

Application For Employment Commercial Drivers

For Employment With
BenCo Transportation, Inc.
6408 53rd Street
Tampa, FL 33610

This transportation company is an equal opportunity employer in compliance with all Federal and State equal employment opportunity laws. Consideration of qualified applicants for any position is made without regard to the applicant's sex, race, color, national origin, marital status, age, religion or non-job related disability.

Date _____

Position(s) Applied For _____

Name _____ Date of Birth _____

Last First Middle

Address _____

Street City State Zip

Phone _____ Social Security Number _____

Previous Address _____ How Long _____

(Go Back 3 years) Street City State Zip

Address _____ How Long _____

Street City State Zip

Can you legally be employed in the United States? _____ Do you have any proof of age? _____

Required for commercial drivers

Have you ever been employed by this company before? _____ If so, When? _____

What was your rate of pay? _____ Position Held? _____

Reason for leaving _____

Currently _____ May we contact your present employer? _____

If not, How long since you were last employed? _____ What pay rate are you expecting? _____

How did you hear about this company? _____

After reviewing the job description, for what reasons might you be unable to perform the duties of the position for which you are applying? You may explain.

Driving Qualifications And Experience

LICENSES HELD

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

EQUIPMENT EXPERIENCE

Equipment Class (Please Check)	Equipment Type (Please Check)	For How Long?	Total Miles (Approx.)
Tractor			
Tractor w/ Two-Trailers			
Straight Truck			
Other			

In what states have you operated in the past three years? _____

Have you ever had your license revoked or suspended? _____ If so, when and where? _____
Why? (Please Explain) _____

Have you ever been convicted of a felony? _____ If so, when and where? _____
Why? (Please Explain) _____

Have you tested positive for a pre-employment or random Drug or Alcohol test in the past two years? Yes _____ No _____

Accidents And Violations

ACCIDENTS IN THE PAST THREE YEARS (List most recent first - attach additional sheets if necessary)

Date: _____	Injuries? _____	Fatalities? _____	Vehicle Type: _____	Describe: _____
Date: _____	Injuries? _____	Fatalities? _____	Vehicle Type: _____	Describe: _____
Date: _____	Injuries? _____	Fatalities? _____	Vehicle Type: _____	Describe: _____

TRAFFIC CONVICTIONS IN THE PAST THREE YEARS (Not parking violations)

Date: _____	Where? _____	Violation: _____	Penalty: _____
Date: _____	Where? _____	Violation: _____	Penalty: _____
Date: _____	Where? _____	Violation: _____	Penalty: _____

Carefully Read The Following And Sign

By signing this statement, I certify that this employment application has been completed by me, and all of the entries provided are true, complete, and accurate, to the best of my knowledge. By signing below I also authorize this company to make such inquiries into my employment, financial, personal, or medical history as might be needed to make an employment decision. I understand that inquiries into my medical history are generally made after a job offer is made.

I hereby release my former employers, healthcare providers and schools from any and all liability in making response to these inquiries and from releasing the requested information.

Applicant's Signature _____

Date _____

(Do not write below this line - Office use only)

Interview Notes

Date: _____

Interviewer: _____

Comments: _____

Application Results

Hired or Rejected? _____ Hire Date: _____ Position: _____

If rejected, why? _____

Date to Start: _____ Starting Pay: _____

Comments, Complaints, Etc. : _____

Termination Date: _____ Quit or Dismissed? _____ Why? _____

**Request And Consent
For Information From
Previous Employer**

By signing below, I authorize my former employer listed hereafter to release the information requested in regard to my employment and controlled substance testing to _____ as dictated by the Federal Motor Carrier Safety Regulations. As my former employer, I release you from any liability which might be the result of providing this information.

(Please Print) Driver's Name Social Security # Driver's Signature Date

Information Requested From _____

Previous Employer's Name: _____ Contact: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone: _____

To Whom It May Concern:

The person named above has, while seeking employment with this company as _____ stated that he/she held a position with your company as _____ from _____ to _____. Your time in answering the questions in the form below is greatly appreciated. Be assured that you provide this information in confidence, to assist in this company's hiring process. Thank you for your assistance

Signature and Title of Company Representative

Please answer the following questions

During what period of time was this individual employed with you? From: ___ / ___ / ___ To: ___ / ___ / ___

Did the individual operate a motor vehicle? _____ If so, what type? Tractor-Trailer _____ Straight Truck _____

Other (Please Explain): _____

How would you describe his/her conduct? Good _____ Fair _____ Poor _____

Did this individual perform their duties safely? _____

At what wage/salary was he/she employed? _____

Under what circumstances did the individual leave your employ? _____

In the past three years, did this person test positive for any controlled substances? _____

If so, please list the name and address of the Professional Testing Organization that performed the test. _____

**Request And Consent For
Information From Previous
Employer Continued**

By signing the previous page I authorize the aforementioned company to release and forward any information regarding my Alcohol and Controlled Substances Testing/Training records to:

Prospective Employer

Has this person tested positive for a controlled substance in the last two years?

Yes _____ No _____

Has this person had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater in the last two years?

Yes _____ No _____

Has this person refused a required test for drugs or alcohol in the last two years?

Yes _____ No _____

Has this person, to your knowledge, failed a drug or alcohol test for a previous employer?

Yes _____ No _____

If YES to any of the above questions, please give the SAP's (Substance Abuse Professional) name, address and phone number for further reference.

SAP (Name): _____ Phone Number: _____

Address: _____

Completed By: _____ Date: _____

Received By: _____ Date: _____

Received By: Phone: _____ Fax: _____ Personal Interview: _____ Mail: _____

Employment Eligibility Verification

Instructions

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1 - Employee All employees, citizens and noncitizens, hired after November 6, 1986, must complete Section 1 of this form at the time of hire, which is the actual beginning of employment. **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Preparer/Translator Certification The Preparer /Translator Certification must be completed if Section 1 is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete Section 1 on his/her own. However, the employee must still sign Section 1. -

Section 2 - Employer For the purpose of completing this form, the term "employer" includes those recruiters and referrers for a fee who are agricultural associations, agricultural employers or farm labor contractors.

Employers must complete Section 2 by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, Section 2 must be completed at the time employment begins. Employers must record: 1) document title; 2) issuing authority; 3) document number, 4) expiration date, if any; and 5) the date employment begins. Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document (s) presented. These photocopies may only be used for the verification process and must be retained with the I-9. **However, employers are still responsible for completing the I-9.**

Section 3 - Updating and Reverification Employers must complete Section 3 when updating and/or reverifying the I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in Section 1. Employers **CANNOT** specify which document(s) they will accept from an employee.

If an employee's name has changed at the time this form is being updated/ reverified, complete Block A.

If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.

If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B and: noncitizens, hired after November 6, 1986, must complete Block B and:

examine any document that reflects that the employee is authorized to work in the U.S. (see List A or C), record the document title, document number and expiration date (if any) in Block C, and complete the signature block.

Photocopying and Retaining Form I-9 A blank I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed I-9s for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

For more detailed information, you may refer to the INS Handbook for Employers, (Form M-274). You may obtain the handbook at your local INS office.

Privacy Act Notice. The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by officials of the U.S. Immigration and Naturalization Service, the Department of Labor and the Office of Special Counsel for Immigration Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Reporting Burden We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: 1) learning about this form, 5 minutes; 2) completing the form, 5 minutes; and 3) assembling and filing (recordkeeping) the form, 5 minutes, for an average of 15 minutes per response. If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to the Immigration and Naturalization Service, HQPDI, 425 I Street, N.W., Room 4034, Washington, DC 20536. OMB No. 1115-0136.

Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification.

 To be completed and signed by employee at the time employment begins.

Print Name: Last Address City (Street Name and Number)	First State	Middle Initial Apt. # Zip Code	Maiden Name Date of Birth Social Security # (month/day/year)
---------------------------------------------------------------------	--------------------	--------------------------------------	---------------------------------------------------------------------------

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen or national of the United States
- A Lawful Permanent Resident (Alien # A _____)
- An alien authorized to work until ____ / ____ / ____
(Alien # or Admission #) _____

Employee's Signature	Date (month/day/year)
----------------------	-----------------------

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

Section 2. Employer Review And Verification.

 To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): ____ / ____ / ____		____ / ____ / ____		____ / ____ / ____
Document #: _____		_____		_____
Expiration Date (if any): ____ / ____ / ____		_____		_____

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on ____ / ____ / ____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business Organization Name	Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

Section 3. Updating and Reverification.

 To be completed and signed by employer.

A. New Name (if applicable) _____ B. Date of rehire (month/day/year) (if applicable) _____

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document title: _____ Document #: _____ Expiration Date (if any): ____ / ____ / ____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
----------------------------------------------------	-----------------------

LISTS OF ACCEPTABLE DOCUMENTS

LIST A Documents that Establish Both Identity and Employment Eligibility	OR	LIST B Documents that Establish Employment	AND	LIST C Documents that Establish Employment Eligibility
<ol style="list-style-type: none"> 1. U.S. Passport (unexpired or expired) 2. Certificate of U.S. Citizenship (INS Form N-560 or N-561) 3. Certificate of Naturalization (INS Form N-550 or N-570) 4. Unexpired foreign passport, with <i>I-551 stamp or attached INS Form I-94</i> indicating unexpired employment authorization 5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551) 6. Unexpired Temporary Card (INS Form I-688) 7. Unexpired Employment Authorization Card (INS Form I-688A) 8. Unexpired Reentry Permit (INS Form I-327) 9. Unexpired Refugee Travel Document (INS Form I-571) 10. Unexpired Employment Authorization Document issued by the INS which contains a photograp (INS Form I-688B) 		<ol style="list-style-type: none"> 1. Driver's license or I.D. card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, sex, height, eye color and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <p style="text-align: center;">For persons under age 18 who are unable to present a document listed above:</p> <ol style="list-style-type: none"> 10. School record or report card 11. Clinic, doctor or hospital record 12. Day-care or nursery school record 		<ol style="list-style-type: none"> 1. U.S. social security card issued by the Social Security Administration (<i>other than a card stating it is not valid for employment</i>) 2. Certification of Birth Abroad issued by the Department of State (<i>Form FS-545 or Form DS-1350</i>) 3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (INS Form I-197) 6. ID Card for use of Resident Citizen in the United States 7. Unexpired employment authorization document issued by the INS (<i>other than those listed under List A</i>)

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

Commercial Drivers License Certification Of Compliance

The Compliance Regulations below "apply to every person who operates a motor vehicle (CMV) in interstate commerce, to all employers of such persons, and to all States" as set forth in Parts 383 and 392 of the Federal Motor Carrier Safety Regulations.

In compliance with the Federal Motor Carrier Safety Regulations, Parts 383, 392 and 383, it is required that all drivers abide by the Requirements of Licensing as described below:

- I. Possession of Single License: A driver of Commercial Motor Vehicle may not possess more than one operator's license. If a driver possesses more than one license then he/she must keep the license issued from their state of residence and return the additional licenses to the issuing states. NOTE: All additional licenses must be returned, or if lost, the issuing state must be notified. Destroying a license does not end or invalidate one's status as a driver in a given state.

- II. Notification of Cancellation, Revocation, or Suspension of License: In compliance with the Federal Motor Carrier Safety Regulations Parts 392 and 383, a driver is required to notify his/her employer of any suspension or revocation of their operator's license. Part 383 further requires that the driver must report any violation of a state or local traffic law in writing to:
A. The driver's employer and B. The state that issued the driver's operators license (except when the violation occurred in the issuing state), within thirty days of the violation.

Certification Of Single License

Driver's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

By signing below, I certify that the described license is the only one in my possession.

Commercial Driver's License Number: _____ State: _____ Exp.Date: _____

Driver's Signature _____ Date _____

Company Name _____ Representative _____

Seven Day Work Statement New Hires And Temporary Drivers

Driver's Name: _____

Social Security Number: _____ Operator's License Number: _____

License Type: _____ State: _____

Federal Motor Carrier Safety Regulations dictate that when using a driver the first time, or occasionally, the Motor Carrier must obtain, from said driver, an account of his/her total time on duty for the seven days preceding his beginning work for the carrier as well as the date and time at which he was last relieved from duty and his/her account must be signed by the driver.

Date

Day One	Day Two	Day Three	Day Four	Day Five	Day Six	Day Seven

Hours Worked

(From/To)

--	--	--	--	--	--	--

Total hours worked past seven days? _____ By signing below, I certify that the above information is correct to the best of my knowledge, and that I was last relieved from duty on ____ / ____ / ____ at ____ : ____ .

Driver's Signature

Witness (Company Representative)

Requirements For Intermittent, Occasional, Or Casual Drivers

Federal Motor Carrier Safety Regulations require that the qualification file of a casual or intermittent driver contain the following documents:

- A. _____ Certification of Road Test - Or the equivalent license or certificate accepted by the Motor Carrier (Pursuant to Part 391).
- B. _____ Medical Examiner's Certificate - Or a legible copy of the medical examiner's certificate of the driver's physical ability to drive a commercial vehicle.

Record Of Road Test

Driver's Performance was: Satisfactory: _____ Unsatisfactory: _____
Satisfactory, but needs training in certain areas (please explain): _____

Driver is Qualified to Drive: Straight Truck: _____ Tractor-Trailer: _____
Other: _____

Examiner's Signature

Driver's Signature

Equivalent Of Road Test

As outlined in the FMCSR Part 391, "In place of, and as equivalent to, the road test required by Part 391, a person who seeks to drive a commercial motor vehicle may present, and a motor carrier may accept: (1). A valid operator's license which has been issued to him/her by a state that licenses drivers to operate specific categories of commercial motor vehicles and which, under the laws of that state, licenses him/her after successful completion of a road test in a commercial motor vehicle of the type the motor carrier intends to assign to him/her; or (2). A copy of a valid certificate of driver's road test issued to him/her pursuant to Part 391 within the preceding three years".

(Cut on dotted line and keep certificate at all times.)

Certification of Road Test

Instructions: If the driver completes the road test successfully, the examiner must complete this certificate in duplicate. The original is to be kept in the driver's qualification file with the original signed road test form. The duplicate copies are to be given to the driver that was examined in compliance with Part 391 of the Federal Motor Carrier Safety Regulations.

Driver's Name: _____ Social Security Number: _____
Operator's License Number: _____ State: _____
Type of Power Unit: _____ Type of Trailer(s): _____

This certifies that the driver above was road tested by me on _____ 20 _____ and the test consisted of approximately _____ miles in _____ Condition. Having tested the driver named above, it is my opinion that said driver has the necessary skills to safely operate the commercial vehicle listed above.

Examiner's Signature

Examiner's Address

Title

Company

Authorization For Driving Record Check

By signing below I authorize you to release the information requested to _____ as dictated by the Federal Motor Carrier Safety Regulations. I hereby release you from any liability which might be the result of providing this information.

Driver's Signature

Date

- I. By signing below, I certify that the information requested is to be used for a "permissible purpose", as defined by provisions of the Fair Credit Reporting Act, Sections 604 and 607.

- II. I also certify that should the individual be named hereafter be denied employment as a result of information received through this request, the source of the information will be identified in compliance with Section 615(a) of the Act.

Signature

Date

Representative of:

This information is requested from the following reporting agency: _____

To Whom It May Concern:

The person named below has sought employment with this company as _____
In accordance with the Federal Department of Transportation Regulations, Part 391, please provide the applicant's driving record for the past three years.

Driver's Name: _____

Address: _____

City: _____

State: _____

Zip: _____

License Number: _____

Social Security Number: _____

D.O.B.: _____

Company Requesting Information

Name of Company

Name of Company Representative

Signature of Representative

Title