



10862 Mile Block Rd
North Collins, NY 14111
(716) 337-2645
(716) 337-3316 Fax

In compliance with federal and state equal employment laws, qualified applicants are considered for all positions with out regard to race, color, sex, national origin, age, material status, or non-job relation disability.

Date of Application _____

Position(s) applied for _____

Name _____ Social Security Number _____
Last First Middle

Phone Number _____

CURRENT ADDRESS

Street _____ City _____
State _____ Zip Code _____ #Years _____

PREVIOUS ADDRESSES (for the past 3 years)

(Street) (City) (State and zip code) # Years
(Street) (City) (State and zip code) # Years
(Street) (City) (State and zip code) # Years
(ATTACH SHEET IF MORE SPACE IS NEEDED)

Do you have the right to work in the United States? Yes [] No []
Date of birth _____ Can you provide proof of age? _____

Have you worked for this company before? Yes [] No []
Dates: From _____ To _____ Rate of Pay _____
Position _____
Reason for leaving _____

Are you Employed now? Yes [] No [] If not, how long has it been since your last
Employment? _____
Who referred you? _____

Is there any reason you might be unable to perform the functions of this job? Yes [] No []
If yes please explain _____

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 No.	Type	Expiration Date

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, tank, flat, etc.)	Date From:	Date To:	Approx no. of miles. (Total)
Straight Truck				
Tractor and semi trailer				
Tractor-two trailers				
Motor coach – bus				
Other				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE

Dates	Nature of Accident (Head on, Rear-end, upset, etc)	Number Fatalities	Number Injuries	Chemical Spills	
				Yes <input type="checkbox"/>	No <input type="checkbox"/>
				Yes <input type="checkbox"/>	No <input type="checkbox"/>
				Yes <input type="checkbox"/>	No <input type="checkbox"/>
				Yes <input type="checkbox"/>	No <input type="checkbox"/>

(ATTACH SHEET IF MORE SPACE IS NEEDED)

TRAFFIC CONVICTIONS AND FORFEITURES FOR PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

Date Convicted (month/year)	Violation	State of Violation (Location)	Penalty (Forfeited bond, collateral and/or points)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS-DRIVER

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

If Yes, Explain _____

Have you ever had a license, permit or privilege suspended or revoked? Yes No

If Yes, Explain _____

EDUCATION

Last Grade Completed _____

Last school attended _____
(Name) (City)

List of states operated in for the last five years

List special courses or training that will help you as a driver

Which awards do you hold and from whom?

EMPLOYMENT HISTORY (ATTACH SHEET IF MORE SPACE IS NEEDED)

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous 3 years. You must give the same information for all employers you have driven a commercial motor vehicle for the 7 years prior to the initial 3 years.(total of 10 years employment record)

Must list the complete mailing address: Street number and name, city, state, and zip code.

LAST Employer: Name _____
Address _____ Phone _____
PositionHeld _____ From _____ To _____ Salary _____
Reason for leaving _____
Any gaps in employment and/or unemployment must be explained. Include dates (Month/Year)
And Reason _____
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

SECOND LAST Employer: Name _____
Address _____ Phone _____
PositionHeld _____ From _____ To _____ Salary _____
Reason for leaving _____
Any gaps in employment and/or unemployment must be explained. Include dates (Month/Year)
And Reason _____
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

THIRD LAST Employer: Name _____
Address _____ Phone _____
PositionHeld _____ From _____ To _____ Salary _____
Reason for leaving _____
Any gaps in employment and/or unemployment must be explained. Include dates (Month/Year)
And Reason _____
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations 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 to 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 inquires in releasing your information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview may lead to a discharge. I understand also that I am required to abide by all rules and regulations of Fullone Trucking.

"I understand that the 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 requires 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 correct information to the prospective employer, and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) cannot agree on the accuracy of the information."

Date Applicant's Signature
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.

Date Applicant's Signature
Note: A motor Carrier may require a applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations

SAFTEY PREFORMANCE HISTORY RECORDS

Part 1:	TO BE COMPLETED BY PROSPECTIVE EMPLOYEE
<p>I, (Print name) _____</p> <p style="text-align: center;">First M.I. Last Social Security Number</p> <p>Hereby authorize: _____ Date Of Birth: _____</p> <p>Previous Employer: _____ Email: _____</p> <p>Street: _____ Telephone: _____</p> <p>City, State, Zip: _____ Fax No: _____</p> <p>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 _____.</p> <p style="text-align: right;">(Employment application date)</p> <p>To: Fullone Trucking Att: Vince Fullone (716)337-2645 10862 Mileblock Rd. North Collins, NY 14111 Fax: (716)337-3316 Email: Kathy@FulloneTrucking.com</p> <p>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.</p> <p>_____</p> <p style="display: flex; justify-content: space-between;"> (Applicants Signature) (Date) </p>	

Part 2:	TO BE COMPLETED BY PREVIOUS EMPLOYER																								
<p>The applicant named above was employed by us. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Employed as _____ From (m/y) _____ to (m/y) _____</p> <p>1. Did he/she drive motor vehicle for you? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, what type? Straight Truck <input type="checkbox"/> Tractor-Semitrailer <input type="checkbox"/> Bus <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Double/Triple <input type="checkbox"/> Other(specify) _____</p> <p>2. Reason for leaving your employ: Discharged <input type="checkbox"/> Resignation <input type="checkbox"/> Lay Off <input type="checkbox"/> Military Duty <input type="checkbox"/></p> <p>If there is no safety performance history to report, check here <input type="checkbox"/> sign below and return.</p> <p>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 <input type="checkbox"/> if there is no accident register data for this driver.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 15%;">Date</th> <th style="width: 20%;">Location</th> <th style="width: 15%;"># Injuries</th> <th style="width: 15%;"># Fatalities</th> <th style="width: 25%;">Hazmat Spill</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>2.</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>3.</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> <p>Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____</p> <p>_____</p> <p>_____</p> <p>Any Other Remarks: _____</p> <p>_____</p> <p style="text-align: right;">Signature: _____</p> <p>Title: _____ Date: _____</p>			Date	Location	# Injuries	# Fatalities	Hazmat Spill	1.	_____	_____	_____	_____	_____	2.	_____	_____	_____	_____	_____	3.	_____	_____	_____	_____	_____
	Date	Location	# Injuries	# Fatalities	Hazmat Spill																				
1.	_____	_____	_____	_____	_____																				
2.	_____	_____	_____	_____	_____																				
3.	_____	_____	_____	_____	_____																				

PREVIOUS EMPLOYER – COMPLETE PAGE 2 PART 3

PART 3:	TO BE COMPLETED BY PREVIOUS EMPLOYER
DRUG AND ALCOHOL HISTORY	
If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here <input type="checkbox"/> Fill in the dates of employment from _____ to _____, complete bottom of part 3, sign, and return.	
Driver was subject to Department of Transportation testing requirements from _____ to _____	
1. Has this person had a alcohol test with the result of 0.04 or higher alcohol concentration? Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow up alcohol or controlled substance test? Yes <input type="checkbox"/> No <input type="checkbox"/>	
4. Has this person committed other violations of subpart B of part 382, or Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>	
5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP- prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes please send documentation back with this form. Yes <input type="checkbox"/> No <input type="checkbox"/>	
6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? Yes <input type="checkbox"/> No <input type="checkbox"/>	
In answering these questions, include any required DOT drug and alcohol testing information obtained from previous employers in the previous 3 years prior to the application date shown on page 1.	
Name: _____ Company: _____ Street: _____ City, State, Zip _____ Telephone: _____ Part 3 completed by (Signature) _____ Date: _____	

Part 4a:	TO BE COMPLETED BY FULLONE TRUCKING
This form was (check one) <input type="checkbox"/> Faxed to previous employer <input type="checkbox"/> Mailed <input type="checkbox"/> Emailed <input type="checkbox"/> Other _____	
BY: _____ Date: _____	

Complete below when information is obtained.

Part 4b:	TO BE COMPLETED BY FULLONE TRUCKING
Information received from: _____	
Recorded by: _____ Method: <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Telephone	
Date _____ <input type="checkbox"/> Other _____	

INSTRUCTIONS TO COMPLETE THE SAFTEY PREFORMANCE HISTORY RECORDS REQUEST

- | |
|--|
| <p>Page 1 Part 1: Perspective Employee</p> <ul style="list-style-type: none"> • Complete the information required in this section • Sign and date • Submit to perspective employer <p>Page 1 Part 2: Previous Employer</p> <ul style="list-style-type: none"> • Complete the information required in this section • Sign and date • Turn form over to complete Page 2 Part 3 <p>Page 2 Part 3: Previous Employer</p> <ul style="list-style-type: none"> • Complete the information required in this section • Sign and date • Return to prospective employer |
|--|

- | |
|--|
| <p>Page 2 Part 4a: Perspective Employer</p> <ul style="list-style-type: none"> • Complete the information • Send to previous employer <p>Page 2 Part 4b: Prospective Employer</p> <ul style="list-style-type: none"> • Record receipt of the information • Retain the form |
|--|

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to **FULLONE TRUCKING** for the purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

(Applicants Signature)

(Date)

1. In accordance with the provisions of Section 604 and Section 607 of the Fair Credit Reporting Act, Public Law No. 91-508, I hereby certify that the information requested below will be used for a "permissible purpose" as defined in the Act, and that the information received will be used for no other purpose.
2. I further certify that if the applicant named below is denied employment based upon the information received, I will identify the source of the report in accordance with section 615(a) of the fair Credit Reporting Act.

(Signature of the Requester)

(Date)

TO: **Haylor, Freyer, & Coon Inc.**
231 Salina Meadows Pkwy
PO Box 4743
Syracuse, NY 13221-4743

The following named person has made application with our company for the position of _____
_____. As in accordance with Section 391.23, Federal Department of Transportation
Regulations, please furnish the undersigned with the applicant's driving record for the past three (3) years.

NAME OF APPLICANT _____

ADDRESS _____
(Number & Street) (City) (State) (Zip)

FORMER ADDRESS _____
(Number & Street) (City) (State) (Zip)

DATE OF BIRTH _____

SOCIAL SECURITY NO. _____ LICENSE NUMBER _____

Requested By:
Fullone Trucking
10862 Mileblock Rd.
North Collins, NY 14111

Title: _____

Print Name _____

Signature _____

**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS
IMPORTANT DISCLOSURE
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

In connection with your application for employment with **Fullone Trucking Inc.** ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize **Fullone Trucking Inc.** ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

LAST UPDATED 12/22/2015

CRIMINAL / DMV AUTHORIZATION FOR RECORD CHECK

Date: _____

I, _____, do hereby authorize the Town of Brant Police Department to check and receive any information regarding my criminal record, if any, and that relates to my driver's license or operating record including disciplinary measures released to Fullone Trucking, Inc., to include but not be limited to any and all record furnished by the New York State Department of Motor Vehicles.

Name Printed

Signature

Current Address

Date of Birth

Signature of Witness

Witness Name Printed