

Articulated License _____ CDL _____ (Attach copy of license and DOT medical card)

DRIVER EXPERIENCE AND QUALIFICATIONS:

DRIVER LICENSE INFORMATION

STATE	LICENSE #	TYPE	EXPIRE DATE

DRIVING EXPERIENCE

CLASS OF EQUIP.	TYPE OF EQUIP (VAN, TANK, FLAT, ETC)	DATE FROM	DATE TO	APPROX NO. OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR AND SEMI TRAILER				
TRACTOR – 2 TRAILERS				
OTHER				

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

DATE OF	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES (Y/N)	INJURIES (Y/N)
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

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

LOCATION	DATE	CHARGE	PENALTY

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? ___Yes ___No

B. Has any license, permit or privilege ever been suspended or revoked? ___Yes ___No

If the answer is yes to either A or B, attach a statement giving details.

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

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), you are being informed that, if selected as an applicant, reports verifying your previous employment, previous drug and alcohol test results and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

In case of an emergency, please contact:

1. Full Name: _____

Phone Number: (work) _____ (home) _____

Relationship: _____

2. Full Name: _____

Phone Number: (work) _____ (home) _____

Relationship: _____

By signing below, I certify that 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.

Applicant's Signature _____ Date _____

For Office Use Only:

Interviewed By: _____ Date: _____

Hired: Yes _____ No _____

Position _____ Salary/Wage: _____ Starting Date: _____

TO BE COMPLETED ONLY AFTER HIRE, DURING ORIENTATION PROCESS FOR GOVERNMENT REPORTING PURPOSES

- For AA/EEO purposes, do you consider yourself to be part of any of the following minority groups?

Caucasian / Black / Hispanic / Asian / American Indian / Pacific Islander / Alaskan Native / Other _____

- Have you served in any of the following conflicts? _____ Desert Storm _____ Korea _____ Vietnam

Notice: This information will not be used for the purpose of discrimination. Employment and advancement are determined by a person's qualifications and abilities without regard to race, color, religion, national origin, sex, age, disability, marital status, sexual orientation or citizenship. Agate Contracting Corp, Inc. is an equal opportunity employer.

COMPLETED BY _____ SIGNATURE _____ DATE _____

Release of Information Form -- 49 CFR Part 40 Drug and Alcohol Testing

Section I. To be completed by the new employer, signed by the employee, and transmitted to previous employer:

Employee Printed or Typed Name: _____

Employee SS or ID Number: _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in *Section I-B*, to the employer listed in *Section I-A*. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in *Section II-A* by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: _____ Date: _____

I-A.

Prospective Employer: Agate Contracting Corp
Attention: Susan Sharp Phone: 609-624-9090
Address: PO Box 935 Pleasantville, NJ 08232 Fax: 609-624-0957

I-B.

Previous Employer Name: _____

Address: _____

Phone #: _____

Designated Employer Representative (if known): _____

Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:

If the individual was not subject to DOT testing requirements while employed by this employer, check here sign below and return.

II-A. In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing ~

1. Did the employee have alcohol tests with a result of 0.04 or higher? YES ___ NO ___
2. Did the employee have verified positive drug tests? YES ___ NO ___
3. Did the employee refuse to be tested? YES ___ NO ___
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? YES ___ NO ___
5. Did a previous employer report a drug and alcohol rule violation to you? YES ___ NO ___
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? N/A ___ YES ___ NO ___

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

II-B.

Name and title of person providing information in *Section II-A*: _____

Phone #: _____ Date: _____

For office use only:

Mailed Faxed to employer in Section IB on _____. Completed form received by mail fax on _____.
date date

Request for Information from Previous Employer

I hereby authorize you to give Agate Contracting Corp all information regarding my services, character and conduct while in your employ and I release the company from any and all liability which may result from furnishing such information to Agate Contracting Corp.

Signature: _____ Date: _____

Print Name: _____

To: _____ Date: _____

_____ has applied to this company for a position as a CDL
Applicant Name and Social Security Number

driver and states that he/she was employed by you as a _____ from _____ to _____

Please reply to the inquiry below respecting this applicant. Your reply will be held in strict confidence and will in no way involve you in any responsibility. **Please return the form in the enclosed stamped, self-addressed envelope.**

1. Is the employment record with your company correct as stated above? _____

2. What kind(s) of work did the applicant do? _____

3. Did the applicant drive motor vehicles for you? Passenger car _____ Straight Car _____ Bus _____
 Tractor/Semi-Trailer _____ Other (please specify) _____

4. Was the applicant a safe and efficient driver? _____

5. Give the dates of vehicle accidents in which he/she was involved. _____

6. Reason for leaving your employ: Discharged _____ Laid off _____ Resigned _____

Remarks: _____

7. Was the applicant's general conduct satisfactory? _____

8. Is the applicant competent for the position sought? _____

9. Did the applicant drink any alcoholic beverages while on duty? _____

	Excellent	Good	Fair	Poor	Very Poor
Quality of Work					
Cooperation with others					
Safety habits					
Personal habits					
Driving skill					
Attitude					

Remarks: _____

Signature: _____

Date: _____

Print Name: _____

Title: _____

WAIVER AND RELEASE FOR FUNCTIONAL CAPACITY EVALUATION

I hereby voluntarily sign and agree to the terms contained in this Waiver and Release. I am voluntarily participating in the Functional Capacity Evaluation and I am free to deny consent or stop the evaluation at any time.

In recognition of this, I hereby WAIVE, RELEASE AND FOREVER DISCHARGE AND AGREE NOT TO SUE, the company and any related companies through common ownership or management or any of their respective trustees, officers, employees or agents, or any other individuals or entities connected with the companies, from any and all claims, demands, damages or liability whatsoever arising from my personal injury, death, disability or property damage resulting from or related to my participation in Functional Capacity Evaluation.

Any claim or dispute concerning this Waiver and Release may be brought only before the American Arbitration Association (*AAA*) for arbitration in accordance with the rules of the AAA. I HEREBY WAIVE MY RIGHT TO SUE IN A COURT OF LAW OR TO HAVE A TRIAL BY JURY. This release and Waiver shall be governed by and construed in accordance with the internal laws of the State of New Jersey, without regard to conflicts of law principles. Any legal action or proceeding with respect to this Release and Waiver may be brought only before the AAA, and I accept the exclusive jurisdiction of the AAA.

I acknowledge that I HAVE READ THIS DOCUMENT and understand all of the above.

Applicant Signature

Applicant Print Name

Date

Hiring Manager Signature

Hiring Manager Print Name

Date