

DRIVER'S APPLICATION FOR EMPLOYMENT

RICHARD I GREEN, INC.
PHYSICAL: 959 SAMPSONVILLE ROAD, ENOSBURG FALLS, VT 05450
MAIL: P.O. BOX 506, ENOSBURG FALLS, VT 05450

In Compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Date of Application _____

NAME:(Last, First, Middle): _____

Social Security No: _____

List Your Addresses of residency for the past 3 years:

CURRENT ADDRESS:(Street, City) _____

(State, Zip Code) _____

(Phone) _____ How Long? _____

PREVIOUS ADDRESSES:

(St., City, State, Zip) _____

_____ How Long? _____

_____ How Long? _____

_____ How Long? _____

Do you have the legal right to work in the United States? _____

Date of Birth: _____ / _____ / _____

Can You provide proof of age? _____

Have you worked for this company before? _____ Where? _____

DATES: From: _____ To: _____ Pay _____ Position _____

REASON FOR LEAVING: _____

Are you now employed? _____

If not, how long since leaving last employment? _____

Who Referred You? _____

EMPLOYMENT HISTORY

All Driver Applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code. Provide additional 7 years employment history driving any commercial motor vehicle in commerce.

(Use additional sheets is necessary)

EMPLOYER DATE
 Name: _____ From: _____ To: _____
 Address: _____ Position _____
 City, State, Zip _____ Wage _____
 Contact Person: _____
 Phone Number: _____ Reason for Leaving: _____

EMPLOYER DATE
 Name: _____ From: _____ To: _____
 Address: _____ Position _____
 City, State, Zip _____ Wage _____
 Contact Person: _____
 Phone Number: _____ Reason for leaving: _____

EMPLOYER DATE
 Name: _____ From: _____ To: _____
 Address: _____ Position _____
 City, State, Zip _____ Wage _____
 Contact Person: _____
 Phone Number: _____ Reason for leaving: _____

EMPLOYER DATE
 Name: _____ From: _____ To: _____
 Address: _____ Position _____
 City, State, Zip _____ Wage _____
 Contact Person: _____
 Phone Number: _____ Reason for Leaving: _____

ACCIDENT RECORD:(Must comprise the last 3 years)

DATES	Nature of Accident	Fatalities	Injuries
Last Accident _____			
Next Previous _____			
Next Previous _____			

(Attach a separate sheet if necessary).

TRAFFIC CONVICTIONS and FORFEITURES:(Must comprise the last 3 years)

LOCATION	Date	Charge	Penalty

EXPERIENCE and QUALIFICATIONS---DRIVER

DRIVER LICENSES: State: _____ License No: _____

Type: _____ Expiration Date: _____

How long have you had a CDL license? Month & Year issued: _____

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 ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS.

EDUCATION

Highest Grade Completed: _____

Last school Attended:(Name, City): _____

DRIVING EXPERIENCE

PLEASE INDICATE CLASS OF EQUIPMENT, TYPE OF EQUIPMENT, DATES DRIVEN, AND APPROXIMATE # OF MILES.

List states operated in for last 5 years: _____

List special courses or training that will help you as a driver: _____

Show any trucking, transportation or other experience that may help in your work for this company: _____

List special equipment or technical materials you can work with (other than those already shown): _____

The 49 CFR 40.25 requires the following information to be asked of individuals seeking to begin safety-sensitive duties for the first time, including any employee transferring into safety-sensitive functions as defined in 49 CFR 382.107.

You must answer the following questions regarding drug and alcohol testing to which you applied for, but did not obtain, safety-sensitive transportation work covered by a DOT agency drug and alcohol testing rules during the past two years.

Respond to the following questions by circling the answer.

1. Did you ever test positive on any pre-employment drug test in the past two years?
YES - NO
2. Did you ever test positive on any pre-employment alcohol test in the past two years?
YES - NO
3. Did you ever refuse a pre-employment drug or alcohol test in the past two years?
YES - NO

This company operates in Canada. Drivers with past criminal conviction may be turned back at Canada Customs. Do you have any past criminal conviction for which you would be denied entry into Canada? Circle response: 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 and complete to the best of my knowledge.

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 may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.

DATE _____ Applicant's Signature _____