



APPLICATION FOR EMPLOYMENT - DRIVER

FRANK J. FAZZIO & SONS, INC.
458 ELWOOD AVENUE
PITMAN, NEW JERSEY 08071-1294
(856) 589-3760 F (856) 589-2655

Answer all questions - Please Print and Return to Office

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job related medical condition or handicap.

Date: _____ / _____ / _____

Position(s) Applying for: _____

Name: _____ Social Security No. _____

LAST FIRST MIDDLE INITIAL

Address _____ How long: _____

STREET CITY STATE/ZIP CODE

Phone: _____ Alternate Phone: _____

If you were at above address less than three years, list your previous address.

Address _____ How long: _____

STREET CITY STATE/ZIP CODE

Date of Birth _____
(Required for driving position)

Can you provide proof of age? Yes No

Are you prevented from being lawfully employed in the U.S. because of your visa or immigration status?
 Yes No

Have you worked for this company before? Yes No

Are you employed now? Yes No If No, how long since leaving last employment? _____

Have you ever been fired or asked to resign by an employer? Yes No

If Yes to the above question, provide details _____

Who referred you? _____ Rate of pay expected _____

Employment History

§391.21 (b)(10) A list of the names and addresses of the applicant's employers during the 3 years preceding the date the application is submitted, together with the dates he/she was employed by, and his/her reason for leaving the employ of, each employer; (b)(11) For those drivers applying to operate a commercial motor vehicle as defined by Part 383 of this subchapter, a list of the names and addresses of the applicant's employers during the 7 year period preceding the 3 years contained in paragraph (b)(10) of this section for which the applicant was an operator of a commercial motor vehicle, together with the dates of employment and the reasons for leaving such employment. (attach another sheet if more space is needed)

A total of 10 years work history is required. All gaps in time must be shown.

Current or most recent employer

BUSINESS NAME	EMPLOYMENT DATES
ADDRESS	Start Date: _____ End Date: _____ POSITION _____ SALARY _____
CITY STATE ZIP	Were you ever employed in a safety sensitive function subject to DOT Drug & Alcohol testing? Yes <input type="checkbox"/> No <input type="checkbox"/>
PHONE NO. _____ May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to Federal Motor Carrier Safety Regulations? Yes <input type="checkbox"/> No <input type="checkbox"/>
NAME OF SUPERVISOR	REASON FOR LEAVING

Next previous employer

BUSINESS NAME	EMPLOYMENT DATES
ADDRESS	Start Date: _____ End Date: _____ POSITION _____ SALARY _____
CITY STATE ZIP	Were you ever employed in a safety sensitive function subject to DOT Drug & Alcohol testing? Yes <input type="checkbox"/> No <input type="checkbox"/>
PHONE NO. _____ May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to Federal Motor Carrier Safety Regulations? Yes <input type="checkbox"/> No <input type="checkbox"/>
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PHONE NO. _____ May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to Federal Motor Carrier Safety Regulations? Yes <input type="checkbox"/> No <input type="checkbox"/>
NAME OF SUPERVISOR	REASON FOR LEAVING

PREVIOUS EMPLOYMENT DRUG & ALCOHOL TESTING STATEMENT

1. Have you ever failed a D.O.T. Drug and/or Alcohol Test Yes No
2. Have you ever refused to take a D.O.T. Drug and/or Alcohol Test? Yes No
3. Have you ever violated any other D.O.T. Drug and/or Alcohol Regulations? Yes No
4. If the answer is YES to the above questions, provide details. (Attach second sheet if necessary)
5. If the past two years have you tested positive, or refused to test, on any pre-employment drug or alcohol test, but did not get hired for a safety sensitive position as a result of the refusal or failure? Yes No
6. If YES to any of the above questions, please provide proof that you have successfully completed the SAP Evaluation, recommended treatment, return to duty testing and follow up testing. (Attach another sheet if necessary)

SIGNATURE **DATE**

Accident record for past 3 years or more (attach sheet if more space is needed)

Last Accident: _____

DATE	NATURE OF ACCIDENT	FATALITIES INJURIES
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Next Previous: _____

DATE	NATURE OF ACCIDENT	FATALITIES INJURIES
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Next Previous: _____

DATE	NATURE OF ACCIDENT	FATALITIES INJURIES
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Traffic convictions and license forfeitures for the last 3 years (other than parking violations)

LOCATION	DATE	CHARGE	PENALTY
LOCATION	DATE	CHARGE	PENALTY
LOCATION	DATE	CHARGE	PENALTY

Drivers License _____

STATE	LICENSE (Type and Endorsements)	EXPIRATION DATE
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Have you ever been denied a license, permit or privileges to operate a motor vehicle?

No Yes....Explain _____

No Yes....Explain _____

No Yes....Explain _____

DRIVING EXPERIENCE: (Class of Equipment)

Concrete Truck: _____ TO _____
TYPE OF EQUIPMENT (Make, Model, Year etc.) DATES -FROM # Of Miles (Total)

Straight Truck: _____ TO _____
TYPE OF EQUIPMENT (Van, Tanker, Flatbed, etc.) DATES -FROM # Of Miles (Total)

Tractor Trailer: _____ TO _____
TYPE OF EQUIPMENT (Van, Tanker, Flatbed, etc.) DATES -FROM # Of Miles (Total)

Other: _____ TO _____
TYPE OF EQUIPMENT (Van, Tanker, Flatbed, etc.) DATES -FROM # Of Miles (Total)

List states operated in for the last five years: _____

Special courses of training that will help you as a driver: _____

Safe driving awards held and from whom: _____

Any truck, transportation, or other experiences that may help in your work for this company: _____

List courses and training other than shown elsewhere in this application: _____

List special equipment or technical materials you can work with: _____

EDUCATION

Highest Grade completed: (Circle) 1 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4

Last school attended: _____
NAME CITY/STATE

APPLICANT'S STATEMENT

In connection with my application to the company, I understand that the Fair Credit Reporting Act, Public Law 91-508 & 104-208 requires that I be advised that routine inquiry may be made during the company's initial or subsequent processing which will provide applicable information concerning character and general reputation. I also understand that investigative background inquiries as required by the Federal Motor Carrier Safety Regulations 391.23 may be made on me including previous employers, along with schools, consumer credit, criminal convictions, motor vehicle records, and other reports.

These reports will include information as to my character, work habits, performance, education, compensation, and experience along with reasons for termination of employment from previous employers. Furthermore, I understand that the company may be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. This authorization and consent shall be valid in original, fax, email, other electronic form, or copy form.

I release and agree to hold harmless any individual, company, business institution or government agency from all liability with regard to furnishing information to this company. I agree to release and hold harmless this company from all liability with respect to the receipt of such information. I certify that this application was only completed by me, and that all entries on it and the information I have furnished on this application form is true and complete. I authorize you to make such investigations and inquiries of my personal, employment, financial, or medical history. (Generally, inquiries regarding medical history will be made only and if 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 inquiries and releasing information in connection with my application. In the event of employment, I understand false or misleading information given in my application or in interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the Company if a conditional offer of employment is made.

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 49CFR 391.23. I understand that pursuant to 49CFR 391.23 I have a right to: Review information provided by current previous employers; have errors in the information corrected by previous employers and 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 employer(s) and I cannot agree on the accuracy of the information.

APPLICANTS SIGNATURE DATE



EMPLOYMENT TESTING ACKNOWLEDGEMENT

As an applicant for the position of truck driver I understand that if offered employment, it will be conditioned on the successful completion of a post-offer/pre-placement functional employment examination. I hereby agree to comply with the procedure and request that my application for employment be processed pursuant to this policy. A failure to successfully complete this exam shall be grounds for withdrawal of the Company’s offer. When necessary to enable an otherwise qualified applicant with a “disability” to participate in testing, the Company will provide reasonable accommodations. The Company requests that anyone given a conditional offer of employment who feels he or she needs such accommodations in order to participate in the testing program, to so indicate on the materials provided when the testing information is provided to you. A copy of the Policy Regarding Post-Offer/Pre-Placement Functional Employment Testing will be made available upon request.

In accordance with the Corporate Policy on Substance Abuse and Testing Policy, Frank J. Fazzio & Sons, Inc. has implemented an applicant/employee drug-testing program. The Program will involve drug testing. These tests may be conducted by the Company, its subsidiary companies, or its agent(s) to determine that applicants and employees meet with the necessary qualifications of employment and/or to comply with safety requirements.

I, _____ DATE _____
PRINT OR TYPE NAME

Understand, authorize, and consent to the Company, its subsidiary companies or its agent(s), to conduct such drug testing procedures on me. I further understand, authorize, and consent that my employment status with the Company, or its subsidiary companies, may be contingent upon the successful completion of such drug testing requirements. My signature below indicates that I have read, understood, authorized and consented to the above statement and the company policy and hereby voluntarily participate in the Substance Abuse Program.

APPLICANT/ EMPLOYEE SIGNATURE DATE

Refusal to sign statement Yes No
Refusal to sign statement, but participated in test Yes No

Cc: Employee File

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

(Requires signature only)

I hereby authorize you to release the following information to **Frank J. Fazio & Sons, Inc.**, for the purpose of investigation as required by Section 391.23 of Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

APPLICANT'S SIGNATURE _____ DATE _____

PREVIOUS EMPLOYER _____

Mailed, Date: _____
 Faxed, Date: _____
 Emailed, Date: _____
 Received by Phone, Date: _____
Name of Person Contacted: _____

Name of Applicant: _____

Social Security No. _____ Date of Birth: _____

Dir Sir/Madam:

The below named individual has made application to the company for a position as _____ and states that he was employed by you as _____ from _____ to _____.

In accordance with Section 391.23 we are obligated to request the information below from all previous employers of the applicant that employed him/her to operate a commercial motor vehicle within the 3 years preceding (date of application) _____.

Please complete the information below and return to us within 30 days. We appreciate your time and completing, in confidence, the information requested below. You may return the information the telephone, fax or mail. Thank you for your courtesy.

Sincerely,

Prospective Employer:

Frank J. Fazio & Sons, Inc.
458 Elwood Avenue
Pitman, NJ 08071
Phone: (856) 589-3760 Fax: (856) 589-2655

SECTION 1: DRIVER IDENTIFICATION

The applicant named above was employed by us. Yes No

Employed as _____ from _____ to _____

If the driver was involved in a safety-sensitive position subject to drug and alcohol testing under Part 40 check here

SECTION 2: SAFETY PERFORMANCE HISTORY

1. Did he/she drive motor vehicle for you? . Yes No

If Yes, what type? Straight Truck Tractor-Semi trailer Bus Cargo Tank Other (Specify) _____

2. Reason for leaving your employment: Discharged Resignation Lay Off Military Duty

ACCIDENTS: Complete the following for any accidents included on your accident register (Section 390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here if there is no accident register data

	Date	Location	# of Injuries	# of Fatalities	Hazmat Spill
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

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

Any other remarks: _____

SECTION 3: DRUG AND ALCOHOL HISTORY

If driver was not subjected to Department of Transportation testing requirements while employed by this employer, please check here fill in the dates of employment from _____ to _____, complete bottom of Section 3, sign, and return.

Driver was subject to Department of Transportation testing requirements from _____ to _____

- 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? Yes No
- 2. Has this person tested positive or adulterated or substituted a test specimen for control substances? Yes No
- 3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? Yes No
- 4. Has this person committed other violations of Subpart B of Part 382, or Part 40? Yes No
- 5. If this person has violated a DOT drug and alcohol regulation, 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 back with this form. Yes No
- 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 positive 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 to the application date shown on side 1.

Name: _____

Company: _____

Street: _____

City: _____ State: _____ Zip: _____ Telephone: _____

Section 3 Completed by (Signature): _____ Date: _____