



# EXPRESSWAY USA, INC.

300 MIDDLESEX AVE.

CARTERET, NJ. 07008

MAIN # (732)-541-1000 FAX # (732)-541-1275

D.O.H. \_\_\_\_\_

CO. # \_\_\_\_\_

OFFICE PERSONNEL ONLY

## DRIVER INFORMATION

(PRE-HIRE COVER PAGE)



NAME: \_\_\_\_\_



ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



CEL # \_\_\_\_\_



HOME # \_\_\_\_\_



DRIVERS LICENSE # \_\_\_\_\_



STATE LIC. TO: \_\_\_\_\_



S.S. # \_\_\_\_\_



D.O.B. \_\_\_\_\_

## EMERGENCY INFORMATION



NAME OF CONTACT: \_\_\_\_\_



PH # s \_\_\_\_\_



RELATIONSHIP: \_\_\_\_\_

ORIGINAL

# INQUIRY AUTHORIZATION FORM TO OBTAIN DRIVING RECORD (ABSTRACT)



DRIVER'S NAME \_\_\_\_\_



LICENSE # \_\_\_\_\_



SOCIAL SEC. # \_\_\_\_\_



DATE OF BIRTH \_\_\_\_\_

DEAR SIR:

THE ABOVE LISTED INDIVIDUAL HAS MADE APPLICATION WITH US FOR EMPLOYMENT AS A DRIVER. HE HAS INDICATED THAT THE ABOVE NUMBERED OPERATORS LICENSE OR PERMIT HAS BEEN ISSUED BY HIS STATE TO HIM AND THAT IT IS 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 PROCEEDING 3 YEARS OF EVERY STATE IN WHICH AN APPLICANT-DRIVER HAS HELD A MOTOR VEHICLE OPERATIONS LICENSE OR PERMIT DURING THOSE THREE YEARS.

THEREFORE, PLEASE CERTIFY TO US WHAT THE INDIVIDUAL'S DRIVING RECORD IS FOR THE PROCEEDING 3 YEARS, OR CERTIFY THAT NO DRIVING RECORD EXIST IF THAT BE THE CASE.

IN THE EVENT THAT THIS INQUIRY DOES NOT SATISFY YOUR REQUIREMENTS FOR MAKING SUCH INQUIRIES, PLEASE SEND US SUCH FORMS OF YOURS AS ARE NECESSARY FOR US TO COMPLETE OUR INQUIRY INTO THE DRIVING RECORD OF THIS INDIVIDUAL.

RESPECTFULLY YOURS,

\_\_\_\_\_  
SIGNATURE OF INDIVIDUAL MAKING INQUIRY

SAFETY DEPT.

\_\_\_\_\_  
TITLE

TO WHOM IT MAY CONCERN:

YOUR ARE AUTHORIZED TO GIVE TO THE MOTOR CARRIER LISTED BELOW ALL INFORMATION PERTAINING TO MY DRIVING RECORD AND YOU ARE RELEASED FROM ANY AND ALL LIABILITY WHICH MAY RESULT FROM FURNISHING SUCH INFORMATION.

**X**

\_\_\_\_\_  
SIGNATURE OF PERSON AUTHORIZING RELEASE OF DRIVING RECORD

EXPRESSWAY USA, INC.  
300 MIDDLESEX AVE.  
CARTERET, NJ. 07008

\_\_\_\_\_  
MOTOR CARRIER NAME

**ORIGINAL**

# DRIVER'S APPLICATION FOR EMPLOYMENT



APPLICANT NAME: \_\_\_\_\_  
(PRINT)

DATE OF  
APPLICATION \_\_\_\_\_

## EXPRESSWAY USA, INC.

300 MIDDLESEX AVE.  
CARTERET, NJ. 07008

MAIN # (732)-541-1000 FAX # (732)-541-1275

IN COMPLIANCE WITH FEDERAL AND STATE EQUAL OPPORTUNITY LAWS, QUALIFIED APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL STATUS, NON-JOB RELATED DISABILITY, OR ANY OTHER PROTECTED GROUP STATUS.

### TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.)

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 understand, also, that I am required to abide by all rules and regulations of The Company.

I understand that information I provide regarding current and or/previous 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 (d) and (e). I understand that I have the right to:

- \* Review information provided by previous employers:
- \* Have errors in the information corrected by previous employers and for those previous employers to re-send 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 accuracy of the information.

SIGNATURE **X** \_\_\_\_\_

DATE: \_\_\_\_\_

### OFFICE PERSONNEL ONLY

#### PROCESS RECORD

APPLICANT HIRED \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

DATE EMPLOYED \_\_\_\_\_

CLASSIFICATION \_\_\_\_\_

REJECTED \_\_\_\_\_

(IF REJECTED, A SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING OFFICER: **(X)** \_\_\_\_\_

### TERMINATION OF EMPLOYMENT

DATE TERMINATED \_\_\_\_\_

DEPARTMENT RELEASED FROM \_\_\_\_\_

DISMISSED \_\_\_\_\_

VOLUNTARILY QUIT \_\_\_\_\_

OTHER \_\_\_\_\_

TERMINATION REPORT PLACED IN FILE \_\_\_\_\_

SUPERVISOR \_\_\_\_\_

**ORIGINAL**

**APPLICANT TO COMPLETE**  
(Answer All Questions- Please Print Clearly)

✓ **POSITION (S) APPLIED FOR:** \_\_\_\_\_

✓ **Name:** \_\_\_\_\_ **Social Security #** \_\_\_\_\_

**Last**              **First**              **Middle**  
**List Your Addresses of Residency for the Past 3 Yrs.**

✓ **Current Address**  
      **Street** \_\_\_\_\_ **City** \_\_\_\_\_  
      **State** \_\_\_\_\_ **Zip code** \_\_\_\_\_ **Phone #** \_\_\_\_\_ **How Long** \_\_\_\_\_

**Previous Address**  
      **Street** \_\_\_\_\_ **City** \_\_\_\_\_ **State & Zip Code** \_\_\_\_\_ **How Long** \_\_\_\_\_

✓ **Do you have the Legal Right to work in the United States?** \_\_\_\_\_

✓ **Date of Birth** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Can you Provide Proof of Age?** \_\_\_\_\_  
(REQUIRED FOR COMMERCIAL DRIVER'S)

✓ **Have you worked for this company before?** \_\_\_\_\_ **Where?** \_\_\_\_\_

✓ **Dates: From** \_\_\_\_\_ **to** \_\_\_\_\_ **Rate of Pay** \_\_\_\_\_ **Position** \_\_\_\_\_

✓ **Reason for Leaving** \_\_\_\_\_

✓ **Are You Employed Now?** \_\_\_\_\_ **If Not, How long since leaving last employment?** \_\_\_\_\_

✓ **Who Referred you?** \_\_\_\_\_ **Rate of Pay expected** \_\_\_\_\_

✓ **Have you ever been Bonded?** \_\_\_\_\_ **Name of Bonding Company** \_\_\_\_\_

✓ **Have you ever been Convicted of a Felony?** \_\_\_\_\_

✓ **If Yes, Please Explain Fully on a separate sheet of paper. Conviction of a Crime is Not an automatic bar to employment-all circumstances will be considered.**

✓ **Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)**

✓ **If Yes, Please Explain If You Wish.**

**YOU MUST SUPPLY A                      EMPLOYMENT                      DOES NOT HAVE TO**  
**10 YR. BACKGROUND                      HISTORY                      BE ALL DRIVING**  
**\*\*\*\* YOU MUST COVER FROM 2006 - 2017 PRESENT TIME NO GAPS!!! \*\*\*\***

All driver applicants to driver in interstate commerce Must Provide the following information on all employers during the preceding 3 years. List complete mailing address. street number. city. state and zip code.

Applicants to drive a commercial motor vehicle in interstate or intrastate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle.  
(NOTE: List Employers in Reverse order starting with the most Recent. Add another sheet if Necessary.)

EMPLOYER				DATE	
NAME				FROM	TO
ADDRESS				MO. YR.	MO. YR.
CITY	STATE	ZIP	POSITION HELD		
CONTACT PERSON	PHONE #		REASON FOR LEAVING		
WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
WERE YOU SUBJECT TO THE FMCSRs DRUG & ALCOHOL?	<input type="checkbox"/> YES	<input type="checkbox"/> NO			

# HISTORY (CONTINUED) ✓

EMPLOYER			DATE	
NAME	FROM	TO		
ADDRESS	MO. YR.	MO. YR.		
CITY	STATE	ZIP	POSITION HELD	
CONTACT PERSON	PHONE #			
WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs DRUG & ALCOHOL?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		

EMPLOYER			DATE	
NAME	FROM	TO		
ADDRESS	MO. YR.	MO. YR.		
CITY	STATE	ZIP	POSITION HELD	
CONTACT PERSON	PHONE #			
WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs DRUG & ALCOHOL?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		

EMPLOYER			DATE	
NAME	FROM	TO		
ADDRESS	MO. YR.	MO. YR.		
CITY	STATE	ZIP	POSITION HELD	
CONTACT PERSON	PHONE #			
WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs DRUG & ALCOHOL?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		

EMPLOYER			DATE	
NAME	FROM	TO		
ADDRESS	MO. YR.	MO. YR.		
CITY	STATE	ZIP	POSITION HELD	
CONTACT PERSON	PHONE #			
WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs DRUG & ALCOHOL?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		

EMPLOYER			DATE	
NAME	FROM	TO		
ADDRESS	MO. YR.	MO. YR.		
CITY	STATE	ZIP	POSITION HELD	
CONTACT PERSON	PHONE #			
WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs DRUG & ALCOHOL?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		

**ORIGINAL**

# HISTORY (CONTINUED)

EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			MO. YR.	MO. YR.
CITY	STATE	ZIP	POSITION HELD	
CONTACT PERSON	PHONE #			
WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED?			REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs DRUG & ALCOHOL?				

EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			MO. YR.	MO. YR.
CITY	STATE	ZIP	POSITION HELD	
CONTACT PERSON	PHONE #			
WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED?			REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs DRUG & ALCOHOL?				

EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			MO. YR.	MO. YR.
CITY	STATE	ZIP	POSITION HELD	
CONTACT PERSON	PHONE #			
WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED?			REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs DRUG & ALCOHOL?				

EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			MO. YR.	MO. YR.
CITY	STATE	ZIP	POSITION HELD	
CONTACT PERSON	PHONE #			
WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED?			REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs DRUG & ALCOHOL?				

EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			MO. YR.	MO. YR.
CITY	STATE	ZIP	POSITION HELD	
CONTACT PERSON	PHONE #			
WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED?			REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs DRUG & ALCOHOL?				

**✓ ACCIDENTS for the Past 3 Years or More (attach sheet if Necessary, IF NONE Write the WORD NONE)**

DATES	NATURE OF ACCIDENT (Head-On, Rear-End, Rollover, Etc.)	# Of Fatalities	# Of Injuries	Haz-Mat Spill

**✓ TRAFFIC CONVICTIONS and FORFEITURES for the Past 3 Years (Other Than Parking If NONE Write NONE)**

DATES	LOCATION	CHARGE	PENALTY

**EXPERIENCE AND QUALIFICATIONS-DRIVER**

**✓ LIST ALL DRIVER LICENSE OR PERMITS HELD IN THE PAST 3 YEARS**

DRIVERS LICENSE	STATE	LICENSE #	TYPE	EXPIRATION

- ✓ A.** Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES \_\_\_ NO \_\_\_
- ✓ B.** Has any license, permit or privilege ever been suspended or revoked? YES \_\_\_ NO \_\_\_
- IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS** \_\_\_\_\_

**DRIVING EXPERIENCE CHECK THE APPROPRIATE**

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	YEARS OF EXPERIENCE
STRAIGHT TRUCK _____	(VAN-TANK, FLAT, DUMP, REFER)	
TRACTOR AND SEMI TRAILER _____	(VAN-TANK, FLAT, DUMP, REFER)	
TRACTOR - TWO TRAILERS _____	(VAN-TANK, FLAT, DUMP, REFER)	
TRACTOR - THREE TRAILERS _____	(VAN-TANK, FLAT, DUMP, REFER)	

**LIST ALL THE STATE YOU HAVE TRAVELED IN FOR THE LAST 5 YEARS.** \_\_\_\_\_

**SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER:** \_\_\_\_\_

**WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM?** \_\_\_\_\_

**LIST ANY SPECIAL COURSES AND TRAINING YOU MAY HAVE DONE?** \_\_\_\_\_

**LIST ANY SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)** \_\_\_\_\_

**CIRCLE HIGHEST GRADE COMPLETED:** 1 2 3 4 5 6 7 8 HIGH SCHOOL 1 2 3 4 COLLEGE 1 2 3 4

**LAST SCHOOL ATTENDED** (NAME) \_\_\_\_\_ (CITY, STATE) \_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

**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.**

**SIGNATURE**   X   \_\_\_\_\_

**DATE** \_\_\_\_\_

**ORIGINAL**

# EXPRESSWAY USA, INC.

300 MIDDLESEX AVE. CARTERET, NJ. 07008



Company Name:

MAIN # (732)-541-1000 FAX # (732)-541-1275

## FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

IN ACCORDANCE WITH THE PROVISIONS OF SECTION 604(B)(2)(A) OF THE FAIR CREDIT REPORTING ACT, PUBLIC LAW 91-508, AS AMENDED BY THE CONSUMER CREDIT REPORTING ACT OF 1996 (TITLE I,-SUBTITLE D, CHAPTER I, OF PUBLIC LAW 104-208), YOU ARE BEING INFORMED THAT REPORTS VERIFYING YOUR PREVIOUS EMPLOYMENT, PREVIOUS DRUG AND ALCOHOL TEST RESULTS, AND YOUR DRIVING RECORD MAY BE OBTAINED ON YOU FOR EMPLOYMENT PURPOSES. THESE REPORTS ARE REQUIRED BY SECTION 382.413,391.23 AND 391.25 OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS

**X**

\_\_\_\_\_  
APPLICANT'S SIGNATURE



\_\_\_\_\_  
DATE



\_\_\_\_\_  
PRINT NAME



\_\_\_\_\_  
SOCIAL SECURITY NUMBER

**ORIGINAL**





**EXPRESSWAY USA, INC.**  
 300 MIDDLESEX AVE. CARTERET, NJ. 07008  
 MAIN # (732)-541-1000 FAX # (732)-541-1275



**DRIVER'S MOTOR VEHICLE  
 CERTIFICATION OF COMPLIANCE  
 WITH DRIVER LICENSE REQUIREMENTS**

**MOTOR CARRIER INSTRUCTIONS:** The Requirements in Part 383 to Every driver who Operates in the Intrastate, Interstate , or Foreign Commerce and Operates a vehicle weighing 26,001 pound or more, can transport morethan 15 people, or Transport Hazardous Materials that Require Placarding.

The requirements in Part 391 apply to Every Driver who Operates in Interstate Commerce and Operates a vehicle Weighting 10,001 pounds or more, can Transport more than 15 people, or Transport Hazardous Materials that Require Placarding.

**DRIVER REQUIREMENTS:** As in Part 383 and 391 of The Federal Motor Carrier Safety Regulations contain some Requirements that you as a Driver Must Comply With. They are as Follows:

- 1) **POSSESS ONLY ONE LICENSE:** You as a Commercial Vehicle Driver, May NOT Possess More Than One Motor Vehicle Operator's License.
- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15(b)(2) and 383.33 of The Federal Motor Carrier Safety Regulations require that you Notify your Employer the NEXT BUSINESS DAY of any Revocation or Suspension of your Driver's License. In addition, Section383.31 Requires that any time you Violate a State or Local Traffic Law (OTHER THAN PARKING), You MUST Report it within 30 Days to: 1) Your Employer, and 2) The State that issued your license (If The Violation Occurs in The State other than the one which did issue your License). The Notification to Both the Employer and State MUST be in Writing.

**THE FOLLOWING LICENSE IS THE ONLY ONE I POSSESS:**

MY DRIVER'S LICENSE #  \_\_\_\_\_

STATE  \_\_\_\_\_ EXPIRATION  \_\_\_\_\_

**DRIVER CERTIFICATION:** I Certify that I have Read and Understand the above Requirements.

Driver's Name (PRINTED)  \_\_\_\_\_

Driver's Signature **X** \_\_\_\_\_ Date: \_\_\_\_\_

**ORIGINAL**



# EXPRESSWAY USA, INC.

300 MIDDLESEX AVE. CARTERET, NJ. 07008  
MAIN # (732)-541-1000 FAX # (732)-541-1275

## REQUEST FOR INFORMATION-FROM PREVIOUS EMPLOYER

I HEREBY AUTHORIZE YOU TO RELEASE THE FOLLOWING INFORMATION TO EXPRESSWAY USA, INC.  
FOR THE PURPOSES OF INVESTIGATION AS REQUIRED BY SECTION 391.23 & 382.413 OF THE FEDERAL MOTOR CARRIER SAFETY  
REGULATIONS. YOU ARE RELEASED FROM ANY AND ALL LIABILITY, WHICH MAY RESULT FROM FURNISHING SUCH INFORMATION.

THE PERSON IDENTIFIED BELOW HAS SOUGHT EMPLOYMENT WITH THIS COMPANY AS A CDL DRIVER.



APPLICANTS NAME (PRINT)  \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE **X** \_\_\_\_\_ S.S. # \_\_\_\_\_

\*\*\*\*\*  
1ST ATTEMPT \_\_\_\_\_ 2ND ATTEMPT \_\_\_\_\_ 3RD ATTEMPT \_\_\_\_\_ 4TH ATTEMPT \_\_\_\_\_

SENT TO COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

1. APPLICANT'S DATE OF EMPLOYMENT WITH FIRM FROM: \_\_\_\_\_ TO \_\_\_\_\_ IS THIS CORRECT YES \_\_\_\_\_ NO \_\_\_\_\_
2. WAS HE/SHE A SAFE AND EFFICIENT DRIVER? YES \_\_\_\_\_ NO \_\_\_\_\_  
3. NUMBER OF REPORTABLE ACCIDENTS: \_\_\_\_\_
4. TYPE OF VEHICLE DRIVEN: \_\_\_\_\_
5. REASON FOR THE LEAVING EMPLOYMENT: DISCHARGED \_\_\_\_\_ RESIGNATION \_\_\_\_\_ LAY OFF \_\_\_\_\_
6. WOULD YOU REHIRE THIS INDIVIDUAL? YES \_\_\_\_\_ NO \_\_\_\_\_ UPON REVIEW \_\_\_\_\_
7. DID HE/SHE HAVE A WORKER'S COMPENSATION CLAIMS? YES \_\_\_\_\_ NO \_\_\_\_\_

CHARACTERISTICS	EXCELLENT	GOOD	FAIR	POOR
GENERAL CONDUCT	_____	_____	_____	_____
DISPOSITION/ATTITUDE	_____	_____	_____	_____
SAFETY HABITS	_____	_____	_____	_____
DRIVING SKILLS	_____	_____	_____	_____
DOING PAPERWORK/LOGS	_____	_____	_____	_____

\*\*\*\*\*  
PLEASE PROVIDE DATE AND RESULTS OF MOST RECENT ALCOHOL AND CONTROLLED SUBSTANCE TEST, OR INDICATE THAT THE INDIVIDUAL WAS NOT SUBJECT TO FEDERAL TESTING REQUIREMENTS.

ALCOHOL: DATE \_\_\_\_\_ NEGATIVE \_\_\_\_\_ POSITIVE \_\_\_\_\_ REFUSED \_\_\_\_\_  
CONTROLLED SUBSTANCE: DATE \_\_\_\_\_ NEGATIVE \_\_\_\_\_ POSITIVE \_\_\_\_\_ REFUSED \_\_\_\_\_

\_\_\_\_\_ NOT SUBJECT TO FEDERAL TESTING REQUIREMENTS  
PLEASE RETURN THIS INFORMATION BY THE SELF ADDRESSED ENVELOPE INCLUDED OR FAX.

ANY OTHER REMARKS: \_\_\_\_\_

INFORMATION PROVIDED BY:  
NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

THANK YOU FOR TAKING THE TIME TO FILL OUT THIS INFORMATION  
**ORIGINAL**



# EXPRESSWAY USA, INC.

300 MIDDLESEX AVE. CARTERET, NJ. 07008  
MAIN # (732)-541-1000 FAX # (732)-541-1275

## REQUEST FOR INFORMATION-FROM PREVIOUS EMPLOYER

I HEREBY AUTHORIZE YOU TO RELEASE THE FOLLOWING INFORMATION TO EXPRESSWAY USA, INC.  
FOR THE PURPOSES OF INVESTIGATION AS REQUIRED BY SECTION 391.23 & 382.413 OF THE FEDERAL MOTOR CARRIER SAFETY  
REGULATIONS. YOU ARE RELEASED FROM ANY AND ALL LIABILITY, WHICH MAY RESULT FROM FURNISHING SUCH INFORMATION.

THE PERSON IDENTIFIED BELOW HAS SOUGHT EMPLOYMENT WITH THIS COMPANY AS A CDL DRIVER.

APPLICANTS NAME (PRINT) [Green checkmark] \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE X \_\_\_\_\_ S.S. # \_\_\_\_\_

\*\*\*\*\*  
1ST ATTEMPT \_\_\_\_\_ 2ND ATTEMPT \_\_\_\_\_ 3RD ATTEMPT \_\_\_\_\_ 4TH ATTEMPT \_\_\_\_\_  
\*\*\*\*\*

SENT TO COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

- 1. APPLICANT'S DATE OF EMPLOYMENT WITH FIRM FROM: \_\_\_\_\_ TO \_\_\_\_\_ IS THIS CORRECT YES \_\_\_\_\_ NO \_\_\_\_\_
- 2. WAS HE/SHE A SAFE AND EFFICIENT DRIVER? YES \_\_\_\_\_ NO \_\_\_\_\_
- 3. NUMBER OF REPORTABLE ACCIDENTS: \_\_\_\_\_
- 4. TYPE OF VEHICLE DRIVEN: \_\_\_\_\_
- 5. REASON FOR THE LEAVING EMPLOYMENT: DISCHARGED \_\_\_\_\_ RESIGNATION \_\_\_\_\_ LAY OFF \_\_\_\_\_
- 6. WOULD YOU REHIRE THIS INDIVIDUAL? YES \_\_\_\_\_ NO \_\_\_\_\_ UPON REVIEW \_\_\_\_\_
- 7. DID HE/SHE HAVE A WORKER'S COMPENSATION CLAIMS? YES \_\_\_\_\_ NO \_\_\_\_\_

CHARACTERISTICS	EXCELLENT	GOOD	FAIR	POOR
GENERAL CONDUCT	_____	_____	_____	_____
DISPOSITION/ATTITUDE	_____	_____	_____	_____
SAFETY HABITS	_____	_____	_____	_____
DRIVING SKILLS	_____	_____	_____	_____
DOING PAPERWORK/LOGS	_____	_____	_____	_____

\*\*\*\*\*  
PLEASE PROVIDE DATE AND RESULTS OF MOST RECENT ALCOHOL AND CONTROLLED SUBSTANCE TEST, OR INDICATE THAT THE INDIVIDUAL WAS NOT SUBJECT TO FEDERAL TESTING REQUIREMENTS.  
ALCOHOL: DATE \_\_\_\_\_ NEGATIVE \_\_\_\_\_ POSITIVE \_\_\_\_\_ REFUSED \_\_\_\_\_  
CONTROLLED SUBSTANCE: DATE \_\_\_\_\_ NEGATIVE \_\_\_\_\_ POSITIVE \_\_\_\_\_ REFUSED \_\_\_\_\_  
\*\*\*\*\*

\_\_\_\_\_ NOT SUBJECT TO FEDERAL TESTING REQUIREMENTS  
PLEASE RETURN THIS INFORMATION BY THE SELF ADDRESSED ENVELOPE INCLUDED OR FAX.  
ANY OTHER REMARKS: \_\_\_\_\_

INFORMATION PROVIDED BY:  
NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



# EXPRESSWAY USA, INC.

300 MIDDLESEX AVE. CARTERET, NJ. 07008  
MAIN # (732)-541-1000 FAX # (732)-541-1275

## PRE-EMPLOYMENT TESTING CERTIFICATION



I \_\_\_\_\_ **HAVE OR HAVE NOT (CIRCLE ONE)**

**TESTED POSITIVE, OR REFUSED TO BE, ON ANY EMPLOYMENT DRUG TEST ADMINISTERED BY AN EMPLOYER TO WHICH I HAVE APPLIED FOR, BUT DID NOT OBTAIN, SAFETY SENSITIVE TRANSPORTATION WORK WHICH WAS COVERED BY THE DEPARTMENT OF TRANSPORTATION AGENCY DRUG AND ALCOHOL TESTING RULES AND REGULATIONS, DURING THE PAST TWO YEARS.**

**I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.**

**X**

\_\_\_\_\_  
**DRIVER'S SIGNATURE**

\_\_\_\_\_  
**DATE**

**EXPRESSWAY USA, INC.  
300 MIDDLESEX AVE.  
CARTERET, NJ. 07008**

**ORIGINAL**



300 Middlesex Avenue, Suite C  
 Carteret, New Jersey 07008  
 Fax: (732) 541-1275  
 Phone: (732) 541-1000

## Expressway USA Freightlines INC.

### Criminal & Arrest Questionnaire

**WE ARE A US CUSTOM BONDED LOGISTICS COMPANY. WE TRANSPORT BONDED FREIGHT TO AND FROM MULTIPLE FACILITIES. IT IS WITHIN OUR RIGHTS AND US CUSTOMS RIGHTS TO KNOW IF YOU HAVE HAD ANY CRIMINAL ACTIVITY IN THE PAST THAT WOULD PREVENT YOU BEING ABLE TO TRANSPORT FREIGHT TO AND FROM OUR CUSTOMERS BONDED FACILITIES. PLEASE FILL OUT THE BELOW FORM TRUTHFULLY:**

Name ( Last, first, middle)		Date of Birth / /	Gender Female <input type="checkbox"/> Male <input type="checkbox"/>		Social Security Number (SSN*)
All other names used (Last, first, middle; include maiden name)			Mailing address (street/apartment number)		
Driver license number:			City	State	Zip
Home street address (If different than mailing address)			Home Phone #		Cell Phone #
City	State	Zip			
Signature: X			Are you a US citizen YES <input type="checkbox"/> NO <input type="checkbox"/>		

**Please answer the following questions truthfully**

1.) Have you ever been convicted of a MISDEMEANOR?

YES  NO  If yes when? \_\_\_\_\_ Where? \_\_\_\_\_

Explain

---



---



---

2.) Have you ever been convicted of a Felony?

YES  NO  If yes when? \_\_\_\_\_ Where? \_\_\_\_\_

Explain

---



---



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3.) Have you ever been ARRESTED?

YES  NO  If yes when? \_\_\_\_\_ Where? \_\_\_\_\_



300 Middlesex Avenue, Suite C  
Carteret, New Jersey 07008  
Fax: (732) 541-1275  
Phone: (732) 541-1000

**Explain**

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4.) **Have you ever been convicted of a CRIME?**

YES  NO  If yes when? \_\_\_\_\_ Where? \_\_\_\_\_

**Explain**

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5.) **Have you ever stolen from your past employers?**

YES  NO  If yes when? \_\_\_\_\_ Where? \_\_\_\_\_

**Explain**

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6.) **Have you ever stolen from anyone?**

YES  NO  If yes when? \_\_\_\_\_ Where? \_\_\_\_\_

**Explain**

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**I give Expressway USA consent to investigate my past crime and arrest record if any.**

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

**I filled out this application truthfully to the best of my knowledge and realize that if I made any false statements, it can be punishable by LAW.**

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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



300 Middlesex Ave. • P.O. Box 180 • Port Carteret, NJ 07008

Tel: 732-541-1000 • Fax: 732-541-5210 • Fax: 732-541-1275

## General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug & Alcohol Clearinghouse

I, \_\_\_\_\_, hereby provide consent to Expressway USA Freightlines Inc. to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse on a yearly basis to determine whether drug or alcohol violation information exists in the Clearinghouse.

I understand that if the limited query conducted by Expressway USA Freightlines Inc. indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Expressway USA Freightlines Inc. without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for Expressway USA Freightlines Inc. to conduct a limited query of the Clearinghouse, Expressway USA Freightlines 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

**TRUCKING:** LOCAL • LONG DISTANCE • IMPORT • EXPORT • DOMESTIC • T.L. • L.T.L. • SPECIALIZED MOVEMENTS  
WIDE MOVEMENTS • OVERWEIGHT & OVERHEIGHT • OCEAN, AIR & INLAND PICKUP  
**WAREHOUSING:** CONTAINER FREIGHT STATION • EXPORT STUFFING • STORAGE SEGREGATION  
CONSOLIDATION • DISTRIBUTION • PICK/PACK • PALLETIZING • CRATING