

# APPLICATION FOR EMPLOYMENT

\_\_\_\_\_ Driver

\_\_\_\_\_ Other  
Please specify position (i.e., Accounting, Mechanic, etc.)

**\*\*INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED\*\***

**Applicant Name:** \_\_\_\_\_ **Date of application:** \_\_\_\_\_  
(Please Print)

**Florida Express Environmental  
460 NW 52nd Avenue  
Ocala, FL 34482**

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job-related disability, or any other protected group status.

## TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of 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 persons 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 CF.R 391.23(d) and (e). **I understand that 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 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.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Office use only:

MVR/Background Verified \_\_\_\_\_

Day one scheduled on \_\_\_\_\_

Road Test scheduled on \_\_\_\_\_

POET scheduled on \_\_\_\_\_

Starting rate \$ \_\_\_\_\_

Trainer/Dept. \_\_\_\_\_

# APPLICANT TO COMPLETE

(Answer all questions – please print)

Position(s) applied for: \_\_\_\_\_ Rate of pay expected: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Last First Middle

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Are you registered with the Federal Motor Carrier Safety Regulations (Clearinghouse)  YES  NO  
(Required for Commercial Drivers ONLY!)

Who Referred you to FEE? \_\_\_\_\_

## List your addresses of residency for the past 3 years.

**Current Address:** \_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State & Zip Yr. Mo.

\_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State & Zip Yr. Mo.

**Previous** \_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State & Zip Yr. Mo.

\_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State & Zip Yr. Mo.

**Date of Birth:** \_\_\_\_\_ **Can you provide proof of age?**  YES  NO  
(Required for Commercial Drivers ONLY!)

Have you worked for this company before?  YES  NO If "YES" Where? \_\_\_\_\_

Dates From: \_\_\_\_\_ To: \_\_\_\_\_ Rate of pay: \_\_\_\_\_ Position: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Are you currently employed?  YES  NO If "NO" how long since leaving last employment? \_\_\_\_\_

Have you ever been bonded?  YES  NO Name of bonding company: \_\_\_\_\_  
(Answer only if a job requirement)

Have you ever been convicted of a crime (Felony or Misdemeanor)?  YES  NO **\*All applicants will be considered regardless of your answer. If yes, please explain fully below. Add a separate sheet of paper if needed. Conviction of a crime is not an automatic bar to employment. All circumstances will be considered.** \_\_\_\_\_

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the job description?]  
If "YES" please explain if you wish: \_\_\_\_\_

## EMPLOYMENT HISTORY

**All driver applicants to drive a commercial motor vehicle\*** in interstate commerce must provide the following information on all those employers for whom the applicant operated such vehicle during the **preceding 10 years**. List complete mailing address, street number, city, state, and zip code.

**(NOTE: List employers in reverse order, starting with the MOST RECENT. Add another sheet as necessary.)**

EMPLOYER	DATE	
Name:	From: Mo./Yr.	To: Mo./Yr.
Address:	Position Held	
City: State: Zip:	Salary/Wage	
Manager: Phone#	Reason for Leaving?	
Were you subject to the *FMCSRs (Federal Motor Carrier Safety Regulations) While Employed? <input type="checkbox"/> YES <input type="checkbox"/> NO		
*Must be answered when applying for a CDL driving position.		
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the DRUG & ALCOHOL TESTING REQUIREMENTS of 49 CFR part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO		

EMPLOYER	DATE	
Name:	From: Mo./Yr.	To: Mo./Yr.
Address:	Position Held	
City: State: Zip:	Salary/Wage	
Manager: Phone#	Reason for Leaving?	
Were you subject to the *FMCSRs (Federal Motor Carrier Safety Regulations) While Employed? <input type="checkbox"/> YES <input type="checkbox"/> NO		
*Must be answered when applying for a CDL driving position.		
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the DRUG & ALCOHOL TESTING REQUIREMENTS of 49 CFR part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO		

EMPLOYER	DATE	
Name:	From: Mo./Yr.	To: Mo./Yr.
Address:	Position Held	
City: State: Zip:	Salary/Wage	
Manager: Phone#	Reason for Leaving?	
Were you subject to the *FMCSRs (Federal Motor Carrier Safety Regulations) While Employed? <input type="checkbox"/> YES <input type="checkbox"/> NO		
*Must be answered when applying for a CDL driving position.		
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the DRUG & ALCOHOL TESTING REQUIREMENTS of 49 CFR part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO		

## EMPLOYMENT HISTORY CONTINUED

EMPLOYER	DATE	
Name:	From: Mo./Yr.	To: Mo./Yr.
Address:	Position Held	
City: State: Zip:	Salary/Wage	
Manager: Phone#	Reason for Leaving?	
Were you subject to the *FMCSRs (Federal Motor Carrier Safety Regulations) While Employed? <input type="checkbox"/> YES <input type="checkbox"/> NO		
*Must be answered when applying for a CDL driving position.		
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the DRUG & ALCOHOL?		
TESTING REQUIREMENTS of 49 CFR part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO		

EMPLOYER	DATE	
Name:	From: Mo./Yr.	To: Mo./Yr.
Address:	Position Held	
City: State: Zip:	Salary/Wage	
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EMPLOYER	DATE	
Name:	From: Mo./Yr.	To: Mo./Yr.
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*Must be answered when applying for a CDL driving position.		
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the DRUG & ALCOHOL?		
TESTING REQUIREMENTS of 49 CFR part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO		

\*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

IF NONE, WRITE: **NONE**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
Last Accident: _____				
Next Previous: _____				
Next Previous: _____				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

IF NONE, WRITE: **NONE**

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

**EXPERIENCE AND QUALIFICATIONS – DRIVER**

List all driver licenses or permits held in the past 3 years

DRIVER LICENSES	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

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS: \_\_\_\_\_

DRIVING EXPERIENCE CHECK YES OR NO (COMPLETE ALL SECTIONS)

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX NO OF MILES (TOTAL)
		FROM (Mo./Yr.)	TO (Mo./Yr.)	
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	VAN / TANK / FLAT / DUMP / REFER			
TRACTOR & SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO				
TRACTOR -2 TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO				
TRACTOR -3 TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO				
MOTORCOACH – SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO More than 8 passengers	-----			
MOTORCOACH – SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO More than 15 passengers	-----			
OTHER:				

LIST STATES OPERATED IN, FOR THE LAST FIVE YEARS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **EXPERIENCE AND QUALIFICATIONS – OTHER**

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: \_\_\_\_\_  
\_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? \_\_\_\_\_  
\_\_\_\_\_

SHOW ANY TRUCKING, TRANSPORTATION, OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN): \_\_\_\_\_  
\_\_\_\_\_

## **EDUCATION**

### **CHECK THE HIGHEST GRADE COMPLETED**

GRADE SCHOOL: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 TRADE SCHOOL:

CERTIFICATE COMPLETED IN: \_\_\_\_\_ COLLEGE: 1 2 3 4 5 6

LAST SCHOOL ATTENDED: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_

HIGHEST DEGREE/CERTIFICATION ACHIEVED: \_\_\_\_\_

## **TO BE READ AND SIGNED BY THE APPLICANT**

This certifies that the application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DISCLOSURE FOR CONSUMER REPORTS**

In connection with my application for employment (including contract or volunteer services) with **Florida Express Environmental**, I understand consumer reports will be requested by you (“Florida Express Environmental”). These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, work experience, education, accidents, licensure, credit (as allowed by law – where required, you will be presented with additional disclosures), etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record (which will include all or part of the following information: photograph, social security number, driver’s license number, your name, your address and medical or disability information), workers’ compensation claims, judgments, bankruptcy proceedings, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation, and personal characteristics, and mode of living (lifestyle) may be obtained.

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug, and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

If I am hired, I understand that my employer can use this disclosure and authorization to continue to obtain such consumer reports throughout my employment, contract period, or volunteer service.

Acknowledged:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Full Name

**INFORMATION REGARDING YOUR RIGHTS**

I understand that I have the right to make a request to the consumer reporting agency: Sarma (“Agency”), 555 East Ramsey, San Antonio, TX, 78216, telephone number (800) 955-5238, upon proper identification, to obtain copies of any reports furnished to Company by the Agency and to request the nature and substance of **all information** in its files on me at the time of my request, including the sources of information. The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two-year period for employment requests and one year for other purposes preceding my request (California three years). I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency’s privacy policy at their website: [www.sarma.com](http://www.sarma.com).

I understand that if the Company is located in California, Minnesota, or Oklahoma, that I have the right to request a copy of any report Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to me. **Check here:**

I understand that if I am applying for employment in New York, that I have the right to receive a copy of Article 23-A of the New York Correction Law \_\_\_\_\_ (initial if this applies).

I understand that if the report is provided to an employer in the State of Washington, that I can contact the following office for more information regarding my rights under Washington state law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5<sup>th</sup> Ave, Ste. 2000, Seattle, Washington 98104-3188, (206) 464-7744.

New Hampshire registered drivers: The consent for driving records is valid for only two (2) years and is revocable at any time.

**Personal information** in MVRs means information that identifies you, such as your photograph, social security number, driver’s license number, your name, your address, your telephone number, and medical or disability information relating to any license restrictions. **Highly restricted personal information** includes your photograph or image, social security number, medical or disability information relating to any license restrictions. 18 U.S.C. §2725.

Acknowledged:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**QUESTIONNAIRE REGARDING YOUR CONSUMER REPORT**

In order to be able to obtain the most accurate information, this questionnaire helps our Agency to better identify information that does or does not relate to you. This document will not become part of your personnel file if hired.

**Please Print All Information:**

Full Name: \_\_\_\_\_  
                    First                                    Middle                                    Last                                    Suffix

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_; Gender:  Male  Female Race: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Email: \_\_\_\_\_

Current Address: \_\_\_\_\_

Addresses in last seven (7) years: (if you need more let us know):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Military Service:  YES  NO      If yes, date(s) of active duty: \_\_\_\_\_

\_\_\_\_\_

The above is true and correct to the best of my knowledge:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Full Name



**FLORIDA EXPRESS ENVIRONMENTAL, LLC**  
**AUTHORIZATION FOR RELEASE OF MEDICAL AND, DRUG &  
ALCOHOL INFORMATION**

**EXPLANATION**

This authorization for the use or disclosure of medical information is requested of you to ensure the accuracy, confidentiality, and prompt availability of said information.

**AUTHORIZATION**

I hereby authorize the Medical Review Officer, any counselor or treatment facility I may be referred to, and the testing laboratories to furnish the Company with the results of all tests run. I further authorize any doctor who has written a prescription that I may be using to disclose the purpose of the prescription, the conditions under which it is to be taken, and any other pertinent information to the Medical Review Officer to assist in the MRO's determination of my fitness for duty.

**USES**

The Company may use the medical information authorized only for the following purpose: To determine my ability to do my job or my qualifications for employment or continued employment and to defend in any legal proceedings in which my employment or actions are at issue.

**DURATION**

This authorization shall become effective immediately and shall remain in effect throughout the duration of my employment with the Company and any post-employment legal matters or proceedings unless rescinded by me in writing.

**RESTRICTIONS**

I understand that the Drug-Free Workplace Administrator may not further use or disclose the medical information unless further authorization is given by me or in case of post-accident testing or disclosure is required or permitted by law or licensing authority.

**ADDITIONAL COPY**

- (1) I further understand that I have a right to receive a copy of this authorization upon my request.
- (2) I further agree that a reproduced copy of this form shall have the same force and effect as the original.

**DRUG SCREEN SPECIMEN VERIFICATION**

I hereby authorize the hospital, clinic, or laboratory, its physicians, and technicians specified by the Company to obtain a sample of my urine, blood, or breath to be analyzed for the presence of controlled substances.

**Printed Name:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_