

EMPLOYMENT RECORD

(Attach sheet if more space is needed.)

NOTE: DOT Requires That Employment for at Least 10 Years and/or Commercial Experience for the Past 10 Years Be Shown.

LAST EMPLOYER:

NAME _____
ADDRESS _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASON FOR LEAVING _____
EMPLOYERS PHONE NUMBER _____

SECOND LAST EMPLOYER:

NAME _____
ADDRESS _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASON FOR LEAVING _____
EMPLOYERS PHONE NUMBER _____

THIRD LAST EMPLOYER:

NAME _____
ADDRESS _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASON FOR LEAVING _____
EMPLOYERS PHONE NUMBER _____

HAVE YOU FAILED A DRUG OR ALCOHOL TEST IN THE PAST 10 YEARS AND IF SO, DID YOU COMPLETE A REHABILITATION PROGRAM. (Attach sheet if more space in needed.)

DATES: _____ **TREATMENT FACILITY (Name and Location)** _____
_____ _____
_____ _____

ACCIDENT RECORD FOR PAST 10 YEARS OR MORE (Attach sheet if more space in needed.)

DATES:	NATURE OF ACCIDENT (Head-on, Rear-end, Upset)	FATALITIES	INJURIES
LAST ACCIDENT _____	_____	_____	_____
NEXT PREVIOUS _____	_____	_____	_____
NEXT PREVIOUS _____	_____	_____	_____

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 10 YEARS
(Other than parking violations)

LOCATION:	DATE:	CHARGE:	PENALTY:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Attach sheet if more space is needed.)

CRIMINAL HISTORY

HAVE YOU EVER BEEN CHARGED OR CONVICTED IN THE PAST 10 YEARS?

WHAT WAS OFFENSE	YEAR	CURRENT STATUS
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Attach sheet if more space is needed.)

ARE YOU CURRENTLY ON PROBATION IN NEW JERSEY OR ANY OTHER STATE? YES_____NO_____

****TO BE READ AND SIGNED BY APPLICANT**

THIS CERTIFIES THAT I COMPLETED THIS APPLICATION. ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETED TO THE BEST OF MY KNOWLEDGE, I AM GRANTING PERMISSION FOR THIS INFORMATION TO BE RELEASED TO BARRETT ASPHALT UPON REQUEST, TO ANY AND ALL PREVIOUS EMPLOYERS , REFERENCES, MOTOR VEHICLE DEPARTMENT, OR ANY MEDICAL FACILITIES .

Applicant's Signature

DATE

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

“Release of Information Form -- 49 CFR Part 40 Drug and Alcohol Testing”

Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:

Employee Printed or Typed Name: _____

Employee SS or ID Number: _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in *Section I-B*, to the employer listed in *Section I-A*. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in *Section II-A* by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: _____ Date: _____

I-A.

New Employer Name: _____

Address: _____

Phone #: _____ Fax #: _____

Designated Employer Representative: _____

I-B.

Previous Employer Name: _____

Address: _____

Phone #: _____

Designated Employer Representative (if known): _____

Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:

II-A. In the two years prior to the date of the employee’s signature (in Section I), for DOT-regulated testing ~

- | | |
|---|------------------------|
| 1. Did the employee have alcohol tests with a result of 0.04 or higher? | YES ___ NO ___ |
| 2. Did the employee have verified positive drug tests? | YES ___ NO ___ |
| 3. Did the employee refuse to be tested? | YES ___ NO ___ |
| 4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? | YES ___ NO ___ |
| 5. Did a previous employer report a drug and alcohol rule violation to you? | YES ___ NO ___ |
| 6. If you answered “yes” to any of the above items, did the employee complete the return-to-duty process? | N/A ___ YES ___ NO ___ |

NOTE: If you answered “yes” to item 5, you must provide the previous employer’s report. If you answered “yes” to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

II-B.

Name of person providing information in *Section II-A*: _____

Title: _____

Phone #: _____

Date: _____

Applicant Data Record

Applicants are considered for all positions. Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition, or handicap or any other legally protected status.

As employers/governmental contractors, we comply with government regulations, including affirmative action responsibilities where they apply.

Solely to help us comply with government record keeping, reporting and other legal requirements, we request that you fill out the applicant data record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a confidential file separate from the application for employment. YOUR COOPERATION IS VOLUNTARY.

PLEASE PRINT

DATE _____.

Position(s) applied for _____.

Referral Source: Advertisement Friend Relative Walk-In
 Employment Agency Other: _____

NAME: _____
Last First Middle

ADDRESS: _____
Number Street City State/Zip Code

PHONE: () _____.

Government Agencies at time require periodic reports on the sex, ethnicity, handicapped, veteran, and other protected status of applicants. This data is for analysis and possible affirmative action only. Submission of information is voluntary.

CHECK ONE: Male Female

Race/Ethnic Group: White Black Hispanic
 American Indian/Alaskan Native Asian/Pacific Islander

Check If Any Apply: Vietnam Veteran Disabled Veteran Handicapped