



Fayetteville Contractors, Inc.
P.O. Box 610
Fayetteville, PA 17222-0610
717-352-2186

APPLICATION FOR EMPLOYMENT
CDL License
Equal Opportunity Employer
Date _____

It is the policy of Fayetteville Contractors, Inc. that all applicants are treated without regard to their age, race, color, creed, national origin, religion, disability, veteran status, gender and/or other protected status.

Name _____ Phone _____ Home _____
(First) (Middle) (Maiden, if any) (Last) Cell _____

Address _____ How long? _____

Date of Birth _____ Social Security Number _____

Current Driver's License No _____ Class A _____ B _____ C _____ Endorsements H _____ N _____

Address for the past three years if different from above (Attach sheet if more space is needed)

_____ How long? _____

_____ How long? _____

Would you take a physical examination? _____

Job for with you are applying _____ Wage expected _____

Applying for: Full time work Yes _____ No _____ Part time work Yes _____ No _____

Are you presently employed? Yes _____ No _____ If yes, may we contact your employer Yes _____ No _____

Have you had any special training in any job classification or vocation? _____ If Yes, explain _____

List three references (list no more than one relative)

Name _____ Phone _____ Address _____

Name _____ Phone _____ Address _____

Name _____ Phone _____ Address _____

Experience and Qualifications - Driver

Driver License	State	License No.	Class/Endorsements	Expiration Date

Driving Experience

Class of Equipment	Type of Equipment (Van, Truck, Flat, Dump, Etc.)	Dates		Approx. No. of Miles (Total)
		From	To	
Straight Truck				
Tractor & Semi-Trailer				
Tractor – Two Trailers				
Other				

Accident Record for past 3 years or more (attach sheet if more space is needed). If none, please indicate NONE.

Dates	Nature of Accident (Head-on, rear-end, upset, etc.)	Fatalities	Injuries

Traffic Convictions and Forfeitures for the past 3 years (other than parking violations)

Date	Location	Charge	Penalty

Attached sheet if more space is needed



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Applicant's Name _____

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 you have answered A or B with Yes, Explain _____

Employment Record

Note: Federal Motor Carrier Safety Regulations (FMCSR(s)) and U.S. Department of Transportation (DOT) requires that employment for at least 3 years and/or Commercial Driving experience for the past 10 years be shown (attached if additional space is needed).

Most recent employer Name: _____ Phone _____
Address _____
(Street) (City) (State & Zip Code)
Position Held _____ From _____ To _____ Salary _____
Reasons for Leaving _____

Were you subject to the FMCSR's while employed by previous employer? Yes _____ No _____
Was job designated as a safety sensitive function subject to alcohol and controlled substances testing requirements as required by 49CFR Part 40? Yes _____ No _____

Second last employer Name: _____ Phone _____
Address _____
(Street) (City) (State & Zip Code)
Position Held _____ From _____ To _____ Salary _____
Reasons for Leaving _____

Were you subject to the FMCSR's while employed by previous employer? Yes _____ No _____
Was job designated as a safety sensitive function subject to alcohol and controlled substances testing requirements as required by 49CFR Part 40? Yes _____ No _____

Third last employer Name: _____ Phone _____
Address _____
(Street) (City) (State & Zip Code)
Position Held _____ From _____ To _____ Salary _____
Reasons for Leaving _____

Were you subject to the FMCSR's while employed by previous employer? Yes _____ No _____
Was job designated as a safety sensitive function subject to alcohol and controlled substances testing requirements as required by 49CFR Part 40? Yes _____ No _____

How did you learn about us?

- | | | |
|--|---|--------------------------------------|
| ☐ Advertisement | ☐ Friend | ☐ Internet |
| ☐ Employment Agency | ☐ Relative | ☐ Other _____ |
| ☐ Walk-In | ☐ Current FCI Employee | |

To be read and signed by Applicant

INFORMATION CONTAINED ON THIS APPLICATION MAY BE USED TO INVESTIGATE YOUR BACKGROUND. If applicant is subject to the FMCSR's, previous employer(s) will be contacted.

Pre-employment, post-injury, post-accident and random drug and alcohol testing will be performed prior to and during employment.

This certifies 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. I understand that if any false or misleading information, omissions, or misrepresentations are discovered the application could be rejected and/or employment terminated.

Applicant's Signature _____ Date _____

Note: A motor carrier may require an application to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations



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Applicant's Due Rights as Specified in Department of Transportation (DOT) Federal Motor Carrier Safety Administration 48 CFR Part 391.23 (i) Regarding Information Received as a Result of Investigation

Applicant's subject to FMCSR(s) has the following rights regarding the investigative information that will be provided to the prospective employer pursuant to paragraphs 391.23 (d) and (e):

- i. (1) The prospective employer must expressly notify drivers with DOT regulated employment during the preceding three years – via the application form or other written document prior to any hiring decision – that he or she has the following rights regarding the investigative information that will be provided to the prospective employer pursuant to paragraphs (d) and (e) of this section:
 - i. The right to review information provided by previous employers;
 - ii. The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;
 - iii. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and driver cannot agree on the accuracy of the information.
- (2) Drivers who have previous DOT regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.
- j. (1) Drivers wishing to request correction of erroneous information in the records received pursuant to paragraph (i) of this section must send the request for the correction to the previous employer that provided the records to the prospective employer.
- (2) After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer, or notify the driver within 15 days of receiving a driver's request to correct the data that it does not agree to correct the data. If the previous employer corrects and forwards the data as requested, that employer must also retain the corrected information as part of the driver's safety performance history record and provide it to subsequent prospective employers when requests for this information are received. If the previous employer corrects the data and forwards it to the prospective motor carrier employer, there is no need to notify the driver.
- (3) Drivers wishing to rebut information in records received pursuant to paragraph (i) of this section must send the rebuttal to the previous employer with instructions to include the rebuttal in that driver's safety performance history.
- (4) After October 29, 2004, within five business days of receiving a rebuttal from a driver, the previous employer must:
 - i. Forward a copy of the rebuttal to the prospective motor carrier employer;
 - ii. Append the rebuttal to the driver's information in the carrier's appropriate file, to be included as part of the response for any subsequent investigating prospective employers for the duration of the three-year data retention requirement.
- (5) The driver may submit a rebuttal initially without a request for correction, or subsequent to a request for correction.
- (6) The driver may report failures of previous employers to correct information or include the driver's rebuttal as part of the safety performance information, to the FMCSA following procedures specified at Paragraph 386.12.

Print Applicant's Name _____

Social Security Number _____

Applicant's Signature _____

Date _____



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Pre-Employment Drug Testing Notification and Consent

Before collection of urine sample from a driver/applicant, you must have this form completed and on file.

I understand that, as required by the Federal Motor Carrier Safety Regulations (FMCSR) 49 CFR Part 382 and company policy, all prospective drivers must submit to a controlled substances test involving collection of a urine sample that will be tested for the following controlled substances: marijuana, cocaine, opiates, amphetamines and phencyclidine (PCP).

I understand that, if I test positive for use of controlled substances, I am not medically qualified to operate a commercial motor vehicle. I also understand I will be given a reasonable opportunity to confer with the company's medical officer before any positive drug test result is reported to the company.

The results of the drug tests will be maintained by the medical review officer of the company, who will report to the company whether the test result was negative or positive. The results of any test will not be released to any additional parties, except as provided in FMCSA regulations, without my written authorization.

I hereby agree to submit to a urine drug test.

Date _____ Social Security Number _____

Print Applicant's Name _____

Applicant's Signature _____

Release & Documentation of Pre-Employment Testing Information by Driver/Applicant

To be completed by driver/applicant that will be under FMCSR and Department of Transportation (DOT) regulations.

During the past two (2) years, have you **tested positive** on a 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 the Department of Transportation (DOT) drug and alcohol testing rules? Yes _____ No _____

During the past two (2) years, have you **refused to test** on a pre-employment drug and alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by the Department of Transportation (DOT) drug and alcohol testing rules? Yes _____ No _____

If you answered yes to either of the questions above, please provide documentation of your successful completion of the return-to-duty process.

Name of employer(s) applied to during the past two (2) years for a safety sensitive work or which you tested positive or refused to test on a pre-employment drug and alcohol test administered by an employer covered by the DOT regulations:

<u>Name of Employer (s)</u>	<u>Address</u>	<u>Phone Number</u>

Print Applicant's Name _____ Social Security Number _____

Applicant's Signature _____ Date _____