



Employment Application for Commercial Drivers

APPLICANT INFORMATION						
Last Name		First Name		M.I.	Date	___ / ___ / ___
Date of Birth	___ / ___ / ___	Social Security No.	___ - ___ - ___	Phone Number		
Current Street Address				Apartment / Unit #		
City, State & ZIP Code				How Long At This Address?		
Email Address				Date Available to Start	___ / ___ / ___	
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are you able to fluently read, write, and understand spoken English?*	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, are you fluent in any other languages? YES <input type="checkbox"/> NO <input type="checkbox"/> Explain.			
Are you employed now?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, may we inquire of your present employer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever applied to this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?			
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?			
Have you been convicted of a felony within the last 5 years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain			

PREVIOUS THREE YEARS RESIDENCY (ATTACH SHEET IF MORE SPACE IS NEEDED)			
Street Address			Apartment / Unit #
City, State & ZIP Code			# of Years At Address
Street Address			Apartment / Unit #
City, State & ZIP Code			# of Years At Address
Street Address			Apartment / Unit #
City, State & ZIP Code			# of Years At Address

LICENSE INFORMATION			
<i>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.</i>			
State	License Number	Type	Expiration Date
			___ / ___ / ___

DRIVING EXPERIENCE				
Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approximate Number of Miles (Total)
		From	To	
Straight Truck		___ / ___	___ / ___	
Tractor and Semi-Trailer		___ / ___	___ / ___	
Tractor-Two Trailers		___ / ___	___ / ___	
Other		___ / ___	___ / ___	

ACCIDENT RECORD FOR PAST THREE YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

Dates	Nature of Accident (Head-On, Rear-End, Upset, Etc.)	Number of Fatalities	Number of 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"/>

TRAFFIC CONVICTIONS AND FORFEITURES FOR PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)**ATTACH SHEET IF MORE SPACE IS NEEDED**

Date Convicted (month/year)	Violation	State of Violation Location	Penalty (forfeited bond, collateral, and/or points)		
___ / ___					
___ / ___					
___ / ___					
A. Have you ever been denied a license, permit, or privilege to operate motor vehicle?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, explain					
B. Has any license, permit, or privilege ever been suspended or revoked?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, explain					

EMPLOYMENT RECORD (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 three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

Must list the complete mailing address: street number and name, city, state, and ZIP code

Last Employer Name												
Street Address												
City, State & ZIP Code				Phone Number								
Position Held		From		___ / ___		To		___ / ___		Salary	\$	
Reason(s) for Leaving												
Any Gaps in Employment and/or Unemployment must be explained. Include Dates (Month/Year) and Reason(s) in the line below												
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?										YES <input type="checkbox"/>		NO <input type="checkbox"/>
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 <input type="checkbox"/>		NO <input type="checkbox"/>
Second Last Employer Name												
Street Address												
City, State & ZIP Code				Phone Number								
Position Held		From		___ / ___		To		___ / ___		Salary	\$	
Reason(s) for Leaving												
Any Gaps in Employment and/or Unemployment must be explained. Include Dates (Month/Year) and Reason(s) in the line below												
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?										YES <input type="checkbox"/>		NO <input type="checkbox"/>
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 <input type="checkbox"/>		NO <input type="checkbox"/>

Third Last Employer Name							
Street Address							
City, State & ZIP Code			Phone Number				
Position Held		From	____ / ____	To	____ / ____	Salary	\$
Reason(s) for Leaving							
Any Gaps in Employment and/or Unemployment must be explained. Include Dates (Month/Year) and Reason(s) in the line below							
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?						YES <input type="checkbox"/>	NO <input type="checkbox"/>
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 <input type="checkbox"/>	NO <input type="checkbox"/>
TO BE READ AND SIGNED BY APPLICANT							
<p>*Brenner Recycling ("the company") provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability, or genetics. It is the policy of the company to encourage diversity and inclusiveness in all of its business pursuits. This includes employing people who may speak a language other than English as their primary means of communication. However, the nature of the company's work requires fluency in English as a common language to promote and maintain a safe working environment for all on site.</p> <p>I authorize you to make sure investigations and inquiries to 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.</p> <p>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.</p> <p>"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:</p> <ul style="list-style-type: none"> • 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." 							
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 an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.							



Safety Performance History Records Request

PART 1:	TO BE COMPLETED BY PROSPECTIVE EMPLOYEE										
Last Name					First Name				M.I.	Today's Date	___ / ___ / ___
Date of Birth	___ / ___ / ___		Social Security No.	___ - ___ - ___		Phone Number					
I, (print full name) _____, hereby authorize my previous employer listed below 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 the date of this application.											
To:	Brenner Recycling, Attn: Human Resources, 282 South Wyoming Street, Hazleton, PA 18201										
Phone:	(570) 454-8706	Fax	(866) 210-0083	Email	info@brennerrecycling.com						
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.											
Applicant's Signature								Date	___ / ___ / ___		
This information is being requested in compliance with §40.25(g) and 391.23.											
PART 2:	TO BE COMPLETED BY PREVIOUS EMPLOYER										
ACCIDENT HISTORY											
The applicant named in PART 1 above was employed by us.										YES <input type="checkbox"/>	NO <input type="checkbox"/>
Position Held					From (mm/yy)	___ / ___		To (mm/yy)	___ / ___		
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"/>				
Doubles /Triples <input type="checkbox"/>	Other (Specify) <input type="checkbox"/>										
2. Reason for leaving your employ:	Discharged <input type="checkbox"/>	Resignation <input type="checkbox"/>	Lay Off <input type="checkbox"/>	Military Duty <input type="checkbox"/>	Other (Specify) <input type="checkbox"/>						
If there is no safety performance history to report, check here <input type="checkbox"/> , 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 <input type="checkbox"/> if there is no accident register data for this driver. Attach sheet if more space is needed.											
Date	Location				Number of Injuries	Number of Fatalities	Hazmat Spill				
___ / ___ / ___											
___ / ___ / ___											
___ / ___ / ___											
Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies:											

Any other remarks:								
Signature				Title			Date	____ / ____ / ____
PART 3:	TO BE COMPLETED BY PREVIOUS EMPLOYER							
DRUG AND ALCOHOL HISTORY								
The applicant named in PART 1 above was employed by us.							YES <input type="checkbox"/>	NO <input type="checkbox"/>
Position Held				From (mm/yy)	____ / ____	To (mm/yy)	____ / ____	
If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here <input type="checkbox"/> , complete the bottom of Part 3, sign, and return.								
Driver was subject to Department of Transportation testing requirements				From (mm/yy)	____ / ____	To (mm/yy)	____ / ____	
1. Has this person had an 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 or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on page 1.								
Name								
Company Name								
Street Address								
City, State & ZIP Code				Phone Number				
Part 3 Completed By (Signature)						Date	____ / ____ / ____	
PART 4a:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER							
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	____ / ____ / ____	
PART 4b:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER							
Complete below when information is obtained.								
Information received from:								
Recorded By:				Method	<input type="checkbox"/> Fax	<input type="checkbox"/> Mail	<input type="checkbox"/> Email	<input type="checkbox"/> Telephone
Date	____ / ____ / ____			Other _____				



Records Request for Driver/Applicant Safety Performance History

This request is made by the driver/applicant in compliance with the Department of Transportation regulations.

§391.23(i)(2)	Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business-days deadline will begin when the prospective employer receives the requested safety-performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.				
PART 1: COMPLETED BY THE DRIVER/APPLICANT					
TO:	Prospective Employer:	Brenner Recycling			
	Street / PO Box:	282 South Wyoming Street			
	City, State & ZIP Code:	Hazleton, PA 18201	Phone Number:	(570) 454-8706	
FROM:	Driver / Applicant:			Social Security No.	____ - ____ - ____
	Street / PO Box:				
	City, State & ZIP Code:		Phone Number:		
I am submitting this written request to obtain copies of my Department of Transportation Safety Performance History for the preceding three years. I understand, for records requested from a prospective employer, that I must arrange to pick up or receive the requested records within thirty (30) days of the records being made available or I have waived my request to review the records.					
This information should be:			<input type="checkbox"/> Sent to me at the above address	<input type="checkbox"/> I will arrange to pick up	
Driver/Applicant Signature:					Date: ____ / ____ / ____
PART 2: COMPLETED BY THE PROSPECTIVE EMPLOYER					
The information must be provided to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business-days deadline will begin when the prospective employer receives the requested safety performance history information.					
Information Supplied To:					
Name:					
Street Address:					
City, State & ZIP Code:					
Comments:					
By (Signature):		Phone Number:		Release Date: ____ / ____ / ____	



References and MVR Request Authorization

REFERENCES			
<i>Please list three persons you are not related to, whom you have known at least one year.</i>			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

MVR REQUEST AUTHORIZATION			
Fair Credit Reporting Act Disclosure Statement			
In accordance with the provisions of §604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act 1999 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), I understand that reports verifying my driving record may be obtained for employment purposes. Additionally, I hereby authorize the release of the following driver motor vehicle records to Brenner Recycling from any and all liability that may result from furnishing such information.			
Applicant/Employee Name As It Appears on Driver's License:			
Driver's License Number:			
State:		Endorsement(s):	
Date of Birth:	____ / ____ / ____		
CERTIFICATION			
Applicant/Employee Signature:			
Date:	____ / ____ / ____		



Background Check Release

I, _____, having applied for employment at Brenner Recycling ("the company") request and authorize the company to conduct a criminal history background search in my name. I understand that this may include Federal, State, and local searches.

APPLICANT INFORMATION							
Last Name		First Name		Middle Name		Suffix	
Aliases / Previous Names Used							
Maiden Name (if applicable)							
Social Security No.	____ - ____ - ____	Date of Birth	____ / ____ / ____	Gender			
Driver's License or State ID Number				State of Issue			

Current Street Address					Apartment/Unit #		
City			State			ZIP	
Home Phone			Cellular Phone				

Signature					Date	____ / ____ / ____	
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M.H. BRENNER RECYCLING, INC.
 282 SOUTH WYOMING STREET
 HAZLETON, PA 18201



Authorization for Release of Information

I, _____, have applied for employment at Brenner Recycling ("the company"). I hereby authorize the release of information regarding my past employment, work performance, dependability, abilities, and reason for my separation to the company.
 Further, I knowingly waive all rights to bring an action for defamation, invasion of privacy, or similar causes of action against my previous employers or the company in connection with providing information about my previous employment.

Last Name		First Name		Middle Name		Suffix	
Signature					Date	____ / ____ / ____	