



RYCO Excavating Contractor

607a Wareham Street

Middleboro, Ma. 02346

Phone: (508) 509-5484 Fax: 508-947-1500

DRIVER'S APPLICATION FOR EMPLOYMENT

NAME _____
(FIRST) (MIDDLE) (Maiden Name, if any) (LAST)

ADDRESS _____ HOW LONG? _____
(STREET) (CITY) (STATE & ZIP CODE)

DATE OF BIRTH _____ SOCIAL SECURITY NO. _____ DATE OF HIRE _____

TELEPHONE NUMBER _____ EMAIL ADDRESS _____

PREVIOUS THREE YEARS RESIDENCY

(STREET) (CITY) (STATE & ZIP CODE) # YEARS

(STREET) (CITY) (STATE & ZIP CODE) # YEARS

(STREET) (CITY) (STATE & ZIP CODE) # YEARS

LICENSE INFORMATION

ATTACH SHEET IF MORE SPACE IS NEEDED

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

DRIVING EXPERIENCE

| STATE | LICENSE # | TYPE | EXPIRATION DATE |
|-------|-----------|------|-----------------|
| | | | |
| | | | |

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (attach sheet if more space is needed)

| DATES | NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.) | NUMBER FATALITIES | NUMBER INJURIES | CHEMICAL SPILLS | |
|-------|--|----------------------|--------------------|--------------------|----|
| | | | | YES | NO |
| | | | | | |
| | | | | | |
| | | | | | |

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (other than parking violations)

| DATE CONVICTED (month/year) | VIOLATION | STATE OF VIOLATION LOCATION | PENALTY (forfeited bond, collateral and/or points) |
|--------------------------------|-----------|--------------------------------|---|
| | | | |
| | | | |
| | | | |

(ATTACH SHEET IF MORE SPACE IS NEEDED)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____

If yes, explain _____

B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____

C. If yes, explain _____

EMPLOYMENT RECORD *second sheet included if more space is needed*

**Federal Motor Carrier Safety Administration regulations require applicants to
provide a total of ten years of employment history.**

Must list the complete mailing address: street number and name, city, state and zip code.

LAST EMPLOYER: NAME: _____

ADDRESS _____ PHONE _____

POSITION HELD: _____ FROM: _____ TO _____ SALARY: _____

REASON FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes ___ No ___

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes ___ No ___

SECOND LAST EMPLOYER NAME: _____

ADDRESS _____ PHONE _____

POSITION HELD: _____ FROM: _____ TO _____ SALARY: _____

REASON FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes ___ No ___

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes ___ No ___

THIRD LAST EMPLOYER NAME: _____

ADDRESS _____ PHONE _____

POSITION HELD: _____ FROM: _____ TO _____ SALARY: _____

REASON FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes ___ No ___

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes ___ No ___

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other perSon from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

"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 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; 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."

DATE

APPLICANT'S SIGNATURE

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

DATE

APPLICANT'S SIGNATURE

A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

EMPLOYMENT RECORD – SHEET # 2

ADDITIONAL EMPLOYER INFORMATION

Federal Motor Carrier Safety Administration regulations require applicants to provide a total of ten years of employment history.

This form must document the complete mailing address: street number and name, city, state and zip code.

FOURTH EMPLOYER: NAME: _____

ADDRESS _____ PHONE _____

POSITION HELD: _____ FROM: _____ TO _____ SALARY: _____

REASON FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes ___ No ___

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes ___ No ___

FIFTH EMPLOYER: NAME: _____

ADDRESS _____ PHONE _____

POSITION HELD: _____ FROM: _____ TO _____ SALARY: _____

REASON FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes ___ No ___

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes ___ No ___

SIXTH EMPLOYER: NAME: _____

ADDRESS _____ PHONE _____

POSITION HELD: _____ FROM: _____ TO _____ SALARY: _____

REASON FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes ___ No ___

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes ___ No ___

SEVENTH EMPLOYER: NAME: _____

ADDRESS _____ PHONE _____

POSITION HELD: _____ FROM: _____ TO _____ SALARY: _____

REASON FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes ___ No ___

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes ___ No ___

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, _____ Date of birth _____ Social Security Number: _____ hereby authorize
Print First, M.I., Last

Previous Employer: _____ Email: _____
Street _____ Telephone: _____
City, State, Zip: _____ Fax No.: _____

to release and forward the information requested by section 2 (below) of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____

To: _____ date of employment application

Prospective Employer: **RYCO Excavating Contractor**

Attention: **Mr. Ryan Vlaco** Telephone: **508-509-5484**

Street: **607A Wareham Street** City: **Middleboro** State: **Ma.** Zip: **02346**

In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, e-mail, or letter.

Prospective employer's confidential fax number: **508-947-1500**

Prospective employer's confidential e-mail address: _____

Applicant's Signature Date

This information is being requested in compliance with §40.25 and §391.23. (See back of form for regulations.)

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here

Fill in the start and end dates the driver was employed by your company here: Start: _____ End: _____

Please provide dates driver was subject to Department of Transportation testing requirements while employed at your company
Start: _____ End: _____

1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?.....YES NO
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?.... YES NO
3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?..... YES NO
4. Has this person committed other violations of Subpart B of Part 382, or Part 40? YES NO
5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form.....YES NO
6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?.....YES NO

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown in Section 1.

Name: _____

Company: _____

Street: _____

City: _____ State: _____ Zip: _____ Telephone: _____

Section 2 Completed by (Signature): _____ Date: _____

SECTION 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) Faxed to previous employer Mailed Emailed Other _____

COMPLETE BELOW WHEN INFORMATION IS OBTAINED

Information received from: _____

Recorded by: _____ Method: Fax Mail Email Phone

Date: _____