

DRIVER'S APPLICATION FOR EMPLOYMENT

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. This includes motor vehicle reports from all states that I have held a driver's license in over the last 36 months and information off the FMCSA CSA 2010 PSP, Drivers Safety Measurement System (DSMA). Generally, inquiries regarding medical history will be made only if and after 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 that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company and FMCSA.

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(d) and (e). I understand I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employers; 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.

Driver Applicant Signature _____ **Date** _____

DRIVER'S APPLICATION FOR EMPLOYMENT

Maines Paper & Food Service, Inc. requires all employees to submit to the following Pre-Employment tests:

Pre-Employment Examination (All Employees)

- Drug Screening (All Employees)
- Physical Demands Test (Drivers & Helpers)

Physical demands and drug screen tests will be administered after acceptance of a conditional offer of employment. Failure to pass the drug screen or the physical demands test(s) will result in retraction of the employment offer.

We are an Equal Opportunity Employer and will recruit, hire, promote, and train in all jobs without regard to race, color, religion, sex, origin, age, disability, or Veteran status.

Referral source: _____

Last Name:	First Name:	Middle Initial:	Social Security#
Do you have a legal right to work in the United States: Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of Birth:	Can you provide proof of age? Yes <input type="checkbox"/> No <input type="checkbox"/>

Have you ever been employed at this company before? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, give date and position:	Date Available:	Salary expected:
Have you ever been convicted of a crime? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, list dates, offenses and disposition (convictions are not automatic disqualification from employment):		

List your address of residency for the past 3 years.

Current Address

(Street) (City) (State/Zip Code) How Long? (Yr./mo.)

(Home Phone) (Cell Phone)

Previous Addresses

(Street) (City) (State/Zip Code) How Long? (Yr./mo.)

(Street) (City) (State/Zip Code) How Long? (Yr./mo.)

(Street) (City) (State/Zip Code) How Long? (Yr./mo.)

DRIVER LICENSES (All States That a License Was Held in Last 3 Years)	STATE	LICENSE NO.	TYPE & ISSUE DATE	EXPIRATION DATE

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? ___Yes___No

Has any license, permit, or privilege ever been suspended or revoked? ___Yes___No

If the answer to either of the above questions is yes, give details.

DRIVER'S APPLICATION FOR EMPLOYMENT

Provide below in chronological order the past **10 years** of job history, including employment, unemployment and schooling within those 10 years. Please start with your most recent job first.

Additional page upon request.

EMPLOYER		DATE	
NAME		FROM MO YR	TO MO YR
ADDRESS		POSITION HELD	
CITY		SALARY/WAGE	
CONTACT PERSON:	PHONE:	REASON FOR LEAVING	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WERE YOU SUBJECT TO THE FMCSRs** WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			
EMPLOYER		DATE	
NAME		FROM MO YR	TO MO YR
ADDRESS		POSITION HELD	
CITY		SALARY/WAGE	
CONTACT PERSON:	PHONE:	REASON FOR LEAVING	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WERE YOU SUBJECT TO THE FMCSRs** WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			
EMPLOYER		DATE	
NAME		FROM MO YR	TO MO YR
ADDRESS		POSITION HELD	
CITY		SALARY/WAGE	
CONTACT PERSON:	PHONE:	REASON FOR LEAVING	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WERE YOU SUBJECT TO THE FMCSRs** WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			
EMPLOYER		DATE	
NAME		FROM MO YR	TO MO YR
ADDRESS		POSITION HELD	
CITY		SALARY/WAGE	
CONTACT PERSON:	PHONE:	REASON FOR LEAVING	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WERE YOU SUBJECT TO THE FMCSRs** WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any sized vehicle used to transport hazardous materials in quantity requiring placarding.

**The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle (1) weighs or has a GVWR of 10,001 pounds or more (2) is designed or used to transport 9 or more passengers, or (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

DRIVER'S APPLICATION FOR EMPLOYMENT

ACCIDENT RECORD FOR PAST 3 YEARS. IF NONE, WRITE "NONE".

(Attach sheet if more space is needed)

DATES	NATURE OF ACCIDENT (Head on, Rear End, Upset, ETC.)	FATALITIES	INJURIES

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS. IF NONE, WRITE "NONE".

(Other than parking violations)

LOCATION	DATE	CHARGE	PENALTY

DRIVING EXPERIENCE. IF NONE, WRITE "NONE".

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	DATES		APPROXIMATE NUMBER OF MILES (TOTAL)
		FROM	TO	
Straight Truck				
Tractor and Semi-Trailer				
Tractor-two trailers				
Other				

OTHER QUALIFICATIONS AND EXPERIENCE

List States operated in for the last five years:	Special Courses or training related to this job:	Safe driving awards held? From whom?
Trucking, transportation, or other experience that may help in your work with this company:	Special equipment or materials that you can work with that relate to this job:	

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

I authorize Maines Paper and Food Service, Inc. to make such investigations and inquires of my personal, employment, financial, or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release Maines Paper and Food Service, Inc. and all persons and organizations from all claims and liabilities of any nature arising from such investigations or the supplying of information for such investigations.

Driver Applicant Signature

Date of Application

DRIVER'S APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT URINALISYS NOTIFICATION

The Federal Motor Carrier Safety Regulations, Section 382.301-pre employment testing requirements

382.301 Pre-Employment Testing Requirements

- a.) A Motor Carrier shall require a driver applicant who the motor carrier intends to hire or use to be tested for the use of controlled substances as a pre-qualification condition.

 - b.) A driver applicant shall submit to controlled substance testing as a pre-qualification condition.
-

As a condition of my employment, I agree to the urine sample collection and controlled substance testing.

I understand a positive test for controlled substances based on the Urinalysis Test will medically disqualify me from the operation of a commercial motor vehicle for the company.

The Medical Review Officer will maintain the results of the Urinalysis Test. Negative and positive results will be reported to the company.

My written authorization is required for the Urinalysis Test results to be given to other parties.

I have read and understand the above conditions for Pre-Employment Urinalysis Notification.

Driver Applicant Name (Type or Print)

Driver Applicant Signature

Month

Day

Year

Company Representative Signature

Month

Day

Year

DRIVER'S APPLICATION FOR EMPLOYMENT

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

I hereby authorize you to release the information requested below for the purpose of background investigations that is required by the Federal motor Carrier Safety Regulations, Part 382.413 and 391.23.

Driver Applicant Signature

Date

To:

From:

Maines Paper and Food Service
101 Broome Corporate Parkway
Conklin, NY 13748

Attention: Personnel Department

In accordance with Section 382.413 and 391.23, we are obligate 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, as required by Section 391.23(g).

Best Regards,

Maines Paper and Food Service
PH: (800)366-3669

Applicant Name: _____ SSN: _____

Position Held: _____ From: _____ To: _____

RELEASE OF ALCOHOL AND CONTROLLED SUBSTANCE TEST INFORMATION (FMCSR 382.413)
FMCSR 382.405 (f) Requires prior employers to supply this information upon written request.

If driver was not involved in a safety-sensitive position subject to drug and alcohol testing under Part40, check here

	YES	NO
Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?	<input type="checkbox"/>	<input type="checkbox"/>
Has this person had a verified positive drug test?	<input type="checkbox"/>	<input type="checkbox"/>
Has this person refused to be tested (including verified adulterated or substituted drug test results?)	<input type="checkbox"/>	<input type="checkbox"/>
Has this person committed other violations of DOT agency drug and alcohol testing?	<input type="checkbox"/>	<input type="checkbox"/>
If this person has violated a DOT drug and alcohol regulation, do you have documentation of the employee's successful completion of DOT return-to-duty requirements, including follow-up test?	<input type="checkbox"/>	<input type="checkbox"/>

If any of the above questions were answered "yes", please attach a separate statement detailing the circumstances and the outcome of the event(s), including the name, address, and phone number of the substance abuse professional.

Type of Equipment Operated: _____ Straight Truck _____ Tractor and Trailer
_____ Did not operate Equipment _____ Bus _____ Tractor and Tandem Trailers

Reason for leaving your employment: _____
Please Rate the Following performance category from 1 to 5, with 5 being the highest – Please Circle One
Driving Record and HOS Violations 1 2 3 4 5

ACCIDENTS: Complete the following for any accidents included on your accident register (390.15(b)) that involved the applicant in the 3 years prior to the application date shown above. **CIRCLE ONE**
Has this person been involved in any accident(s)? YES or NO

If this person has had an accident, please give date(s) and explanation of accident(s):

Signature of person Providing Information

Title

Date

DRIVER'S APPLICATION FOR EMPLOYMENT

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

Sec. 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 two years. If the employee admits that he or she had a positive test or 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. (see Sec. 40.25(b)(5) and (e))

Company Name: **Maines Paper and Food Service, Inc.**

Street: **101 Broome Corporate Parkway**

City: **Conklin**

State, Zip: **NY 13748**

Prospective Employee Name: _____ ID Number: _____
(print)

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

- 1) 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 two years?

Check one: Yes No

- 2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one: Yes No

Driver Applicant Signature: _____ Date: _____

Company Representative Signature _____ Date: _____

DRIVER'S APPLICATION FOR EMPLOYMENT

IMPORTANT NOTICE REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

1. In connection with your application for employment with Maines Paper & Food Service, 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.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

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

2. I authorize Maines Paper & Food Service, 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 consenting to 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 decide regarding my suitability as an employee.

3. 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 am challenging 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.

4. Please note: 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 FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by **USAFact, 6200 Box Springs Blvd., Riverside, CA 92507, 800.547.0263, www.usafact.com**, or another outside organization.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, 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)

DRIVER'S APPLICATION FOR EMPLOYMENT

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA.

For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580. You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.

You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

a person has taken adverse action against you because of information in your credit report; you are the victim of identity theft and place a fraud alert in your file; your file contains inaccurate information as a result of fraud;

you are on public assistance; you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

You have the right to ask for a credit score. Credit scores are numerical summaries of your creditworthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.

Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.

You may limit "prescreened" offers of credit and insurance you get based on information in your credit report. Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-800-916-8800.

You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

Identity theft victims and active duty military personnel have additional rights. For more information, visit www.ftc.gov/credit. **States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law.**

