



**IROQUOIS**  
MATERIALS · TRUCKING · CONSTRUCTION SERVICES

## **PAGE REVIEW FOR APPLICATION**

- 1. Application: You must complete all sections highlighted.**
2. Direct Deposit is voluntary if you wish to enroll **(please provide a copy of a voided check to avoid issues)**
3. Payroll Deductions: Must complete so we can take out union dues
4. Voluntary Self Identification: Please complete as it will help us to complete our forms for the projects you are working on in the future.
5. Emergency Contacts: You must complete this section in case of an emergency.
6. Background Investigation Consent Form: Please complete
7. IT-2104: Complete as highlighted
8. W-4: Complete as highlighted
9. Form I-9: Complete as highlighted and present ID as listed in sections A or B and C

If any information is not completed or handed in, it may delay your paycheck.

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## APPLICATION FOR EMPLOYMENT

This application is for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of non-job related medical condition or handicap or any other legally protected status.

### PERSONAL INFORMATION

Date: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street City State Zip

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

If hired can you furnish proof that you are either a U.S. citizen or a non-citizen entitled to work in the United States? Y  N

Are you under 18 years of age now? Y  N

### EMPLOYMENT DESIRED

Position Applied for \_\_\_\_\_ Date Available \_\_\_\_\_

Are you employed now? Y  N  If so, may we contact your present employer? Y  N  Salary Desired \_\_\_\_\_

Type of employment you are seeking: Full Time  Part Time  Temporary  If temporary from \_\_\_\_\_ to \_\_\_\_\_

### EDUCATION HISTORY

	Name and Location of School	Circle Last Year Completed	Did You Graduate?	Subjects Studied and Degree(s) Received
High School		1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Trade, Business or Correspondence School		1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>	
College		1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Do you have your OSHA 10-Hour labor card? Yes  No

Do you have your OSHA 30-Hour labor card? Yes  No

Are you a member of a union? Yes  No  If yes what is the union name? \_\_\_\_\_

Do you have a driver's license? Yes  No  If yes what class? \_\_\_\_\_

Skill level: Journeyman Yes  No  Apprentice Yes  No  If Apprentice, what level (circle one)? 1 2 3 4



## APPLICATION FOR EMPLOYMENT

### FORMER EMPLOYERS

*List Below Last Three Employers, Starting with Most Recent*

Date Month and Year	Name, Address and Telephone # of Employer	Last Pay Rate	Position	Immediate Supervisor	Reason for Leaving
From					
To					
From					
To					
From					
To					

### REFERENCES

*Give Below the Name of Three Persons Not Related to You, Whom You Have Known at Least One Year*

Name	Address	Business	Telephone

I voluntarily give Iroquois Bar Corp./Oneida Trucking the right to make inquiry of my past employment and activities and to release from all liability and/or responsibility all persons, companies, or corporations supplying such information. I agree to abide by all rules and policies of the Company and I further understand that any direct and/or implied misrepresentation by me on this application or supplemental information will be sufficient grounds for disciplinary actions and/or possible charges. If employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the company or me, I further understand that no representation, whether oral or written by any representative or agent of the Company, at any time, can constitute a contract of employment. I understand that the Company and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the company, has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the president, or to make any agreement contrary to the foregoing.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# IROQUOIS

MATERIALS · TRUCKING · CONSTRUCTION SERVICES

## APPLICATION FOR EMPLOYMENT

### AUTHORIZATION FOR PAYROLL DEDUCTIONS

Date \_\_\_\_\_

Employee Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_ I understand that I am eligible for benefits under the Group Medical Plan provided by Iroquois Bar Corp. Further, I realize that I am eligible to request coverage at a later date. **Right now I am declining coverage under such Plan and waive all claims to benefits.**

\_\_\_\_\_ I hereby authorize Iroquois Bar Corp. to deduct from my paycheck each pay period the following benefits:

- Union Dues
- Life Insurance
- Other \_\_\_\_\_
- Medical Insurance
- Dental Insurance
- Vision Insurance
- Flexible Spending Account

\_\_\_\_\_ I understand that any premiums I am obliged to pay for health care coverage for myself and/or my dependents will be deducted from my pay on a BEFORE TAX basis unless I direct otherwise

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature



## APPLICATION FOR EMPLOYMENT

### AUTHORIZATION FOR DIRECT DEPOSIT

**Employee Name** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_ **Date of Request** \_\_\_\_\_

\_\_\_\_\_ I do not wish to participate in the direct deposit program at this time.

\_\_\_\_\_ I hereby authorize Iroquois Bar Corp. to direct deposit my payroll to the following account(s) and/or make the following changes to my existing account(s):

Check one:      Add _____      Change _____      Cancel _____
1) Bank Name: _____
Checking _____      Savings _____
Account Number _____      ACH Routing Number _____
Amount to be deposited:
Full Check _____      Balance of Check _____      \$ _____

Check one:      Add _____      Change _____      Cancel _____
2) Bank Name: _____
Checking _____      Savings _____
Account Number _____      ACH Routing Number _____
Amount to be deposited:
Full Check _____      Balance of Check _____      \$ _____

**Attach voided check(s), if checking account(s). Attached pre-printed deposit slip(s) with 9-digit routing number, if savings account(s). It may take two full pay periods before the direct deposit begins.**

I fully understand that once the deposit(s) has been initiated, all regular payroll processing will result in net payroll amounts being deposited directly into the account(s) indicated above. The deposits will normally take place for availability of funds on the morning of the payday. I understand that occasionally, due to bank holidays, deposits may be unavailable until the next banking day.

In the event that a processing error causes me to receive direct deposit for more than my proper pay amount, I authorize Iroquois Bar Corp. to withdraw the excess amount from my account without advanced notice, additional consent, or further approval.

**Note: Management of your bank account is your personal responsibility. Iroquois Bar Corp. assumes no responsibility for overdrawn accounts due to delay in processing. Employees should always first check their account balances to validate deposit information prior to withdrawals.**

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**Iroquois Bar Corp. DBA Oneida Trucking**  
**Emergency Sheet**

**Date:** \_\_\_\_\_

**Employee:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Gender:** Male          Female    (Circle one)

**Race:** \_\_\_\_\_

**Marital Status:**      Single          Married          Divorced

**Military Veteran:**    Yes              No      (Circle one)

**Emergency Contact #1**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Emergency Contact #2**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_



**Notice and Acknowledgement of Pay Rate and Payday  
Under Section 195.1 of the New York State Labor Law  
Notice for Hourly Rate Employees**

**1. Employer Information**

Name:

Doing Business As (DBA) Name(s):

FEIN (optional):

Physical Address:

Mailing Address:

Phone:

**3. Employee's rate of pay:**

\$ \_\_\_\_\_ per hour

**4. Allowances taken:**

- None
- Tips \_\_\_\_\_ per hour
- Meals \_\_\_\_\_ per meal
- Lodging \_\_\_\_\_
- Other \_\_\_\_\_

**5. Regular payday:** \_\_\_\_\_

**6. Pay is:**

- Weekly
- Bi-weekly
- Other

**7. Overtime Pay Rate:**

\$ \_\_\_\_\_ per hour (This must be at least 1½ times the worker's regular rate with few exceptions.)

**8. Employee Acknowledgement:**

On this day I have been notified of my pay rate, overtime rate (if eligible), allowances, and designated pay day on the date given below. I told my employer what my primary language is.

**Check one:**

- I have been given this pay notice in English because it is my primary language.
- My primary language is \_\_\_\_\_. I have been given this pay notice in English only, because the Department of Labor does not yet offer a pay notice form in my primary language.

\_\_\_\_\_  
Print Employee Name

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Preparer's Name and Title

**2. Notice given:**

- At hiring
- Before a change in pay rate(s), allowances claimed or payday

**The employee must receive a signed copy of this form. The employer must keep the original for 6 years.**



**Voluntary Self-Identification**  
**(Confidential – For Statistical Use ONLY)**

We are an equal opportunity employer and do not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, sexual orientation or any other classification protected by federal, state or local law. The information below will be used only in the compilation of data for affirmative action reporting.

Completion of this data is voluntary and will not affect your opportunity for employment or terms or conditions of employment, if hired. Identification can be declared at any time prior to or, if applicable, after hire. Please return this page with your application.

**PLEASE COMPLETE IN FULL:**

Date: \_\_\_\_\_

Position applied for: \_\_\_\_\_

Name: \_\_\_\_\_

Social Security # \_\_\_\_\_

Sex: (Circle appropriate response)    Male    Female

Date of Birth: \_\_\_\_\_

Applicant's Zip code: \_\_\_\_\_

**RACE/ETHNICITY:**

(Please check one of the descriptions below corresponding to the ethnic group with which you most identify.)

\_\_\_ **Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

\_\_\_ **White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

\_\_\_ **Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.

\_\_\_ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islanders.

\_\_\_ **Asian ( Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including (for example) Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

\_\_\_ **American Indian or Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

\_\_\_ **Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races.

\_\_\_ **Race missing or unknown** – Applies to Applicants only, where a resume or application that is screened is received without any racial or ethnic identification and no further contact is made with the applicant.

**VETERAN STATUS:**

(Please check on if it describes your veteran status.\*)

\_\_\_ **SPECIAL DISABLED VETERAN:** Means (A) a veteran who is entitled to compensation (or who, but for the receipt of military retired pay, would be entitled to compensation) under laws administered by the Department of Veteran Affairs for a disability rated at 10 or 20 percent in the case of a veteran who has been determined to have a serious employment disability or (B) a person who was discharged or released from active duty because of a service-connected disability.

\_\_\_ **VIETNAM ERA VETERAN:** A Vietnam Era Veteran is a person who (1) Served on Active Duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released with other than a dishonorable discharge; (2) was discharged or released from active duty for a service connected disability if any part of such active duty was performed between August 5, 1964, and May 7, 1975; or (3) served on active duty for more than 180 days and served in the Republic of Vietnam between February 28, 1961, and May 7, 1975.

\*Veteran status may only be requested after a job offer is made.

**Personal and Confidential**

**This page contains sensitive information, store in secure  
“Affirmative Action Forms” files, separately from Personnel records.**

## Employee's Withholding Certificate

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**  
▶ **Give Form W-4 to your employer.**  
▶ **Your withholding is subject to review by the IRS.**

# 2021

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ <b>Does your name match the name on your social security card?</b> If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> <b>Single</b> or <b>Married filing separately</b> <input type="checkbox"/> <b>Married filing jointly</b> or <b>Qualifying widow(er)</b> <input type="checkbox"/> <b>Head of household</b> (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App), and privacy.

**Step 2: Multiple Jobs or Spouse Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . . ▶

**TIP:** To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

<b>Step 3:</b> <b>Claim Dependents</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):  Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____  Multiply the number of other dependents by \$500 . . . . . ▶ \$ _____  Add the amounts above and enter the total here . . . . . <b>3</b> \$ _____		
<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$ _____
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b>	\$ _____
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$ _____

<b>Step 5:</b> <b>Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	▶ _____ ▶		
	<b>Employee's signature</b> (This form is not valid unless you sign it.)	<b>Date</b>	

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)
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# Employee's Withholding Allowance Certificate

New York State • New York City • Yonkers

# IT-2104

First name and middle initial	Last name	Your Social Security number
Permanent home address (number and street or rural route)		Apartment number
City, village, or post office		State
		ZIP code
Single or Head of household <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher single rate <input type="checkbox"/> <b>Note:</b> If married but legally separated, mark an <b>X</b> in the <i>Single or Head of household</i> box.		
Are you a resident of New York City? ..... Yes <input type="checkbox"/> No <input type="checkbox"/> Are you a resident of Yonkers? ..... Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>Complete the worksheet on page 4 before making any entries.</b>		
1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 19) .....		<b>1</b>
2 Total number of allowances for New York City (from line 31) .....		<b>2</b>
<b>Use lines 3, 4, and 5 below to have additional withholding per pay period under special agreement with your employer.</b>		
3 New York State amount .....		<b>3</b>
4 New York City amount .....		<b>4</b>
5 Yonkers amount .....		<b>5</b>

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

Employee's signature	Date
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**Penalty** – A penalty of \$500 may be imposed for any false statement you make that decreases the amount of money you have withheld from your wages. You may also be subject to criminal penalties.

**Employee: detach this page and give it to your employer; keep a copy for your records.**

**Employer: Keep this certificate with your records.**

Mark an **X** in box A and/or box B to indicate why you are sending a copy of this form to New York State (see instructions):

A Employee claimed more than 14 exemption allowances for NYS ..... A

B Employee is a new hire or a rehire ... B  First date employee performed services for pay (mm-dd-yyyy) (see instr.):

Are dependent health insurance benefits available for this employee? ..... Yes  No

If Yes, enter the date the employee qualifies (mm-dd-yyyy):

Employer's name and address (Employer: complete this section only if you are sending a copy of this form to the NYS Tax Department.)	Employer identification number
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## Instructions

### Changes effective for 2021

Form IT-2104 has been revised for tax year 2021. The worksheet on page 4 and the charts beginning on page 5, used to compute withholding allowances or to enter an additional dollar amount on line(s) 3, 4, or 5, have been revised. If you previously filed a Form IT-2104 and used the worksheet or charts, you should complete a new 2021 Form IT-2104 and give it to your employer.

### Who should file this form

This certificate, Form IT-2104, is completed by an employee and given to the employer to instruct the employer how much New York State (and New York City and Yonkers) tax to withhold from the employee's pay. The more allowances claimed, the lower the amount of tax withheld.

If the federal Form W-4 you most recently submitted to your employer was for tax year 2019 or earlier, and you did not file Form IT-2104, your employer may use the same number of allowances you claimed on your federal Form W-4. Due to differences in federal and New York State tax law, this may result in the wrong amount of tax withheld for New York State, New York City, and Yonkers.

For tax years 2020 or later, withholding allowances are no longer reported on federal Form W-4. Therefore, if you submit a federal Form W-4 to your

employer for tax year 2020 or later, and you do not file Form IT-2104, your employer may use zero as your number of allowances. This may result in the wrong amount of tax withheld for New York State, New York City, and Yonkers.

Complete Form IT-2104 each year and file it with your employer if the number of allowances you may claim is different from federal Form W-4 or has changed. Common reasons for completing a new Form IT-2104 each year include the following:

- You started a new job.
- You are no longer a dependent.
- Your individual circumstances may have changed (for example, you were married or have an additional child).
- You moved into or out of NYC or Yonkers.
- You itemize your deductions on your personal income tax return.
- You claim allowances for New York State credits.
- You owed tax or received a large refund when you filed your personal income tax return for the past year.
- Your wages have increased and you expect to earn \$107,650 or more during the tax year.



**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's E-mail Address		Employee's Telephone Number	
	□□□□	- □□	- □□□□			

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions)	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
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**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	ZIP Code

STOP *Employer Completes Next Page* STOP



**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

**Section 2. Employer or Authorized Representative Review and Verification**

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

**Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.**

**The employee's first day of employment (mm/dd/yyyy):** \_\_\_\_\_ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

**Section 3. Reverification and Rehires** *(To be completed and signed by employer or authorized representative.)*

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

**C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.**

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.**

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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# IROQUOIS

CONSTRUCTION SERVICES

**COMMERCIAL DRIVER APPLICATION**

**Company:** Iroquois Bar Corp.  
155 Commerce Dr.  
Lackawanna, NY 14218  
(716) 270-0433

**APPLICANT INFORMATION**

**DATE** \_\_\_\_\_ **Driver Position applying for:**    Dump            Mixer  
**NAME** \_\_\_\_\_  
**PHONE** (    ) \_\_\_\_\_ **EMERGENCY PHONE** (    ) \_\_\_\_\_  
**AGE** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_ **SS#** \_\_\_\_\_

*(The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.)*

PHYSICAL EXAM EXPIRATION DATE \_\_\_\_\_

**CURRENT & PREVIOUS THREE YEARS ADDRESSES:**

\_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_  
\_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_  
\_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

HAVE YOU WORKED FOR THIS COMPANY BEFORE? \_\_\_\_\_ Yes    \_\_\_\_\_ No  
If yes, give dates: From \_\_\_\_\_ To \_\_\_\_\_  
Reason for leaving? \_\_\_\_\_

**EDUCATION HISTORY:**

Please circle the highest grade completed:

Grade school: 1 2 3 4 5 6 7 8 9 10 11 12  
College: 1 2 3 4            Post Graduate: 1 2 3 4

**EMPLOYMENT HISTORY:**

Give a COMPLETE RECORD of all employment for the past three (3) years, including any unemployment or self employment periods, and all commercial driving experience for the past ten (10) years.



Mo/Yr                      Mo/Yr                      Present or Last Employer  
 From \_\_\_\_\_ To \_\_\_\_\_ 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

Mo/Yr                      Mo/Yr                      Present or Last Employer  
 From \_\_\_\_\_ To \_\_\_\_\_ 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

Mo/Yr                      Mo/Yr                      Present or Last Employer  
 From \_\_\_\_\_ To \_\_\_\_\_ 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

Mo/Yr                      Mo/Yr                      Present or Last Employer  
 From \_\_\_\_\_ To \_\_\_\_\_ 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

Mo/Yr                      Mo/Yr                      Present or Last Employer  
 From \_\_\_\_\_ To \_\_\_\_\_ 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

Mo/Yr \_\_\_\_\_ Mo/Yr \_\_\_\_\_ Present or Last Employer \_\_\_\_\_  
 From \_\_\_\_\_ To \_\_\_\_\_ 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

Mo/Yr \_\_\_\_\_ Mo/Yr \_\_\_\_\_ Present or Last Employer \_\_\_\_\_  
 From \_\_\_\_\_ To \_\_\_\_\_ 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

*(Attach additional sheets for 10-year history, if needed.)*

**DRIVING EXPERIENCE**

Class of Equipment	From	To	Approximate Number of Miles
Straight Truck			
Tractor & Semi-trailer			
Tractor & two trailers			
Tractor & triple trailers			
Other			



List states operated in, for the last five (5) years: \_\_\_\_\_

List special courses/training completed (PTD/DDC, HAZMAT, ETC) \_\_\_\_\_

List any Safe Driving Awards you hold and from whom: \_\_\_\_\_

**Accident Record for past three (3) years: (attach sheet if more space is needed):**

Date of Accident	Nature of Accidents (Head on, rear end, etc)	Location of Accident	# of Fatalities	# of People Injured

**Traffic Convictions and Forfeitures for the last three (3) years (other than parking violations):**

Date	Location	Charge	Penalty

**Driver's License (list each driver's license held in the past three(3) years):**

State	License	Type	Endorsements	Expiration Date

Have you ever been denied a license, permit or privilege to operate a motor vehicle?  Yes  No

Has any license, permit or privilege ever been suspended or revoked?  Yes  No

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)?  Yes  No

Have you ever been convicted of a felony?  Yes  No

If the answers to any questions listed above are "yes", give details \_\_\_\_\_



### Job References

List three (3) persons for references, other than family members, who have knowledge of your safety habits.

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_



**To Be Read and Signed by Applicant:**

*It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.*

*It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to obtain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and person named herein from all liability for any damages on account of his furnishing such information.*

*It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.*

*I agree to furnish such additional information and complete such examinations as may be required to complete my application file.*

*It is agreed and understood that this Application in no way obligates the motor carrier to employ or hire the applicant.*

*It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.*

*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.*

**Applicant**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



**Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:**

**Employee Name:** \_\_\_\_\_

**Employee SS or ID #:** \_\_\_\_\_

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in *Section I-B*, to the employer listed in *Section I-A*. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in *Section II-A* 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.

I have NOT worked in a DOT safety-sensitive position for a DOT regulated company in the past 3 years

I have tested positive, or refused to test, on a DOT pre-employment drug or alcohol test for an employer who did not hire me in the past 3 years. Please specify the company for which this occurred. \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**I-A.**

**New Employer:** Iroquois Bar Corporation  
**Phone #:** 716-270-0433 **Fax #:** 716-824-5313

**Address:** 155 Commerce Dr. Lackawanna, NY 14218  
**Employee Rep:** Denver Persinger

**I-B.**

**Previous Employer:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

\_\_\_\_\_ **Employee Rep (if known):** \_\_\_\_\_

\_\_\_\_\_

**Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:**

**II-A.** In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing:

1. Did the employee have alcohol tests with a result of 0.04 or higher? **YES** \_\_\_ **NO** \_\_\_
2. Did the employee have verified positive drug tests? **YES** \_\_\_ **NO** \_\_\_
3. Did the employee refuse to be tested? **YES** \_\_\_ **NO** \_\_\_
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? **YES** \_\_\_ **NO** \_\_\_
5. Did a previous employer report a drug and alcohol rule violation? **YES** \_\_\_ **NO** \_\_\_
6. If you answered "yes" to any of the above, did the employee complete the return-to-duty process? **N/A** \_\_\_ **YES** \_\_\_ **NO** \_\_\_

*NOTE:* If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

**II-B**

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**PART 5 - SLOWING AND STOPPING**

- Uses clutch and gears properly \_\_\_\_\_
- Gears down properly before descending hills \_\_\_\_\_
- Starts without rolling back \_\_\_\_\_
- Tests brakes before descending grades \_\_\_\_\_
- Uses brakes properly on grades \_\_\_\_\_
- Makes proper use of mirrors \_\_\_\_\_
- Plans stop far enough in advance to avoid hard braking \_\_\_\_\_
- Stops clear of crosswalks \_\_\_\_\_

**PART 6 - OPERATING IN TRAFFIC, PASSING AND TURNING**

- A. TURNING
  - Signals intention to turn well in advance \_\_\_\_\_
  - Gets into proper lane well in advance of turn \_\_\_\_\_
  - Checks traffic conditions and turns only when intersection is clear \_\_\_\_\_
  - Restricts traffic from passing on right when preparing to complete right hand turn \_\_\_\_\_
  - Completes turn promptly and safely and does not impede other traffic \_\_\_\_\_
- B. TRAFFIC SIGNS AND SIGNALS
  - Plans stop in advance and adjusts speed correctly \_\_\_\_\_
  - Obeys all traffic signals \_\_\_\_\_
  - Comes to a complete stop at all stop signs \_\_\_\_\_
- C. INTERSECTIONS
  - Yields right of way \_\_\_\_\_
  - Checks for cross traffic regardless of traffic controls \_\_\_\_\_
  - Enters all intersections prepared to stop if necessary \_\_\_\_\_
- D. GRADE CROSSINGS
  - Stops at a minimum 15 feet but not more than 50 feet before crossing if stop is necessary \_\_\_\_\_
  - Selects proper gear and does not shift gears while crossing \_\_\_\_\_
  - Knows and understands Federal and State rules governing grade crossings \_\_\_\_\_

- E. PASSING
  - Allows sufficient space ahead for passing \_\_\_\_\_
  - Passes only in safe locations \_\_\_\_\_
  - Signals changing lanes before and after passing \_\_\_\_\_
  - Warns driver ahead of his intention to pass \_\_\_\_\_
  - Passes with sufficient speed differential to minimize obstructing traffic \_\_\_\_\_
  - Returns to right lane promptly but only when safe to do so \_\_\_\_\_
- F. SPEED
  - Observes speed limits \_\_\_\_\_
  - Drives at speed consistent with ability \_\_\_\_\_
  - Adjusts speed properly to road, weather and traffic conditions \_\_\_\_\_
  - Slows down in advance of curves, danger zones and intersections \_\_\_\_\_
  - Maintains constant speed where possible \_\_\_\_\_
- G. COURTESY AND SAFETY
  - Yields right of way \_\_\_\_\_
  - Consistently strives to drive in safe manner \_\_\_\_\_
  - Allows faster traffic to pass \_\_\_\_\_
  - Uses horn only when necessary \_\_\_\_\_

**PART 7 - MISCELLANEOUS**

- A. GENERAL DRIVING ABILITY AND HABITS
  - Consistently alert and attentive \_\_\_\_\_
  - Consistently is aware of changing traffic conditions \_\_\_\_\_
  - Anticipates problems \_\_\_\_\_
  - Performs routine functions without taking eyes from road \_\_\_\_\_
  - Checks instruments regularly while driving \_\_\_\_\_
  - Personal appearance is professional \_\_\_\_\_
  - Remains calm under pressure \_\_\_\_\_
- B. USE OF SPECIAL EQUIPMENT (SPECIFY)
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_

REMARKS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

GENERAL PERFORMANCE: Satisfactory  Needs Training  Explain: \_\_\_\_\_

QUALIFIED FOR: Straight Truck  Tractor-Semitrailer  Twin Trailers  Other Combination  Special Equipment \_\_\_\_\_

(SPECIFY)

Date \_\_\_\_\_

SIGNATURE OF EXAMINER \_\_\_\_\_



## CERTIFICATION OF ROAD TEST

Driver's Name \_\_\_\_\_

\_\_\_\_\_  
(Social Security Number) (Operators or Chauffeurs License Number) (State)

Type of Power Unit \_\_\_\_\_ Type of Trailer(s) \_\_\_\_\_

If passenger carrier, type of bus \_\_\_\_\_

This is to certify that the above named driver was given a road test under my supervision on \_\_\_\_\_, 20\_\_\_\_ consisting of approximately \_\_\_\_\_ miles of driving.

It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

\_\_\_\_\_  
(Signature of Examiner) (Title)

\_\_\_\_\_  
(Organization and Address of Examiner)

## EQUIVALENT OF ROAD TEST FOR CDL DRIVERS

### **§391.33 Equivalent of road test.**

- a) In place of, and as equivalent to, the road test required by §391.31, a person who seeks to drive a motor vehicle may present, and a motor carrier may accept -
  - 1) A valid operator's license which has been issued to him by a State that licenses drivers to operate specific categories of motor vehicles and which, under the laws of that State, licenses him after successful completion of a road test in a motor vehicle of the type the motor carrier intends to assign to him; or
  - 2) A copy of a valid certificate of driver's road test issued to him pursuant to §391.31 within the preceding 3 years.
- b) If a driver presents, and a motor carrier accepts, a license or certificate as equivalent to the road test, the motor carrier shall retain a legible copy of the license or certificate in its files as part of the driver's qualification file.
- c) A motor carrier may require any person who presents a license or certificate as equivalent to the road test to take a road test or any other test of his driving skill as a condition to his employment as a driver.

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### **Consent to Collection of Biometric Information**

We use Samsara's hardware and software technology to manage our fleet and improve driver safety. Your images will be collected and stored by Iroquois Bar Corp. for purposes of assigning drivers to vehicles, trips, and harsh driving events in the Samsara Dashboard using the Camera ID feature. To enable this feature, Iroquois Bar Corp. will share your images with Samsara Networks Inc. to provide the facial recognition functionalities of the Samsara Dashboard using biometric information derived from those images. Your biometric information will be permanently deleted from systems used by Samsara within a reasonable time after your employment with the company ends, not to exceed three years from that date. More information about Camera ID may be found at Samsara's website: <https://www.samsara.com/support/privacy/special-features>.

By signing below, you consent to Iroquois Bar's collection, use, disclosure, and storage of your biometric information as described above.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**CERTIFIED MBE**

**IROQUOIS BAR CORP. · 155 COMMERCE DR. LACKAWANNA, NY 14218  
OFFICE: (716) 270-0433 · FAX: (716) 824-5313 · WWW.IROQUOISBAR.COM**

**IROQUOIS BAR CORP.  
155 COMMERCE DRIVE  
LACKAWANNA, NY 14218**

**BACKGROUND INVESTIGATION CONSENT**

I, \_\_\_\_\_, hereby authorize Iroquois Bar Corp and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, Motor Vehicle Reports (MVR), criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for employment now and, if applicable, during the tenure of my employment with Iroquois Bar Corp.

I release Iroquois Bar Corp and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name, and all information is true and correct to the best of my knowledge:

\_\_\_\_\_  
**Full Name (Printed)**

\_\_\_\_\_  
**Maiden Name or Other Names Used**

\_\_\_\_\_  
**Present Address** **How Long?**

\_\_\_\_\_  
**City / State** **Zip Code**

\_\_\_\_\_  
**Former Address** **How Long?**

\_\_\_\_\_  
**City / State** **Zip Code**

\_\_\_\_\_  
**\*Date of Birth**      **Social Security Number**      **Driver's Lic. Number**      **State of Lic.**

\_\_\_\_\_  
**Signature** **Date**

\*NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for employment. Iroquois Bar Corp is an Equal Opportunity Employer, and does not discriminate on the basis of Sex, Race, Religion, Age (40 and over), Handicap or National Origin.