



Employment Application Form (Driver)

DATE _____

PERSONAL INFORMATION:

First Name _____ Middle Name _____

Last Name _____

Street Address _____

City, State, Zip Code _____

Phone Number (_____) _____ Email Address _____

POSITION/AVAILABILITY:

Position Applied For: _____ What date are you available to start work? _____

Are you currently employed? YES [] NO [] If not, how long since leaving last employment? _____

May we contact your present employer? _____

If presently employed, why are you considering leaving? _____

Are you legally eligible to be employed in the United States? YES [] NO []

Are you over the age of 18 years? YES [] NO []

Who referred you? _____

Have you ever worked for this Company before? YES [] NO []

If yes, where? _____ When? (Give dates) _____ Job Title: _____

Do you have any relatives or friends who work for the Company? YES [] NO []

If yes, who and where do they work? _____

Are you available to work (check all that apply) Days [] Nights [] Weekends [] Full Time []

List any availability restrictions _____



Skills and Qualifications: Licenses, Skills, Training, Awards:

References:

Name/Title Address Phone

We are an equal opportunity employer, and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

I understand that failure to reveal any prior employer or giving false or misleading information by me on any part of this Application for Employment can result in disqualification for employment consideration or, if hired, may be grounds for termination from the company or its' subsidiaries. I understand that if I am hired, my employment is for no definite time and may be terminated at any time without prior notice

Signature _____

Date _____

DRIVER APPLICATION FORM

COMPANY NAME Gotham Location: Region/District/Branch _____

COMPANY ADDRESS _____
Street City State Zip

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. (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.

"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 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/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 employer; 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."

Signature X

Date X

NAME Last First Middle

Social Security Number (____) Phone Number Date of Birth Hire Date

ADDRESS Street City State Zip Number of Years

PAST 3 YEAR RESIDENCY Street City State Zip Number of Years

Street City State Zip Number of Years

Employment History

(Use Additional Employment History Information form if necessary)

All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three years. You must give the same information for all employers for whom you have driven a commercial vehicle seven years prior to the initial three years (total of ten year employment record).

You are required to list the complete mailing address: street number and name, city, state and zip code.

CURRENT OR LAST EMPLOYER: Name _____ Phone Number (____) _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
(month/year) (month/year)

Reasons for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations** while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

SECOND LAST EMPLOYER: Name _____ Phone Number (____) _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
(month/year) (month/year)

Reasons for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations** while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

THIRD LAST EMPLOYER: Name _____ Phone Number (____) _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
(month/year) (month/year)

Reasons for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations** while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

*Any gaps in employment and/or unemployment must be explained.

**The Federal Motor Carrier Safety Regulations 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 more than 8 passengers (including the driver) for compensation; or (3) is designed or used to transport more than 15 passengers, including the driver, and is not used to transport passengers for compensation; or (4) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

EXPERIENCE AND QUALIFICATION

Attach separate sheet if more space is needed

Driving Experience

If no driving experience within the last 3 years – check here

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT <small>(Circle all that apply)</small>	DATES		OR	APPROXIMATE NUMBER OF MILES
		FROM	TO		
Straight Truck	Van, Reefer, Tank, Flat	_____	_____		_____
Tractor & Semi-Trailer	Van, Reefer, Tank, Flat	_____	_____		_____
Tractor – Two Trailers	Van, Reefer, Tank, Flat	_____	_____		_____
Tractor – Three Trailers	Van, Reefer, Tank, Flat	_____	_____		_____
Motorcoach – School Bus <small>(Greater than 8 passengers)</small>	N/A	_____	_____		_____
Motorcoach – School Bus <small>(Greater than 15 passengers)</small>	N/A	_____	_____		_____
Other: _____	Van, Reefer, Tank, Flat, N/A	_____	_____		_____

Accident History (3 years)

If no accidents within the last 3 years – check here

DATE <small>(month/year)</small>	NATURE OF ACCIDENT <small>(head-on, rear-end, upset, etc.)</small>	NUMBER OF FATALITIES	NUMBER OF INJURIES	HAZARDOUS MATERIALS SPILL?	
_____	_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Traffic Convictions and Forfeitures (3 years)

If no traffic convictions and/or forfeitures in the last 3 years – check here

DATE CONVICTED <small>(month/year)</small>	VIOLATION <small>(Other than violations involving parking only)</small>	STATE OF VIOLATION	PENALTY <small>(Forfeited bond, collateral and/or points)</small>
_____	_____	_____	_____
_____	_____	_____	_____

License Information

Section 383.21 FMCSR states “No person who operates a commercial motor vehicle shall at any time have more than one driver’s license”. I certify that I do not have more than one motor vehicle license, the information for which is listed below.

State
License Number
Expiration Date

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No

If yes, give details _____

B. Has any license, permit, or privilege ever been suspended or revoked? Yes No

If yes, give details _____

Applicant Certification

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.

X _____
Applicant’s Signature
Date



Tri-State Transportation Group, Inc.

248 Route 25A Suite 17 ■ East Setauket, NY 11733

Phone: 631-675-0572 ■ Fax: 631-675-0871

CLEARINGHOUSE LIMITED QUERY CONSENT

I, hereby provide consent to Gotham (company name) to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse. This consent will remain in effect for the duration of my employment. I understand that if the limited query conducted by my employer indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information without first obtaining additional specific consent from me. I further understand that if I refuse to provide consent for my employer to conduct a limited query of the Clearinghouse, my employer must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

X
SIGNATURE OF APPLICANT/EMPLOYEE

X
DATE

Printed Name: X

Drivers License #: X

State of DL: X

Date of Birth: X



RECORD OF ROAD TEST

Tri-State Transportation Group, Inc.

248 Route 25A Suite 17 ■ East Setauket, NY 11733

Phone: 631-675-0572 ■ Fax: 631-675-0871 ■ E-mail: Ashley.Kepko@TriStateTrans.com

Part 391.31- Certificate of Road Test



Copy of Driver License in lieu of Certificate of Road Test

PLACE COPY HERE

PREVIOUS EMPLOYER – COMPLETE PAGE 2 PART 3


PART 3:	TO BE COMPLETED BY PREVIOUS EMPLOYER
DRUG AND ALCOHOL HISTORY	
<p>If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here <input type="checkbox"/>, fill in the dates of employment from _____ to _____, complete bottom of Part 3, sign, and return.</p> <p>Driver was subject to Department of Transportation testing requirements from _____ to _____.</p> <ol style="list-style-type: none"> 1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration? YES <input type="checkbox"/> NO <input type="checkbox"/> 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? YES <input type="checkbox"/> NO <input type="checkbox"/> 3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? YES <input type="checkbox"/> NO <input type="checkbox"/> 4. Has this person committed other violations of Subpart B of Part 382, or Part 40? YES <input type="checkbox"/> NO <input type="checkbox"/> 5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form. YES <input type="checkbox"/> NO <input type="checkbox"/> 6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? YES <input type="checkbox"/> NO <input type="checkbox"/> <p>In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on page 1.</p> <p>Name: _____</p> <p>Company: _____</p> <p>Street: _____</p> <p>City, State, Zip: _____ Telephone: _____</p> <p>Part 3 Completed by (Signature): _____ Date: _____</p>	

PART 4a:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
<p>This form was (check one) <input type="checkbox"/> Faxed to previous employer <input type="checkbox"/> Mailed <input type="checkbox"/> Emailed <input type="checkbox"/> Other _____</p> <p>By: <u>Ashley @ Tri-State Transportation Group, Inc</u> Date: _____</p>	

PART 4b:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
<p>Complete below when information is obtained.</p> <p>Information received from: _____</p> <p>Recorded by: _____ Method: <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Telephone</p> <p>Date: _____ <input type="checkbox"/> Other _____</p>	

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

- PAGE 1 PART 1:** Prospective Employee
 - Complete the information required in this section
 - Sign and date
 - Submit to the Prospective Employer
- PAGE 2 PART 4a:** Prospective Employer
 - Complete the information
 - Send to Previous Employer
- PAGE 1 PART 2:** Previous Employer
 - Complete the information required in this section
 - Sign and date
 - Turn form over to complete SIDE 2 SECTION 3

- PAGE 2 PART 3:** Previous Employer
 - Complete the information required in this section
 - Sign and date
 - Return to Prospective Employer
 - PAGE 2 PART 4b:** Prospective Employer
 - Record receipt of the information
 - Retain the form
- 

**Tri-State
Transportation**



Tri-State Transportation Group, Inc.

248 Route 25A Suite 17 ■ East Setauket, NY 11733

Phone: 631-675-0572 ■ Fax: 631-675-0871

NOTIFICATION TO APPLICANT

NOTIFICATION TO APPLICANT/ EMPLOYEE THAT A CONSUMER REPORT MAY BE OBTAINED BY THE COMPANY

In compliance with Public Law 91-509 (the Fair Credit Reporting Act), as amended by Public Law 104-208 and applicable state law, this notice is to inform you that consumer reports may be obtained in connection with your application for employment or during your employment with Gotham.

These reports are required by 49 Code of Federal Regulations Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations. You have a right to request a complete and accurate disclosure of the nature and scope of any investigative consumer report requested. In addition, you have a right to a written summary of your rights under §1681g of the Fair Credit Reporting Act, as amended.

X

SIGNATURE OF APPLICANT/EMPLOYEE

X

DATE



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RAILROAD HIGHWAY GRADE CROSSING VIOLATIONS AND DISQUALIFICATIONS

Effective October 4, 1999, a commercial motor vehicle (CMV) driver convicted of violating a federal, state, or local law pertaining to railroad-highway grade crossings will be disqualified from operating a CMV.

There are six offenses that warrant DRIVER DISQUALIFICATIONS

1. Failing to slow down (if the driver is *not* required to stop at all times) and checking that the tracks are clear of an approaching train.
2. Failing to stop (if the driver is *not* required to stop at all times) before reaching the crossing if the tracks are not clear.
3. Failing to stop (if the driver is required to stop at all times) before driving onto the crossing.
4. Failing to have sufficient space to drive completely through the crossing without stopping.
5. Failing to obey a traffic control device or the directions of an enforcement officer at the crossing.
6. Failing to negotiate a crossing because of insufficient undercarriage clearance.

DRIVER PENALTIES

- First violation – disqualification for at least 60 days
- Second violation during a 3 year period – disqualification for at least 120 days
- Third or subsequent violation during a 3 year period- disqualification for at least 1 year

COMPANY FINE

Monetary penalties will be assessed against a motor carrier that knowingly allows, permits, authorizes, or requires a driver to operation a CMV in violation of laws or regulations pertaining to railroad-highway grade crossings. The maximum fine is \$10,000.

DRIVER'S NAME: _____

DRIVER'S SIGNATURE: x _____

DATE: x _____



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COMMERCIAL MOTOR SAFETY ACT CERTIFICATION

The Commercial Motor Safety Act of 1986 provides for stronger controls over drivers of commercial motor vehicles. The new law applies to all drivers operating vehicles and combinations with a Gross Vehicle Weight Rating in excess of 26,000 pounds, and to any vehicle, regardless of weight, transporting hazardous materials in a quantity requiring placarding.

The following provisions of this legislation became effective July 1, 1987:

1. No driver may possess more than one license, and no motor carrier may use a driver who possesses more than one license
2. A driver convicted of a traffic violation (other than for 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 vehicle driver must inform the prospective employer of all previous employment as a 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. The Federal Motor Carrier Safety Regulations require that a driver who loses any privilege to operate a commercial vehicle, or who is disqualified from operating a commercial vehicle, must advise the motor carrier the next business day after receiving such notification

PENALTIES: Any violation of the above is punishable by a fine not to exceed \$2500. Willful violation of (1) or (3), above, or failure to notify the motor carrier within 30 days of the loss of any privilege to operate a commercial vehicle can result in criminal penalties not to exceed \$5000 and/or 90 days in jail.

CERTIFICATION BY DRIVER

I hereby certify that I have read the above and understand the driver provisions of the Commercial Motor Vehicle Safety Act of 1986, which became effective on July 1, 1987.

Driver's Name: _____

Address: _____

DL#: _____

DL State: _____

I further state that I have surrendered the below licenses to the state(s) indicated:

State: _____ Type/Class: _____ DL#: _____

x

Driver's Signature

x

Date



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PRE- EMPLOYMENT URINALYSIS

I understand that as required by the Federal Motor Carrier Safety Regulations, Title 40 Code of Federal Regulations, Part 40, all driver applicants of this company must be tested for controlled substances as a pre-condition for employment.

I consent to the urine sample collection and testing for controlled substances. I understand that a positive test result will render me unqualified to operate a commercial motor vehicle.

The Medical Review Officer (MRO) will maintain confidential records of my test results and any other information about my drug test results. Negative or positive results will be reported to Gotham and to Tri-State Transportation Group, Inc., the company's drug testing coordinator.

A positive test result will be reported only after the MRO has afforded me the opportunity to discuss my test. The report will identify the type of controlled substance. The results will not be released from to any parties, other than those stated above without my written authorization.

I understand the above conditions and hereby agree to comply with them.

Driver's Name- Print

X _____

Driver's Signature

_____ X _____

Date

In connection with your application for employment with Gotham, please circle the answer to the following question:

- **During the past two years, 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 Regulations? YES NO** -----ANSWER QUESTION
- **If Yes, please provide the following information on the Substance Abuse Professional (SAP) you consulted.**

Name of SAP: _____ Telephone # _____

Address of SAP: _____ Date(s) Visited: _____

X _____

Driver's Signature

_____ X _____

Date

EMPLOYEE'S RECEIPT

I ACKNOWLEDGE RECEIPT OF THE DRUG AND ALCOHOL POLICY AND DRIVER EDUCATIONAL MATERIALS, WHICH COVERS THE FOLLOWING TOPICS:

- INTRODUCTIONS
- ABBREVIATIONS
- DEFINITIONS
- WHO IS COVERED BY THE ALCOHOL & DRUG RULE?
- WHAT IS A SAFETY SENSITIVE FUNCTION
- WHAT TESTS ARE REQUIRED AND WHEN WILL I BE TESTED?
 - PRE-EMPLOYMENT
 - POST- ACCIDENT
 - RANDOM
 - REASONABLE SUSPICION
 - RETURN TO DUTY
 - FOLLOW UP
- WHAT HAPPENS IF I REFUSE TO BE TESTED
- HOW IS ALCOHOL TESTING DONE
- HOW IS DRUG TESTING DONE
- WHAT ARE THE CONSEQUENCES OF VIOLATING THE ALCOHOL OR DRUG PROHIBITIONS?
- WHERE CAN I GO FOR HELP
- WHAT ARE THE EFFECTS OF DRUGS AND ALCOHOL ON THE BODY

DRIVER'S NAME

X_____
DRIVER'S SIGNATURE

X_____
DATE

