

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

