

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:**

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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 &amp; semi-trailer: \_\_\_\_\_

Tractor &amp; 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:

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## 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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## 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:**\_\_\_\_\_

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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: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_

Personal/Professional (circle one)

Number of Years known: \_\_\_\_\_

Phone# \_\_\_\_\_

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

Address: \_\_\_\_\_

City, State: \_\_\_\_\_

Personal/Professional (circle one)

Number of Years known: \_\_\_\_\_

Phone# \_\_\_\_\_

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

Address: \_\_\_\_\_

City, State: \_\_\_\_\_

Personal/Professional (circle one)

Number of Years known: \_\_\_\_\_

Phone# \_\_\_\_\_

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

Address: \_\_\_\_\_

City, State: \_\_\_\_\_

Personal/Professional (circle one)

Number of Years known: \_\_\_\_\_

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 in 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.

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Employee Signature

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Date

89 CE Crocker

Location Number