



# DRIVER APPLICATION

In compliance with federal and state equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, age, sex, national origin, marital status or non-job related disability.

**Applicant: please be advised that Wall Recycling, LLC will contact all prior/present employers you list on this application for purposes of employment and drug/alcohol testing verification. You should review the prior employer Safety Performance History request form and Drug/alcohol testing verification forms before signing the release contained on each of the forms.**

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

Full Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date Available: \_\_\_\_\_ Desired Salary: \_\_\_\_\_

Position Applying for: \_\_\_\_\_ Referred By: \_\_\_\_\_

Are you a citizen of the United States?  Yes  No If no, are you authorized to work in the U.S.?  Yes  No

Have you ever worked for this company?  Yes  No If yes, When? \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No If yes, explain: \_\_\_\_\_

Is there any reason you might be unable to perform the functions of the job for which you have applied?  Yes  No

## EDUCATION

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 Degree: \_\_\_\_\_  
Post Graduate: 1 2 3 4 Degree: \_\_\_\_\_

**EMPLOYMENT HISORY**

All driver applicants (to drive in interstate commerce), must provide the following information on all prospective employers during the **previous three (3) years**. Applicants to drive a commercial motor vehicle in intrastate and interstate commerce shall also provide an **additional seven (7) years** information on those employers for whom the applicant operated such vehicles. Failing to list telephone numbers for each previous employer will delay the processing of this application and be returned to you. Please indicate whether your job was full-time or part-time on each employer.

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

List most recent employer first than work backward showing all employers for ten years. List also, any period of time in which you were unemployed during the past 10 years.

**Most Recent Employer**

Position: \_\_\_\_\_ Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates Employed: Month/Year: \_\_\_\_\_ - \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations 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

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**Previous Employer**

Position: \_\_\_\_\_ Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates Employed: Month/Year: \_\_\_\_\_ - \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations 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

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**Previous Employer**

Position: \_\_\_\_\_ Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates Employed: Month/Year: \_\_\_\_\_ - \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations s 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

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**Previous Employer**

Position: \_\_\_\_\_ Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates Employed: Month/Year: \_\_\_\_\_ - \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations 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

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**Previous Employer**

Position: \_\_\_\_\_ Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates Employed: Month/Year: \_\_\_\_\_ - \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations 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

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**Previous Employer**

Position: \_\_\_\_\_ Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates Employed: Month/Year: \_\_\_\_\_ - \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations 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

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**Previous Employer**

Position: \_\_\_\_\_ Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates Employed: Month/Year: \_\_\_\_\_ - \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations 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

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**Note: If additional space is needed, use reverse side of this page to list additional past employers, using same format as above or ask company representative for an additional page for listing past employers.**

## DRIVING EXPERIENCE

**Driver's License** (list each driver's license held in the past three (5) years:

State	License	Type	Endorsements	Expiration Date

**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	Were there Fatalities	Were there People Injured

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

Date	Location	Charge	Penalty

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

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

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 answers to any questions listed above are "yes" give details below:

**REFERENCES**

List three professional references.

Full Name:		Relationship:	
Company:		Phone:	
Full Name:		Relationship:	
Company:		Phone:	
Full Name:		Relationship:	
Company:		Phone:	

**TO BE 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 \_\_\_\_\_

**APPLICANT NOTIFICATION AND RELEASE FORM**

In connection with my application for employment (including contract for services) with Wall Recycling, LLC, I understand consumer reports that may contain public record information, may be requested from state agencies. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I understand such reports may contain public record information concerning my driving record, workers, compensation claims, criminal records, etc. Such reports can be furnished by federal, state and other agencies.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY OR STATE AGENCIES TO FURNISH THE ABOVE REFERENCE INFORMATION.

If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Wall Recycling, LLC to procure MVR reports, at any time during my employment (or contract).

I further/also understand my employment with Wall Recycling, LLC will be pending a NEGATIVE pre employment drug screen result.

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

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## PAST EMPLOYMENT VERIFICATION

I authorize Wall Recycling, LLC and its agents or representatives the right to investigate all reference and to secure additional information about my employment background, and information related to my controlled substance and alcohol testing and/or results pursuant to Regulation 49 CFR 391.23d & e. I further authorize Wall Recycling, LLC and its agents or representatives' permission to receive consumer reports regarding my employment history, criminal background, and worker compensation claims from other agencies, which may be requested by Wall Recycling, LLC to provide such information. I hereby release from all liability for damages Wall Recycling, LLC and its agents or representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information:

\_\_\_\_\_  
 Date Social Security Number Date of Birth  
 \_\_\_\_\_  
 Print Name Applicant Signature

### FOR WALL RECYCLING, LLC REPRESENTATIVE USE ONLY

Employer Name: \_\_\_\_\_ Contact Spoken To: \_\_\_\_\_

Position: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Type of Driving:  Solo  Team

Type of Operation:  Company Driver  Owner Operator  Drive for Owner Operator

Was it:  Over the Road  Regional  Local

Type of Equipment:  Tractor-Trailer  Straight Truck  Tri-Axle  Other

Type of Trailer:  Pneumatic  Van/Reefer  Dump  Tank  
 Flatbed  Other \_\_\_\_\_ Trailer dimensions/capacity: \_\_\_\_\_

Types of commodities hauled:  Dry Bulk  Iron, Steel, etc.  Coils  Machine  
 Gen. Freight  Produce  Liquid  Scrap  
 Other \_\_\_\_\_

Number of accidents/incidents while employed: \_\_\_\_\_

Hazmat Release:  Yes  No

Vehicles Towed:  Yes  No

Provide details below: (date, city/town, state, injuries, fatalities, etc.)

Was equipment returned to an authorized location:  Yes  No

What was the reason for employee leaving the company?

Voluntarily Quit  Layoff  Discharged, reason: \_\_\_\_\_

Is driver eligible for rehire?  Yes  No, reason: \_\_\_\_\_

Was this person employed in a safety-sensitive function that required alcohol and controlled substance testing specified by 49CFR Part 40  Yes  No

Has this person had an alcohol test with a result of .04 or higher alcohol concentration  Yes  No

Has this person tested positive or adulterated or substituted a test specimen for controlled substance?  Yes  No

Has this person refused to submit to a Post-Accident, random, reasonable suspicion, or follow up alcohol or controlled substance test?  Yes  No

Has this person committed other violation of Sub Part B of art 382 or Part 40?  Yes  No

Has this person violated a DOT drug or alcohol regulation and completed a SAP prescribed rehabilitation program in your employ, including a return to duty and follow-up test?  Yes  No

If YES above – has this person, after successfully completing a SAP's Rehabilitation referral, remained in your employ, bus subsequently had an alcohol test result of .01 or greater, or a verified positive drug test or refusal to be tested?  Yes  No

In providing this information, any drug or alcohol testing information obtained from previous employers under 40.205 or other applicable DOT regulations is included:

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

VERIFIED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PRE-EMPLOYMENT DRUG and ALCOHOL STATEMENT**

CFR 49 Sec. 40.25(J) – As an employer, we must ask the applicant whether he/she has tested positive or refused to test on any pre-employment drug or alcohol test administered by an employer to which the applicant applied for but did not obtain safety sensitive transportation work covered by Department of Transportation drug and alcohol testing rules, during the past two years.

If the applicant admits that he/she had a positive test or refusal to test, we cannot use the applicant to perform safety-sensitive functions, until and unless the person documents successful completion of the return-to-duty process (see paragraphs (b)(5) and (e) of section 40.25).

Wall Recycling, LLC  
2310 Garner Road, Raleigh, NC 27610

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Applicant Social Security Number

The prospective employee is required by Section 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 Department of Transportation agency drug and alcohol testing rules during the past two years?

Yes No

- 2. If you answered yes to question one, can you provide/obtain proof that you have successfully completed the Department of Transportation return-to-duty requirements?

Yes No

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

**PRE-EMPLOYMENT CONTROLLED SUBSTANCE TESTING NOTIFICATION and CONSENT AGREEMENT**

Wall Recycling, LLC in compliance with the USDOT Federal Motor Carrier Safety Regulations, Part 382-Subpart C, is required to administer a prescribed controlled substances test as part of the mandatory pre-employment screening process. No offer of employment may be tendered to you, nor may employment commence until the controlled substances test has been taken, and Wall Recycling, LLC has been advised of the results, which must be NEGATIVE.

I agree to submit to the controlled substances testing described above, via the prescribed testing methods, at the site selected by Wall Recycling, LLC on the scheduled date and appointment time. I understand that the results of this testing procedure are confidential and are only for the use of Wall Recycling, LLC its Medical Review Officer and me. I also understand that a POSITIVE result will disqualify me from operation of a commercial motor vehicle for Wall Recycling, LLC and therefore will exclude me from employment for the position applied for. I have read and understand the conditions imposed by the controlled substances testing requirements and by my signature below, consent to such testing.

**DRIVER RECEIPT OF DRUG AND ALCOHOL EDUCATION MATERIALS**

Instructions: FMCSR Part 382.601 requires Wall Recycling, LLC to provide all company drivers with educational material regarding drug and alcohol use and abuse, and the rules and regulations of the Department of Transportation which apply to the company’s drivers. This form will document the receipt of the required materials.

To the driver: The Federal Motor Carrier Safety regulations require that each driver must sign this form to certify receipt of these materials. The original of this form will be maintained for an indefinite period of time in a file with other company records maintained, pertaining to the mandated drug and alcohol-testing program. Drivers may request a copy of this certification.

**DRIVERS CERTIFICATION**

The undersigned hereby certifies the receipt of the educational materials, which the company is required to provide in accordance with 49 CFR Part 382.601. I acknowledge and agree that I am responsible for reading, understanding and complying with all company policy and Department of Transportation regulations regarding drug and alcohol use, and the mandatory testing programs. I agree to full and unconditional compliance with the Department of Transportation regulations and the company’s policies regarding drug and alcohol use and testing. I further understand and agree that I may be subject to disciplinary action and other liability for violating Department of Transportation and/or the company’s policies.

Any questions or comments on drug and alcohol polices should be referred to the Drug and Alcohol Program contact person listed in the materials provided to you.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

<b>FOR WALL RECYCLING, LLC REPRESENTITIVE USE ONLY</b>	
Results Received From: _____	
Test Results: <input type="checkbox"/> Negative	<input type="checkbox"/> Positive
Eligible for Hire? <input type="checkbox"/> Yes	<input type="checkbox"/> No
Results Received By: _____	