

# 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? \_\_\_\_\_

Date of Birth \_\_\_\_\_ Commercial License # \_\_\_\_\_

Social Security # \_\_\_\_\_ License Expiration Date \_\_\_\_\_

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.

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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.)

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**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.)

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**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

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**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**

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**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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_**