

Driver Requirements

Every individual that operates a vehicle that requires a class “A” commercial driver’s license must meet the following criteria:

- 1) Must be at least 25 years old
- 2) Must have at least 2 years class “A” experience
- 3) Must pass a pre-employment drug screen
- 4) Must possess a current DOT Physical card
- 5) Must complete a DOT packet
- 6) Must have no at fault accidents in the past 5 years
- 7) Must not have any DUI convictions in the past 4 years
- 8) Must have a satisfactory MVR
- 9) Must undergo a criminal background check
- 10) No more than 3 speeding tickets in the last 3 years.
No more than 1 speeding ticket in the past 12 months.
- 11) Must not have any Major Violations on driving record for the past 36 months.



P.O. Box 514 | Utica, New York 13503
315-272-1869 | www.ERCtransportation.com

EMPLOYEE APPLICATION

(ANSWER ALL QUESTIONS. PLEASE PRINT)

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

Name _____ Date of Application _____
LAST FIRST MIDDLE

Position(s) Applied For _____

Home Phone _____ Cell Phone _____

Social Security # _____ Email _____

License Number _____ State Issued by _____

List your addresses of residence for the past three years.

Current	STREET	CITY	STATE	ZIP	YEARS THERE
Previous	STREET	CITY	STATE	ZIP	YEARS THERE
	STREET	CITY	STATE	ZIP	YEARS THERE
	STREET	CITY	STATE	ZIP	YEARS THERE

Do you have the legal right to work in the United States? _____

Date of Birth _____ Can you provide proof of age? _____
REQUIRED FOR TRUCK DRIVERS

Have you worked for this company before? _____ Where? _____
From _____ To _____ Rate of pay _____
Reason for leaving _____

Are you now employed? _____ If not, how long since last employment _____
Who referred you? _____ Rate of pay expected _____

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)? _____

If yes, explain if you wish _____

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding three years. List complete mailing address, street number, city, state, and zip code.

Applicants to drive a commercial motor vehicle (includes having a GVWR of 26,001 pounds or more, vehicles designed to transport fifteen or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding) in interstate or intrastate commerce shall also provide an additional seven years information on those employers for whom the applicant operated such vehicle.

List employers in reverse order, starting with the most current.

Name			From:
Address			To:
City	State	Zip	Reason for Leaving
Contact Person	Phone Number		

Name			From:
Address			To:
City	State	Zip	Reason for Leaving
Contact Person	Phone Number		

Name			From:
Address			To:
City	State	Zip	Reason for Leaving
Contact Person	Phone Number		

Name			From:
Address			To:
City	State	Zip	Reason for Leaving
Contact Person	Phone Number		

Name			From:
Address			To:
City	State	Zip	Reason for Leaving
Contact Person	Phone Number		

Name			From:
Address			To:
City	State	Zip	Reason for Leaving
Contact Person	Phone Number		

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE – if none, write NONE
(ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC)	FATALIES	INJURIES
LAST ACCOUNT			
NEXT PREVIOUS			
NEXT PREVIOUS			

TRAFFIC CONVICTIONS AND FORFEITURES FOR PAST 3 YEARS – if none, write NONE
(OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8
HIGH SCHOOL: 1 2 3 4
COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED _____
(NAME) (CITY)

EXPERIENCE AND QUALIFICATIONS – DRIVER

List ALL DRIVER LICENSES YOU HAVE EVER POSSESSED

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____

B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

DRIVING EXPERIENCE IF NONE, WRITE NONE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM TO	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK			
TRACTOR AND SEMI-TRAILER			
TRACTOR- TWO TRAILERS			
OTHER			

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS – OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

TO BE READ AND SIGNED BY APPLICANT

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. I authorize you to make such investigations and inquires 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 medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, healthcare providers and other persons from all inability in responding to inquiries and releasing information in connection with my application. 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.

Date

Applicant's Signature

PROCESS RECORD (to be completed by responsible officer of company representative)

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
1.APPLICATION						
2.INTERVIEW						
3.PAST EMPLOYMENT						
4.WRITTEN EXAM						
5.ROAD TEST						
6.CRIMINAL AND TRAFFIC CONVICTIONS						

SIGNATURE OF INTERVIEWING OFFICIAL _____

TRANSFERS

FROM: _____ TO: _____
DATE: _____
REASON FOR TRANSFER: _____

FROM: _____ TO: _____
DATE: _____
REASON FOR TRANSFER: _____

FROM: _____ TO: _____
DATE: _____
REASON FOR TRANSFER: _____

FROM: _____ TO: _____
DATE: _____
REASON FOR TRANSFER: _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

**REQUEST/CONSENT FOR INFORMATION FROM PREVIOUS EMPLOYER
ON ALCOHOL & CONTROLLED SUBSTANCES TESTING**

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

(PRINT NAME) _____
FIRST M.I. LAST Social Security Number

Hereby authorize that (Previous Employer) _____

Street: _____ Telephone: _____

City, State, Zip: _____ Fax Number: _____

May release and forward information requested by section 2 (below) of this document concerning my Alcohol and Controlled Substances Testing Records to:

Prospective Employer: **ERC TRANSPORTATION, LLC.**

Street: **P.O. Box 514**

Telephone: (315) 272-1869

City, State, Zip: **Utica, NY 13503**

Fax Number: (315) 724-0167

Applicant's Signature: _____ **Date:** _____

This is in compliance with §382.405 (f) and (h), which state:

(f) Records shall be made available to a subsequent employer upon receipt of a written request from a driver. Disclosures by the subsequent employer are permitted only as expressly authorized by the terms of the driver's request.

(h) An employer shall release information regarding a driver's records as directed by the specific written consent of the driver authorizing release of the information to an identified person. Release of such information by the person receiving the information is permitted only in accordance with the terms of the employees' consent.

§382.413(a)(b)(d)(e)(f)(h) further state:

§382.413 Inquiries for alcohol and controlled substances information from previous employers.

(a)(1) An employer shall, pursuant to the driver's written authorization, inquire about the following information on a driver from the driver's previous employers during the preceding (3) years from the date of application, which are maintained by the driver's previous employers under §382.401(b)(1) (i) through (iii) of this subpart:

- (i) Alcohol tests with a result of 0.04 alcohol concentrator or greater
- (ii) Verified positive controlled substances test result and
- (iii) Refusals to be tested.

(2) The information obtained from a previous employer may contain any alcohol and drug information the previous employer obtained from other previous employers under paragraph (a)(1) of this section.

(b) If feasible, the information in paragraph (a) of this section must be obtained and reviewed by the employer prior to the first time a driver performs safety-sensitive functions for the employer. If not feasible, the information must be obtained and reviewed as soon as possible, but not later than 14-calendar days after the first time a driver performs safety-sensitive functions after 14 days without having made a good faith effort to obtain the information as soon as possible. If a driver hired

SECTION 2: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

If driver was not subject to Part 382 testing requirements while employed by this employer, please check here: ☐ , sign below and return.

Under Part 382 testing requirements:

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Has this person ever tested positive for a controlled substance in the last (2) two years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person ever had an alcohol test with Breath Alcohol Concentration 0.04 or greater
In the last (2) two years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person ever refused a required test for drugs or alcohol in the last (2) years? | <input type="checkbox"/> | <input type="checkbox"/> |

*Please include information received from other previous employers.

If YES to any of the above questions, please give the Substance Abuse Professionals name, address and phone number for further reference. Name: _____ Telephone: _____

Street: _____ City: _____ State: _____ Zip: _____

SECTION 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Section 2 Completed by: (Print) _____ Date: _____

This form was (check one) _____ Faxed to previous employer _____ Mailed _____ Date: _____

Information received from: _____ Recorded by: _____

Method: _____ Fax _____ Mail _____ Phone _____ Personal Interview _____ Date: _____

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to ERC TRANSPORTATION, LLC. (prospective employer) for the purpose of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability that may result from furnishing such information.

(Applicant's 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 Requester)

(Date)

TO: _____

Sir/Madam:

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 (3) three years.

NAME OF APPLICANT: _____

ADDRESS: _____

FORMER ADDRESS: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NO.: _____

LICENSE NO.: _____

REQUESTED BY:

ERC Transportation, LLC

**MOTOR VEHICLE DRIVER'S
Certification of Violations/Annual Review of Driving Record**

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (Section 391.27). Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral of any violation that must be listed, he/she shall so certify (Section 391.27)

COMPLETED BY DRIVER- CERTIFICATION OF VIOLATIONS

NAME OF DRIVER: (print) _____

SOCIAL SECURITY NUMBER: _____

DATE OF EMPLOYMENT: _____

HOME TERMINAL (CITY AND STATE): _____

DRIVER'S LICENSE NUMBER, STATE, & EXPIRATION DATE: _____

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

(If you have had **NO** violations, please initial here: _____ **NONE**)

DATE	OFFENSE	LOCATION	CDL OR NON-CDL
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those provided under Part 383) required to be listed during the past 12 months.

Date of Certification: _____ Driver's Signature: _____

COMPLETED BY MOTOR CARRIER – ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

I have hereby reviewed the driving record of the above-named driver in accordance with Section 391.25 and find that he/she (check one):

_____ Meets minimum requirements for safe driving _____ is disqualified to drive a motor vehicle pursuant to Section 391.15

_____ Does not adequately meet satisfactory safe driving performance

Action taken with driver: _____

Reviewed by: _____

Signature: _____ DATE: _____

Printed Name: _____ Title: _____

Motor Carrier Name: ERC Transportation, LLC.

Motor Carrier Address: P.O. Box 514, Utica, New York 13503

Maintain this document in the Driver's Qualification file. This document may be purged after 3 years from date of execution.

**Motor Vehicle Driver's
CERTIFICATION OF COMPLIANCE
WITH DRIVER LICENSE REQUIREMENT**

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

1) POSSESS ONLY ONE LICENSE:

You, as a commercial vehicle driver, may not possess more than one motor Vehicle operator's license. If you have more than one license, keep the license from your state of residence and return the additional licenses to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been stolen, lost or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by that state.

2) NOTIFICATION OF LICENSE SUSPENSION, REVOCATION, OR CANCELLATION:

Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (If the violation occurs in a state other than the one which issued your license). The notification to both the employer and the state must be in writing.

The following license is the only one I will possess:

Driver's License Number: _____ State: _____ EXP. Date: _____

DRIVER CERTIFICATION: I CERTIFY THAT I HAVE READ AND UNDERSTOOD THE ABOVE REQUIREMENTS.

Driver's Name (Printed): _____

Driver's Signature: _____ Date: _____

Notes:

DRIVER STATEMENT OF ON-DUTY HOURS

(For Newly Hired and Reactivated Drivers)

INSTRUCTIONS: Motor carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier. Rule 395.8(j)(2) Federal Motor Carrier Safety Regulations. NOTE: Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

Driver Name (Print): _____

Social Security Number: _____

Motor Vehicle Operator's License Number: _____

Type of License: _____ Issuing State: _____

DAY	1 Yesterday	2	3	4	5	6	7	
DATE								
HOURS WORK ED								TOTAL HOURS

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at:

_____ A.M. or P.M. On _____
Time DAY MONTH YEAR

Driver's Signature: _____ Date: _____

DRIVER CERTIFICATION FOR OTHER COMPENSTAED WORK

INSTRUCTIONS: When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in Section 395.2 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ or service of a common contract or private motor carrier, also performing any compensated work for any non-motor entity.

YES NO (check one)

1. Are you currently working for another employer: _____
2. At this time, do you intend to work for another employer while still employed by this company? _____

I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

Driver's Signature: _____ Date: _____

Company Representative: _____ Date: _____

DRUG SCREENING CONSENT FORM

NAME

SOCIAL SECURITY #

DATE OF BIRTH

LOCATION

I understand that in accordance with Federal Motor Carrier Safety Regulations Part 391-81 (H) and ERC TRANSPORTATION, LLC policy all contractors/drivers prior to contracting with ERC TRANSPORTATION, LLC must undergo a drug test urinalysis to detect the presence of drugs.

It is also agreed that I will undergo testing on a **random basis** according to Part 391.109 (H). I will voluntarily consent to provide a urine specimen at a collection site designated by ERC TRANSPORTATION, LLC.

I am also in agreement that if I am involved in an accident while driving for ERC TRANSPORTATION, LLC, I will undergo testing no later than 24 hours post-accident. Part 391.113 (H).

Failure to pass the initial, biannual, post accident, or random urinalysis testing, or voluntarily requested will automatically disqualify me as a contractor/driver for ERC TRANSPORTATION, LLC.

I acknowledge that I will be charged for each urinalysis procedure.

CONTRACTOR/DRIVER: _____

DATE: _____

ERC TRANSPORTATION, LLC: _____

DATE: _____

ERC TRANSPORTATION, LLC.

**CERTIFICATION OF RECEIPT, UNDERSTANDING OF, AND CONSENT TO COMPLY
WITH THE COMPANY SUBSTANCE ABUSE PROGRAM**

The Company is vitally concerned with those situations where the use of illegal drugs or the illegal use of legal drugs, and the misuse of alcohol can seriously interfere with an individual's health and job performance and the company's business operations, and is a hazard to the safety and welfare of other employees or the public at large.

The Company has established a Substance Abuse Program for the purpose of maintaining a drug and alcohol free work place, in accordance with Federal Regulations and Company Policy.

All existing covered persons and new applicants for covered positions must be drug and alcohol free in accordance with DOT Regulations and the Company Substance Abuse Program.

I hereby certify that I have received a copy of the Company Substance Abuse Program; that I have read and understand its contents; and understand that I must be drug and alcohol free as a condition of employment.

I hereby authorize the Company to obtain my DOT drug and alcohol test results from my employers for the previous two (2) years, in accordance with the Federal Regulations and understand that those test results will be kept strictly confidential.

I understand the Company has designated a third party to act as its "Designated Agent" for the purpose of receiving and processing individual drug and alcohol test results administered to its employees and job applicants.

I hereby authorize the Company's "Designated Agent" to receive my drug and alcohol test results direct from the Company's drug testing laboratories and alcohol testing facilities, and to process and report such test results to the Company in a confidential manner.

NAME (print): _____

Social Security Number: _____

Signature: _____ DATE: _____