



TFC RECYCLING
An Equal Opportunity Employer

1900 Diamond Hill Road
Chesapeake, VA 23324
Phone: (757) 543-5766
Fax: (757) 543-9532
Email: careers@tfcrecycling.com

Commercial 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 _____

Email Address _____

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(s) 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, under what name(s)? _____

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 _____
Dates Employed: From _____ To _____ Pay or Salary Star _____ Final _____
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
Were you subject to the FMCSRs† while employed? Yes No
Reason for Leaving: Resigned Discharged
Be Specific: _____

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

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

Employer Name _____ Phone Number _____
 Address _____ Immediate Supervisor _____
 _____ Position Held _____
 Dates Employed: From _____ To _____ Pay or Salary _____ Star _____ Final _____
 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
 Were you subject to the FMCSRs† while employed? 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 passenger.	Van, Tank, Flat, Dump, Refer			
Motor Coach – School Bus <input type="checkbox"/> Yes <input type="checkbox"/> No 15 passenger.	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: **Note: A yes response does not automatically disqualify your application.** _____

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

MILITARY

Military Status (circle one) Active Veteran Retired Reserves Never served	Active duty service dates From: _____ To: _____
Branch of Service	Rank at date of discharge
Job Title (NEC/MOS)	

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

Completion of this form is voluntary

We consider all applications without regard to race, color, religion, sex, national origin, citizenship, age or physical disabilities, military or other protected status. We comply with all applicable law governing employment practices and do not discriminate on the basis of any unlawful criteria.

In an effort to comply with requirements regarding government record keeping, we request that you complete this applicant data survey. Providing this information is strictly voluntary. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Name _____

Position applied for: _____

Date of application: _____

Gender: (CIRCLE ONE) Male Female

Race/Ethnicity (CHECK ONE)

<input type="checkbox"/>	HISPANIC OR LATINO
<input type="checkbox"/>	WHITE
<input type="checkbox"/>	BLACK OR AFRICAN AMERICAN
<input type="checkbox"/>	NATIVE HAWAIIAN OR PACIFIC ISLANDER
<input type="checkbox"/>	ASIAN
<input type="checkbox"/>	AMERICAN INDIAN OR ALASKAN NATIVE
<input type="checkbox"/>	TWO OR MORE RACES

Referral Source (CIRCLE ONE)

Government Employment Agency _____

Internet advertisement _____

Employment agency _____

Relative _____

Employee referral _____

Job Fair _____

Newspaper Ad _____

School _____

Walk in