

DRIVER APPLICATION FOR EMPLOYMENT

United Window & Door Mfg., Inc.

24-36 Fadem Road
Springfield, NJ 07081

NAME OF APPLICANT: _____
FIRST MIDDLE (MAIDEN) LAST

ADDRESS: _____ HOW LONG? _____
STREET CITY STATE & ZIP

ADDRESS _____ HOW LONG? _____
 FOR PAST 3 YEARS _____ HOW LONG? _____

(ATTACH SHEET IF MORE SPACE IS NEEDED)

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER _____

HOME PHONE NUMBER _____ MOBILE PHONE NUMBER _____

EXPERIENCE AND QUALIFICATIONS

DRIVER LICENSES	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROXIMATE NUMBER OF TOTAL MILES
		FROM	TO	
STRAIGHT TRUCK.....				
TRACTOR & SEMI TRAILER				
TRACTOR w/2 TRAILERS....				
OTHER.....				

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

DATES	NATURE OF ACCIDENT (HEAD ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

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

LOCATION	DATE	CHARGE	PENALTY

ATTACH SHEET IF MORE SPACE IS NEEDED

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 THE ANSWER TO EITHER A OR B ABOVE IS YES, GIVE DETAILS HERE:

C. Have you ever tested positive or refused to be tested on any pre-employment drug or alcohol test at the time of applying for Safety Sensitive Transportation work covered by DOT agency drug or alcohol testing rules, but were never hired? YES _____ NO _____
IF YES, YOU MUST SUPPLY COMPLETION OF RETURN TO DUTY PROCESS.

EMPLOYMENT RECORD

NOTE: DOT REQUIRES ALL EMPLOYERS FOR THE PREVIOUS 3 YEARS AND ALL CDL EMPLOYMENT FOR AN ADDITIONAL 7 YEARS (possible 10 years total previous employment to be shown)

1. LAST/CURRENT EMPLOYER

NAME OF COMPANY: _____ TELEPHONE NUMBER: _____

ADDRESS: _____

POSITION HELD: _____ FROM _____ TO _____ SALARY _____

REASON FOR LEAVING _____ SUPERVISOR _____

WERE YOU SUBJECT TO THE FMCSR'S (DOT REGULATIONS)? YES NO

WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION
SUBJECT TO 49 CFR PART 40 DRUG AND ALCOHOL TESTING? YES NO

2. SECOND LAST EMPLOYER

NAME OF COMPANY: _____ TELEPHONE NUMBER _____

ADDRESS: _____

POSITION HELD: _____ FROM _____ TO _____ SALARY _____

REASON FOR LEAVING _____ SUPERVISOR _____

WERE YOU SUBJECT TO THE FMCSR'S (DOT REGULATIONS)? YES NO

WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION
SUBJECT TO 49 CFR PART 40 DRUG AND ALCOHOL TESTING? YES NO

3. NEXT LAST EMPLOYER

NAME OF COMPANY: _____ TELEPHONE NUMBER _____

ADDRESS: _____

POSITION HELD: _____ FROM _____ TO _____ SALARY _____

REASON FOR LEAVING _____ SUPERVISOR _____

WERE YOU SUBJECT TO THE FMCSR'S (DOT REGULATIONS)? YES NO

WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION
SUBJECT TO 49 CFR PART 40 DRUG AND ALCOHOL TESTING? YES NO

4. NEXT LAST EMPLOYER

NAME OF COMPANY: _____ TELEPHONE NUMBER _____

ADDRESS: _____

POSITION HELD: _____ FROM _____ TO _____ SALARY _____

REASON FOR LEAVING _____ SUPERVISOR _____

WERE YOU SUBJECT TO THE FMCSR'S (DOT REGULATIONS)? YES NO

WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION
SUBJECT TO 49 CFR PART 40 DRUG AND ALCOHOL TESTING? YES NO

5. NEXT LAST EMPLOYER

NAME OF COMPANY: _____ TELEPHONE NUMBER _____

ADDRESS: _____

POSITION HELD: _____ FROM _____ TO _____ SALARY _____

REASON FOR LEAVING _____ SUPERVISOR _____

WERE YOU SUBJECT TO THE FMCSR'S (DOT REGULATIONS)? YES NO

WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION
SUBJECT TO 49 CFR PART 40 DRUG AND ALCOHOL TESTING? YES NO

TO BE READ AND SIGNED BY APPLICANT

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

Date

Applicant's Signature

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BACKGROUND INVESTIGATION DISCLOSURE
Per Fair Credit Reporting Act Section 604(b)(2)(A) and FMCSR 49 CFR
TO BE READ AND SIGNED BY APPLICANT

I am aware that all previous employers for whom I have worked will be contacted for the purpose of investigating my safety performance history including: Accident history; Driving Record; Identification and employment verification; Violations of alcohol and controlled substance prohibitions and all information relating to any rehabilitation program prescribed by a Substance Abuse Professional (SAP).

Date

Applicant's Signature

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PROSPECTIVE DRIVER DUE PROCESS RIGHTS

You (as a prospective employee) have the following due process rights regarding the investigative information that will be provided to this employer:

- 1) The right to review information provided by previous employers;
- 2) 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;
- 3) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and you cannot agree on the accuracy of the information.

Note to prospective employee. If you wish to review previous employer-provided investigative information, you must make a request, in writing, to this employer any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. If you choose to make this request, this prospective employer must provide this information within 5 business days of receiving the written request or within 5 business days of receiving the information from the previous employer. If you do not arrange to pick up or receive the requested records within 30 days of the this employer making the information available, you are considered to have waived your request to review the records.

If you wish to request correction of erroneous information of records received from a previous employer, you must send the request for the correction to the previous employer that provided the records to this prospective employer.

Date

Applicant's Signature

Note: A motor carrier may require an applicant to provide additional information to that which is required by the Federal Motor Carrier Safety Regulations.

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CDL

NOTICE TO DRIVERS

CERTIFICATE OF COMPLIANCE

1. No driver may possess more than one license, and no motor carrier shall use a driver having more than one license.
2. A driver convicted of a traffic violation (other than parking) in any vehicle must notify the motor carrier **AND** the state which issued the license to that driver of the conviction within 30 days.
3. Any person applying for a job as a commercial motor vehicle driver must inform the prospective employer of all previous employment as the driver of a commercial motor vehicle for the past 10 years, in addition to any other required information about the applicant's employment history.
4. Any driver who loses any privilege to operate a commercial motor vehicle or any vehicle, or who is disqualified from operating a commercial motor vehicle must advise the motor carrier the next business day after receiving notification.

DRIVER CERTIFICATION

I hereby certify that I have read the above and understand the driver provisions of the Commercial Motor Vehicle Safety Act of 1986. I also certify that I am in possession of only one (1) driver's license.

Driver's Name (print) _____ Soc. Sec. # _____

Driver's address _____

License: State _____ Type/Class _____ Endorsements _____

License # _____

Driver's Signature _____ Date _____

