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DRIVER APPLICATION FORM

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 current/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 the accuracy of the information."

Signature _____ Date _____

NAME _____
Last First Middle

_____ (____) _____ _____ _____
Social Security Number Phone Number Date of Birth Hire Date

ADDRESS _____ _____
Street City State Zip Number of Years

PAST 3 YEAR RESIDENCY _____ _____
Street City State Zip Number of Years

_____ _____
Street City State Zip Number of Years

Employment History

(Use Additional Employment History Information form if necessary)

All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three years. You must give the same information for all employers for whom you have driven a commercial vehicle seven years prior to the initial three years (total of ten year employment record).

You are required to list the complete mailing address: street number and name, city, state and zip code.

CURRENT OR LAST EMPLOYER: Name _____ Phone Number (____) _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ (month/year) To _____ (month/year)
Reasons for Leaving _____
Were you subject to the Federal Motor Carrier Safety Regulations** while employed? ☐ 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
*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

SECOND LAST EMPLOYER: Name _____ Phone Number (____) _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ (month/year) To _____ (month/year)
Reasons for Leaving _____
Were you subject to the Federal Motor Carrier Safety Regulations** while employed? ☐ 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
*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

THIRD LAST EMPLOYER: Name _____ Phone Number (____) _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ (month/year) To _____ (month/year)
Reasons for Leaving _____
Were you subject to the Federal Motor Carrier Safety Regulations** while employed? ☐ 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
*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

*Any gaps in employment and/or unemployment must be explained.

**The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

PLEASE COMPLETE REVERSE SIDE

EXPERIENCE AND QUALIFICATION

Attach separate sheet if more space is needed

Driving Experience

If no driving experience within the last 3 years – check here ☐

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Circle all that apply)	DATES FROM	DATES TO		APPROXIMATE NUMBER OF MILES
Straight Truck	Van, Reefer, Tank, Flat				
Tractor & Semi-Trailer	Van, Reefer, Tank, Flat				
Tractor – Two Trailers	Van, Reefer, Tank, Flat			OR	
Tractor – Three Trailers	Van, Reefer, Tank, Flat				
Motorcoach – School Bus (Greater than 8 passengers)	N/A				
Motorcoach – School Bus (Greater than 15 passengers)	N/A				
Other: _____	Van, Reefer, Tank, Flat, N/A				

Accident History (3 years)

If no accidents within the last 3 years – check here ☐

DATE (month/year)	NATURE OF ACCIDENT (head-on, rear-end, upset, etc.)	NUMBER OF FATALITIES	NUMBER OF INJURIES	HAZARDOUS MATERIALS SPILL?
				☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO

Traffic Convictions and Forfeitures (3 years)

If no traffic convictions and/or forfeitures in the last 3 years – check here ☐

DATE CONVICTED (month/year)	VIOLATION (Other than violations involving parking only)	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral and/or points)

License Information

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

_____ State _____ License Number _____ Expiration Date

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? ☐ Yes ☐ No
If yes, give details _____

B. Has any license, permit, or privilege ever been suspended or revoked? ☐ Yes ☐ No
If yes, give details _____

Applicant Certification

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's Signature _____ Date

SIDE 1

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) _____ _____
First, M.I., Last — Social Security Number

hereby authorize: _____
Date of Birth

Previous Employer: _____ Email: _____

Street: _____ Telephone: _____

City, State, Zip: _____ Fax No.: _____

to release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____ .
(date of employment application)

To:

Prospective Employer: Economy Produce & Vegetable Co. Inc.

Attention: Cathy Dobransky Telephone: (216) 431-2800 Ext. 388

Street: 4000 Orange Avenue, N.O.F.T. Units 1-11

City, State, Zip: Cleveland, Ohio 44115

In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's confidential fax number: (216) 658-3424

Prospective employer's confidential email address: cdobransky@economyproduce.net

_____ _____
Applicant's Signature — Date

This information is being requested in compliance with §40.25 and §391.23.

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY

The applicant named above was employed by us. Yes ☐ No ☐

Employed as _____ from (m/y) _____ to (m/y) _____

1. Did he/she drive motor vehicle for you? Yes ☐ No ☐ If yes, what type? Straight Truck ☐ Tractor-Semitrailer ☐ Bus ☐
   Cargo Tank ☐ Doubles/Triples ☐ Other (Specify) _____

If there is no safety performance history to report, check here ☐, sign below and return.

ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here ☐ if there is no accident register data for this driver.

	Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1.					
2.					
3.					

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

Signature: _____

Title: _____ Date: _____

PREVIOUS EMPLOYER - COMPLETE SIDE 2 SECTION 3

PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b)(5) and (e))

Prospective Employee Name: _____ ID Number: _____
(print)

The prospective employee is required by Sec. 40.25(j) to respond to the following questions.

1) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

   Check one: ☐ Yes ☐ No

2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

   Check one: ☐ Yes ☐ No

I certify that the information provided on this document is true and correct.

Prospective Employee Signature: _____ Date: _____

Witnessed By: _____ Date: _____
(signature)

MOTOR VEHICLE DRIVER'S
Certification of Violations/Annual Review of Driving Record

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (Section 391.27). Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he/she shall so certify (Section 391.27).

COMPLETED BY DRIVER - CERTIFICATION OF VIOLATIONS

NAME OF DRIVER: (PRINT)	SOCIAL SECURITY NUMBER	DATE OF EMPLOYMENT
HOME TERMINAL (CITY AND STATE)	DRIVER'S LICENSE NUMBER STATE	EXPIRATION DATE

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

(If you have had no violations, check the following box – ☐ None.)

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

Date of Certification _____ Driver's Signature _____

COMPLETED BY MOTOR CARRIER - ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one):

☐ Meets minimum requirements for safe driving ☐ Is disqualified to drive a motor vehicle pursuant to Section 391.15

☐ Does not adequately meet satisfactory safe driving performance

Action taken with driver: _____

Reviewed by: _____ _____
Signature Date

_____ _____
Printed Name Title

Economy Produce & Vegetable Co. Inc. 4000 Orange Avenue, Cleveland, Ohio 44115
Motor Carrier Name Motor Carrier Address

MAINTAIN THIS DOCUMENT IN THE DRIVER'S QUALIFICATION FILE. THIS DOCUMENT MAY BE PURGED AFTER 3 YEARS FROM DATE OF EXECUTION.

OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

EMPLOYER/EMPLOYEE REQUEST FOR NATIONAL DRIVER REGISTER (NDR) FILE CHECK ON CURRENT OR PROSPECTIVE EMPLOYEE

CURRENT OR PROSPECTIVE EMPLOYER TO RECEIVE THE NDR SEARCH RESULTS

EMPLOYER NAME		☒ DRIVER EMPLOYER ☐ RAILROAD COMPANY
Economy Produce & Vegetable Co. Inc.		
MAILING ADDRESS		BUSINESS TELEPHONE
4000 Orange Avenue, N.O.F.T. Units 1-11		(216) 431-2800
CITY	STATE	ZIP
Cleveland	Ohio	44115

TYPE OR PRINT LEGIBLY (AVOID DELAYS. INQUIRES THAT CANNOT BE READ WILL NOT BE PROCESSED.)

DRIVER'S FULL LEGAL NAME (FIRST, MIDDLE, AND LASTAS SHOWN ON DRIVER LICENSE)				
OTHER NAMES USED (MAIDEN, PRIOR NAME, NICKNAME, PROFESSIONAL NAME, OTHER)				
ADDRESS (NUMBER AND STREET WITH APARTMENT NUMBER IF ANY OR RURAL ROUTE/CARRIER AND BOX NUMBER-AS SHOWN ON YOUR DRIVER LICENSE).				
CURRENT MAILING ADDRESS IF DIFFERENT (NUMBER, STREET, APARTMENT NUMBER OR RURAL ROUTE/CARRIER AND BOX NUMBER			HOME TELEPHONE (VOLUNTARY)	
CITY	STATE	ZIP	WORK TELEPHONE (VOLUNTARY)	
DRIVER LICENSE NUMBER AND STATE			SOCIAL SECURITY NUMBER (VOLUNTARY)	
DATE OF BIRTH	SEX	EYE COLOR	HEIGHT	WEIGHT

EMPLOYEE UNDERSTANDING: I understand that the National Driver Register (NDR) search will result in a printed report which will be sent only to the employer listed on this form. The report will indicate either (1) that the NDR does not contain a record matching my identification or (2) that the NDR has a probable identification (match) from one state (or more) which will be named on the report. A separate check of state files would be required (1) to verify the identification or (2) to obtain the driving record. It is the responsibility of the employer to obtain the driver records and to determine or verify records which apply to me. Under the Privacy Act, I have the right to request record(s) pertaining to me from the NDR. I hereby, with my signature, authorize a one-time file search of the NDR and the report to be sent to the employer named on this form.

DRIVER'S SIGNATURE	DATE
X	

NOTARY:

Subscribed and sworn to before me this _____day of_____20_____in the county of_____State of Ohio

My commission expires_____.

_____
NOTARY PUBLIC

STATE USE ONLY

DATE RECEIVED	DATE SENT	CONTROL SECTION	EMPLOYEE VERIFYING APPLICANT IDENTIFICATION	DATE

TYPE OF IDENTIFICATION:

☐ VALID PHOTO DRIVER LICENSE ☐ STATE-ISSUED PHOTO ID

☐ BIRTH CERTIFICATE ☐ VALID PASSPORT ☐ VALID MILITARY ID

☐ MILITARY DISCHARGE PAPERS ☐ OTHER (SPECIFY) _____

SEE REVERSE SIDE FOR ADDITIONAL EXPLANATIONS

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Employee Background Check

Note to Hiring Manager: Before making an offer of employment in any position you are required to have a criminal background check completed on your final candidate. Some positions require additional screening. The Employment office will contact you as soon as the background check is complete.

Date: ____/____/_____

Hiring Manager Name: _____

Department: _____

Phone: _____ Cell: _____

Hiring Manager's Signature: _____

Type of Background Check:

☑ Criminal

☑ Employment

☑ Worker's Compensation

☑ Motor Vehicle

☐ Credit Check

☐ Education

Applicant Information:

Position Applied For: _____

Date of Birth: ____/____/_____

Last Name: _____ First Name: _____

Middle Initial: _____ Social Security: _____

Phone Number: _____Email: _____

Driver's License: _____State:_____

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Employee Background Check – Continued

Permanent Address: _____

City: _____State: _____ Zip: _____

Length of Time:_____

Please List Addresses For The Last Seven Years:

Address: _____

City: _____State: _____ Zip: _____

Dates: ____/____/_____ - ____/____/_____

Address: _____

City: _____State: _____ Zip: _____

Dates: ____/____/_____ - ____/____/_____

Address: _____

City: _____State: _____ Zip: _____

Dates: ____/____/_____ - ____/____/_____

I hereby authorize all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county, and federal courts, military services, and persons to release information they may have about me to the person or company with which this form has been filed. This releases the above mentioned parties from any liability and responsibility for collecting the above information.

_____ _____

Signature of Applicant Date