

**MANDATORY NOTIFICATION OF ALL MOVING VIOLATIONS AND / OR ANY DRIVING PRIVILEGE SUSPENSIONS / REVOCATIONS**

I, \_\_\_\_\_, agree to notify a supervisor representative of Waste Haulers **within 30 days** of any moving violation conviction I receive and **immediately** of any suspension, restrictions or revocations of my driver's license. This requirement pertains to actions resulting from my operating any motor vehicle or for any non-motor vehicle offense.

Failure to provide the above notifications can lead to suspension or termination of employment with Waste Haulers

These reporting requirements are mandated by the US DOT and are outlined in 49 CR parts 383.31, 383.33 and 391.15.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

# APPLICATION FOR EMPLOYMENT

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
(First) (Middle) (Last)

ADDRESS: \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
(Street) (City) (State & Zip)

DATE OF BIRTH: \_\_\_\_\_  
MM/DD/YYYY

SOCIAL SECURITY NUMBER \_\_\_\_\_ PHONE NO: \_\_\_\_\_  
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ADDRESS: \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
PAST THREE YEARS: (Street) (City) (State & Zip)

\_\_\_\_\_ HOW LONG? \_\_\_\_\_  
(Street) (City) (State & Zip)

EMERGENCY CONTACT: \_\_\_\_\_  
(NAME) (PHONE NUMBER)

**EXPERIENCE AND QUALIFICATIONS (ATTACH ADDITIONAL SHEET IF MORE SPACE NEEDED)**

LICENSING	STATE	LICENSE NO.	TYPE	EXPIRATION DATE:

**DRIVING EXPERIENCE**

Class of Equipment	Type of Equipment	Date: From	Date: To	Miles Driven

# WASTE HAULERS (FSSC)

## ACCIDENT RECORD FOR PREVIOUS 3 YEARS

(ATTACH ADDITIONAL SHEET IF MORE SPACE IS NEEDED)

Dates	Nature of Accident	Injuries	Fatalities

## TRAFFIC CONVICTIONS AND FORFEITURES FOR PREVIOUS 3 YEARS

(OTHER THAN PARKING) (ATTACH ADDITIONAL SHEET IF MORE SPACE IS NEEDED)

LOCATION	DATE	CHARGE	PENALTY

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 IS YES, ATTACH ADDITIONAL STATEMENT GIVING DETAILS)

## EDUCATION

Circle highest Grade Completed: 1 2 3 4 5 6 7 8    High School: 1 2 3 4    College: 1 2 3 4

Last School Attended \_\_\_\_\_  
(NAME) (CITY)

# WASTE HAULERS (FSSC)

APPLICANT: AS REQUIRED BY THE US DOT, THE INFORMATION PROVIDED ON THIS PAGE PERTAINING TO PREVIOUS EMPLOYMENT HISTORY MAY BE USED AND YOUR PREVIOUS EMPLOYERS WILL BE CONTACTED FOR THE PURPOSE OF INVESTIGATING YOUR SAFETY PERFORMANCE HISTORY. UNDER DOT REGULATIONS, YOU HAVE THE RIGHT TO REVIEW AND REBUT INFORMATION PROVIDED BY A PREVIOUS EMPLOYER. APPLICANTS WISHING TO REVIEW PREVIOUS EMPLOYER-PROVIDED INVESTIGATIVE INFORMATION MUST SUBMIT A WRITTEN REQUEST TO THE PROSPECTIVE EMPLOYER. PLEASE SEE THE PROSPECTIVE EMPLOYER AND THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS FOR YOUR SPECIFIC RIGHTS UNDER THIS US DOT REGULATION 391.23.

## EMPLOYMENT RECORD (ATTACH ADDITIONAL SHEET IF MORE SPACE IS NEEDED)

NOTE: DOT Requires that Employment for at least 3 Years and / or Commercial Driving Experience for the past 10 years be listed.

LAST EMPLOYER: NAME \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
ADDRESS: STREET \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_  
WERE YOU SUBJECT TO THE DOT SAFETY RULES? YES OR NO  
SUBJECT TO THE DOT SUBSTANCE TESTING RULES? YES OR NO

2<sup>ND</sup> LAST EMPLOYER: NAME \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
ADDRESS: STREET \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_  
WERE YOU SUBJECT TO THE DOT SAFETY RULES? YES OR NO  
SUBJECT TO THE DOT SUBSTANCE TESTING RULES? YES OR NO

3<sup>RD</sup> LAST EMPLOYER: NAME \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
ADDRESS: STREET \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_  
WERE YOU SUBJECT TO THE DOT SAFETY RULES? YES OR NO  
SUBJECT TO THE DOT SUBSTANCE TESTING RULES? YES OR NO

### TO BE READ AND SIGNED BY THE APPLICANT

I hereby declare that the information provided by me in this Application for Employment is true, correct and complete to the best of my knowledge. I authorize Waste Haulers (FSSC) to investigate my past and present employment, education and activities and verify all data provided by me on this application, on related papers and in interviews. I authorize all individuals, schools and/or firms named herein (except my current employer, if so noted) to provide any information requested about me. I release from all liability any persons, companies, corporations or educational institutions supplying such information. I release Waste Haulers (FSSC) from any and all liability resulting from the verification of such information. I understand that any false statement or omission of fact on this application or on any supporting documents shall be grounds for non-hire or discharge, regardless of when discovered by Waste Haulers (FSSC)

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

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

# WASTE HAULERS (FSSC)

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

§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 three years. If the employee admits that he or she had a positive test or a 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. (Refer to §40.25(b)(5) and (e) for further information.)

Prospective Employee

Name: \_\_\_\_\_

Social Security Number \_\_\_\_\_

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

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 three years?

Check one:             YES             NO

If you answered "Yes", can you provide or obtain proof that you have successfully completed the DOT return-to-duty requirements?

Check one:             YES             NO

I certify that the information provided on this document is true and correct.

Prospective Employee Signature:

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Witnessed by:

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Company Representative)

# WASTE HAULERS (FSSC)

## REQUEST FOR CHECK OF DRIVING RECORD

Driver,

As mandated by the US DOT our company will obtain your State Motor Vehicle Report within 30 days of hiring and every subsequent 12 months.

Name of Applicant: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street) (Apartment)  
\_\_\_\_\_  
(City, State, and Zip Code)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

License Number: \_\_\_\_\_ State: \_\_\_\_\_

I authorize my employer and/or Fleet Safety Services to obtain my State MVR, as per US DOT guidelines.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

# WASTE HAULERS (FSSC)

## DRIVER'S RECEIPT OF THE FMCSR

I, \_\_\_\_\_ acknowledge receipt of this FEDERAL MOTOR CARRIER REGULATIONS POCKETBOOK. In addition, I agree to familiarize myself with the Federal Motor Carrier Safety Regulations (FMCSR of the US Department of Transportation, Parts 382,383,387,390-399, Subchapter B, Chapter 3, Title 49 of the Code of Federal Regulations), as contained therein.

Driver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Company Representative Signature: \_\_\_\_\_

Note: The receipt shall be read and signed by the driver. A responsible company representative shall countersign the receipt & place it in the Driver's Qualification File.

# WASTE HAULERS (FSSC)

## Substance Policy Receipt

By my signature, I, \_\_\_\_\_, hereby acknowledge that I have received a copy of the Waste Haulers (FSSC) Substance Abuse and Alcohol Misuse Program. I understand that Waste Haulers (FSSC) requires employee alcohol and controlled substance testing as a condition of my employment. I also understand the consequences of failing, or refusing to be tested for alcohol or a controlled substance.

I further agree to cooperate and abide by the requirements and conditions of the Waste Haulers (FSSC) Substance Abuse and Alcohol Misuse Program and understand that failure to do so could be grounds for termination.

\_\_\_\_\_  
(Employee Signature)

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

\_\_\_\_\_  
(Company Representative)

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

**Note to: Company Representative:**

This form is to be kept on file after the employee has received a copy of the company substance policy and signed the acknowledgement. This form must be completed prior to substance or alcohol testing.

# WASTE HAULERS (FSSC)

## DRIVER DATA SHEET

*For New, Casual and Temporary Drivers*

Name: \_\_\_\_\_

Motor Vehicle Operator's License Number: \_\_\_\_\_

Type of License: \_\_\_\_\_

Issuing State: \_\_\_\_\_

**Instructions:**

Motor carriers when using a driver for the first time or intermittently shall obtain from the driver a signed statement giving the total time on duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier. (Rule 395.8(j) (2) Federal Motor Carrier Safety Regulations)

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date							
Hours Worked							

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at: \_\_\_\_\_ on:

(time) \_\_\_\_\_ (month, day, year)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# WASTE HAULERS (FSSC)

## RECORD OF ROAD TEST

Required for Non-CDL Drivers & CDL drivers with Double/Triple or Tanker Endorsement

Driver's Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Operator/Chauffeur's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

Type of Power Unit: \_\_\_\_\_ Type of Trailer: \_\_\_\_\_ If Passenger Carrier, Type of Bus: \_\_\_\_\_

**Please assess the level of skill and competence the driver exhibits performing each of the following operations**

• **The Pre-trip Equipment Inspection**  
 Unsatisfactory       Satisfactory       Needs Training  
Comments:

• **Coupling and Uncoupling of Combination Units**  
 Unsatisfactory       Satisfactory       Needs Training  
Comments:

• **Placing the commercial Motor Vehicle in Operation**  
 Unsatisfactory       Satisfactory       Needs Training  
Comments:

• **Operating the Commercial Motor Vehicle in Traffic and While Passing Other Motor Vehicles**  
 Unsatisfactory       Satisfactory       Needs Training  
Comments:

• **Turning the Commercial Motor Vehicle**  
 Unsatisfactory       Satisfactory       Needs Training  
Comments:

• **Braking and Slowing the Commercial Motor Vehicle by Means Other than Braking**  
 Unsatisfactory       Satisfactory       Needs Training  
Comments:

• **Backing and Parking the Commercial Motor Vehicle**  
 Unsatisfactory       Satisfactory       Needs Training  
Comments:

Additional Comments:  
Duration of Road Test \_\_\_\_\_ hours, \_\_\_\_\_ miles

\_\_\_\_\_  
(Name of Examiner -please print)

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

\_\_\_\_\_  
(Signature)

# WASTE HAULERS (FSSC)

## Certificate of Road Test

Required for non-CDL drivers & CDL drivers with Double/Triple or Tanker Endorsement

Driver's Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Operator/Chauffeur's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

Type of Power Unit: \_\_\_\_\_ Type of Trailer: \_\_\_\_\_

If Passenger Carrier, Type of Bus: \_\_\_\_\_

This is to certify that the above named driver was given a road test under my supervision on \_\_\_\_\_, consisting of approximately \_\_\_\_\_ miles of driving.  
(Date)

It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

\_\_\_\_\_  
(Signature of Examiner) (Title) (Date)

Name of Examiner: \_\_\_\_\_ Address: \_\_\_\_\_

Examiners Organization or Company Name: \_\_\_\_\_

*This certificate must be completed after each successful Road Test. The driver should receive a copy of both the Record of Road Test as well as this certificate, and the originals of both documents should remain in the Driver's Qualification File.*

### **In lieu of a Road Test, one of the following documents have been presented, verified and accepted.**

1. A valid **Commercial Drivers License** which was issued as defined in 49CFR 383.5, **but not including double/triple trailer or tank vehicle endorsements**, which was issued to operate specific categories of commercial vehicles and which, under the laws of this State, licenses drivers after the successful completion of a road test in a Commercial Motor Vehicle of the type the Motor Carrier intends to assign the driver.
2. A copy of a valid Certificate of Driver's Road Test that was issued to the driver within the last three years.

\_\_\_\_\_  
Authorized by (Signature) Title Date

*Legible copies of these documents must be retained as part of the Driver's Qualification File.*