



Employment Application

For Commercial Drivers

514 Main St. SW
Gainesville, Ga 30501

Applicant Name _____ Date ____/____/____
Last, First, Middle month day year

Waste Eliminator is committed to providing equal opportunity in all employment practices, including but not limited to selection, hiring, promotion, transfer, and compensation to all qualified applicants and employees without regard to age, race, color, national origin, sex, religion, handicap or disability, genetic information, citizenship status, service member status, or any other category protected by federal, state, or local law.

For Company Use

Status of Employment: ☐ Accepted ☐ Rejected (summary of reasons should be placed in file)

Department: ☐ Roll-Off ☐ Tractor Trailer ☐ M.R.F. ☐ Maintenance ☐ Office ☐ Other _____

Distance ____ / 10 Operation Evaluation ____ / 10 Gut ____ / 10 Experience ____ / 10 Total ____ / 40

Drug Test _____ Int. Test _____ PSP _____ Clearinghouse _____

Notes: _____

Date of Hire (start date) ____/____/____ Pay \$____ per ____ Termination Date ____/____/____

Signature of Interviewing Officer _____



Applicant to Complete

Answer all questions. Please print.

Full Name _____ Date ____/____/____
Last, First, Middle month day year

Social Security Number ____-____-____ Date of Birth ____/____/____
month day year

Phone ____-____-____ E-mail _____

Driver's License Number _____ Class ____ State _____ Expiration ____/____/____
month day year

Current Address _____
Number, Street City State Zip

FMCSA requires a Commercial Driver applicant to provide the addresses where he/she resided in the last 3 years of today's date. If needed, please provide more addresses on another sheet of paper attached to this application.

Previous Address _____
Number and Street City State Zip

Previous Address _____
Number and Street City State Zip

Are you currently employed? ☐ Yes Company _____

☐ No Date of last employment ____/____/____
month day year

Have you applied for work with this company before? ☐ Yes Date ____/____/____ ☐ No
month year

Who referred you to Waste Eliminator? _____ Smoker? ☐ Yes ☐ No

Do you have any pending court cases for a traffic violation? ☐ Yes (explain on separate sheet of paper) ☐ No

Has the job description been fully explained to you? ☐ Yes ☐ No Years of experience _____

Employment desired ☐ Full time and / or ☐ Part time Date available to start _____

How many hours are you available weekly? ____ Are you available to work Saturdays occasionally? ☐ Yes ☐ No

Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years? ☐ Yes ☐ No

Have you ever had denial, revocation, or suspension of any license, permit, or privilege to operate a motor vehicle?

☐ Yes (explain on separate sheet of paper) ☐ No



Employment History

Provide 7 years information for previous employers. Continue on separate sheet if necessary. Providing an accurate e-mail or fax for the safety or H/R department will speed up the decision to hire. List the most recent first.

Employer Name _____	Dates Employed: From ____/____/____ To ____/____/____ <small>month year month year</small>
Address _____ City _____ State _____ Zip _____	
Position / Title _____ Pay rate \$ _____ per _____	
Supervisor _____ Phone number _____	
Safety or H/R Contact _____ Fax or email _____	
Reason for leaving _____	
Were you subject to the FMCSRs* while employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer Name _____	Dates Employed: From ____/____/____ To ____/____/____ <small>month year month year</small>
Address _____ City _____ State _____ Zip _____	
Position / Title _____ Pay rate \$ _____ per _____	
Supervisor _____ Phone number _____	
Safety or H/R Contact _____ Fax or email _____	
Reason for leaving _____	
Were you subject to the FMCSRs* while employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer Name _____	Dates Employed: From ____/____/____ To ____/____/____ <small>month year month year</small>
Address _____ City _____ State _____ Zip _____	
Position / Title _____ Pay rate \$ _____ per _____	
Supervisor _____ Phone number _____	
Safety or H/R Contact _____ Fax or email _____	
Reason for leaving _____	
Were you subject to the FMCSRs* while employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	

* Applies 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 driver), or (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.



Employment History (Continued)

Employer Name _____	Dates Employed: From ____/____/____ To ____/____/____ <small>month year month year</small>
Address _____ City _____ State _____ Zip _____	
Position / Title _____	Pay rate \$ _____ per _____
Supervisor _____	Phone number _____
Safety or H/R Contact _____	Fax or email _____
Reason for leaving _____	
Were you subject to the FMCSRs* while employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer Name _____	Dates Employed: From ____/____/____ To ____/____/____ <small>month year month year</small>
Address _____ City _____ State _____ Zip _____	
Position / Title _____	Pay rate \$ _____ per _____
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Safety or H/R Contact _____	Fax or email _____
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Address _____ City _____ State _____ Zip _____	
Position / Title _____	Pay rate \$ _____ per _____
Supervisor _____	Phone number _____
Safety or H/R Contact _____	Fax or email _____
Reason for leaving _____	
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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? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Applicant to Complete

Answer all questions. Please print.

Please list all motor vehicle accidents in which you were involved, professional, personal, at-fault, and not at-fault, for the last 3 years. Continue on separate sheet of paper if necessary.

Date	Nature of Accident	# of Fatalities	# of Injuries

List all violations of motor vehicle laws or ordinances (other than violations involving only parking) of which you were convicted or forfeited bond or collateral during the last 3 years. Continue on separate sheet of paper if necessary.

Date	Charge	Location	Penalty

List all unexpired commercial driver licenses held in the last 3 years. Continue on separate sheet of paper if necessary.

State	Drivers License Number	Expiration Date

Driving Experience:

Type of Equipment	Years of Experience	Estimated number of miles	Other notes
Roll Off Truck			
Other Straight Truck			
Tractor with dump trailer			
Tractor with tipper trailer			
Tractor with walking floor			
Other tractor and semi-trailer			
Other -			
Other -			
Other -			

My signature below 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.

Signature

Date

Pre-Employment Drug Testing Consent and Release Form

I hereby consent to submit to specimen tests as shall be determined by Waste Eliminator, Inc. in the selection process of applicants for employment, for the purpose of determining the drug content thereof.

I agree that Waste Eliminator, Inc. may collect these specimens for these tests and may test them or forward them to a testing laboratory designated by the company for analysis.

I further agree to and hereby authorize the release of the results of said tests to the company.

I understand that it is the current use of illegal drugs that would prohibit me from being employed at this company.

I further agree to hold harmless the company and its agents (including the above named physician or clinic) from any liability arising in whole or part, out of the collection of specimens, testing, and use of the information from said testing in connection with the company's consideration of my application of employment.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

Print Name

Signature

Date

DRIVER'S RIGHTS PERTAINING TO RELEASE OF DRIVER INFORMATION UNDER REGULATION 391.23

Motor carriers have the responsibility to make the following investigations and inquiries with respect to each driver employed, other than a person who has been a regularly employed driver of the motor carrier for a continuous period which began before January 1, 1971:

1. An inquiry into the driver's driving record during the preceding three years to the appropriate agency of every State in which the driver held a motor vehicle operator's license or permit during those three years;
2. An investigation of the driver's employment record during the preceding three years;
3. A copy of the driver record(s) obtained in response to the inquiry or inquiries to each State driver record agency as required must be placed in the Driver Qualification File within 30 days of the date the driver's employment begins and be retained in compliance with 391.51;
4. Replies to the investigations of the driver's safety performance history must be placed in the Driver Investigation History File within 30 days of the date the driver's employment begins. This goes into effect after October 29, 2004;
5. Prospective motor carrier must investigate the information from all previous employers of the applicant that employed the driver to operate a CMV within the previous three years. This information must cover general driver identification and employment verification information, data elements as specified in 390.15 for accident involving the driver that occurred in the three-year period preceding the date of the employment application, and any accidents the previous employer may wish to provide;
6. Prospective motor carrier must investigate the information from all previous DOT regulated employers that employed the driver within the previous three years from the date of the employment application in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40.

Drivers have the following rights:

1. The right to review information provided by previous employers;
2. The right to have errors in the information corrected by, the previous employer and for that previous employer to re-send the corrected information to the prospective employer;
3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Drivers who wish to review previous employer-provided investigative information must submit a written request to the prospective employer when applying or as late as 30 days after employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five business days of receiving the written request. If the driver has not arranged to pick up or receive the requested records within 30 days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Drivers wishing to request correction of erroneous information in records must send the request for the correction to the previous employer that provided the records. After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer or notify the driver within 15 days of receiving the driver's request to correct the data that it does not agree to correct the data. Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instruction to include the rebuttal in the driver's Safety Performance History.

I acknowledge that I have read and understand the contents of this document

Print Name

Signature

Date

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

In connection with your application for employment with Waste Eliminator, 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 Waste Eliminator, Inc. 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.

Print Name

Signature

Date

FCRA Authorization to Obtain a Consumer Report (Background/Credit Check)

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize Waste Eliminator, Inc. and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.

I, _____, authorize the complete release of these records or data pertaining to me that an individual, company, firm, corporation or public agency may have. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish Waste Eliminator, Inc. or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's rights will be provided to me.

I am allowing Waste Eliminator, Inc. to access a 7 year MVR (motor vehicle record) as part of the application process and then annually after hire.

Date of Birth: _____

Georgia Driver's License #: _____

Signature

Date

Release of Information Form -- 49 CFR Part 40 Drug and Alcohol Testing"

Employee Printed or Typed Name: _____

Employee SS (last 4) or ID Number: _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employers, listed in the employment application to Waste Eliminator, Inc. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.
7. Any other information allowed under 49 CFR 391.23 such as accident history.

Signature

Date



FMCSA Clearinghouse

Drug and Alcohol Consent for Limited Queries

NOTICE TO DRIVER: The Commercial Driver's License (CDL) Drug & Alcohol Clearinghouse is a federal database containing information about CDL drivers who have violated the Federal Motor Carrier Safety Administration's (FMCSA's) drug or alcohol regulations in 49 CFR Part 382. Whether you have committed such a violation or not, each motor carrier for whom you drive is required to check whether the Clearinghouse has any information about you, both at the time of hire and annually. When conducting an annual inquiry, the motor carrier has the option to request a "limited" report that only indicates whether the Clearinghouse has any information about you. Before a motor carrier may request a limited report, they must have your written authorization, per S382.701 (b). This authorization may be valid for more than one year. If a limited query ever reveals that the Clearinghouse has information about you, you will be required to log in to the Clearinghouse website within 24 hours to grant electronic consent for the motor carrier to obtain your full Clearinghouse record.

5Clearinghouse has information about the driver identified below. If it does, then you must obtain a full Clearinghouse record within 24 hours, per 5382.701 (b). This consent form must be retained until 3 years after the date of the last limited query you perform for this driver, based on the authorization below.

AUTHORIZATION

I, _____, hereby authorize Waste Eliminator, LLC
(Driver's printed name)

to conduct limited annual queries of the FMCSA's Drug & Alcohol Clearinghouse, to determine if a Clearinghouse record exists for me. This consent is valid from the date shown below until my employment with the above-named motor carrier ceases or until I am no longer subject to the drug and alcohol testing rules in 49 CFR Part 382 for the above-named motor carrier.

I understand that if any limited query reveals that the Clearinghouse contains information about me, I must grant electronic consent within 24 hours, via the Clearinghouse website, for the motor carrier to obtain my full Clearinghouse record. Refusal to provide such consent will result in my removal from safety sensitive duties.

Signature

Date