

EMPLOYMENT HISTORY

List current or most recent employment first. Driver applicants must provide 3 years employment and 10 years driving History. Account for and explain all periods of unemployment. Use an additional sheet if necessary.

| | | |
|-----------------------|---------------|-------------|
| Name of Company _____ | Address _____ | Phone _____ |
|-----------------------|---------------|-------------|

Dates of Employment: From _____ To _____ Salary Start: \$ _____ per _____
Type of Business: _____ Last: \$ _____ per _____
Your Position/Title _____ Supervisor _____
Reason for Leaving _____
Briefly Describe Your Duties and Responsibilities: _____
Were you subject to the FMCSR/DOT Drug and Alcohol testing requirements according to 49 CFR Part 40? [] yes [] no

| | | |
|-----------------------|---------------|-------------|
| Name of Company _____ | Address _____ | Phone _____ |
|-----------------------|---------------|-------------|

Dates of Employment: From _____ To _____ Salary Start: \$ _____ per _____
Type of Business: _____ Last: \$ _____ per _____
Your Position/Title _____ Supervisor _____
Reason for Leaving _____
Briefly Describe Your Duties and Responsibilities: _____
Were you subject to the FMCSR/DOT Drug and Alcohol testing requirements according to 49 CFR Part 40? [] yes [] no

| | | |
|-----------------------|---------------|-------------|
| Name of Company _____ | Address _____ | Phone _____ |
|-----------------------|---------------|-------------|

Dates of Employment: From _____ To _____ Salary Start: \$ _____ per _____
Type of Business: _____ Last: \$ _____ per _____
Your Position/Title _____ Supervisor _____
Reason for Leaving _____
Briefly Describe Your Duties and Responsibilities: _____
Were you subject to the FMCSR/DOT Drug and Alcohol testing requirements according to 49 CFR Part 40? [] yes [] no

| | | |
|-----------------------|---------------|-------------|
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Dates of Employment: From _____ To _____ Salary Start: \$ _____ per _____
Type of Business: _____ Last: \$ _____ per _____
Your Position/Title _____ Supervisor _____
Reason for Leaving _____
Briefly Describe Your Duties and Responsibilities: _____
Were you subject to the FMCSR/DOT Drug and Alcohol testing requirements according to 49 CFR Part 40? [] yes [] no

ADDENDUM TO EMPLOYMENT APPLICATION

Do you currently have any appointments scheduled or know of any pre-existing situations that would prevent you from being able to perform the job for which you are applying to the best of your ability? If so, please include the dates for any surgeries, jury/court summons or pre-planned vacations up to one year from the date of hire. If there are currently unaware of any such restrictions please write "None" in the space provided below.

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Additional information regarding question #9. Conviction Record. If you answered Yes, and have been convicted of a felony or misdemeanor, please provide additional information such as the date of the offense, the seriousness and nature of the offense and rehabilitation completed.

Describe the offense:

When (month/year):

Where (city/state):

Disposition (fine, jail, probation, etc.):

TO BE READ AND SIGNED BY THE APPLICANT

I authorize NYCE and its representatives to make such investigations and inquiries of my personal, employment, financial, and 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 NYCE, previous 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 interview(s) may result in discharge. I understand also, that I am to abide by all rules and regulations of the company.

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

- Review information provided by my previous employers;
- Have errors in that information corrected by previous employers and for those previous employers to resend the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employers and I cannot agree on the accuracy of the information.

I further understand and agree that, if hired, my employment is at will with no contract or for any definite period of time, and may, regardless of any date of payment of my wages, be terminated at any time without any prior notice.

I certify that the information on this application was completed by me, and that all entries on it and the information in it are true and complete to the best of my knowledge.

Applicant Signature: _____ Date: _____

(Please note: A conviction record will not necessarily be a bar to employment. Factors such as seriousness and nature of the violation and rehabilitation will be taken into account).

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE
(ATTACH SHEET IF MORE SPACE IS NEEDED)**

| DATES | NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC) | FATALITIES | INJURIES |
|---------------|----------------------------------------------------------|------------|----------|
| LAST ACCIDENT | | | |
| NEXT PREVIOUS | | | |
| NEXT PREVIOUS | | | |
| NEXT PREVIOUS | | | |

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS
(OTHER THAN PARKING VIOLATIONS)**

| LOCATION | DATE | CHARGE | PENALTY |
|----------|------|--------|---------|
| | | | |
| | | | |
| | | | |
| | | | |

(ATTACH SHEET IF MORE SPACE IS NEEDED)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____

B. Has any license, permit of privilege ever been suspended or revoked? YES _____ NO _____

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

EXPERIENCE AND QUALIFICATIONS - DRIVER

| CLASS OF EQUIPMENT | TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC) | DATES | | APPROX. NO OF MILES (TOTAL) |
|--------------------------|---------------------------------------------|-------|----|--------------------------------|
| | | FROM | TO | |
| STRAIGHT TRUCK | | | | |
| TRACTOR AND SEMI-TRAILER | | | | |
| TRACTOR-TWO TRAILERS | | | | |
| OTHER | | | | |

DRIVERS LICENSE INFORMATION

| DRIVER LICENSES | TYPE / CLASS | NUMBER / STATE / EXPIRATION DATE |
|-----------------|--------------|----------------------------------|
| | | |
| | | |
| | | |

LIST STATES OPERATED IN LAST FIVE YEARS:

LIST ANY SPECIAL TRAINING OR EQUIPMENT QUALIFICATIONS OR ANY OTHER TRANSPORTATION EXPERIENCE THAT MAY BE HELPFUL:
