

(Print out and when completed, please fax to (973) 465 5313)



Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test for a safety sensitive function covered by the Dept. of Transportation regulations in the past two years? \_\_\_\_ If yes, please list name of company:

**MOTOR VEHICLE RECORD** Attach legible copy of current license  
*List all driver's licenses held in past five (5) years*

| STATE | LICENSE NUMBER | CLASS/TYPE | EXPIRATION DATE | ENDORSEMENTS |
|-------|----------------|------------|-----------------|--------------|
|       |                |            |                 |              |
|       |                |            |                 |              |
|       |                |            |                 |              |

**LIST ALL TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST FIVE (5) YEARS**  
**for Commercial and Personal Driving Record (IF "none", WRITE "NONE")**  
 Truck, Car or Motorcycle (other than parking violations)

| DATE | LOCATION<br>(STATE) | VIOLATION<br>(If speed violation, show how much over speed limit) | PENALTY/DISPOSITION |
|------|---------------------|---|---------------------|
|      |                     |   |                     |
|      |                     |   |                     |
|      |                     |   |                     |

**ACCIDENT RECORD FOR THE PAST FIVE (5) YEARS (IF NONE, WRITE "NONE")**  
 List ALL motor vehicle accident(s) . *Not* just those that show on Motor Vehicle Record issued by the State.

| Date | Type of Vehicle | Description of Accident | Indicate Preventable or Non-Preventable | Fatalities | Injured | Amount of Damage |
|------|-----------------|-------------------------|---|------------|---------|------------------|
|      |                 |                         |   |            |         |                  |
|      |                 |                         |   |            |         |                  |
|      |                 |                         |   |            |         |                  |

A. Have you ever had any type of motor vehicle license suspended or revoked, or even been denied a license, permit of privilege to operate a motor vehicle? *(If yes, please state all date and reasons in the space provided.)*  Yes  No

B. Do you have a pending charge or past conviction for driving while intoxicated?  Yes  No

C. Do you have a pending charge or past conviction for possession of a controlled substance?  Yes  No

D. Have you ever been refused auto liability insurance?  Yes  No

E. Do you have a pending charge or conviction for any misdemeanor or felony offense?  Yes  No  
 If yes, please explain all charges and convictions of misdemeanors and felony offenses.  
 (The fact of a charge and/or conviction, does not automatically disqualify an applicant from employment.)

F. If the answer to either A, B, C, D or E is yes, state all circumstance and dates. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**COMMERCIAL DRIVING EXPERIENCE**

How many years have you driven a commercial motor vehicle? \_\_\_\_\_

List States operated in for last five years: \_\_\_\_\_

Show special courses or training that will help you as a driver: \_\_\_\_\_

Which safe driving awards do you hold and from whom: \_\_\_\_\_

**EQUIPMENT EXPERIENCE**

| TYPE OF EQUIPMENT        | DATES |    | APPROXIMATE NUMBER OF MILES |
|--------------------------|-------|----|-----------------------------|
|                          | FROM  | TO |                             |
| Tractor-Containers:      |       |    |                             |
| Tractor-Doubles:         |       |    |                             |
| Tractor-Flatbeds/Lowboys |       |    |                             |

**IF YOU ARE APPLYING FOR A FLATBED DRIVING POSITION, PLEASE FILL OUT THE BOX BELOW:**

| Do you have experience with:    | YES | NO |  | Have you ever hauled:           | YES | NO |
|---------------------------------|-----|----|--|---------------------------------|-----|----|
| Chains & Binders                |     |    |  | Coiled Steel                    |     |    |
| Straps                          |     |    |  | Sheet Steel                     |     |    |
| Lumber Tarps (8 foot drops)     |     |    |  | Bars/Rods                       |     |    |
| Steel Tarps (flat)              |     |    |  | Reels of Cable                  |     |    |
| Multiple Tarps                  |     |    |  | Wallboard/Sheetrock             |     |    |
| Use of Coil Racks               |     |    |  | Lumber                          |     |    |
| Over-Dimensional Cargo          |     |    |  | Steel Pipe                      |     |    |
| Heavy Haul Loads w/Spec. Equip  |     |    |  | Plastic Pipe                    |     |    |
| Vehicle Ramps                   |     |    |  | Vehicles                        |     |    |
| Route Planning                  |     |    |  | Machinery                       |     |    |
| Permit Ordering                 |     |    |  | Molding                         |     |    |
|                                 |     |    |  | Automobiles                     |     |    |
| <b>OTHER:</b> (Please Describe) |     |    |  | Earth Moving Equip.             |     |    |
| 4 axle experience               |     |    |  | Trusses                         |     |    |
| What speed trannys Exp. with?   |     |    |  | Rolled Roofing                  |     |    |
|                                 |     |    |  | Farm Equipment                  |     |    |
|                                 |     |    |  | Steel or Concrete Beams         |     |    |
|                                 |     |    |  | Glass                           |     |    |
|                                 |     |    |  | Steel I-Beams                   |     |    |
|                                 |     |    |  | Cement Blocks(barriers)         |     |    |
|                                 |     |    |  | <b>OTHER:</b> (Please Describe) |     |    |
|                                 |     |    |  |                                 |     |    |
|                                 |     |    |  |                                 |     |    |

**PHYSICAL HISTORY**

Have your actions at work ever caused an accident?  Yes  No

If yes, was anyone injured including yourself?  Yes  No

If yes, please give nature and degree of injuries: \_\_\_\_\_

How much time lost from work in past three years for illness or injuries? \_\_\_\_\_

Are you physically capable of heavy manual work?  Yes  No If No, please explain: \_\_\_\_\_

Do you have an original long-form D.O.T. physical certificate or card?  Yes  No If yes, date of Expiration: \_\_\_\_\_

**NOTE:** PLEASE SUBMIT A CURRENT COPY OF LONG FORM D.O.T. PHYSICAL EXAMINATION WITH THIS APPLICATION.

Do you have a preferred worker certificate or card issued by the State of New Jersey?  Yes  No

**AGREEMENT**

(To Be Read and Signed by Prospective Candidate)

THE COMMERCIAL MOTOR VEHICLE SAFETY ACT OF 1986 APPLIES TO ALL DRIVERS OPERATING VEHICLES HAVING A GROSS COMBINATION WEIGHT RATING OF OVER 26,000 POUNDS AND ALL DRIVERS OF VEHICLES TRANSPORTING HAZARDOUS MATERIALS. THE PROVISIONS OF THIS LEGISLATION ARE SUMMARIZED AS FOLLOWS:

1. NO DRIVER MAY POSSESS MORE THAN ONE LICENSE, AND NO MOTOR CARRIER MAY USE A DRIVER HAVING MORE THAN ONE LICENSE.
2. DRIVERS MUST NOTIFY THEIR EMPLOYER (CARRIER) IN WRITING OF ANY MOVING VIOLATION ISSUED TO THEM OTHER THAN A PARKING VIOLATION. SUCH NOTIFICATION MUST BE MADE WITHIN 30 DAYS FOLLOWING CONVICTION OR FORFEITURE OF BOND.
3. DRIVERS MUST ALSO NOTIFY THEIR LICENSE STATE IN WRITING OF ANY MOVING VIOLATION ISSUED TO THEM BY ANOTHER STATE. SUCH NOTIFICATION MUST BE MADE WITHIN 30 DAYS FOLLOWING CONVICTION OR FORFEITURE OF BOND.
4. DRIVERS MUST NOTIFY THEIR EMPLOYER (CARRIER) OF ANY SUSPENSION, REVOCATION OR CANCELLATION OF THEIR DRIVER'S LICENSE. THIS NOTIFICATION MUST BE MADE BEFORE THE END OF THE NEXT BUSINESS DAY FOLLOWING SUCH SUSPENSION, REVOCATION OR CANCELLATION.
5. ANY PERSON APPLYING FOR A JOB AS A COMMERCIAL VEHICLE DRIVER MUST INFORM THE PROSPECTIVE EMPLOYER OF ALL PREVIOUS EMPLOYMENT AS THE DRIVER OF A COMMERCIAL VEHICLE FOR THE PAST 10 YEARS, IN ADDITION TO ANY OTHER REQUIRED INFORMATION ABOUT THE APPLICANT'S EMPLOYMENT HISTORY.
6. EFFECTIVE APRIL 1, 1992, NO PERSON SHALL OPERATE A COMMERCIAL MOTOR VEHICLE UNLESS SUCH PERSON HAS PASSED WRITTEN AND DRIVING TESTS WHICH MEET FEDERAL STANDARDS AND UNLESS SUCH PERSON POSSESSES A COMMERCIAL DRIVER'S LICENSE (CDL) ISSUED BY HIS/HER STATE OF DOMICILE.
7. FAILURE TO COMPLY WITH THESE REQUIREMENTS IS PUNISHABLE BY A FINE OF UP TO \$2,500.00

1. I certify that answers given herein are true and complete. In the event my Application for Qualification is received, I understand that false, misleading, or omitted information may result in rejection of my application for Qualification and/or termination. I further understand if my application is rejected, I must wait a minimum of one (1) year before my application will be reconsidered. \_\_\_\_\_(initials)
2. I authorize investigation of all statement contained herein as may be necessary in arriving at a decision, and I agree to submit to a Medical Examination, including a controlled substance test. I understand that if I fail to satisfactorily pass any part of the medical examination, I will be rejected. Any positive results obtained from my controlled substance test shall result in the rejection of my Application for Qualification. My initials and signature on this Application for Qualification indicate that I fully understand my responsibility concerning the company's drug and alcohol policy and the Company's commitment to drug-free work place, and that I agree to abide by the results of the testing. \_\_\_\_\_(initials)
3. In making this request, I understand that an investigation may be made and information may be obtained through interviews with the personal references and past employers listed. This inquiry may include contacting dac services and may include information as to my motor vehicle record, character, general reputation, and personal characteristics, and I consent to the conduct of this inquiry and to the consideration of any statement of references, former employers, or any other individuals that are given in response to any inquiries. Under the Consumer Credit Protection Act (15 U.S.C. 1681d), I understand that I may, upon written request and made within a reasonable time, receive additional information as to the nature and scope of an investigation into my general reputation, personal characteristics and mode of living. \_\_\_\_\_(initials)
4. I hereby authorize any law enforcement agency, Court of Record, credit reference firms, or DAC services to furnish Mitchell Bros. information concerning my motor vehicle record, or of any felonies or misdemeanors of which I have been convicted, or of any pending charges. \_\_\_\_\_(initials)
5. I hereby understand and acknowledge that, unless otherwise defined by applicable law, and employment relationship with Mitchell Bros is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of Mitchell Bros. \_\_\_\_\_(initials)

**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.**

\_\_\_\_\_  
(Date)

**X**

\_\_\_\_\_  
(Applicant's Signature)

# INQUIRY TO PAST EMPLOYERS or COMPANIES

To: \_\_\_\_\_  
Attn: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_

From: **Best Transportation**  
395 Kellogg Street  
Port Newark, NJ 07114  
Telephone: 973-465-5310 or 800-220-2360  
Fax: 973-465-5310

\_\_\_\_\_ has made application to our company  
(Name of Applicant) (Applicant's Social Security Number)  
for a position as a semi-truck driver and states that s/he was employed by (or leased to you) as a(n) \_\_\_\_\_  
from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_. Will you kindly reply to the inquiry below respecting this applicant? As required by  
the Department of Transportation Regulation 391.23, we must inquire about all driver applicants' past employment/experience records. Please notice at  
the bottom of this form the applicant has waived any claim of liability against your company for information submitted in response to this inquiry. We  
politely request your cooperation in completing and returning this questionnaire as soon as possible. Best regards, MITCHELL BROS. TRUCK  
LINE, INC.

1. Are the dates the applicant was employed or contracted to your company correct as stated above?  Yes  No  
If no, what are correct dates? From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_
2. What kind of work did s/he do? \_\_\_\_\_
3. If employed or contracted as a driver, specify type of equipment operated: Type of Tractor(s) \_\_\_\_\_  
Type of Trailer(s): \_\_\_\_\_
4. Miscellaneous Information: Team or Solo? \_\_\_\_\_ Types of Commodities hauled? \_\_\_\_\_  
States Operated? \_\_\_\_\_ Any Tarping? \_\_\_\_\_ Was applicant good with Equipment? \_\_\_\_\_
5. Number of Vehicle Accidents? \_\_\_\_\_ Number of Preventable Accidents? \_\_\_\_\_ Comments: \_\_\_\_\_
6. Number of Freight Claims? \_\_\_\_\_ Comments: \_\_\_\_\_
7. To your knowledge, was applicant's drivers' license ever suspended or revoked?  Yes  No  
If yes, please explain: \_\_\_\_\_
8. To your knowledge, is applicant physically fit to drive a semi-tractor and tie down flatbed loads?  Yes  No  
If no, please explain: \_\_\_\_\_
9. Was applicant's attitude with customers, dispatchers, and co-workers satisfactory? \_\_\_\_\_
10. Did applicant make "on time" pick up and deliveries? \_\_\_\_\_
11. Was applicants accounts/paperwork kept properly, including log book? \_\_\_\_\_
12. How would you describe the quality of the applicant's work?  Excellent  Good  Average  Poor
13. What was reason for applicant leaving your company?  Discharged  Laid Off  Resigned/Quit  Other:  
If Other, please explain: \_\_\_\_\_
14. Would you rehire this person? \_\_\_\_ If no, please explain: \_\_\_\_\_
15. Who did applicant work for before s/he came to you for employment? \_\_\_\_\_

## REQUEST FOR INFORMATION ON ALCOHOL & CONTROLLED SUBSTANCES TESTING

The following questions are in compliance with Department of Transportation regulations 382.405 and 382.413. In answering these questions, please include any controlled substance or alcohol testing information obtained from previous employers/companies under §40.25 or other applicable DOT regulations.

1. Has the applicant ever tested positive for a controlled substance in the last two years?  Yes  No
  2. Has the applicant ever had an alcohol test with a Breath Alcohol Concentration 0.04 or greater in the last two years?  Yes  No
  3. Has the applicant ever refused a required test for drugs or alcohol in the last two years?  Yes  No
  4. Has the applicant committed any other violations of the DOT agency's drug and alcohol testing regulations, including but not limited to verified adulterated or substituted drug test results?  Yes  No
- If YES to any of the above questions, please provide an explanation and, if applicable, give the SAP's (Substance Abuse Professional) name, address, and phone number for further reference: \_\_\_\_\_

NAME: \_\_\_\_\_ Telephone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

Any other comments you would like to add? \_\_\_\_\_

By: \_\_\_\_\_ (Signature of Person Supplying Information) \_\_\_\_\_ (Title) \_\_\_\_\_/\_\_\_\_/\_\_\_\_ (Date)

(Name of Former Employer or Company) You are hereby authorized to give BEST Transportation. all information regarding my past employment records and services, including all information on my Alcohol and Controlled Substances Testing and assessments of my job performance, ability, and fitness; and you are released from any and all liability which may result from furnishing such information:

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
(Date)