



**MID-ATLANTIC
TRANSPORT**

19 Ironside Court, Willingboro, NJ 08046
Office 609-614-1192 • www.midatlantictrans.com

DRIVER'S APPLICATION FOR EMPLOYMENT

(Answer all questions – please print)

In compliance with Federal equal employment opportunities laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status or non-job related disability.

Position(s) Applied For:

Name:

LAST

FIRST

MIDDLE

Phone #: _____

Cell Phone #: _____

E-mail: _____

List addresses for past 5 years beginning with most recent: (Attach another sheet if necessary)

Address:

and STREET

CITY

STATE

ZIP CODE

FROM (YR) – TO (YR) _____

Address:

and STREET

CITY

STATE

ZIP CODE

FROM (YR) – TO (YR) _____

Exposition Dream Co.



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Do you have the legal right to work in the United States?

Y[]

N[]

Date of Birth: / /
 Month Day Year

Can you provide proof of age? _____ (Required for Commercial Drivers)

Are you now employed?

Y[]

N[]

If not, how long since leaving last employment _____

Who referred you? _____

Rate of Pay Expected: _____

Is there any reason you might be unable to perform the functions of the job you have applied for?

Y[]

N[]

If yes, please explain:

Expansive Trans Co's



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DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, etc.)	DATES		APPROX # OF MILES (Total)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR - TWO TRAILERS				
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS:

SHOW SPECIAL COURSES OR TRAINING TAKEN 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:

TO BE READ AND SIGNED BY APPLICANT

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 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, healthcare 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 further understand that I am required to abide by all rules and regulations of the company.

Date

Signature

Experienced Driver 1/13

EMPLOYMENT HISTORY

Give a **COMPLETE RECORD** of all employment for the past ten (10) years, including any unemployment or self employment periods. **NOTE:** Add another sheet if necessary. All information must be filled out.

Present or Last Employer

From (Mo/Yr) _____ To (Mo/Yr) _____

Company Name _____

Position Held _____

Address _____

Reason for leaving _____

Company phone () _____

Were you subject to the FMCSRs while employed here? _____ Yes _____ No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?

_____ Yes _____ No

Second Last Employer

From (Mo/Yr) _____ To (Mo/Yr) _____

Company Name _____

Position Held _____

Expansion from U's



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Address _____

Reason for leaving _____

Company phone () _____

Were you subject to the FMCSRs while employed here? _____ Yes _____ No

Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?

_____ Yes _____ No

Third Last Employer

From (Mo/Yr) _____ To (Mo/Yr) _____

Company Name _____

Position Held _____

Address _____

Reason for leaving _____

Company phone () _____

Were you subject to the FMCSRs while employed here? _____ Yes _____ No

Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?

_____ Yes _____ No

Expenses from 1/2



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MAY WE CONTACT THE EMPLOYERS LISTED ABOVE?

Y []

N []

IF NO, INDICATE WHICH ONE(S) YOU DO NOT WISH US TO CONTACT AND STATE
REASON BELOW.

**EMPLOYEE AUTHORIZATION:
REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER**

I hereby authorize you to release the following information to Mid-Atlantic Transportation for purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

APPLICANT'S NAME: _____

SSN: _____

APPLICANT'S SIGNATURE: _____

DATE: _____

Experiences From Us

TRAFFIC VIOLATION REPORT

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier below. If the driver has not been convicted of, or forfeited bond or collateral on account of, any violation which must be listed he/she shall so certify. (Section 391.27)

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

Date of Conviction	Offense	Location	Type of Vehicle Operated

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

(Driver's License No.)	(Expiration Date)
(Date of certification)	(Drivers signature)
(Reviewed by: Signature)	(Title)

Exposition from 1/2



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Previous Employer Three Year Release of Information Form
CONFIDENTIAL WHEN COMPLETED

To be Completed by Employee

I, (name of applicant print clearly) _____
hereby authorize and request that the below listed companies, it's MRO release a copy of my
drug and or alcohol test results and program participation information to the following company
(previous 3 years):

My date of hire with this company will be: _____

Prospective Employer's Name: Mid-Atlantic Transportation **Contact:** Jen Lettieri
Fax: 609-531-2953

Previous Employers: (Print Clearly with Black Ink.)

Faxed	Company Name	Contact Name	Month, Year Left	Phone Number	Fax Number

I hereby acknowledge and agree that I shall hold all parties harmless in all ways for any
consequences arising from the release, interpretation, or misuse of the information released as
a result of this request.

Signature of Applicant: _____

Date: _____

Exposition from 1/3

EMPLOYEE THREE YEAR HISTORY DISCLOSURE

As required by the USDOT and Mid-Atlantic Transportation Logistics Corporation's company practices, please indicate if you have tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you have applied for but did not obtain safety-sensitive transportation work covered by DOT in the past three years.

STATEMENT OF COMPLIANCE

I, _____, have not tested positive or refused any pre-employment
Print Driver's Name

drug or alcohol test for a position I have applied but did not obtain a safety-sensitive position covered by DOT, as described above, in the past two years.

Signature of Driver

Date

STATEMENT OF NON-COMPLIANCE

I, _____, have tested positive or refused any pre-employment drug or
Print Driver's Name

alcohol test for a position I have applied but did not obtain a safety-sensitive position covered by DOT, as described above, in the past three years. I understand that I must comply with the USDOT regulations in order to qualify to drive a commercial motor vehicle in the USA as well as comply with Mid-Atlantic Transportation's policy in order to work in any safety-sensitive position for the company.

Signature of Driver

Date

Expansion from US



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MOTOR VEHICLE RECORD/ MVR AUTHORIZATION FOR RELEASE OF INFORMATION

As standard procedure, and required by our auto insurance and liability carriers, all individuals who will drive a company owned, leased or rental vehicle, or who will drive on behalf of Mid Atlantic Transportation Logistics Corp, must show proof of a valid drivers license and an acceptable driving record.

In order to obtain your motor vehicle record information, we request that you complete and sign this Authorization for Release of Information Form. This information is considered confidential and will be treated as such. The information obtained within your motor vehicle record is limited to our insurance agent(s) and will not be shared with other entities.

- Thank you.

Driver's Name: _____

Date of Birth _____

State and County of License Issued:

Drivers License Number: (please print clearly)

(Note: please include a copy of your drivers license)

Home Address:

Phone Number: _____

E-mail _____

I certify that the information presented above is true and correct to the best of my knowledge. I authorize Mid-Atlantic Transportation Logistics Corp. and its agent(s) to obtain my Motor Vehicle / Driving Record information for the purpose of determining eligibility for driving on behalf of Mid Atlantic in conjunction with employment duties and/or for approval to drive a Mid Atlantic leased, owned or rented vehicle. This information shall remain on file and shall serve as ongoing authorization for any future MVR screens.

Signature: _____ **Date** _____

Exposition Drive 1/3



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REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to Mid-Atlantic Transportation Logistics Corporation for purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

Name: _____

1. In accordance with the provisions of Section 604 and Section 607 of the Fair Credit Reporting Act, Public Law No. 91-508, I hereby certify that the information below will be used for a "permissible purpose" as defined in the Act and that the information received will not be used for any other purpose.
2. I further certify that if the applicant named below is denied employment based on the information received, I will identify the source of the report in accordance Section 615(a) of the Fair Credit Reporting Act.

Signature: _____

Date: _____

Exposition Trans U's

PRE-EMPLOYMENT URINALYSIS NOTIFICATION

The Federal Motor Carrier Safety Regulations (Section 391.103 – Pre-Employment Testing Requirements) apply to driver applicants of Mid-Atlantic Transportation Logistics Corporation.

391.103 Pre-Employment Testing Requirements:

- a) A motor carrier shall require a driver-applicant who the motor carrier intends to hire or use to be tested for the use of controlled substances as a prequalification condition.
- b) A driver-applicant shall submit to controlled substance testing as a prequalification condition.
- c) Prior to collection of a urine sample under this subpart, a driver-applicant shall be notified that the sample will be tested for the presence of controlled substances.

As a condition of my employment, I agree to the urine sample collection and controlled substance testing.

I understand a positive test for controlled substances based on the urinalysis test will medically disqualify me from the operation of a commercial motor vehicle for Mid-Atlantic Transportation Logistics Corporation.

The Medical Review Officer maintains the results of the urinalysis test. Negative and positive results will be reported to the company.

My written authorization is required for the urinalysis test results to be given to other parties. I have and understand the above conditions for the Pre-Employment Urinalysis Notification.

Applicant's Name:

Signature:

Date: _____

T. [Signature]



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DISCLOSURE AND AUTHORIZATION REGARDING BACKGROUND INVESTIGATION FOR EMPLOYMENT PURPOSES

Disclosure

Mid-Atlantic Transport Logistics Corp. (the "Company") may request from a consumer reporting agency and for employment-related purposes, a "consumer report(s)" (commonly known as "background reports") containing background information about you in connection with your employment, or application for employment, or engagement for services (including independent contractor or volunteer assignments, as applicable).

HireRight, LLC ("HireRight") will prepare or assemble the background reports for the Company. HireRight is located and can be contacted at 3349 Michelson Drive, Suite 150, Irvine, CA 92612. (800) 400-2761. www.hireright.com.

The background report(s) may contain information concerning your character, general reputation, personal characteristics, mode of living, or credit standing. The types of background information that may be obtained include, but are not limited to: criminal history; litigation history; motor vehicle record and accident history; social security number verification; address and alias history; credit history; verification of your education, employment and earnings history; professional licensing, credential and certification checks; drug/alcohol testing results and history; military service; and other information.

Authorization

I hereby authorize Company to obtain the consumer reports described above about me.

Applicant Name _____

Applicant Signature _____

Date _____

Experience Drives Us

HireRight

DAC Trucking

TRUCKING INDUSTRY: DOT D/A Disclosure and Authorization

Send to Fax# (800) 257-8069

HireRight Customer:

Company Name: MID-ATLANTIC TRANSPORT

Company Contact Name: Joanne Bautz

Fax #: (609) 531-2953

HireRight Account Code: 411301

PART I - DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES - 49 CFR PART 391.23, DOT DRUG AND ALCOHOL TESTING

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to HireRight for the purpose of HireRight transmitting such records to the HireRight customer listed above. I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous **three (3) years**: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes HireRight with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to HireRight, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous **three (3) years**; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous **three (3) years**.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous **three (3) years**. If necessary, attach additional pages, including the date, your name, social security number and signature.

Previous DOT-Regulated Employer	City	State	Phone Number
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I disclosure and authorization for release as well as the attached FMCSA Notification of Driver Rights and any applicable state law notices; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original.

Print Applicant Name: _____ Social Security #: _____

Applicant Signature: _____ Date: _____

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

The below individual has made application to the prospective employer named below
He/she has stated that they were previously employed by your company.

We appreciate you completing the following information in confidence, thank you

SECTION 1: To Be Completed by Prospective Employee

I, (Print Name) _____ / _____ / _____

First, Middle, Last

Social Security #

Date of Birth

Previous Employer: _____ Telephone: _____

Street: _____ Fax/Email: _____

City, State, Zip: _____

Authorize release and forwarding of the information requested by section 3 of this document concerning my Alcohol
Controlled Substance Testing records within the previous 3 years from _____

(Date of employment application)

Prospective Employer: _____ **Mid-Atlantic Transport**

Street: _____ **19 Ironside Court**

City, State, Zip: _____ **Willingboro, NJ 08046**

Fax: _____ **609-531-2953**

Attn: **Geri Koss**

Phone #: **609-479-7084**

Email: **gerik@midatlantictrans.com**

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, letter, or email.

Applicant's Signature: _____ **Date:** _____

SECTION 2: To Be Completed by Previous Employer

ACCIDENT HISTORY

The applicant named above was employed by us Yes _____ No _____

Employed from (m/y) _____ to (m/y) _____

Did he/she drive motor vehicles for you? Yes _____ No _____ - If yes, what type?

Straight _____ Tractor Trailer _____

Other (Specify) _____

Reason for employee leaving: Discharge _____ Resignation _____ Lay Off _____ Military Duty _____ Other _____

If other, explain: _____

If there is no safety performance history to report, check here. _____ Sign below and return.

Accidents: Complete the following for any accidents included on your accident register (390.15 (b)) that involved the
applicant in the years prior to the application date shown above, or check here _____ if there is no accident register data
for this driver.

Date	Location	No of Injuries	No. of Fatalities	Hazmat Spill
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Please provide information concerning any other accidents involving the applicant that were reported to government
agencies or reported or retained under internal company policies: _____

Signature: _____ **Title:** _____ **Date:** _____