company Name: _____ **Position:** _____

Dates of employment: From: _____ To: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Contact: _____

Driving experience: Approximate # of miles driven: _____

Class of Equipment: _____ Type of equipment: _____

Products hauled: _____ Type of trailer: _____

Additional Information: _____

Reason for leaving: _____

May we contact this employer? _____

Company Name: _____ **Position:** _____

Dates of employment: From: _____ To: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Contact: _____

Driving experience: _____ **Approximate # of miles driven:** _____

Class of Equipment: _____ Type of equipment: _____

Products hauled: _____ Type of trailer: _____

Additional Information: _____

Reason for leaving: _____

May we contact this employer?: _____

Company Name: _____ **Position:** _____

Dates of employment: From: _____ To: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Contact: _____

Driving experience: _____ **Approximate # of miles driven:** _____

Class of Equipment: _____ Type of equipment: _____

Products hauled: _____ Type of trailer: _____

Additional Information: _____

Reason for leaving: _____

May we contact this employer?: _____

Company Name: _____ **Position:** _____

Dates of employment: From: _____ To: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Contact: _____

Driving experience: _____ **Approximate # of miles driven:** _____

Class of Equipment: _____ Type of equipment: _____

Products hauled: _____ Type of trailer: _____

Additional Information: _____

Reason for leaving: _____

May we contact this employer?: _____

Company Name: _____ **Position:** _____

Dates of employment: From: _____ To: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Contact: _____

Driving experience: _____ **Approximate # of miles driven:** _____

Class of Equipment: _____ Type of equipment: _____

Products hauled: _____ Type of trailer: _____

Additional Information: _____

Reason for leaving: _____

May we contact this employer?: _____

References- Personal and/or Professional

Name: _____

Name: _____

Address: _____

Address: _____

City, State: _____

City, State: _____

Personal/Professional (circle one)

Personal/Professional (circle one)

Number of Years known: _____

Number of Years known: _____

Phone# _____

Phone# _____

Name: _____

Name: _____

Address: _____

Address: _____

City, State: _____

City, State: _____

Personal/Professional (circle one)

Personal/Professional (circle one)

Number of Years known: _____

Number of Years known: _____

Phone# _____

Phone# _____

Applicant's Certification

I, _____, hereby certify that I have completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. In accordance with the provisions of Section 604 (b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), I understand that reports verifying my previous employment, previous drug and alcohol tests results, accident history, and my driving record may be obtained for employment purposes. These reports are required by Sections 382.413, 391.23, 390.15, 391.53 and 391.25 of the Federal Motor Carrier Safety Regulations. I hereby release employers, school, health care providers the Asmark institute 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 interview may result in discharge. I understand that information I provide regarding current and/or previous employers may be used and those employer(s) will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23. I understand that I have the right to: review the information by previous employers; have errors n the information corrected by previous employer(s); and have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree to the accuracy of the information. I understand also, that I am required to abide by all the rules and regulations of Carolina Eastern-Crocker LLC.

X _____

Date: _____

Applicant's signature/certification



Carolina Eastern, Inc.
Driver's Motor Vehicle Record Authorization Form

Driver's Full Name _____

Location ID # 89 CDL Driver _____ Non CDL Driver _____

Driver's License # _____ Expiration Date _____ State _____

Seasonal _____ Part-Time _____ Full Time _____

Date of Birth _____

I, (Print Name) _____, hereby authorize Carolina Eastern, Inc., or affiliate companies to obtain any and all information pertaining to my driving record from any state department of motor vehicles. This signed authorization will remain in effect as long as I am an employee of Carolina Eastern, Inc. and/or its affiliated companies. I also understand the information obtained will not be used in violation of any federal or state equal opportunity law or regulation.

I understand that I may be disqualified from employment considerations (applicants), or the use of a company vehicle if an unacceptable MVR results.

I understand that at any time during my employment the company and its affiliates may obtain a copy of my current Motor Vehicle Record.

I understand that a copy of my MVR will be sent to the location manager for review and then filed in my personnel file at that location.

I will notify the manager of the location for which I work immediately if my driver's license is suspended for any reason and I agree not to drive any company vehicles or my personal vehicle for company purposes while my license is under suspension.

Applicant's/Drivers Signature _____ Date _____

Note: All Faxed or scanned e-mail documents will be deemed an original copy.

Carolina Eastern, Inc.

Drug-Free Workplace Policy

We recognize alcohol and drug abuse as potential health, safety and security problems. It is expected that all employees will assist in maintaining a work environment free from the effects of alcohol, drugs or other intoxicating substances. Compliance with this substance abuse policy is made a condition of employment.

Employees are prohibited from the following when reporting for work, while on the job, on Company or customer premises or surrounding areas, or in any vehicle used for Company business:

- The unlawful use, possession, transportation, manufacture, sale, dispensation or other distribution of an illegal or controlled substance or drug paraphernalia;
- The unauthorized use, possession, transportation, manufacture, sale, dispensation or other distribution of alcohol; and
- Being under the influence of alcohol or having a detectable amount of an illegal or controlled substance in the blood or urine (“controlled substance” means a drug or other substance as defined in applicable federal laws on drug abuse prevention).

Any employee violating these prohibitions will be subject to disciplinary action up to and including termination.

Any employee convicted under any criminal drug statute for a violation occurring while on the job, on Company or customer premises, or in any vehicle used for Company business must notify the Company no later than 5 days after such a conviction. A conviction includes any finding of guilt or plea of no contest and/or imposition of a fine, jail sentence, or other penalty.

Drug and alcohol testing will be carried out in compliance with any applicable state and federal laws and regulations. Also the company will perform drug & alcohol testing on the pre-employment, post-accident, and for cause basis.

We recognize that employees suffering from alcohol or drug dependence can be treated. We encourage any employee to seek professional care and counseling prior to any violation of this policy.

I have read and understand the above drug policy and agree to its terms.

Employee Signature

Date

89 CE Crocker

Location Number

