



1958 Diamond Hill Rd.
Chesapeake, VA 23324

An Equal Opportunity Affirmative Action Employer
Driver Application for Employment

Please read before completing this application.

TFC Recycling does not discriminate on the basis of race, color, sex, religion, national origin, age, marital status, veteran, or handicapped status. No question on this application is intended to secure information to be used for such discrimination.

This application will be considered active for **thirty (30) days**. If you have not been contacted within thirty days and wish to receive further consideration for employment, you must complete a new application form. This application must be completed in its entirety and signed to be considered for employment. Please print all responses in ink.

Personal Data

Today's Date _____ Date of Birth (MM/DD/YY) _____

Name _____ Social Security Number _____

Home Phone Number _____ Cell Phone Number _____

Current Street Address _____

City, State, Zip _____

Rate of pay expected: _____ Can you work full time? _____ Part Time? _____

Can you work nights? _____ Weekends? _____ Over-Time? _____

When can you start? _____

Are you able to perform the essential job functions of the position you are applying for with or without reasonable accommodations? Yes No If no, please list accommodation needed: _____

Have you ever been interviewed or employed by TFC Recycling before? Yes No
If yes, please provide details. _____

Do you have any friends or relatives employed by TFC Recycling? Yes No
If yes, please provide names and relationship to you. _____

Have you ever worked under another name? _____ If so, what name? _____

Previous Addresses: List all previous addresses for the past three (3) years

Street Address _____

City, State, Zip _____ How Long (MM/YY) _____

Street Address _____

City, State, Zip _____ How Long (MM/YY) _____

Street Address _____

City, State, Zip _____ How Long (MM/YY) _____

Street Address _____

City, State, Zip _____ How Long (MM/YY) _____

Street Address _____

City, State, Zip _____ How Long (MM/YY) _____

Employment History

Use the back side of this page if more than 4 employers

CDL driver applicants must provide (10) years. We are required under §391.23 to investigate the safety performance history of all federal Motor Carrier Safety Administration regulated employers that you worked for in the preceding (3) years. We are required to investigate your participation in a U.S. DOT mandated drug and alcohol testing program, whether you violated any prohibitions under §382 subpart B, and whether you failed to undertake or complete rehabilitation as required under §382.605 or subpart O §40 of all US DOT regulated employers that you worked for in the preceding (3) years. You must give written consent for these investigations in order to be considered for employment as a driver. You have due process rights regarding the information received from these investigations under §392.23(i).

All information obtained from previous employers will be kept confidential.

Employer Name _____ Phone Number _____

Address _____ Immediate Supervisor _____

Position Held: _____ From _____ To _____ Pay or Salary Start _____ Final _____

Were you subject to the FMCSRs† while employed? Yes No

Position Responsibilities and Duties: _____

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

Reason for Leaving: Resigned Discharged

Be Specific: _____

Employer Name _____ Phone Number _____

Address _____ Immediate Supervisor _____

Position Held: _____ From _____ To _____ Pay or Salary Start _____ Final _____

Were you subject to the FMCSRs† while employed? Yes No

Position Responsibilities and Duties: _____

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

Reason for Leaving: Resigned Discharged

Be Specific: _____

Employer Name _____ Phone Number _____

Address _____ Immediate Supervisor _____
 Position Held: _____ From _____ To _____ Pay or Salary Start _____ Final _____
 Were you subject to the FMCSRs† while employed? Yes No
 Position Responsibilities and Duties: _____
 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
 Reason for Leaving: Resigned Discharged
 Be Specific: _____

Employer Name _____ Phone Number _____
 Address _____ Immediate Supervisor _____
 Position Held: _____ From _____ To _____ Pay or Salary Start _____ Final _____
 Were you subject to the FMCSRs† while employed? Yes No
 Position Responsibilities and Duties: _____
 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
 Reason for Leaving: Resigned Discharged
 Be Specific: _____

† The federal Motor Carrier Safety Regulations (FMCSRs) 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 lbs. or more, (2) is designed or used to transport more than 8 passengers (including driver) or (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

Driving/Transportation Experience

List states operated in for the last five (5) years: _____

Accident record for the past 3 years (Use back of page if more space is needed). If none, write none.

Dates	Nature of Accident (Head-on, Rear-end, Etc.)	Fatalities	Injuries	Hazardous Material Spill
Last Accident:				
Next Previous:				
Next Previous:				

Traffic convictions and forfeitures for the past 3 years (other than parking violations)

Location	Date	Charge	Penalty

If more space is needed use the back of the sheet

Driver Experience and Qualifications

List all Drivers Licenses or permits held in the last 3 years

	State	License Number	Type	Expiration Date
Driver License				

- 1) Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
- 2) Has any license, permit or privilege ever been suspended or revoked? Yes No
- 3) Have you ever been disqualified for violations of the Federal Motor carrier Safety Regulations? Yes No

If the answer to any of the above questions is yes, give details:

Class of Equipment	Circle Type of Equipment	Dates From (MM/YY) To (MM/YY)	Approx. # of Miles Total
Straight Truck <input type="checkbox"/> Yes <input type="checkbox"/> No	Van, Tank, Flat, Dump, Refer		
Tractor or Semi-Trailer <input type="checkbox"/> Yes <input type="checkbox"/> No	Van, Tank, Flat, Dump, Refer		
Tractor – Two Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No	Van, Tank, Flat, Dump, Refer		
Tractor-Three Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No	Van, Tank, Flat, Dump, Refer		
Motor Coach – School Bus <input type="checkbox"/> Yes <input type="checkbox"/> No 8 psgr.	Van, Tank, Flat, Dump, Refer		
Motor Coach – School Bus <input type="checkbox"/> Yes <input type="checkbox"/> No 15 psgr.	Van, Tank, Flat, Dump, Refer		
Other			

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

List safe driving awards held and who presented the awards: _____

In the last 7 years have you ever been convicted of a crime or pled no contest to any criminal offense? Yes No
 If yes, explain the number of convictions, date of offenses was/were committed, sentences imposed and types of rehabilitation: _____

Have you had a positive alcohol or drug test in the past three years? Yes No

Have you ever refused to take a DOT drug or alcohol pre-employment test within the past three years? Yes No

Note: A yes response does not automatically disqualify your application.

Please Read the Following Certification Carefully Before Signing

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 39123(D) and (E). I understand that I have the right to:

- Review the information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to resend the corrected information to TFC Recycling; 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.

In exchange for the consideration of my job application by TFC Recycling (hereinafter called the Company), I agree that:

I further certify that I am not engaged in any outside activity or business that could be considered in conflict with the Company's interest or those of its customers nor will I become engaged in such activity or business if employed.

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied or any other position, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by written instrument signed by an Officer of the Company. Both the undersigned and the Company may end the employment relationship at any time with or without notice and for any reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies, and procedures and such changes may include a reduction in benefits.

I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient reason for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and, except as indicated above, I authorize the past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous education or employment record. I release all such persons from any liability or damages on account of having furnished such information. I consent to such investigations as the Company may make regarding driving records, law enforcement records, credit reports and my general background. I further understand that all applicable portions of this application must be completed or I will be ineligible for consideration for the position for which I am applying.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of employment; and (3) continued employment is based on successful passing of testing under such policy.

I understand that if employed, the policies and rules which are issued by the Company are not conditions of employment and that the Company may revise policies or procedures, in whole or in part, unilaterally at any time.

Important: if you do not understand or if you disagree with any portion of the above certification, do not sign before discussing with TFC Recycling.

Applicant's Signature

Today's Date

Request for Previous Employment Information

From: TFC Recycling
To: _____ Date: 11/11/2008
RE: _____ SSN: _____

Pursuant to §382.413 and §40.25 of the Federal Motor Carrier Safety Regulations, I hereby request any available information on the above mentioned employee who has applied to our company for a Driver position. Please complete this brief survey concerning his/her employment and fax to **757-222-2194**. Thank you.

When was the applicant employed through your company? _____
What kind(s) of work did the applicant do? _____
Did the applicant drive motor vehicles for you? _____
If so, what type? Straight truck Bus Tractor-Semitrailer Other (Specify) _____

Did applicant receive any moving violations while in your employment? _____
If yes, please list dates. _____

Did the applicant ever test positive for a controlled substance in the last three (3) years? _____
Has this person ever had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater in the last three (3) years? _____
Has this person refused a required test for drugs or alcohol in the last three (3) years? _____
Has this person committed other violations of DOT agency drug and alcohol testing regulations? _____

*If the answer to any of the above questions was yes, please provide the name and contact information for the Substance abuse Professional that the listed applicant was referred to:

SAP Name _____ Phone Number _____

Was the applicant's general conduct satisfactory? _____
Is the applicant competent for the position sought? _____
Reason for leaving your employ: _____
Would you permit this driver to drive for you again? _____

Additional Remarks: _____

Print Name: _____ Title: _____
Signature _____ Date: _____

I hereby authorize you to release the following information to TFC Recycling, 1958 Diamond Hill Rd., Chesapeake, VA 23324 or purposes of investigation as required by §391.23, §382.413 and §40.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

Applicant's Signature

Date