

**Jersey Hauling & Machinery Transport
5 Mathews Ave Riverdale, NJ 07405**

APPLICATION FOR EMPLOYMENT

NAME: _____ DATE: _____
(First) (Middle) (Last)

ADDRESS: _____ HOW LONG? _____
(Street) (City) (State & Zip)

DATE OF BIRTH: _____
MM/DD/YYYY

SOCIAL SECURITY NUMBER _____ PHONE NO: _____
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ADDRESS: _____ HOW LONG? _____
PAST THREE (Street) (City) (State & Zip) YEARS:

_____ HOW LONG? _____
(Street) (City) (State & Zip)

EMERGENCY CONTACT: _____
(NAME) (PHONE NUMBER)

EXPERIENCE AND QUALIFICATIONS (ATTACH ADDITIONAL SHEET IF MORE SPACE NEEDED)

| LICENSING | STATE | LICENSE NO. | TYPE | EXPIRATION DATE: |
|-----------|-------|-------------|------|------------------|
| | | | | |

DRIVING EXPERIENCE

| Class of Equipment | Type of Equipment | Date: From | Date: To | Miles Driven |
|--------------------|-------------------|------------|----------|--------------|
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APPLICANT: AS REQUIRED BY THE US DOT, THE INFORMATION PROVIDED ON THE NEXT PAGE PERTAINING TO PREVIOUS EMPLOYMENT HISTORY MAY BE USED AND YOUR PREVIOUS EMPLOYERS WILL BE CONTACTED FOR THE PURPOSE OF INVESTIGATING YOUR SAFETY PERFORMANCE HISTORY. UNDER DOT REGULATIONS, YOU HAVE THE RIGHT TO REVIEW AND REBUT INFORMATION PROVIDED BY A PREVIOUS EMPLOYER. APPLICANTS WISHING TO REVIEW PREVIOUS EMPLOYER-PROVIDED INVESTIGATIVE INFORMATION MUST SUBMIT A WRITTEN REQUEST TO THE PROSPECTIVE EMPLOYER. PLEASE SEE THE PROSPECTIVE EMPLOYER AND THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS FOR YOUR SPECIFIC RIGHTS UNDER THIS US DOT REGULATION 391.23.

EMPLOYMENT RECORD (ATTACH ADDITIONAL SHEET IF MORE SPACE IS NEEDED)

NOTE: DOT Requires that Employment for at least 3 Years and / or Commercial Driving Experience for the past 10 years be listed.

LAST EMPLOYER: NAME _____ PHONE _____ FAX _____
ADDRESS: STREET _____
CITY _____ STATE _____ ZIP _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASON FOR LEAVING: _____

WERE YOU SUBJECT TO THE DOT SAFETY RULES? YES OR NO
SUBJECT TO THE DOT SUBSTANCE TESTING RULES? YES OR NO

2ND LAST EMPLOYER: NAME _____ PHONE _____ FAX _____
ADDRESS: STREET _____
CITY _____ STATE _____ ZIP _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASON FOR LEAVING: _____

WERE YOU SUBJECT TO THE DOT SAFETY RULES? YES OR NO
SUBJECT TO THE DOT SUBSTANCE TESTING RULES? YES OR NO

3RD LAST EMPLOYER: NAME _____ PHONE _____ FAX _____
ADDRESS: STREET _____
CITY _____ STATE _____ ZIP _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASON FOR LEAVING : _____

WERE YOU SUBJECT TO THE DOT SAFETY RULES? YES OR NO
SUBJECT TO THE DOT SUBSTANCE TESTING RULES? YES OR NO

TO BE READ AND SIGNED BY THE APPLICANT

I hereby declare that the information provided by me in this Application for Employment is true, correct and complete to the best of my knowledge. I authorize Jersey Hauling & Machinery Transport to investigate my past and present employment, education and activities and verify all data provided by me on this application, on related papers and in interviews. I authorize all individuals, schools and/or firms named herein (except my current employer, if so noted) to provide any information requested about me. I release from all liability any persons, companies, corporations or educational institutions supplying such information. I release Jersey Hauling & Machinery Transport from any and all liability resulting from the verification of such information. I understand that any false statement or omission of fact on this application or on any supporting documents shall be grounds for non-hire or discharge, regardless of when discovered by Jersey Hauling & Machinery Transport

(Date)

(Applicant's Signature)

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**PREVIOUS PRE-EMPLOYMENT
EMPLOYEE ALCOHOL AND DRUG TEST
STATEMENT**

§40.25(j): As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past three years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety – sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (Refer to §40.25(b)(5) and (e) for further information.)

Prospective Employee
Name: _____

Social Security Number _____

The prospective employee is required by §40.25(j) to respond to the following questions.

Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past three years?

Check one: YES NO

If you answered "Yes", can you provide or obtain proof that you have successfully completed the DOT return-to-duty requirements?

Check one: YES NO

I certify that the information provided on this document is true and correct.

Prospective Employee Signature:

_____ Date: ____/____/____

Witnessed by:

_____ Date: ____/____/____

(Company Representative)