Driver's Application for Employment

Dime Oil Transport 93 Industry Lane Waterbury, CT 06704

Date of Application _____/ ____/ ____

Position Applied f	or				
Name					
Last		First	Middle	•	
Social Security N	0	Date of Bir	th://		
List your address	es of residency for the pa	ast 3 years.			
Current Address					-
	Street		City	State	
	Zip Code	Phone Number	How Long '	?	
	Street	City	State & Zip Code	How Long?	-
Previous				How Long ?	_
Addresses	Street	City	State & Zip Code		
	Street	City	State & Zip Code	How Long?	_
Do you have the		United States?			
Date of Birth	////	Have you worked	for this company before?		
(F	Required for Commercial	Drivers)			
Are you now emp	oloyed?	If not, how long since leaving las	t employment?		
Who referred you	?	Rate of Pay ex	pected		
		Employme	ent History		
Please list employ	yers in reverse order star	ting with the most recent (please go	back at least 3 years prior to to	day's date).	
		EMPLOYER		DA	 ГЕ
Name				FROM MO. YR.	TO MO. YR.
				POSITION HELD	1
Address				SALARY/WAGE	
City		State	Zip Code	REASON FOR LEA	VINC
Contact Person	1	Phone N	umber	REASONTOR EEA	TVING
		EMPLOYER		FROM	ΓΕ το
Name				MO. YR.	MO. YR.
Address				POSITION HELD	
City		State	Zip Code	SALARY/WAGE	
Contact Person	1	Phone N	·	REASON FOR LEA	VING
					_

EMPLOYER				DATE	
			FROM MO. YR.	TO MO. YR.	
State	Zip	Code	SALARY/WA	AGE	
			REASON FO	R LEAVING	
			-		
EMPLOYER				DATE	
			MO. YR.		
State	Zip	Code			
	Phone Number		REASON FO	R LEAVING	
NATURE	NATURE OF ACCIDENT		TALITIES	INJURIES	
THE PAST 3 YEARS (OTHER TH	IAN PARKING VIOLATIO	ONS) IF NONE, WRITE N	IONE		
DATE		CHARGE		PENALTY	
	EDUCATION				
MPLETED: 1 2 3 4 5 6 7 8		2 3 4 COLLEGE: 1	2 3 4		
		ed commercial moto	r vehicles oper	— rator's license or	
permit that h	nas been issued to t	the applicant			
ATE LICEN	NSE NO.	TYPE		EXPIRATION DATE	
a license, permit or privilege to ope	erate a motor vehicle?	YE	S NO S NO		
	State EMPLOYER State State State State THE PAST 3 YEARS (OTHER THE DATE DATE MPLETED: 1 2 3 4 5 6 7 8 State ATE LICEN	State Zip Phone Number EMPLOYER State Zip Phone Number ST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE) NATURE OF ACCIDENT THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIC) DATE EDUCATION MPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1	State Zip Code Phone Number EMPLOYER State Zip Code Phone Number IT 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE NATURE OF ACCIDENT FA THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE N DATE CHARGE EDUCATION WPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 Popermit that has been issued to the applicant ATE LICENSE NO. TYPE	State Zip Code Phone Number EMPLOYER EMPLOYER FROM Phone Number EMPLOYER FROM REASON FO Phone Number FROM MO. YR. POSITION HI State Zip Code REASON FO Phone Number REASON FO PHONE STATE IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE CHARGE EDUCATION MPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4 PARTITION PROMITED TO THE PROMI	

If yes to Question any of the DRIVING EXPERIENCE IF	ne above 3 please explain on separati NONE, WRITE NONE	e piece of paper.			
Class of Equipment	Type of Equipment	Dates		Approx. # of Miles	
	(Van, Tank, Flat, Etc)	From	To	Or Time Driving	
Straight Truck					
Tractor & Semi-Trailer					
School Bus or Motor Coach					
Other					
LIST STATES OBEDATED IN	EOD I ACT EIVE VEADS				
LIST STATES OPERATED IN	FOR LAST FIVE TEARS				
SPECIAL COURSES OR TRA	INING THAT WILL HELP YOU AS A	DRIVER:			
ANY TRUCKING, TRANSPOR	RTATION OR OTHER EXPERIENCE	THAT MAY HELP IN Y	OUR WORK FOR THIS COM	IPANY	
	TO BE REA	AD AND SIGNED BY A	PPLICANT		
	this application, and that all entries or				
in arriving at an employment d	ecision. I hereby release employers	from all liability in respo	nding to inquires and releasin	ng information in connection with my	
as required by §391.23. You h	that your previous employers may be have also been notified of your rights	of due process as spec	ified in §391.23(i) regarding ir	nformation received as a result of	
	ent of employment, I understand that that I am required to abide by all rule			on or interview may result in	
discriarge. Turiderstaria, also,	that rain required to ablue by all rule	s and regulations of the	o Company.		
					
Date	Αŗ	oplicant's Signature			

YES_____ NO____

PLEASE PLACE COPY OF MEDICAL CARD AND DRIVERS LICENSE BELOW.

(3) Have you ever been arrested or convicted of a felony

According to CFR §391.23 prospective employees must be notified of the following Driver's Bill of Rights:

- (i)(1)(i) The right to review information provided by previous employers:
- (i)(1)(ii) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;
- (i)(1)(iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.
- (i)(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.
- (j)(1) Drivers wishing to request correction of erroneous information in records received pursuant to paragraph (i) of this section must send the request for the correction to the previous employer that provided the records to the prospective employer.
- (j)(2) After October 29, 2004, the pervious employer must either correct and forward the information to the prospective motor carrier employer, or notify the driver within 15 days of receiving a driver's request to correct the data that it des not agree to correct the data. If the previous employer corrects and forwards the data as requested, that employer must also retain the corrected information as part of the driver's safety performance history record and provide it to subsequent prospective employers when requests for this information are received. If the previous employer corrects the data and forwards it to the prospective motor carrier employer, there is no need to notify the driver.
- (j)(3) Drivers wishing to rebut information in records received pursuant to paragraph (i) of this section must send the rebuttal to the previous employer with instructions to include the rebuttal in that driver's safety performance history.
- (j)(4) After October 29, 2004, within five business days of receiving a rebuttal from a driver, the previous employer must:
- (i)(4)(i) Forward a copy of the rebuttal to the prospective motor carrier employer;
- (j)(4)(ii) Append the rebuttal to the driver's information in the carrier's appropriate file, to the included as part of the response for any subsequent investigating prospective employers for the duration of the three-year data retention requirement.
- (j)(5) The driver may submit a rebuttal initially without a request for correction, or subsequent to a request for correction.
- (j)(6) The driver may report failures of previous employers to correct information or include the driver's rebuttal as part of the safety performance information, to the FMCSA following procedures specified at §386.12.
- (k)(1) The prospective motor carrier employer must use the information described in paragraphs (d) and (e) of this section only as part of deciding whether to hire the driver.
- (k)(2) The prospective motor carrier employer, its agents and insurers must take all precautions reasonably necessary to protect the records from disclosure to any person not directly involved in deciding whether to hire the driver. The prospective motor carrier employer may not provide any alcohol or controlled substances information to the prospective motor carrier employer's insurer.
- (L)(1) No action or proceeding for defamation, invasion of privacy, or interference with a contract that is based on the furnishing or use of information in accordance with this section may be brought against-
- (L)(1)(i) A motor carrier investigating the information, described in paragraphs (d) and (e) of this section, of an individual under consideration for employment as commercial motor vehicle driver.
- (L)(1)(ii) A person who has provided such information; or
- (L)(1)(iii) The agents or insurers of a person described in paragraph (L)(1)(i) or (ii) of this section, except insurers are not granted a limitation on liability for any alcohol and controlled substance information.
- (L)(2) The protections in paragraph (L)(1) of this section do not apply to persons who knowingly furnish false information, or who are not compliance with the procedures specified for these investigations.

(Approved by the Office of Management and Budget under control number 2126-0004)

[35 FR 6430, Apr. 22, 1970, as amended at 35 FR 17420, Nov. 13, 1970; 69 FR 16684 March 30, 2004; 72 FR 55703, Oct. 1, 2007]

[55 f ft 0450, Apr. 22,	1970, as amended at 33 i iv	17420, 1100. 13, 1970, 091	11 10004 Warel 30, 2004,	72 1 10 337 03, Oct. 1, 2007
Please initial below:				