

DeLullo Trucking Corp. Application for Employment

1022 DeLaum Road
P.O. Box 497
St. Marys, PA 15857
Tel: 814-834-1464
Fax: 814-834-9588



Date: _____

Applicant's Name: _____

Current Address : _____

Previous Address for (3) three years prior to current address: _____

Home Phone No. _____ Cell Phone No. _____

Social Security Number: _____ Email Address: _____

Date of Birth: _____

Driver's License Number: _____ State : _____

Expiration Date: _____ Endorsements: _____

List any other state(s) that you had a driver's license in the last (3) yrs _____

Type of Equipment operated (list tractor trailer, tri-axle, dry van, walking floor van etc.): _____

List all Accident(s) in the last (3) three years:

| Date of Accident | Location of the Accident | Nature of the Accident | Fatalities/personal injuries |
|------------------|--------------------------|------------------------|------------------------------|
|------------------|--------------------------|------------------------|------------------------------|

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

List all moving violation in the last (3) three years:

| Date | State | Violation | Date | State | Violation |
|------|-------|-----------|------|-------|-----------|
|------|-------|-----------|------|-------|-----------|

| | | | | | |
|-------|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

Has your driver's license ever been suspended ? _____ If yes, state license was issued, date and reason of suspension _____

Have you been drug and/or alcohol tested and had a positive test result in the last (3) three years? _____
If yes, did you complete the required SAP counseling and training. _____

Please list the name, address and phone number of the SAP _____

List all Past Employment in the last (3) three years, or a total of (10) ten years, if operating a commercial vehicle. List the most recent employer first. Under the name of the Company if you were subjected to Federal Motor Carriers Safety Regulations circle yes..

Name of Company and Address: _____
Subjected to FMCSRs? yes or no _____
Phone Number _____ Fax Number(required) _____
Dates of Employment _____ to _____
Job Description _____
Reason for leaving _____

Name of Company and Address: _____
Subjected to FMCSRs? yes or no _____
Phone Number _____ Fax Number (required) _____
Dates of Employment _____ to _____
Job Description _____
Reason for leaving _____

Name of Company and Address: _____
Subjected to FMCSRs? yes or no _____
Phone Number _____ Fax Number(required) _____
Dates of Employment _____ to _____
Job Description _____
Reason for leaving _____

Name of Company and Address: _____
Subjected to FMCSRs? yes or no _____
Phone Number _____ Fax Number(required) _____
Dates of Employment _____ to _____
Job Description _____
Reason for leaving _____

If you need additional space to list past employers, please list them on the back of this form.

Emergency contact: _____
Name Phone Number Relationship to this person

This certifies that this 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. I also give DeLullo Trucking Corp. permission to check my past employment including drug/alcohol records and request an MVDR to check my driving record in the last 3 yrs.

Applicant's Signature

Date

INQUIRY TO PAST EMPLOYERS

FROM:

DeLullo Trucking Corp.

1022 DeLaum Road
P.O. Box 497
St. Marys, PA 15857
Tel: 814-834-1464
Fax: 814-834-9588



TO:

Personnel Manager: The person named below has applied to this company for employment. Your company is listed by the applicant as a past employer. Kindly reply to this inquire within 14 days.

Name of Applicant: _____ SS#: _____
Job applied for: _____ Dates of Employment: _____

Sincerely, Renee D. Sullivan, Safety Director

Is employment record with your company correct as stated above? _____ If not, list correct dates _____
What type of work did he/she do while employed by your company? _____
If employed as a driver, specify equipment driven: _____
Did he/she have custody of money or valuables? _____ Were accounts properly kept? _____

Number of Accidents _____

List any and all vehicle accidents in the previous three(3) years:

Date of Accident: _____ Location of Accident: _____ Preventable/Non Preventable _____
Description of Accident: _____
Number of Fatalities _____ Number of Injuries _____ Number of Vehicles Towed _____ Hazmat/Fuel Spill _____

Date of Accident: _____ Location of Accident: _____ Preventable/Non Preventable _____
Description of Accident: _____
Number of Fatalities _____ Number of Injuries _____ Number of Vehicles Towed _____ Hazmat/Fuel Spill _____
Please list any additional accident information: _____

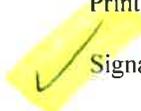
To your knowledge was his/her license ever suspended or revoked? _____
Please list the state the applicant's license was issued from while in your employment. _____
Reason for Leaving: Discharged _____ Laid off _____ Resigned _____
Was his/her general conduct satisfactory? _____ Would you re-employ this person? _____
Any problems with the following: paperwork, logs, directions, dispatch etc.? _____
Drug and Alcohol testing information for the last three years: Any positives or Refusals: _____

Additional Comment? _____

Signature and Title of Person Supplying Information: _____
You are hereby authorized to give DeLullo Trucking Corp. all information regarding my character, conduct and services while I was employed with your company. You are release from all liability which may result from such information.

Print Name: _____

Signature: _____ Date: _____



DeLullo Trucking Corp.

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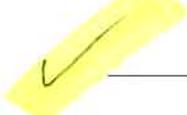


REQUEST FOR PAST TEST RESULTS FOR PAST THREE (3) YEARS

Applicants Name Social Security Number Date

In accordance with Department of Transportation Regulations 49 CFR Part 382.43(b), 391.23(a)(2) and at the request of DeLullo Trucking Corp. the following information is being provided by _____ regarding DOT drug and alcohol tests. On the above named applicant while he/she was in your employ.

I hereby authorize the above listed company to release to DeLullo Trucking Corp. all information concerning all my alcohol tests with a concentration result of .04 or greater. Any positive controlled substance test results and refusals to be tested in the last three (3) years.



Signature of Applicant Print Name Date

Please complete the following information requested:

_____ **No Positive Drug Test or refusal to be tested---last three years**

Positive Drug Test Results during the last three (3) Years

Date of Test _____ ___ Positive ___ Refusal to be tested
Date of Test _____ ___ Positive ___ Refusal to be tested
Date of Test _____ ___ Positive ___ Refusal to be tested

_____ **No Positive Alcohol Test or refusal to be tested ---last three years**

Positive Alcohol Tests Results(.04 BAC or Greater) during the past three (3) years.

Date of Test _____ ___ Positive ___ Refusal to be tested
Date of Test _____ ___ Positive ___ Refusal to be tested
Date of Test _____ ___ Positive ___ Refusal to be tested

PLEASE COMPLETE THIS FORM AND RETURN TO FAX 814-834-9588 OR IN THE SELF ADDRESSED STAMPED ENVELOPE THAT IS PROVIDED.

DeLullo Trucking Corp.
WOODBED CORP

1022 DeLaum Road
P.O. Box 497
St. Marys, PA 15857
Tel: 814-834-1464
Fax: 814-834-9588



DATE: _____

I, _____ GIVE DELULLO TRUCKING
CORP PERMISSION TO REQUEST AN MDVR ON MY LICENSE.
TO BE INCLUDED AND REVIEWED WITH MY APPLICATION FOR
EMPLOYMENT.

 SIGNED ACKNOWLEDGEMENT: _____

DATE: _____

RENEE SULLIVAN, SAFETY DIRECTOR _____

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In connection with your application for employment with DeLullo Trucking Corp ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize DeLullo Trucking Corp ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

 Date: _____

 _____
Signature

 _____
Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 12/22/2015
