

CMV DRIVER'S EMPLOYMENT APPLICATION

(per 49 CFR 391.21)

Date of Hire _____ Date of Application _____
(print)

Prospective Employer Crete Solutions LLC
Address 2005 Eastwood Road, Suite 200
City Wilmington State NC Zip 28403

PLEASE READ COMPLETELY

The information requested on this form is required by federal law (49 CFR) to be provided by any driver applying for a commercial driver position as defined in 49 CFR 390.5. Failure to complete required areas can place both the applicant and carrier in violation of federal law. Information provided will be verified by carrier as required under various parts of 49 CFR, including Part 382 and Part 391.

If unsure of question or require help with competing form please ask carrier representative.

PLEASE PRINT CLEARLY AND SIGN YOUR FULL LEGAL NAME AT THE END WHERE REQUIRED.

FALSE STATEMENTS MAY RESULT IN REFUSAL TO HIRE OR IMMEDIATE TERMINATION.

Name _____ Social Security No. _____
Last First Middle

Date of Birth _____ / _____ / _____ Document Presented to Verify Age _____

Current Address _____
Street City
State Zip Code Phone _____ How Long? _____ yr./mo.

Previous Addresses _____
(If less than 3 years) Street City State & Zip Code How Long? _____ yr./mo.
Street City State & Zip Code How Long? _____ yr./mo.
Street City State & Zip Code How Long? _____ yr./mo.

Are you legally authorized to work in the United States as a commercial driver under 49 CFR? YES NO

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? Are you applying for ADA consideration?

If yes, explain if you wish.

This form is made available with the understanding that NATC, Inc. is not engaged in rendering legal, accounting, or other professional services. NATC, Inc. assumes no responsibility for the use of this form, or any decision made by an employer which may violate local, state, or federal law.

APPLICANT MUST COMPLETE

(answer all questions - please print)

EMPLOYMENT HISTORY

All applicants must provide the following information for any previous employer during the preceding 3 years. Complete all areas below. Applicants shall also provide an additional 7 years of information for those employers for whom the applicant has operated a commercial motor vehicle (CMV).

(NOTE: List employers in reverse order starting with the most recent. Use additional sheet if necessary.)

CURRENT EMPLOYER		DATES (Mo./Yr.)	
COMPANY NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		PHONE NUMBER	
REASON FOR LEAVING		REASON FOR LEAVING	
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? <input type="checkbox"/> YES <input type="checkbox"/> NO			
PREVIOUS EMPLOYER		DATES (Mo./Yr.)	
COMPANY NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		PHONE NUMBER	
REASON FOR LEAVING		REASON FOR LEAVING	
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? <input type="checkbox"/> YES <input type="checkbox"/> NO			
PREVIOUS EMPLOYER		DATES (Mo./Yr.)	
COMPANY NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		PHONE NUMBER	
REASON FOR LEAVING		REASON FOR LEAVING	
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? <input type="checkbox"/> YES <input type="checkbox"/> NO			
PREVIOUS EMPLOYER		DATES (Mo./Yr.)	
COMPANY NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		PHONE NUMBER	
REASON FOR LEAVING		REASON FOR LEAVING	
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? <input type="checkbox"/> YES <input type="checkbox"/> NO			
PREVIOUS EMPLOYER		DATES (Mo./Yr.)	
COMPANY NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		PHONE NUMBER	
REASON FOR LEAVING		REASON FOR LEAVING	
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? <input type="checkbox"/> YES <input type="checkbox"/> NO			
PREVIOUS EMPLOYER		DATES (Mo./Yr.)	
COMPANY NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		PHONE NUMBER	
REASON FOR LEAVING		REASON FOR LEAVING	
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? <input type="checkbox"/> YES <input type="checkbox"/> NO			

ACCIDENT RECORD

PROVIDE THE FOLLOWING INFORMATION FOR ANY ACCIDENT YOU WERE INVOLVED IN DURING THE PRECEDING 3 YEARS (IF NONE, WRITE, NONE)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, OVERTURN)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT _____				
NEXT PREVIOUS _____				
NEXT PREVIOUS _____				

TRAFFIC CONVICTIONS

PROVIDE THE FOLLOWING INFORMATION FOR ALL MOTOR VEHICLE VIOLATIONS FOR WHICH YOU WERE CONVICTED OR PLED GUILTY TO DURING THE PRECEDING 3 YEARS (DO NOT INCLUDE PARKING TICKETS) (IF NONE, WRITE, NONE)

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS - DRIVER

List all driver licenses or permits held in the past 3 years

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	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 _____

IF THE ANSWER TO EITHER QUESTION IS YES, GIVE DETAILS _____

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES FROM (MN) TO (MN)	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP REFER)		
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT DUMP REFER)		
TRACTOR TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT DUMP REFER)		
MOTORCOACH SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 8 Passengers</small>	_____		
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 15 Passengers</small>	_____		
OTHER _____			

LIST STATES OPERATED IN FOR LAST FIVE YEARS: _____

Drug & Alcohol information

In the previous three (3) years have you:

1. Violated the Alcohol and Control Substance prohibitions under subpart B of 49CFR Part 382 or 49CFR Part 40? YES NO

2. Failed to undertake or complete a rehabilitation program prescribed by a SAP pursuant to 49CFR 382.605? YES NO N/A

Check all that apply:

I had an alcohol test result of 0.04 or higher? YES NO N/A

I had a Verified Positive Drug Test? YES NO N/A

I refused to test (including verified adulterated or substituted drug test result)? YES NO N/A

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: _____ Date: _____

Crete Solutions LLC

Driving Record Request

Applicant Name _____ Date _____

Address _____ City _____

State _____ Zip _____ SS# _____ DOB _____

This section shall be completed by all applicants who are applying for a driving position and or all applicants who are applying for positions that may involve driving or operating motorized company equipment.

List all motor vehicle accidents, traffic convictions and forfeitures/revocations for the past 5 years.

License Information

State	License Number	Type/Class	Exp. Date
_____	_____	_____	_____
State	License Number	Type/Class	Exp. Date
_____	_____	_____	_____

To be read and signed by applicant for consideration of employment

I certify the responses given herein are true and complete to the best of my knowledge. I hereby authorize Crete Solutions LLC (Crete) to obtain and review my driving record for the past 3 years, and at least once an annually thereafter if employed by Crete as a driver as required by the DOT/FMCSA regulation CFR Part §391.23. I also understand this is a requirement of continued employment.

Applicant Signature _____ Date _____

In accordance with the provisions of Section 604 and 607 of the Fair Credit Reporting ACT, Public Law No. 91-508, Crete Solutions LLC representatives certify that the information received will be used for a "permissible purpose" as defined in the Act, and that the information received will be used for no other purposes. Information obtained through this report will be used to verify eligibility as a commercial motor vehicle driver as defined in CFR 382, 383 and 391. It will be used for verification and safe practices for non-commercial drivers that may be operating a company vehicle.

Crete Solutions LLC

CRIMINAL BACKGROUND CHECK DISCLOSURE STATEMENT

In connection with your employment application or your actual employment, **Crete Solutions LLC** (the "Company") may obtain a "criminal background report" and/or an "investigative criminal background report" about you for employment purposes. The information contained in such criminal background reports may be used by the Company for employment purposes, such as hiring you. If you are hired by the Company, the information in a criminal background report and/or investigative criminal background report may be used for other employment purposes, such as promotion, retention, and termination.

A "criminal background report" may contain the following types of information about you: criminal history including felony filings, misdemeanor filings, and motor vehicle records, etc. An "investigative criminal background report" is broader and seeks information that bears on your character, general reputation, personal characteristics, or mode of living that is compiled through the use of personal interviews with references, employers, neighbors, friends, associates, etc. in order to be used for employment purposes. You have a right to request disclosure of the nature and scope of the reports.

If the Company obtains a criminal background report or an investigative criminal background report about you, and if the Company considers any information when making an employment decision that directly and adversely affects you, you will be provided with a copy of the applicable reports before the decision is finalized.

AUTHORIZATION TO OBTAIN CRIMINAL BACKGROUND REPORTS

I authorize the Company to obtain criminal background reports and/or investigative criminal background reports for the pre-employment background investigation, and, if I am hired, at any time during my employment. I understand that these reports might include, but are not limited to, a search of my criminal background, reference checks, driving record checks, and verification of my identification and Social Security Number. I agree that this Disclosure/Authorization, in original or copy form, is valid for all current and future criminal background reports.

I understand that the Company may use such criminal background reports for employment purposes, including, but not limited to, hiring, promotion, retention, and termination.

Signature: _____ Date: _____

Full Name (Printed): _____

Other Names Used (i.e. Maiden Name) _____

Social Security #: _____ Date of Birth: _____

Address: _____

City, State & Zip _____

Home Phone: _____ Alternate Phone: _____

Email Address: _____