Hire Date _____

DRIVER EMPLOYMENT APPLICATION

GIORDANO'S RECYCLING
110 N. Mill Road
Vineland, NJ 08360
USDOT #582561

APPLICANT INFORMATION

Name: _____
(First) (Middle) (Last)

Current Address: _____ _____
(Street) (City) (State/Zip Code) How Long?

Previous Address (es): _____ _____
(Street) (City) (State/Zip Code) How Long?

Must list all addresses for previous 3 years

_____ _____
(Street) (City) (State/Zip Code) How Long?

Phone #: (___) _____Date of Birth: Soc. Security #:_____

Emergency Contact Name: _____ Relation: _____

Contact Address: _____ Phone #: ()_____

DRIVER'S LICENSE INFORMATION

State License # Type Expiration Date

_____/_____/_____/_____

_____/_____/_____/_____

DRIVER EXPERIENCE

Types of Equipment From (Date) To (Date) Approx. # of Miles

_____

_____

Have you ever been denied a license, permit or privilege to operate a motor vehicle?	YES	NO
Has any license, permit or privilege ever been suspended or revoked?	YES	NO

If you answered yes to either of the above 2 questions, attach a statement of explanation.

TICKETS / ACCIDENTS / ETC.

Accident Record for Past 3 Years:

Date Description # of Injuries / Fatalities

_____

_____

_____

Traffic Convictions & Forfeitures for Past 3 Years:

Location Date Charge Penalty

_____

_____

_____

HISTORY WITH COMPANY WHICH YOU ARE APPLYING FOR

I have worked for this company before ___Yes ___ No (if yes, please indicate hire and termination date (s).Note: This information should also be reflected in employment record section.

_____

I have applied for work with this company before ___Yes ___ No (if yes please indicate date (s).

_____

How did you hear about this employer? _____-

EMPLOYMENT RECORD

Note: DOT requires employment for 3 years previous and/or commercial driving experience for past 10 years be shown.

PLEASE CONTINUE EMPLOYMENT RECORD ON NEXT PAGE (PAGE 3)

Employer: _____ Employed From: _____ To: _____

Address:_____

_____

Phone: (___) _____ Supervisor_____

Position: _____ Reason for leaving:_____

Were you subject to the FMCSRs while Employed? _____Yes _____ No

Was your job designated as a safety function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? _____ Yes _____No

Note: If needed, make additional copies of this page to capture info regarding all employers during the past 10 years.

EMPLOYMENT RECORD

Employer: _____ Employed From: _____ To: _____

Address:_____

_____

Phone: (___) _____ Supervisor_____

Position: _____ Reason for leaving:_____

Were you subject to the FMCSRs while Employed? _____Yes _____ No

Was your job designated as a safety function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? _____ Yes _____No---

---

Employer: _____ Employed From: _____ To: _____

Address:_____

_____

Phone: (___) _____ Supervisor_____

Position: _____ Reason for leaving:_____

Were you subject to the FMCSRs while Employed? _____Yes _____ No

Was your job designated as a safety function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? _____ Yes _____No

---

Employer: _____ Employed From: _____ To: _____

Address:_____

_____

Phone: (___) _____ Supervisor_____

Position: _____ Reason for leaving:_____

Were you subject to the FMCSRs while Employed? _____Yes _____ No

Was your job designated as a safety function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? _____ Yes _____No

DECLARATION OF EMPLOYMENT

This refers to any gaps in employment history

I understand that I must provide my complete employment history for the past 3 years, and all CDL required employment for the 7 years preceding that. Any gaps in employment longer than 1 month are explained asfollows:

FROM: _____ TO: _____

During this time, I engaged in the following activity:

_____

_____

In addition (Check):

_____ I was not employed by any company or individual

_____ I was not convicted of any criminal act involving the use of a commercial motor vehicle or while driving a commercial motor vehicle.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally inquires regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquires 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 interviews may result in discharge. I understand, also, that I am required to abide by all rules and regulations of The Company.

I understand information I provide regarding current and/or previous employers may be used, and those employers will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23 (d) and (e). I understand that I have the rights to:

- Review information provided employers,
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer, and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

This certifies 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.

Signature: _____ Date: _____

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604 (b) (2) (A) of the Fair Credit Reporting Act, Public Law91-508, as amended by the Consumer Credit Reporting Act of 1966 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes.
Your employer may obtain this information from Accufax, Equifax, Transunion, Experion or other vendorsof information services.

_____ _____
Applicant's Signature Date

_____ _____
Print Name Social Security Number

_____ _____
Employer Witness Company Name

ALCOHOL AND CONTROLLED SUBSTANCE

CONSENT AND RELEASE

Have you ever refused to be tested for drugs & alcohol at any time in the last 2 years?	YES	NO
Have you ever tested positive for drugs or alcohol at any time in the last 2 years?	YES	NO
Have you ever tested positive on any pre-employment drug or alcohol test for a job which you applied for but did not obtain?	YES	NO

If you answered yes to any of the above questions, attach a statement of explanation and provide proof of return to duty process.

I understand that, as required by the Federal Motor Carrier Safety Regulations and company policy, all drivers must submit to alcohol and controlled substance testing as a condition of employment. I also understand that any offer of employment will be contingent upon the results of an alcohol and controlled substance test.

Therefore, I agree to submit to the following alcohol and controlled substance tests in accordance and as defined by the Federal Motor Carrier Safety Regulation and this company's policies:

- Pre-Employment, to determine employment eligibility
- Random
- Reasonable Suspicion
- Post Accident

I certify that I have read, understand, and agree to abide by the condition of this consent and release form.

_____ _____

Applicant's Signature Date

_____ _____

Print Name Social Security Number

_____ _____

Employer Witness Company Name

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates inintrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

1. You, as a commercial vehicle driver, may not possess more than one license.

2. If you currently have more than one license, you should keep the license from your state of residence,and return the additional licenses to the states that issued them. Destroying a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, you should close your record by notifying the state of issuance that you no longer want to be licensed by that state.

3. Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license.In addition, Section 383.31 requires that any time you violate a state or local traffic law (other thanparking), you must report it to your employing motor carrier and the state that issued your license within 30 days.

DRIVER CERTIFICATION: I certify that I have read and understand the above requirements.

The following license is the only one I will possess:

Driver License Number: _____

State: _____ Expiration Date: _____

Driver's Signature: _____ Date: _____

Notes: _____

_____

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

The below individual has made application to the prospective employer named below.
He/she has stated that they were previously employed by your company.
We appreciate you completing the following information in confidence, thank you.

Section 1: To Be Completed by Prospective Employee

I, (Print Name) _____|_____|_____
First, Middle, Last Social Security # Date of Birth

Previous Employer: _____ Telephone: _____

Street: _____ Fax No.: _____

City, State, Zip: _____

Authorize release and forwarding of the information requested by section 3 of this document concerning my Alcohol and Controlled Substance Testing records within the previous 3 years from _____ to _____
(Date of employment application)

Attn: _____ Phone: _____

Prospective Employer: _____
Street: _____
City, State, Zip: _____
Fax: _____

In compliance with 40.25 (g) and 391.23 (h), release of this information must be made in a written form that ensures confidentiality, such as fax, letter, or email.

Applicant's Signature_____ Date: _____

Section 2: To Be Completed by Previous Employer

ACCIDENT HISTORY

The applicant named above was employed by us Yes _____ No_____
Employed from (m/y) _____ to (m/y) _____
Did he/she drive motor vehicles for you? Yes _____ No_____ - If yes, what type?
Straight ___ Tractor trailer ___
Other (Specify) _____

Reason for employee leaving: Discharge ____ Resignation ___ Lay Off ___ Military Duty _____ Other ____
If other, explain: _____
If there is no safety performance history to report, check here ____, sign below and return.

Accidents: Complete the following for any accidents included on your accident register (390.15 (b)) that involved the applicant in the years prior to the application date shown above, or check here ___ if there is no accident register data for this driver.

Date	**Location**	**No. of Injuries**	**No. of Fatalities**	**Hazmat Spill**

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or reported or retained under internal company policies: _____
_____

Signature: _____ **Title:** _____ **Date:** _____

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Section 3: To Be Completed by Previous Employer

If driver was not subject to DOT testing requirements while employed by this employer please check here ____,
fill in the dates of employment from (m/y) _____ to (m/y) _____, complete bottom of Section 3, sign, and return.

Driver was subjected to DOT testing requirements from (m/y) _____ to (m/y) _____
Yes_____ No_____

	YN
1. Has this person had an alcohol test with a result of 0.04 or higher?	____ ____
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?	____ ____
3. Has this person refused to submit to a post accident, random, reasonable suspicion, or follow-up controlled substance test?	____ ____
4. Has this person committed other violations of Subpart B or Part 382 or Part 40?	____ ____
5. If this person has violated a DOT drug & alcohol regulations, did this person complete a SAP prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation with this form.	____ ____
6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified drug test, or refuse to be tested?	____ ____

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown in Section 1.

Completed By:

Name: _____ Telephone: _____

Company: _____

Street: _____ City: _____ State: _____ Zip: _____

Section 3 completed by (Signature) _____ Date: _____

Official Use:

Attempts were made to contact the previous employer:

2nd Attempt
This form was (check one) ____ Faxed to previous employer ____Mailed ____ Other
By:_____ Date: _____

3rd Attempt:
This form was (check one) ____ Faxed to previous employer ____Mailed ____ Other
By:_____ Date: _____

Confirmation was received by: _____Fax _____Mail _____ Other

Date Received: _____

HOURS OF SERVICE RECORD

FOR FIRST TIME OR INTERMITTENT DRIVERS

Name: _____ Soc. Sec. #: _____

Day	Total Time on Duty
1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
Total	_____

I hereby certify that the information contained hereon is true to the best of my knowledge and belief, and that my last period of release from duty was:

From: _____ To: _____

_____

Signature DATE

This form is to be completed on the day before or day of driver's first dispatch.

DRIVERS ROAD TEST EXAMINATION

Driver's Name _____ Phone Number: _____

Driver's Address

_____

City _____ State _____ Zip _____

Rating of Performance

_____ The pre-trip inspection (As required by Sec. 392.7)

_____ Coupling and uncoupling of combination units, if the equipment he or she may drive in has combination units

_____ Placing the equipment in operation

_____ Use of vehicle's controls and emergency equipment

_____ Operating the vehicle in traffic and while passing other vehicles

_____ Turning the vehicle

_____ Braking and slowing the vehicle by means other than braking

_____ Backing and parking the vehicle

_____ Other, Explain

_____

_____

Type of equipment used in giving test:

_____

Date: _____ Examiner's Signature: _____

Remarks:

_____

_____

_____

CERTIFICATION OF ROAD TEST

Company Name: _____

Driver's Name: _____

Social Security Number: _____

Operator's or Chauffer's License Number: _____

Type of Power Unit _____

Type of Trailer (s) _____

If passenger carrier, type of bus _____

This is to certify that the above named driver was given a road test under my supervision on _____ (date) consisting of approximately _____miles of driving.

It is my considered opinion that this driver possesses sufficient driving skills to operate safely the type of commercial motor vehicle listed above.

_____

Signature of Examiner

_____

Title

_____

Organization and Address of Examiner

EMPLOYEE CONTACT SHEET

_____ _____

EMPLOYEE NAME DATE

_____ _____

PHYSICAL ADDRESS CELL PHONE

_____ _____

MAILING ADDRESS HOME PHONE

_____ _____

CITY STATE ZIP CODE

_____ _____

DATE OF BIRTH UNION AFFILIATION

EMERGENCY CONTACT:

_____ _____

NAME RELATIONSHIP

_____

ADDRESS

_____

TELEPHONE NUMBER

AUTHORIZATION TO RELEASE PAYROLL CHECK

I AUTHORIZE _____TO PICKUP MY

WEEKLY PAYROLL CHECK(S) IN THE EVENT I AM UNABLE TO DO SO.

ANNUAL REVIEW OF DRIVING RECORD

PART A – CERTIFICATION OF VIOLATIONS

Driver Name _____

MOTOR CARRIER INSTRUCTIONS: The Company is required by the DOT to perform an annual records check, to ensure the company is aware of any and all traffic violations committed by its drivers, including those in a private auto as well as any in a Commercial Motor Vehicle.
Please list on the following lines all violations of motor vehicle traffic laws and ordinances (other than violations for parking only) of which you have been convicted, or on account of which you have forfeited bond of collateral during the last 12 months. (Per FMCSR 391.27)

I certify that the following is a true and complete list of traffic violations required to be listed for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date	Offense	Location	Type of Vehicle Operated
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

Drivers Signature _____ Date of Certification _____

Driver's license # _____ State _____ Exp. Date _____

Part B – MVR (attached)

Part C – Carriers Annual Review

Carrier's Annual Review of Driving Record and Certification of Continued Qualification
As Required by FMCSR 391.25(c) (2)

This day I have reviewed the driving record of the above named driver in accordance with 391.25 of the FMCSRs. I considered any evidence that the driver has violated applicable provisions of the FMCSRs and the HMRs (if applicable). I considered the driver's accident record and any evidence that he/she has violated any laws governing the operation of motor vehicles, and great weight to violations, such as speeding, reckless driving, and operation while under the influence of alcohol or controlled substances, that indicate the driver has exhibited a disregard for the safety of the public. Having done so, I find that:

( ) the driver meets the minimum requirements for safe driving,

or

( ) the driver is disqualified to drive a motor vehicle pursuant to 391.15.

GIORDANO'S RECYCLING — 110 N. Mill Road, Vineland, NJ 08360
Motor Carrier's Name — Motor Carrier's Address

_____ _____ _____
Reviewed By: Signature — Title — Date

Provided by USDOT / FMCSA Distributed by Atlantic Investigations LLC, Phone 609-270-7821

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

In connection with your application for employment with **GIORDANO'S RECYLCING** ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to https://dataqs.fmcsa.dot.gov. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:
I authorize **GIORDANO'S RECYLCING** ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to https://dataqs.fmcsa.dot.gov. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication. I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____ _____

Signature: _____

Name (Please Print): _____

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 2/11/2016

DRUG & ALCOHOL CLEARING HOUSE

CONSENT FOR FULL QUERIES FOR PRE-EMPLOYMENT

I, _____ understand that, as required by the Federal Motor Carrier Safety Regulations [Drug & Alcohol Clearing House] and company policy, all drivers MUST give consent to **Atlantic Investigations, LLC.,** to access the FMCSA Drug & Alcohol Clearing House data base to be sure that I have complied with the FMCSA Drug and Alcohol regulations. I also understand that any offer of employment will be contingent upon the results of the report of the Drug & Alcohol Clearing Database.

I certify that I have read, understand, and agree to the condition of this consent and release form.

_____ _____

Applicant's Signature Date

_____ _____

Print Name Social Security Number

DRUG & ALCOHOL CLEARINGHOUSE CONSENT FOR LIMITED QUERIES

NOTICE TO DRIVER: The Commercial Driver's License (CDL) Drug & Alcohol Clearinghouse is a federal database containing information about CDL drivers who have violated the Federal Motor Carrier Safety Administration's (FMCSA's) drug or alcohol regulations in 49 CFR Part 382.Whether you have committed such a violation or not, each motor carrier for whom you drive is required to check whether the Clearinghouse has any information about you, both at the time of hire and annually. When conducting an annual inquiry, the motor carrier has the option to request a "limited" report that only indicates whether the Clearinghouse has any information about you. Before a motor carrier may request a limited report, they must have your written authorization, per §382.701(b). This authorization may be valid for more than one year. If a limited query ever reveals that the Clearinghouse has information about you, you will be required to log in to the Clearinghouse website within 24 hours to grant electronic consent for the motor carrier to obtain your full Clearinghouse record.

NOTICE TO MOTOR CARRIER: This consent form authorizes you to run a "limited query" to check whether the Clearinghouse has information about the driver identified below. If it does, then you must obtain a full Clearinghouse record within 24 hours, per §382.701(b). This consent form must be retained until 3 years after the date of the last limited query you perform for this driver, based on the authorization below.

AUTHORIZATION

I, _____, hereby authorize **GIORDANO'S RECYCLING.**
(Driver's printed name)

to conduct limited annual queries of the FMCSA's Drug & Alcohol Clearinghouse, to determine if a Clearinghouse record exists for me. This consent is valid from the date shown below until my employment with the above-named motor carrier ceases or until I am no longer subject to the drug and alcohol testing rules in 49 CFR Part 382 for the above-named motor carrier. I understand that if any limited query reveals that the Clearinghouse contains information about me, I must grant electronic consent within 24 hours, via the Clearinghouse website, for the motor carrier to obtain my full Clearinghouse record. Refusal to provide such consent will result in my removal from safety-sensitive duties.

Driver's Signature: _____

ID Number: _____ Date: _____

Atlantic Investigations LLC- 609-270-7821.