



NEAL'S PALLET COMPANY, INC.

COMMERCIAL DRIVER APPLICATION

Applicant FULL Name _____ Date of Application _____

Home Phone _____ Mobile Phone _____ Email _____

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history, motor vehicle reports, and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, school, health care providers and other persons from all liability 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 that I am required to abide by all rules, by-laws, and regulations of the Company. I understand that information I provide regarding current and/or previous employers may be used, and those employers(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:

Review information provided by 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;

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.

Signature _____ Date _____

ADDRESS/APPLICANT INFORMATION

List your address of residency for the past 3 years.

Current address _____ How Long? _____
Street City/State and Zip code

Previous address _____ How Long? _____
Street City/State and Zip code

Previous address _____ How Long? _____
Street City/State and Zip code

Date of Birth _____ Social Security number _____

Driver's License number _____ Class _____ State Issued _____ Expiration Date _____

Has your license, permit or privilege ever been suspended or revoked? Yes _____ No _____ Year Suspended _____

When does your current DOT Medical Card expire? _____

Have you ever been convicted of a felony? _____

If yes, please explain fully. Conviction of a crime is not an automatic bar to employment. All circumstances will be considered. _____

DRIVING EXPERIENCE

Tractor and Semi-Trailer: Yes _____ No _____ If Yes for Tractor and Semi-Trailer, How many years of experience _____

Straight Truck: Yes _____ No _____ Flatbed: Yes _____ No _____

BASIC EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4

HIGH SCHOOL ATTENDED _____

COLLEGE or TRADE SCHOOL ATTENDED _____

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the past 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle intrastate or interstate commerce shall also provide an additional 7 years of information on those employers for whom the applicant operated such vehicle. Start with most recent employer.

EMPLOYER

EMPLOYER NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

CONTACT PERSON _____ PHONE NUMBER _____

EMPLOYED FROM MO/YR _____ TO MO/YR _____ REASON FOR LEAVING? _____

WERE YOU SUBJECT TO THE FMCRs** WHILE EMPLOYED? YES _____ NO _____

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES _____ NO _____

EMPLOYER

EMPLOYER NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

CONTACT PERSON _____ PHONE NUMBER _____

EMPLOYED FROM MO/YR _____ TO MO/YR _____ REASON FOR LEAVING? _____

WERE YOU SUBJECT TO THE FMCRs** WHILE EMPLOYED? YES _____ NO _____

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES _____ NO _____

EMPLOYER

EMPLOYER NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
CONTACT PERSON _____ PHONE NUMBER _____
EMPLOYED FROM MO/YR _____ TO MO/YR _____ REASON FOR LEAVING? _____
WERE YOU SUBJECT TO THE FMCRs** WHILE EMPLOYED? YES _____ NO _____
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES _____ NO _____

EMPLOYER

EMPLOYER NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
CONTACT PERSON _____ PHONE NUMBER _____
EMPLOYED FROM MO/YR _____ TO MO/YR _____ REASON FOR LEAVING? _____
WERE YOU SUBJECT TO THE FMCRs** WHILE EMPLOYED? YES _____ NO _____
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES _____ NO _____

*Includes vehicles having a GVWR of 26,001 LBS. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

** The Federal Motor Carrier Safety Regulations (FMCRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

By my signature below, I confirm that all the information I have provided on this application is true, as to the best of my knowledge and understanding. I acknowledge that Neal's Pallet Company, Inc. is an Employment at Will Employer. I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that I am required to abide by all rules, by-laws, and regulations of Neal's Pallet Company, Inc., and of the State of North Carolina.

Signature: _____ Date: _____