

R&E Excavation, LLC
30 Prestbury Sq, Ste 311
Newark, DE 19713
302-750-5226

Driver Employment Application

An Equal Opportunity Employer

COMPLETE IN FULL OR IT WILL NOT BE CONSIDERED.

APPLICANT INFORMATION					
FIRST NAME		MIDDLE INITIAL		LAST NAME	
PHONE		EMAIL			
DOB		SSN			
DATE OF APP		POSITION		DATE AVAILABLE	

Do you have the legal right to work in the United States? ☐ Yes ☐ No

PREVIOUS THREE YEARS RESIDENCY					
<i>Attach addition sheet if more space is required.</i>					
	STREET	CITY	STATE	ZIP	# YEARS
CURRENT					
MAILING					
PREVIOUS					
PREVIOUS					
PREVIOUS					

LICENSE INFORMATION				
No person whom operates a commercial vehicle shall, at any time, have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; <i>attach additional sheets if required.</i>				
STATE	LICENSE #	TYPE/CLASS	ENDORSEMENTS	EXPIRATION
PREVIOUSLY HELD LICENSES				

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ACCIDENT RECORD FOR THE PAST 3 YEARS				
Attach additional sheet if more space is required. Check this box if none <input type="checkbox"/>				
DATES (RECENT FIRST)	NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.)	# FATALITIES	# INJURIES	CHEMICAL SPILL (Y/N)

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) 391.27			
Attach additional sheet if more space is required. Check this box if none <input type="checkbox"/>			
DATE CONVICTED (M/YEAR)	VIOLATION	STATE	PENALTY (Forfeited Bond, Collateral, Points)

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, explain:

Has any license, permit, or privilege ever been suspended or revoked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, explain:

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 last three years.

Driver's Signature		Date	
Motor Carrier's Name		Motor Carrier's Address	
Reviewed by: Signature		Title	

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EMPLOYMENT HISTORY

The federal Motor Carrier Safety Regulations (49 CFR 391.21) requires that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. ***In addition, if you have driven a commercial vehicle previously, you must provide employment history for an addition seven (7) years (for a total of ten (10) years). Any gaps in employment more than one (1) month must be explained.***

Start with the most recent or current position, including any military experience, and work back. ***Attach separate sheets if required.***

You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

MOST RECENT/CURRENT EMPLOYER

NAME				PHONE	
ADDRESS					
POSITION		FROM (M/YY)		TO (M/YY)	
REASON FOR LEAVING					
EXPLAIN ANY GAPS (M/YY) & REASON					
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode, subject to alcohol and controlled substances testing required by 49 CFR, part 40?				<input type="checkbox"/> Yes	<input type="checkbox"/> No

SECOND/MOST RECENT EMPLOYER

NAME				PHONE	
ADDRESS					
POSITION		FROM (M/YY)		TO (M/YY)	
REASON FOR LEAVING					
EXPLAIN ANY GAPS (M/YY) & REASON					
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode, subject to alcohol and controlled substances testing required by 49 CFR, part 40?				<input type="checkbox"/> Yes	<input type="checkbox"/> No

MOST RECENT/CURRENT EMPLOYER

NAME				PHONE	
ADDRESS					
POSITION		FROM (M/YY)		TO (M/YY)	
REASON FOR LEAVING					
EXPLAIN ANY GAPS (M/YY) & REASON					
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode, subject to alcohol and controlled substances testing required by 49 CFR, part 40?				<input type="checkbox"/> Yes	<input type="checkbox"/> No

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EDUCATION					
SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRADUATE?	
				Y	N
HIGH SCHOOL				<input type="checkbox"/>	<input type="checkbox"/>
COLLEGE				<input type="checkbox"/>	<input type="checkbox"/>
OTHER				<input type="checkbox"/>	<input type="checkbox"/>

OTHER QUALIFICATIONS
Please list any other qualifications that you have, which you believe should be considered:

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TO BE READ AND SIGNED BY APPLICANT

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers, and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the company.

I understand that the information I provide regarding my current and/or prior employers may be used, and those employer(s) will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23. I understand that I have the right to:

- Review information provided by current/prior employers;
- Have errors in the information corrected by previous employers, and for those previous employers to resend the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information if the previous employer(s) and I cannot agree on the accuracy of the information.

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

Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

Applicant Signature		Date	
Applicant Name (<i>printed</i>)			

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**GENERAL CONSENT FOR LIMITED QUERIES OF THE
FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION (FMCSA) DRUG AND ALCOHOL CLEARINGHOUSE**

I, _____, hereby provide consent to R&E Excavation, LLC to conduct limited queries of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse for the entirety of employment to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

I understand that if the limited query conducted by R&E Excavation, LLC indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to R&E Excavation, LLC without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for R&E Excavation, LLC to conduct a limited query of the Clearinghouse, R&E Excavation, LLC must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Driver Signature		Date	
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