

DRIVER APPLICATION FOR EMPLOYMENT

FCI is an equal opportunity employer

**DRIVER
APPLICANTS ONLY**



825 HIGHWAY 33 EAST * PO BOX 5010 * FREEHOLD, NJ 07728 * 732-462-1001 * 732-462-8991 fax application

EQUAL EMPLOYMENT OPPORTUNITY STATEMENT

Freehold Cartage, Inc., is an equal opportunity employer and does not discriminate against applicants or employees on the basis of race, color, creed, sex, national origin, age, religion, disability, marital status, veteran status, or any other characteristic protected by federal, state and/or local law. Those applicants requiring reasonable accommodation to complete the application and/or interview process should notify Human Resources.

PERSONAL

Name:	_____ <small style="display: inline-block; width: 30%; text-align: center;">Last</small> <small style="display: inline-block; width: 30%; text-align: center;">First</small> <small style="display: inline-block; width: 30%; text-align: center;">Middle</small>	Date:	_____
Home Phone:	_____	Cell:	_____
Present Address	_____		
City, State, Zip	_____		
How were you referred to us? _____			
Do you have any relatives currently employed with the company?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
Who? _____			

EMPLOYMENT INTEREST

Position Applied For: _____			
Date Available to Start: _____		Wage Expected: _____	
Availability to Work:	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Day <input type="checkbox"/> Evening
Are there any time/days you are not available to work?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
If yes, when? _____			

Are you legally eligible to work in the United States?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
(if you are hired, you will be required by law to provide documentation verifying your employment eligibility)			
Have you ever been bonded in prior employment?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you ever applied to us before?		<input type="checkbox"/> No <input type="checkbox"/> Yes	When? _____
Have you ever worked for us before?		<input type="checkbox"/> No <input type="checkbox"/> Yes	When? _____
Will you submit to a Drug Test?*		<input type="checkbox"/> No <input type="checkbox"/> Yes	* Refusal Will Bar an Employment Offer
Are you currently employed?		<input type="checkbox"/> No <input type="checkbox"/> Yes	If no, how long since last employment? _____

FOR OFFICE USE ONLY:

Hired? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Employed: _____
Rcvd in Payroll: ____ / ____ / ____	Depart/Position Assigned: _____
New Hire Package Rcvd: ____ / ____ / ____	Supervisor: _____



PREVIOUS EMPLOYMENT

Please provide information on all employers over the past 3 years and all employers for whom you have operated a motor vehicle over the past 10 years

START WITH MOST RECENT OR CURRENT EMPLOYER

Are you still employed?	Yes	No	If so, may we contact your current Employer?	Yes	No
Company Name:			Phone ()	From:	To:
Address	City, State, Zip			Position	
Supervisor Name			Phone ()		
Reason for Leaving			Start Salary/Wages \$	End Salary/Wages \$	
Were you subject to the FMSCR?	Yes	No	Position?	Safety Sensitive Position?	Yes No
Company Name:			Phone ()	From:	To:
Address	City, State, Zip			Position	
Supervisor Name			Phone ()		
Reason for Leaving			Start Salary/Wages \$	End Salary/Wages \$	
Were you subject to the FMSCR?	Yes	No	Position?	Safety Sensitive Position?	Yes No
Company Name:			Phone ()	From:	To:
Address	City, State, Zip			Position	
Supervisor Name			Phone ()		
Reason for Leaving			Start Salary/Wages \$	End Salary/Wages \$	
Were you subject to the FMSCR?	Yes	No	Position?	Safety Sensitive Position?	Yes No
Company Name:			Phone ()	From:	To:
Address	City, State, Zip			Position	
Supervisor Name			Phone ()		
Reason for Leaving			Start Salary/Wages \$	End Salary/Wages \$	
Were you subject to the FMSCR?	Yes	No	Position?	Safety Sensitive Position?	Yes No

Please continue on additional sheets if necessary.



LICENSE HISTORY (MOTOR VEHICLE APPLICATANTS ONLY)

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

SOCIAL SECURITY #	TYPE OF ACCIDENT	FATALITIES OR NO)	(YES OR NO)	DID THE ACCIDENT RESULT IN INJURIES TO SELF OR OTHERS? (YES OR NO)
DATES				
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

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

LOCATION	DATE	CHARGE	PENALTY

EXPERIENCE AND QUALIFICATIONS - DRIVER

UNEXPIRED COMMERCIAL DRIVER LICENSES	U.S. STATE	LICENSE NO	CLASS/ENDORSEMENT	EXP DATE

SOCIAL SECURITY NO. _____

Has any license, permit or privilege to operate a motor vehicle ever been suspended, revoked or denied?

_____ Yes _____ No

FCI OTR Operations require travel into Canada. Is there any reason you cannot go to Canada?

_____ Yes _____ No

IF THE ANSWER IS YES TO EITHER QUESTION, ATTACH STATEMENT GIVING DETAILS.

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE (VAN, TANK, FLAT, ETC.)	FROM	TO	APPROX NO OF MILES
Straight Truck				
Tractor & Semi- Trailer				
Tractor & Two Trailers				
Other				

OFFICE USE ONLY



EDUCATION

Circle the highest grade completed: 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)

SPECIAL QUALIFICATIONS OR SKILLS

List courses and training other than shown elsewhere in this application that are relevant to the position for which you are applying:

List special HAZMAT equipment you can work with (other than those already shown):

Describe any other qualifications that you want FCI to consider in connection with your application:

Indicate any foreign language(s) that you can speak or write fluently:

List any relevant Professional Licenses:

List U.S. States operated in for last five years:

List safe driving awards held, and indicate from whom they were awarded:

PREVIOUS ADDRESSES

Please list all addresses, other than your current address, that you have resided over the past 3 years. Most recent first.

Street Address	City/Town	State	Zip	Dates of residency



ACKNOWLEDGEMENT

TO BE READ AND SIGNED BY ALL APPLICANTS

I UNDERSTAND THAT IF I AM EMPLOYED BY FCI, EMPLOYMENT WILL BE "AT-WILL". THIS MEANS THAT IF EMPLOYED, I MAY RESIGN FROM MY EMPLOYMENT AT ANY TIME FOR ANY REASON WITH OR WITHOUT PRIOR NOTICE AND FCI MAY TERMINATE MY EMPLOYMENT AT ANY TIME FOR ANY REASON, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT PRIOR NOTICE. I UNDERSTAND THAT THIS APPLICATION DOES NOT CONSTITUTE AN EMPLOYMENT CONTRACT OF ANY KIND, EITHER EXPRESS OR IMPLIED.

EQUAL EMPLOYMENT OPPORTUNITY STATEMENT

Freehold Cartage, Inc., is an equal opportunity employer and does not discriminate against applicants or employees on the basis of race, color, creed, sex, national origin, age, religion, disability, marital status, veteran status, or any other characteristic protected by federal, state and/or local law. Women and minorities are encouraged to apply for open positions throughout the company.

Applicants requiring a reasonable accommodation to complete an application and/or interview process should notify the Human Resources office.

I give FCI the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives from seeking, gathering and using such information and any other persons, corporations or organizations from furnishing such information.

I certify this application was completed by me, and that all entries and information are true and complete to the best of my knowledge. Misrepresentation or material omission made by me on this application will result in either the denial of employment, or, if employed, the termination of my employment.

MOTOR VEHICLE DRIVERS

Your previous employer(s) will be contacted for the purpose of investigating your Safety Performance History as required by law 49 CFR 391.23 (d) and (e). If you were employed with Department of Transportation regulated employers during the preceding 3 years you have rights to due process regarding the investigative information provided by your previous employer(s):

1. The right to review the information provided by previous employers.
2. The right to have errors in the information corrected by the previous employer and for the previous employer to re-send the corrected information.
3. The right to have a rebuttal statement attached to the alleged erroneous information if you and the previous employer cannot agree on the accuracy of the information.

If you wish to exercise your right to due process as outlined above, you must submit a written request to the Freehold Cartage Safety Director at any time, but not later than 30 days after beginning employment, or being notified of denial of employment.

Print Name

Signature

Date

**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL
ACCOUNT HOLDERS**

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In connection with your application for employment with Freehold Cartage, Inc. ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Freehold Cartage, Inc. ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

LAST UPDATED 12/22/2015

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Tel. (732) 462-1001
Fax. (732) 462-8991

**Freehold Cartage
Inc.**

**PREVIOUS EMPLOYER – DRUG/ALCOHOL
DISCLOSURE AND RELEASE FORM**

I grant permission for my previous employer to provide FREEHOLD CARTAGE, INC with information necessary to complete a driver background investigation. I understand the investigation will comply with the regulations pertaining to DOT drug and alcohol testing program (per 49 CFR Part 40 and 382.201).
I release the named previous employer and all persons named herein from all liabilities And any damages that could occur from furnishing such information.

I authorize, per 49 CFR Part 40, the release of information from my DOT regulated drug and alcohol testing records to HireRight Solutions, Inc. for the sole purpose of transmitting such records to the above listed employer.

I authorize the release of the following information concerning DOT drug and alcohol testing violations including pre-employment tests for the past three years
(i) alcohol tests with results of 0.04 or higher (ii) verified positive drug tests, (iii) refusals to be tested including verified altered or substituted results: (iv) other violations of DOT drug and alcohol testing regulations: (v) information obtained from previous employers of a drug and alcohol rule violation(s); and (vi) documents, if any, of completion of a return-to-duty process following a rule violation.

If information was released to HireRight Solutions, Inc concerning items (i) through (vi) above, I also authorize that carrier to release and furnish the dates of my negative drug and/or alcohol tests and/or test with results below 0.04 during the three-year period and the name and phone number of any substance abuse professional who evaluated me during the past three years.

I also authorize the previous employers listed on my Driver Application to release information about names and dates of previous employment, reasons for termination of employment, work Experience, accidents, and other needed information.

Applicant Name: _____ Applicant Signature: _____

Social Security # _____

Date: _____