

BEE LINE TRUCKING, INC.

Mailing Address:

PO Box 172

Ellenburg Depot, NY 12935

518-907-4472

Location Address:

4566 Rt 11

Ellenburg Depot, NY 12935

FAX 518-594-7127

DRIVER'S APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer. Applicants are considered for positions without regard to race, religion, sex, national origin, age, disability or any other category protected by applicable federal, state or local laws.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.

POSITION APPLYING FOR _____ COMPANY _____ OWNER-OP

DATE OF APPLICATION: ____/____/____

NAME: (Last, First, Middle): _____

PRESENT ADDRESS (Street): _____

(City, State, Zip Code): _____

How long have you lived there? _____

Previous Address: _____ How long? _____

Previous Address: _____ How long? _____

Telephone Number: (____) _____

Alternate or Cell Number: (____) _____

If under the age of 18, can you produce the necessary work certificate at the time of employment? Yes ____ No ____

Type of employment desired? _____ Full Time _____ Part Time

Date on which you can start work if hired _____

Have you previously applied for employment with this Company? _____

If yes, when did you apply? _____

Have you ever been employed by this Company? _____ If yes, provide dates of employment, locations reason for separation. _____

Are you now employed? _____

If not, how long since leaving last employment? _____

How did you find out about Bee Line? _____

INSTRUCTIONS FOR ANSWERING THE NEXT TWO QUESTIONS:

All applicants: Do not include convictions that were sealed, eradicated, erased, annulled by a court or expunged, or convictions that resulted in referral to a diversion program.

All pending arrests or criminal accusations must be disclosed. You are not required to disclose arrests or criminal accusations that resulted in criminal actions or proceedings which were terminated in your favor. Do not disclose criminal actions or proceedings that were sealed or classified as youthful offender adjudications. An ex-offender who is denied employment may, upon written request, receive a statement of the reason(s) for denial within thirty (30) days of the applicants request for such information.

Have you ever plead guilty or no contest to, or been convicted of any criminal offense other than the applicable exceptions listed above? Yes _____ No _____

Have you ever been arrested for any matters for which you currently are out on bail or on your own recognizance pending trial? Yes _____ No _____

CRIMINAL OFFENSES ONLY: If you answered Yes, to either of the above two questions, please provide the date(s) and explain in accordance with the above instructions so that individual circumstances can be considered.

Criminal convictions or arrests will not automatically disqualify an applicant from a particular job. The Company will consider the nature of the crime, its seriousness, the substantial relation to the position's functions and qualifications, the number of occurrences, the applicant's age at the time of the crime, the time elapsed since the crime, the applicant's entire work and educational history, employment references and recommendations, and the business necessity of any exclusion when required by law.

Have you ever initiated an act of violence in the workplace? Yes _____ No _____
If Yes, please provide the date(s) and explain so that individual circumstances can be considered. (A "Yes" answer will not necessarily disqualify you from employment.)

EDUCATION:

Highest Grade Completed: _____

Last school attended: (Name) _____
(City, State) _____

List all special technical skills that you feel qualify you for the job which you are applying (For example, equipment operation, special tools or machines, etc.)

WORK EXPERIENCE:

All driver applicants to drive in interstate commerce must provide complete information on all employers during the preceding 3 years. Provide additional 7 years employment history driving any commercial motor vehicle in commerce (use additional sheets if necessary). All previous employers of past three years from date of this application will be contacted, for the purpose of investigating your safety performance history concerning general driver identification, employment verification, accident data elements, controlled substances and alcohol testing required by Federal Motor Carrier Safety Regulations found in 49 CFR 391.23 (d) and (e).

EMPLOYERS

Name: _____ From: ____/____/____ To: ____/____/____
Address: _____ Position _____
City, State, Zip _____ Wage _____
Contact Person _____ Subject to FMCSRs? _____
Were you subject to DOT drug & alcohol testing requirements? _____
Reason for Leaving: _____
Phone Number: _____ Fax Number: _____

Name: _____ From: ____/____/____ To: ____/____/____
Address: _____ Position _____
City, State, Zip _____ Wage _____
Contact Person _____ Subject to FMCSRs? _____
Were you subject to DOT drug & alcohol testing requirements? _____
Reason for Leaving: _____
Phone Number: _____ Fax Number: _____

Name: _____ From: ____/____/____ To: ____/____/____
Address: _____ Position _____
City, State, Zip _____ Wage _____
Contact Person _____ Subject to FMCSRs? _____
Reason for Leaving: _____
Phone Number: _____ Fax Number: _____

Please explain fully all gaps in your employment history in excess of one month.

Have you ever been terminated or asked resign form any job? Yes ___ No ___ If Yes, how many times? _____
Have your employment ever been terminated by mutual agreement? Yes ___ No ___ If yes, how many times? _____
Have you ever been given the choice to resign rather than be terminated? Yes ___ No ___ If yes, how many times? _____
If you answered Yes to any of the above three questions, please explain the circumstances of each occasion: _____

ACCIDENT RECORD: (Must comprise the last 3 years)

	<u>Date</u>	<u>Nature of Accident</u>	<u>Fatalities</u>	<u>Injuries</u>
Last Accident	_____	_____	_____	_____
Next Previous	_____	_____	_____	_____
Next Previous	_____	_____	_____	_____

(Attach a separate sheet if necessary)

EXPERIENCE & QUALIFICATIONS:

Driver License: State _____ License No: _____
Type: _____ Expiration Date: _____

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

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

Has your CDL ever been disqualified? Yes _____ No _____

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

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: _____

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

PERSONAL REFERENCES (Not previous employers or relatives)

Name _____ Occupation _____
Address _____ # Yrs Known _____
Phone _____

Name _____ Occupation _____
Address _____ # Yrs Known _____
Phone _____

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 three years.

Respond to the following questions by circling the response.

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

THIS COMPANY OPERATES COMMERCIAL MOTOR VEHICLES INTO CANADA. DRIVERS WITH PAST CRIMINAL CONVICTION(S) MAY BE TURNED BACK AT CANADA CUSTOMS. DO YOU HAVE ANY PAST CRIMINAL CONVICTION ANYWHERE FOR WHICH YOU MAY BE DENIED ENTRY INTO CANADA? YES NO

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries verifying my previous employment, previous DOT regulated employers' drug and alcohol test results, motor vehicle driving records and medical history certification. 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 tales 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 and the Federal Motor Carrier Safety Regulations, Federal Hazardous Materials Regulations and state laws.

I understand the information I provide regarding current and/or previous employers may be used, and those employers will be contacted, for the purpose of investigating my safety performance history as provided by 49 CFR 391.23 (d) and (e). I have the right to review information provided by previous employers, have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to prospective employer, and to have a rebuttal statement attached to the alleged erroneous information if the previous employers and I cannot agree on the accuracy of the information.

I understand that the Company may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state and local law. If the Company has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under conditions requiring a drug-free workplace, consistent with applicable federal, state and local law. I also understand that all employees of the location, pursuant to the Company's policy and federal, state and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug testis is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state and local law.

If employed by the Company, I understand and agree that the Company, to the extent permitted by federal, state and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state and local law. I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement, as well as an agreement to arbitrate.

I certify that all the information on this application, my resume, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT – EXPRESS OR IMPLIED – WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF THE COMPANY.

If hired, I agree to conform to the rules and regulations of the company, and I understand that the Company has complete discretion to modify such rules and regulations at any time, except that it will not modify its policy of employment at-will.

I authorize the Company or its agents to confirm all statements contained in this application and/or resume as it relates to the position I am seeking and to the extent permitted by federal, state and local law. I agree to complete any requisite authorization forms for the background investigation.

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above mentioned information. I hereby release, discharge and hold harmless, to the extent permitted by federal, state and local law, any party delivering information to the Company or its duly authorized representative pursuant to this authorization from any liability, claims, charges or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the Company and its representative for seeking such information and all other persons, corporations or organizations furnishing such information.

If hired by this Company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this Company. I also understand this Company employs only individuals who are legally eligible to work in the United States.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF SIXTY (60) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYEMTN AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE AND COMPLETE.

APPLICANT SIGNATURE _____
PRINT NAME _____

DATE ____ / ____ / ____

BEE LINE TRUCKING, INC.

PO Box 172 4566 RT 11
Ellenburg Depot, NY 12935
518-907-4472 FAX 518-594-7127

Request For Information From Previous Employer

To Previous Employer: _____
Address: _____

RELEASE

I hereby authorize you to release the following information to BEE LINE TRUCKING for investigation as required by 49 CFR Parts 391.23(d)&(e), and 40 25 including subpart O of Part 40 regarding my general previous employment history, alcohol and controlled substance testing, and accident information.

✓ Driver Name: _____ D.O.B. ___/___/___

✓ Signature: _____ Date: ___/___/___

Dates of Employment: FROM: ___/___/___ TO: ___/___/___
Types of vehicles driven? T/T _____, S/Truck _____, Bus _____, Other _____

Number of D.O.T motor vehicle accidents in past 3 years (since April 29, 2003): _____.

Date	Location	Tow?	#Fatalities	#Injuries	Hazmat Release?
1. ___/___/___	_____	_____	_____	_____	_____
2. ___/___/___	_____	_____	_____	_____	_____
3. ___/___/___	_____	_____	_____	_____	_____

Was this person subject to Federal D.O.T alcohol and drug testing? Yes ___ No ___

If the answer is 'Yes' to above question: At any time during the past three years:

1. Did this person violate alcohol or controlled substance prohibitions? Yes ___ No ___
2. If the answer is 'Yes' to above question: Did this person undertake and complete a rehabilitation program prescribed by a SAP pursuant to 49 CFR Part 40 subpart O? N/A ___ Yes ___ No ___ Unknown ___.
3. If the answer is 'Yes' to above question: Did the person have subsequent violations of alcohol and controlled substances testing requirements? N/A ___ Yes ___ No ___
4. Did a previous employer report a drug or alcohol violation to you? Yes ___ No ___

Was conduct satisfactory? Yes ___ No ___ Eligible for re-employment? Yes ___ No ___

Remarks: _____

Previous Employer

Official: _____ Title: _____ Date ___/___/___

Please return information as soon as possible, FAX or Mail and mark as 'Confidential'.

Please return to: _____ Title: _____

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to _____

BEE LINE TRUCKING, INC.

(Prospective Employer)

for the purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations and/or under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-322, Title XXX, Section 300002(a)), and you are released from any and all liability which may result from furnishing such information.

(Applicant's Signature)

(Date)

in accordance with the provisions of Sections 604 and 607 of the Fair Credit Reporting Act. Public Law 91-506, as amended by the Consumer Credit Reporting Act of 1996 (Title E, Subtitle D, Chapter 1, of Public Law 104-208), I hereby certify the following;

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-322, Title XXX, Section 300002(a)).

(Signature of Requester)

(Date)

TO:

**REAGAN AGENCY, INC.
8 E. MAIN STREET
MARCELLUS, NY 13108**

PHONE: 315-673-2094

FAX: 315-673-1121

The following named person has made application with our company for the position of LONG HAUL DRIVER
In accordance with Section 391.23, Federal Department of Transportation Regulation please furnish the undersigned with the applicant's driving record for the past three years.

The following named person is employed with our company in the position of _____
In accordance with Section 391.25, Federal Department of Transportation Regulations please furnish the undersigned with the employee's driving record for the past year.

NAME OF APPLICANT/DRIVER _____

ADDRESS _____

(Number & Street or PO Box)

(City)

(State)

(Zip Code)

DATE OF BIRTH _____

SSN _____

LICENSE # _____

REQUESTED BY:

BEE LINE TRUCKING, INC.

PO BOX 172

4566 RT 11

ELLENBURG DEPOT, NY 12935

(Print Name of Requestor)

(Title of Requestor)

(Signature of Requestor)