

APPLICATION FOR EMPLOYMENT
“An Equal Opportunity Employer” M/F/D/V



This Company complies with all applicable federal and state laws prohibiting discrimination in hiring or employment on the basis of race, color, religion, sex, age, national origin, disability, sexual orientation, veteran status or any other characteristic protected by law. No question on this application is intended to secure information to be used for such discrimination.

We are a drug free workplace and applicants will be subject to a medical examination, drug test, and background evaluation. An offer of employment will be conditional based on the successful outcome of the above.

This application will receive active consideration for ninety (90) days. If you have not heard from the Company within ninety days and wish to receive further consideration for employment, it will be necessary to complete another application form. This form must be filled out completely.

Position: _____ Date: _____

Name: _____
Last First Middle I. Email:

Address: _____
Number Street City State Zip

Home Phone #: _____ Cell Phone #: _____

Were you referred to FMT by one of our employees? Yes No Name of Employee: _____

If at the above address less than three years, list below all residences during the past three years:

Number Street City State Zip

Number Street City State Zip

Number Street City State Zip

EDUCATION

Circle highest grade completed: 7 8 9 10 11 12

College: 1 2 3 4

GENERAL

Have you ever been bonded? ____ Yes ____ No If yes, name of bonding company _____

Have you ever been convicted of a crime? Yes No (A conviction will not necessarily bar you from employment. Each conviction will be judged on its own circumstances).

If yes, indicate the date(s), nature and place of each offense and disposition of the case. If you answer yes, you will not automatically be disqualified from consideration.

<u>Date</u>	<u>Nature</u>	<u>Place</u>	<u>Disposition</u>

Are you legally eligible for employment in the United States now and in the future? Yes No (if yes, proof of identity and eligibility will be required upon employment)

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EACH PRIOR EMPLOYER DURING THE PAST 10 YEARS:

(list most recent position first)

DATES	NAME AND ADDRESS OF EMPLOYER	JOB TITLE AND DUTIES	TYPE OF TRAILER AND NUMBER OF STATES	REASON FOR LEAVING
FROM:				
TO:	TELEPHONE:	SUPERVISOR:		MAY WE CONTACT THIS EMPLOYER: ____ Yes ____ No
FROM:				
TO:	TELEPHONE:	SUPERVISOR:		MAY WE CONTACT THIS EMPLOYER: ____ Yes ____ No
FROM:				
TO:	TELEPHONE:	SUPERVISOR:		MAY WE CONTACT THIS EMPLOYER: ____ Yes ____ No
FROM:				
TO:	TELEPHONE:	SUPERVISOR:		MAY WE CONTACT THIS EMPLOYER: ____ Yes ____ No
FROM:				
TO:	TELEPHONE:	SUPERVISOR:		MAY WE CONTACT THIS EMPLOYER: ____ Yes ____ No

DRIVING RECORD/EXPERIENCE

VEHICLE DRIVER'S LICENSES

List ALL drivers licenses/permits held in the past, starting with the most current.

<u>State</u>	<u>License Number</u>	<u>Type</u>	<u>Expiration Date</u>

- Endorsements:
1. Combination vehicles over 26,000 lbs. Yes No
 2. Hazardous material Yes No
 3. Air brakes Yes No

NATURE AND EXTENT OF EXPERIENCE

<u>Type</u>	<u>Trailer Length</u>	<u>Dates</u>		<u>Approximate No. of Miles</u>	<u>State Operated</u>
		<u>From</u>	<u>To</u>		
Tractor with flatbed	_____	_____	_____	_____	_____
Tractor with van	_____	_____	_____	_____	_____
Tractor with reefer	_____	_____	_____	_____	_____
Tractor with tank	_____	_____	_____	_____	_____
Straight truck	_____	_____	_____	_____	_____
Other (specify)	_____	_____	_____	_____	_____
Other (specify)	_____	_____	_____	_____	_____

Show special courses or training that will help you as a driver:

Which safe driver awards do you hold and from whom?

TRAFFIC CONVICTIONS/FORFEITURES

List ALL vehicle moving traffic convictions and forfeitures for the past three years.

(IF NONE, WRITE NONE)

<u>Date</u>	<u>Location (State)</u>	<u>Charge</u>	<u>Penalty</u>

ACCIDENT RECORD

List ALL accidents/incidents with vehicles for the past three years, include preventable and non-preventable, whether or not on MVR whether your fault or not.

(IF NONE, WRITE NONE)

<u>Date</u>	<u>Type of Vehicle</u>	<u>Nature of Accident (head on, rear end, upset, etc.)</u>	<u>Indicate Preventable or Non-Preventable</u>	<u>Fatalities Yes or No</u>	<u>Injuries Yes or No</u>	<u>Property Damage in Dollars</u>

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
- B. Have you ever had any license, permit or privilege suspended or revoked? Yes No
- C. Have you ever been convicted for driving while under the influence of alcohol or drugs? Yes No
- D. Have you ever been convicted for possession, sale or use of a narcotic drug, amphetamine, or derivative thereof? Yes No
- E. Have you ever been refused liability insurance? Yes No
- F. Have you ever been convicted of a felony? Yes No
- G. Have you ever been convicted of a misdemeanor? Yes No
- H. Have you ever been disqualified to drive by federal regulations? Yes No
- I. Have you ever been refused a security bond? Yes No

If answer to any question is yes, state details, circumstances and date (attach additional sheets if necessary).

AGREEMENT AND CERTIFICATION

I hereby authorize FERROUS METAL TRANSFER to make investigations of my person, employment and other related matters as may be necessary at arriving at an employment decision or verifying the information related to my application. I have been told that this investigation may include an Investigative Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I understand that before a final offer of employment is made I will be required, and I agree to undergo, testing for the illegal use of drugs and/or alcohol. I understand that a confirmed positive test result will disqualify me from employment by FERROUS METAL TRANSFER

I also understand and agree that the Company has the right to modify, amend, or terminate policies, procedures, rules, and benefit plans in its discretion and/or a manner consistent with requirements imposed by law.

If I am employed by FERROUS METAL TRANSFER, I understand that my employment is at-will and for no definite period of time. Either FERROUS METAL TRANSFER or I may terminate my employment at any time, with or without reason and with or without notice. I further understand that my employment is at-will regardless of any statement made by an employee or agent of FERROUS METAL TRANSFER or in any policy, program, practice, handbook, or any other written or oral materials of the company. I further understand that I should not rely upon any oral or written statement, policy, practice, program or handbook to my detriment. I understand that no employee or agent of FERROUS METAL TRANSFER has any authority to make any agreements with me concerning the duration of my employment.

My signature below constitutes full acceptance of this employment application in its entirety and certifies that all the information provided herein is true and correct to the best of my knowledge.

Applicant's Name (Please Print)

Signature of Applicant

Date

Date of Birth

Social Security #

PRE-EMPLOYMENT CONTROLLED SUBSTANCES
TESTING CONSENT FORM

The Controlled Substance and Alcohol Use and Testing Regulations, Section 382.301, apply to driver-applicants of FERROUS METAL TRANSFER CO. I understand that pursuant to these regulations, I must successfully complete testing for controlled substances prior to performing any safety-sensitive functions.

As a condition of my employment, I agree to the urine sample, collection and controlled substance testing. I understand that a positive test for controlled substances will disqualify me from the operation of a commercial motor vehicle for this company. I authorize the testing laboratory to release my test results and related medical information to designated representatives of FERROUS METAL TRANSFER CO. and/or the outside reviewing agents chosen by FERROUS METAL TRANSFER CO.

I understand that the Medical Review Officer will maintain the results of the controlled substances test, and that the results will be reported to the company. Should there be a positive test result, I understand that the Medical Review Officer may ask me to provide, and I agree to provide, information about any non-prescription and prescription drugs that I routinely take or have taken within the last thirty (30) days. I further understand that any communications I may have the collection site personnel, testing labors or Medical Review Officer is not meant to create or imply any form of doctor/patient relationship.

Applicant's Name (Please Print)

Signature of Applicant

Date

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to FERROUS METAL TRANSFER CO. 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 (Please Print)

Signature of Applicant

Date

PLEASE READ THE LANGUAGE BELOW CAREFULLY, SHOULD YOU HAVE ANY QUESTIONS REGARDING THIS LANGUAGE, PLEASE SEEK ASSISTANCE PRIOR TO SIGNING THIS DOCUMENT.

I certify that the information contained in this application is true, accurate and complete. I understand that falsification of this Application in any detail may result in disqualification from further consideration, or, if hired, immediate dismissal without notice from employment. As a condition of employment, I understand the Company reserves the privilege to thoroughly investigate and verify all information contained in this Application, including but not limited to contacting any of the aforementioned employers, supervisors and references.

I agree to conform to the rules and regulations of the Company, and I understand that my employment and compensation can be terminated, with or without cause, at any time, at the option of either the Company or myself. I further understand that no personnel recruiter or interviewer or other representative of the Company, other than its President or Vice President in an agreement signed by all parties, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

Signature of Applicant: _____

Today's Date: _____

By clicking the box below, I authorize Ferrous Metal Transfer and/or their Agents to do a complete background investigation as required by the D.O.T. including DAC inquiry, drug and alcohol results and accidents. I authorize previous employers to provide any information requested by Ferrous Metal Transfer and/or their Agents and release them from all liability for providing said information.

I authorize Ferrous Metal Transfer to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and 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 Ferrous Metal Transfer in making a determination regarding my suitability to operate a vehicle leased to Ferrous Metal Transfer.

This certifies that this application was completed by me, and all entries on it and information in it are true and complete to the best of my knowledge.

I have read and agree with the above information.

