

CARAVAN, INC.
475 DIVISION STREET, UNIT 7
ELIZABETH, NJ 07201
DRIVER APPLICATION FOR EMPLOYMENT

SEC 391.21

PLEASE RETURN TO ANDREW GODSIL VIA FAX: 732-276-9616 OR E-MAIL: ANDREWG@CARA-VAN.NET
DATE OF APPLICATION _____ DATE OF HIRE _____

APPLICANT'S INFORMATION

NAME _____ PHONE _____
(FIRST) (MIDDLE) (LAST)

CURRENT ADDRESS _____
(STREET) (CITY) (STATE) (ZIP)

IF YOU HAVE BEEN AT THE ABOVE ADDRESS FOR LESS THAN 3 YEARS, LIST PREVIOUS ADDRESSES

PREVIOUS ADDRESS _____
(STREET) (CITY) (STATE) (ZIP)

PREVIOUS ADDRESS _____
(STREET) (CITY) (STATE) (ZIP)

EDUCATION

CIRCLE THE HIGHEST GRADE COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12 **COLLEGE** 1 2 3 4

LAST SCHOOL ATTENDED _____
(NAME) (ADDRESS)

HAVE YOU EVER BEEN BONDED? _____ BONDING CO. _____

(ANSWER ONLY IF REQUIRED FOR THIS JOB)

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____
EXPLAIN _____

(CONVICTION OF A CRIME IS NOT AN AUTOMATIC DISQUALIFICATION. EACH APPLICANT WILL BE CONSIDERED ON A CASE BY CASE BASIS.)

HAVE YOU OR A RELATIVE EVER WORKED FOR THIS COMPANY? _____

IF YES WHO, WHERE, WHEN _____

DRIVER EXPERIENCE

DRIVER LICENSES HELD WITHIN THE LAST 3 YEARS

STATE	LICENSE NUMBER	CLASS	ENDORSEMENTS	EXPIRATION DATE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CARAVAN, INC.
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HAVE YOU EVER BEEN DENIED THE PRIVILEGE TO OPERATE A MOTOR VEHICLE? _____

HAVE YOUR DRIVING PRIVILEGES EVER BEEN SUSPENDED OR REVOKED? _____

HAVE YOU EVER BEEN DISQUALIFIED FOR VIOLATIONS OF THE F.M.C.S. REGULATIONS? -

DRIVING EXPERIENCE

EQUIPMENT	TYPE OF EQUIPMENT(VAN,TANK,FLAT)	DATES	APPROXIMATE MILES
STRAUGHT TRUCK	_____	_____ - _____	_____
TRACTOR TRAILER	_____	_____ - _____	_____
COMBINATIONS	_____	_____ - _____	_____
OTHER	_____	_____ - _____	_____

STATES YOU HAVE OPERATED IN DURING THE LAST 5 YEARS

LIST OF ANY DRIVING COURSES OR SPECIAL TRAINING YOU HAVE RECEIVED

LIST ANY DRIVING AWARDS YOU HAVE RECEIVED AND FROM WHOM

ACCIDENT REVIEW FOR THE LAST 3 YEARS

DATES(LIST LATEST FIRST)	TYPE(HEAD-ON,REAR-END,ROLL-OVER, ETC.)	FATALITIES	INJURIES
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE LAST 3 YEARS (NOT PARKING)

LOCATION	DATE	CHARGE	PENALTY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CARAVAN, INC.
475 DIVISION STREET, UNIT 7
ELIZABETH, NJ 07201
EMPLOYMENT RECORD

EMPLOYER _____ SUPERVISOR _____
ADDRESS _____ PHONE _____
POSITION HELD _____ FROM _____ TO _____
REASON FOR LEAVING _____

EMPLOYER _____ SUPERVISOR _____
ADDRESS _____ PHONE _____
POSITION HELD _____ FROM _____ TO _____
REASON FOR LEAVING _____

EMPLOYER _____ SUPERVISOR _____
ADDRESS _____ PHONE _____
POSITION HELD _____ FROM _____ TO _____
REASON FOR LEAVING _____

EMPLOYER _____ SUPERVISOR _____
ADDRESS _____ PHONE _____
POSITION HELD _____ FROM _____ TO _____
REASON FOR LEAVING _____

EMPLOYER _____ SUPERVISOR _____
ADDRESS _____ PHONE _____
POSITION HELD _____ FROM _____ TO _____
REASON FOR LEAVING _____

ARE YOU CERTIFIED TO OPERATE LIFT TRUCKS? IF SO, WHAT TYPES?

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APPLICANT MUST READ THIS AND SIGN BELOW

I certify that I have read and understand all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to verify all of my employment, safety, violations, driving record, and any other historical information. I release all previous employers, their agents, this employer, their agents, and any service utilized to verify my historical information, from any liability for any damages, real or perceived, on account of the information furnished or discovered. I understand that as an applicant for a driving position in this company, this application, this company, and I are subject to the rules and regulations 49CFR sections 391 and 382, and Section 604 of the Fair Credit Reporting Act.

I know I may be asked to demonstrate my ability to perform the tasks pertinent to this job.

I understand that this job will be on condition of passing a physical exam and drug test.

I certify that I have completed this form for the purpose of being hired by this employer and no other reason.

It is also agreed, that I have been told that an investigation of my history may include but not be restricted to an investigative consumer report, including my character, general reputation, personal activities, personal characteristics, PSP history as supplied by the FMCSA and mode of living.

I agree to furnish additional information as deemed necessary by my employer.

I understand that any misrepresentation or omission of information or facts on these forms may result in rejection or dismissal.

If hired, I agree to abide by all the rules and policies of this employer.

My signature below certifies that I have personally completed this application and all entries are true and accurate to the best of my ability, and I agree to the conditions listed above.

PRINT NAME _____

SIGNATURE _____

DATE _____

CARAVAN, INC.
475 DIVISION STREET, UNIT 7
ELIZABETH, NJ 07201
DRIVER CERTIFICATION AND ANNUAL REVIEW

SEC. 391.27 (A) (B) AND SEC.391.15

(NEED ONE OF THESE FOR DATE OF HIRE AND EACH OF LAST THREE YEARS)

EMPLOYEE'S NAME _____

DRIVER'S LICENSE NUMBER _____ ISSUING STATE _____ EXP. DATE _____

Each motor carrier shall, at least once every twelve months require each driver it employs, to prepare and furnish it with a list of all violations of motor vehicle laws and ordinances (other than violations involved only parking) of which the driver has been convicted or on account of which he/she has forfeited bond collateral during the preceding twelve months.

Each driver shall furnish the list in accordance with the above cited paragraph of this section.

If the driver has not been convicted or on account of which he/she has forfeited bond collateral during the preceding twelve months, he/she shall so certify by writing the word "non" in the space below.

DRIVER CERTIFICATION

(COMPLETED BY DRIVER)

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted of forfeited bond or collateral during the last 12 months.

I further certify that I possess only one motor vehicle operator's license.

NONE



DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I certify that the above list constitutes a complete and accurate list of all applicable violations.

DRIVER SIGNATURE _____ DATE _____

MOTOR CARRIERS ANNUAL REVIEW OF DRIVING RECORD

SECTION 391.15

Each motor carrier shall at least once every twelve months, review the driving record of each driver it employs to determine whether the driver meets minimum requirements for safe driving or is disqualified to drive a CMV.

I have reviewed the record of violations provided above and have reviewed a copy of the driver's MVR and have concluded:

The driver meets the minimum requirements for safe driving _____

The driver is disqualified to drive a commercial vehicle _____

REVIEWED BY:

ANDREW GODSIL (SAFETY MANAGER)

SIGNATURE _____ DATE _____

CARAVAN, INC., 475 DIVISION ST UNIT 7, ELIZABETH, NJ 07201

CARAVAN, INC.
475 DIVISION STREET, UNIT 7
ELIZABETH, NJ 07201
PREVIOUS EMPLOYEE HISTORY

(TO BE COMPLETED BY PROSPECTIVE EMPLOYEE)

COMPLETE ONE OF THESE FOR EACH EMPLOYER IN THE LAST 3 YEARS

I, _____ (PRINT FIRST AND LAST NAME) _____ (SSN)

AUTHORIZE MY PREVIOUS EMPLOYER

PREVIOUS EMPLOYER'S NAME _____

PHONE _____ FAX _____

TO RELEASE MY RECORDS PERTAINING TO MY EMPLOYMENT HISTORY

PROSPECTIVE EMPLOYER:

CARAVAN, INC., ATTN: SAFETY DEPARTMENT

PHONE: 732-554-8600 EMAIL: ANDREWGW@CARA-VAN.NET FAX: 732-276-9616

I understand that 49CFR Sec. 391.23 requires that my new employer obtain this information for the previous three years.

APPLICANT'S SIGNATURE _____ DATE _____

SUBSTANCE ABUSE HISTORY

SEC 391.23 (D)

DATES IN YOUR EMPLOY: FROM: _____ TO: _____

Was the above individual ever subject to DOT alcohol and controlled substance testing requirements while employed by you?

YES _____ NO _____ If no, than please proceed to the next section

Has the above individual ever tested positive for a controlled substance, had an alcohol test with a concentration result higher than 0.04, or refused to submit for either of these tests in the last three years? If so, explain the circumstances and what action was taken by you and the employee to regain certification: _____

RESPONDER'S SIGNATURE: _____ DATE _____

DRIVING RECORD

SEC 390.5

Please list all accidents as defined by 390.5 the above individual has been involved in for the last three years.

DATE OF ACCIDENT	LOCATION	TYPE OF VEHICLE DRIVEN
_____	_____	_____
_____	_____	_____
_____	_____	_____

SIGNATURE OF REQUESTER _____, SAFETY MANAGER DATE _____

CARAVAN, INC.
475 DIVISION STREET, UNIT 7
ELIZABETH, NJ 07201
STATEMENT OF ON DUTY HOURS

SEC. 395.8

EMPLOYEE'S NAME _____

DRIVER'S LICENSE NUMBER _____ STATE _____ EXP. DATE _____

As per 49CFR 395.8 motor carriers, when hiring a driver for the first time, or for intermittent use, shall obtained a signed statement from the driver giving a day by day and total hours for the previous seven days. The driver will also certify to the last day and time he was relieved from duty.

DAY	1	2	3	4	5	6	7	
DATE	_____	_____	_____	_____	_____	_____	_____	
HOURS								TOTAL
WORKED	_____	_____	_____	_____	_____	_____	_____	HOURS _____

I was last relieved from work at _____ AM/PM on (DATE) _____

I certify that the information above is correct and complete to the best of my knowledge.

DRIVER'S SIGNATURE _____ DATE _____

DRIVER VERIFICATION OF MULTIPLE EMPLOYMENT

Are you currently working for another motor carrier? _____ YES _____ NO

Do you intend to work for another motor carrier while employed by
this company? _____ YES _____ NO

I certify that the information given above is correct. If I start working for another employer while employed by this company, I will immediately notify you.

DRIVER'S SIGNATURE _____ DATE _____

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