



MBG Enterprises Service Inc.
7457 Shipley Ave Harmans
MD 21077

Commercial Driver Application

Date: _____

Name (Print) First _____ Middle _____ Last _____

Home Address _____ Home Phone _____

City _____ State _____ Zip _____ Cell Phone _____

Date of Birth _____ Social Security Number _____ - _____ - _____

Please list all addresses from the past three years.

1 Address _____

City _____ State _____ Zip _____

Dates from _____ to _____

2 Address _____

City _____ State _____ Zip _____

Dates from _____ to _____

3 Address _____

City _____ State _____ Zip _____

Dates from _____ to _____

Please provide driver's license information for all licenses held in the past three years.

State _____ Number _____ Expiration Date _____

State _____ Number _____ Expiration Date _____

State _____ Number _____ Expiration Date _____

Experience:

_____ to _____
Type of vehicle driven Date Approximate miles driven

_____ to _____
Type of vehicle driven Date Approximate miles driven

_____ to _____
Type of vehicle driven Date Approximate miles driven

Please list all accidents in the past three years. If none, write NONE.

Date _____ Describe _____ Fatalities ____ Injuries ____

Date _____ Describe _____ Fatalities ____ Injuries ____

Date _____ Describe _____ Fatalities ____ Injuries ____

Date _____ Describe _____ Fatalities ____ Injuries ____

Please list all traffic violation convictions in the past three years. If none, write NONE.

Date _____ Violation _____ State _____ CMV: Yes / No

Date _____ Violation _____ State _____ CMV: Yes / No

Date _____ Violation _____ State _____ CMV: Yes / No

Date _____ Violation _____ State _____ CMV: Yes / No

Date _____ Violation _____ State _____ CMV: Yes / No

Date _____ Violation _____ State _____ CMV: Yes / No

Date _____ Violation _____ State _____ CMV: Yes / No

Date _____ Violation _____ State _____ CMV: Yes / No

Have you ever had a driver's license denied, suspended, revoked or canceled by any issuing agency?

_____ Yes _____ No If yes, list state of issuance and explanation: _____

Please list your employment history for last 10 years. Account for gaps in employment.

1. Employer _____ Dates: _____ to _____
Address _____ Supervisor _____
City _____ State _____ Zip _____ Telephone _____

Were you subject to FMCSA Regulations during this period? Yes / No

Were you subject to 49 CFR Part 40 controlled substance/alcohol testing during this period? Yes / No

Reason for leaving: _____

2. Employer _____ Dates: _____ to _____
Address _____ Supervisor _____
City _____ State _____ Zip _____ Telephone _____

Were you subject to FMCSA regulations during this period? Yes / No

Were you subject to 49 CFR Part 40 controlled substance/alcohol testing during this period? Yes / No

Reason for leaving: _____

3. Employer _____ Dates: _____ to _____
Address _____ Supervisor _____
City _____ State _____ Zip _____ Telephone _____

Were you subject to FMCSA regulations during this period? Yes / No

Were you subject to 49 CFR Part 40 controlled substance/alcohol testing during this period? Yes / No

Reason for leaving: _____

USE BACKSIDE OF SHEET FOR ADDITIONAL EMPLOYERS

For driver applicants of commercial motor vehicles that require a Commercial Driver's License (CDL) the applicant must disclose their controlled substance and alcohol status per the requirements of Federal DOT.

As a prospective driver employee, you have the right to review information provided by previous employers. You have the right to have errors in the information corrected by the previous employer(s) and for that previous employer(s) to re-send the information, if the previous employer and the driver cannot agree on the accuracy of the information.

Driver employees who have previous Department of Transportation (DOT) regulated employment history in the preceding three years, and wish to review the information provided by the previous employer(s), must submit a written request to the prospective employer. This may be done at any time, including when applying for the position, up to thirty days after being employed or when 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 prospective employer has not yet received the requested information from the previous employer(s), then the five business day deadlines will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived their request to review the records.

Certification

I certify 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.

Applicant's Signature

Date Signed

This section to be completed by the employer.

Application received by:

Application reviewed for completeness by:

Name

Name:

Title

Date

Title

Date

For Office Use

Date of hire

Time & date of pre-employment CST

Time & date of pre-employment CST results received

Date first used in safety sensitive position

Date of termination

Appendix E- Controlled Substance and Alcohol Questionnaire

Date: _____

Name (Print) First _____ Middle _____ Last _____

Home Address _____ Home Phone _____

City _____ State _____ Zip _____ Cell Phone _____

Date of Birth _____ Social Security Number _____ - _____ - _____

Have you ever 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
If Yes -	Have you successfully completed the return-to-duty process?	Yes	No
If Yes -	Documentation MUST BE PROVIDED before any safety-sensitive transportation function is performed.		

Applicant's Signature

Date Signed

To be completed by the employer

Application received by:

Application reviewed for completeness by:

 Name

 Name

 Title Date

 Title Date

Appendix F – Inquiry to Previous Employers

The Federal Motor Carrier Safety Regulations require all previous employers of this applicant to respond to this request for information within 30 days. Failure to comply with this request is in violation, for which you may be prosecuted. Questions concerning the requirements of this regulation should be directed to the MD Division Office of the Federal Motor Carrier Safety Administration during business hours.

TO: _____
Former Employer's Name _____ **Date** _____

_____ **Mailing Address** _____ **City / State / Zip** _____

_____ **Telephone #** _____ **Fax #** _____

I, _____, hereby authorize _____ to release all records of employment, including assessments of my job performance, ability and fitness, including the dates of any and all alcohol or drug tests, with confirmed results, and/or my refusal to submit to any alcohol and drug tests and any rehabilitation completion under direction of a substance abuse professional (SAP) and/or medical review officer (MRO) to each and every company (or their authorized agents) making such request in connection with my application for employment with said company. I, hereby, release the above named company, and its employees, officers, directors and agents from any and all liability of any type as a result of providing the following information to the below mentioned person and/or company.

Applicant's Signature _____ Date _____

Witness's Signature _____ Date _____

REQUEST FROM

Company MBG Refuse Service Inc.

Address/City/State/Zip 7457 Shipley Ave Harmans MD 21077

Telephone # 410-766-3621

Contact Person & Title Dartonja Looney Human Resources

NAME OF APPLICANT: _____ SSN _____ - _____ - _____

JOB APPLYING FOR: _____

INQUIRY INTO EMPLOYMENT HISTORY – PAST THREE YEARS

- Did applicant work for you from ____ / ____ / ____ to ____ / ____ / ____ as a _____ YES / NO; If NO, please explain: _____
- If employed as a driver, please choose the position that best describes applicant’s employment:
Company Driver ____ Owner/Operator ____ Other ____
Type of truck(s) and/or truck/tractor(s) operated: _____
Commodities transported: _____ Area of operation: _____
- Accidents? YES / NO If YES, please give date(s) and brief description of each accident:

- Why did this employee leave your company? _____

- Would you re-employ this person? YES / NO If NO, please explain: _____

- Additional comments: _____

INQUIRY FOR ALCOHOL/CONTROLLED SUBSTANCES INFORMATION – PRECEDING 3 YEARS

- Alcohol tests with a result of 0.04 or greater? YES / NO If YES, give date(s): _____
- Verified positive controlled substances test results? YES / NO If YES, give date(s): _____
- Refusals to be tested? YES / NO If YES, give date(s): _____
- Was rehabilitation completed as required? YES / NO If YES, give date(s): _____

Person providing the above information:

Name: _____ Title: _____

Company: _____ Date: _____

Appendix G – Inquiry to State Agencies

Driver's Name

Driver's CDL #

Driver's SSN

Dear _____

The above listed individual has applied for employment with us as a commercial motor vehicle driver. The applicant has indicated that the above numbered operator's license or permit has been issued by your state to the applicant and that it is in good standing.

In accordance with Section 391.23(a)(1) and (b) of the Federal Motor Carrier Safety Regulations, we are required to make inquiry into the driving record during the preceding three years of every state in which an applicant has held a motor vehicle operator's license or permit during those three years. Therefore, please provide the individual's driving record for the past three years, or state that no record exists if that be the case.

In the event that this inquiry does not satisfy your requirements for making such a request, please send us the necessary items for us to complete our inquiry into the driving record of this individual.

Respectfully yours,

(Printed) Name of person making inquiry

Title of person making inquiry

Company Name

Street

City

State

Zip

Appendix H – Annual Motor Vehicle Driver’s Certificate of Violations

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	Offense	Location (City/State)	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 Signature

Date

ANNUAL REVIEW OF DRIVING RECORD

I certify that I have carefully reviewed the driving record of _____ to determine whether or not he or she meets the minimum requirements for safe driving specified in this program or is disqualified to drive a M.B.G. Refuse Service Inc. commercial motor vehicle.

In reviewing this driver’s record, I certify that I have considered any evidence that the driver has violated any company rules or applicable regulations. I have considered the driver’s accident record and any evidence that the driver has violated laws governing the operations of motor vehicles. I have given great weight to violations that indicate that the driver has exhibited a disregard of the safety of the public and company policies, such as speeding, reckless driving, and operating while under the influence or alcohol or drugs.

A copy of the response from each state agency inquired is attached. This form shall be maintained in the driver’s qualification file.

Reviewer Name

Review Date

Title

Reviewed By Signature

Appendix L - Commercial Fleet Safety Program Acknowledgement

I acknowledge that I have received a written copy of the Commercial Fleet Safety Program, that I fully understand the content and terms contained herein. I agree to abide by these terms, and I am willing to accept the consequences up to and including termination for failing to follow this program.

Employee Signature

Date

Employee Name (printed)

Appendix N – FMCSA Pre-Employment Screening Authorization

M.B.G. Refuse Service Inc.

7457 Shipley Ave

Harmans, MD 21077

In accordance with the Federal Privacy Act, the Fair Credit Reporting Act and other applicable federal laws, you are being informed that a Federal Motor Carrier Safety Administration's Pre-Employment Screening Program (PSP) report will be obtained on you for employment purposes.

I acknowledge the receipt of the above disclosure and authorize the above named company to obtain a (PSP) report on me for employment purposes. The authorization is ongoing in the event such a report is needed in the future.

Drivers Name: _____

Driver's Current License Number: _____

License State: _____ Date of Birth: _____

Applicant's Signature: _____ Date: _____

Appendix O – Fair Credit Reporting Act Disclosure Statement

M.B.G. Refuse Service Inc.

7457 Shipley Ave

Harmans, MD 21077

In accordance with 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 a consumer report may be obtained on you for employment purposes.

I acknowledge the receipt of the above disclosure and authorize the above named company to obtain a consumer report on me for employment purposes. The authorization is ongoing in the event such a report is needed in the future.

Drivers Name: _____

Driver's Social Security Number: _____

Applicant's Signature _____ Date: _____

Appendix P – Criminal Background Check Disclosure Statement

In connection with your employment application or your actual employment, M.B.G. Refuse Service Inc. may obtain a criminal background report about you for employment purposes. The information contained in such criminal background reports may be used by M.B.G. Refuse Service Inc. for employment purposes, such as hiring you. If you are hired by the company, the information in a criminal background report and/or investigative criminal background report may be used for other employment purposes, such as promotion, retention and termination.

A criminal background report may contain the following types of information about you: criminal history including felony filings, misdemeanor filings, and motor vehicle records, general reputation, personal characteristics, or mode of living that is compiled through the use of personal interviews with references, employers, neighbors, friends, associates, etc. You have a right to request disclosure of the nature and scope of the reports.

If M.B.G. Refuse Service Inc. obtains a criminal background report about you, and if the company considers any information when making an employment decision that directly and adversely affects you, you will be provided with a copy of the applicable reports before the decision is finalized.

I authorize M.B.G. Refuse Service Inc. to obtain criminal background reports and/or investigative criminal background reports for the pre-employment background investigation, and, if I am hired, at any time during my employment. I understand that these reports might include, but are not limited to, a search of my criminal background, reference checks, driving record checks, and verification of my identification and Social Security Number. I agree that this disclosure/authorization, in original or copy form, is valid for all current and future criminal background reports.

I understand that M.B.G. Refuse Service Inc. may use such criminal background reports for employment purposes, including, but not limited to, hiring, promotion, retention, and termination.

Driver's Name: _____

Other Names Used (i.e. Maiden, Alias) _____

Social Security Number: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____