

Township of Frankford

151 U.S. Highway 206

Augusta, NJ 07822

(973) 948-5566

We are an Equal Opportunity Employer and fully subscribe to the principles of Equal Employment Opportunity. Applicants and/or employees are considered for hire, promotion and job status, without regard to race, color, religion, creed, sex, marital status, national origin, age, physical or mental disability.

Name _____ Date of application _____
LAST FIRST MIDDLE

Address _____ City _____ State _____ Zip _____

Telephone _____

1. GENERAL INFORMATION:

Are you able to perform the essential job functions of the position for which you are applying with or without reasonable accommodation? ☐ Yes ☐ No

Have you been convicted of any felonies other than minor traffic violations during the past seven years? (A criminal record or a conviction will not automatically bar employment, but will be considered only as it reasonably relates to your fitness to perform in the position for which you are applying.) ☐ No ☐ Yes If yes, explain:

2. EDUCATION & TRAINING:

Circle last grade completed - Grade 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 Masters _____ Doctorate _____

Name & Address of School

	Major Course studied	Graduated or degree (Yor N)	Average Grade
Last High School Attended/Address:			
College or University/Address			
College or University/Address Other School (Technical, Vocational, Graduate, etc.) /Address			

List any scholarships, academic honors, awards or special achievements:

3. SKILLS Please list any skills you have that are appropriate for the position you are applying for: _____

If required, will you work?

Rotating shifts ☐ YES ☐ NO
Overtime ☐ YES ☐ NO

Saturdays ☐ YES ☐ NO
Sundays ☐ YES ☐ NO

Position applying for, be specific:

Salary Requirements

\$

☐ per hour

☐ per month

State fully why you believe you are qualified for this position

Date you can start

/ /

INTERESTS / ACCOMPLISHMENTS: You may wish to list significant experience, interests & accomplishments gained while working as a volunteer or as a hobbyist that may be useful in the position (s) you are seeking. Names or organizations designating religion, race, etc. need not be mentioned.

EMPLOYMENT HISTORY

Starting with your PRESENT or MOST RECENT EMPLOYER list in consecutive order ALL EMPLOYMENT for at least the past **FOUR** employers. If currently employed, may we contact your employer? ☐ Yes ☐ No

PRESENT OR MOST RECENT EMPLOYER

FULL NAME OF COMPANY				(AREA CODE)	TELEPHONE	SALARY BEGIN END	EMPLOYED FROM TO MO/YR MO/YR
STREET ADDRESS		CITY	STATE	ZIP			
NAME & TITLE OF SUPERVISOR		TITLE OF YOUR POSITION			REASON FOR LEAVING:		
LIST JOBS HELD, DUTIES PERFORMED, SKILLS USED, & PROMOTIONS WHILE EMPLOYED AT THIS COMPANY:							
FULL NAME OF COMPANY				(AREA CODE)	TELEPHONE	SALARY BEGIN END	EMPLOYED FROM TO MO/YR MO/YR
STREET ADDRESS		CITY	STATE	ZIP			
NAME & TITLE OF SUPERVISOR		TITLE OF YOUR POSITION			REASON FOR LEAVING:		
LIST JOBS HELD, DUTIES PERFORMED, SKILLS USED, & PROMOTIONS WHILE EMPLOYED AT THIS COMPANY:							
FULL NAME OF COMPANY				(AREA CODE)	TELEPHONE	SALARY BEGIN END	EMPLOYED FROM TO MO/YR MO/YR
STREET ADDRESS		CITY	STATE	ZIP			
NAME & TITLE OF SUPERVISOR		TITLE OF YOUR POSITION			REASON FOR LEAVING:		
LIST JOBS HELD, DUTIES PERFORMED, SKILLS USED, & PROMOTIONS WHILE EMPLOYED AT THIS COMPANY:							
FULL NAME OF COMPANY				(AREA CODE)	TELEPHONE	SALARY BEGIN END	EMPLOYED FROM TO MO/YR MO/YR
STREET ADDRESS		CITY	STATE	ZIP			
NAME & TITLE OF SUPERVISOR		TITLE OF YOUR POSITION			REASON FOR LEAVING:		
LIST JOBS HELD, DUTIES PERFORMED, SKILLS USED, & PROMOTIONS WHILE EMPLOYED AT THIS COMPANY:							

READ CAREFULLY: I certify that the information contained in this application is correct to the best of my knowledge and understand that any misstatement or omission of information may result in denial of employment or discharge. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

Signature _____ Date _____

DRIVER QUALIFICATION FILE

CHECKLIST

- | | | | |
|----|--------------------------|--|--------------------|
| 1. | <input type="checkbox"/> | DRIVER APPLICATION FOR EMPLOYMENT | 391.21 |
| 2. | <input type="checkbox"/> | INQUIRY TO PREVIOUS EMPLOYERS (3 YEARS) | 391.23(a)(2) & (c) |
| 3. | <input type="checkbox"/> | INQUIRY TO STATE AGENCIES | 391.23(a)(1) & (b) |
| 4. | <input type="checkbox"/> | MEDICAL EXAMINER'S CERTIFICATE*
(MEDICAL WAIVER, IF ISSUED) | 391.43 |
| 5. | <input type="checkbox"/> | DRIVER'S ROAD TEST | 391.31 |
| 6. | <input type="checkbox"/> | CERTIFICATION OF ROAD TEST* | 391.31 |
| 7. | <input type="checkbox"/> | ANNUAL DRIVER'S CERTIFICATE OF VIOLATIONS | 391.27 |
| 8. | <input type="checkbox"/> | ANNUAL REVIEW OF DRIVING RECORD | 391.25 |
| 9. | <input type="checkbox"/> | CHECKLIST FOR MULTIPLE EMPLOYER | 391.51(d) |

*NOTE: DRIVERS MUST BE ISSUED COPIES OF THESE CERTIFICATES. DRIVERS NEED ONLY HAVE A COPY OF THE MEDICAL EXAMINER'S CERTIFICATE IN THEIR POSSESSION WHILE DRIVING.

(enter company name)
(enter address)
(enter phone number)

COMMERCIAL DRIVER APPLICATION

FILL IN ALL BLANKS & PROVIDE ALL INFORMATION REQUESTED--PRINT OR TYPE

Date: _____

Name: First _____ Middle _____ Last _____

Address _____ Home telephone: _____

City _____ State _____ Zip _____ Cellular telephone: _____

Date of Birth: _____ Social Security Number: _____ - _____ - _____

If your above address is less than 3 years continue listing them below to cover the previous 3 year period:

1 Street _____ Dates: From _____ To _____

City _____ State _____ Zip _____

2 Street _____ Dates: From _____ To _____

City _____ State _____ Zip _____

3 Street _____ Dates: From _____ To _____

City _____ State _____ Zip _____

Use backside of sheet for additional addresses

Driver's License Information: all licenses held, last 3 years:

State _____ Number _____ Expiration Date _____

State _____ Number _____ Expiration Date _____

State _____ Number _____ Expiration Date _____

Experience:

Type of vehicle driven _____ to _____ Dates _____ Approximate mileage driven _____

Type of vehicle driven _____ to _____ Dates _____ Approximate mileage driven _____

Type of vehicle driven _____ to _____ Dates _____ Approximate mileage driven _____

All Accidents, last 3 years: (If none, write NONE)

Date _____ Describe _____ Fatalities _____ Injuries _____

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Date _____ Describe _____ Fatalities _____ Injuries _____

List all Traffic Violations Convictions, last 3 years: (If none, write NONE)

Date _____	Violation _____	State _____	Commercial Vehicle:	<input type="checkbox"/>	<input type="checkbox"/>
Date _____	Violation _____	State _____	Commercial Vehicle:	<input type="checkbox"/>	<input type="checkbox"/>
Date _____	Violation _____	State _____	Commercial Vehicle:	<input type="checkbox"/>	<input type="checkbox"/>
Date _____	Violation _____	State _____	Commercial Vehicle:	<input type="checkbox"/>	<input type="checkbox"/>
Date _____	Violation _____	State _____	Commercial Vehicle:	<input type="checkbox"/>	<input type="checkbox"/>
Date _____	Violation _____	State _____	Commercial Vehicle:	<input type="checkbox"/>	<input type="checkbox"/>
Date _____	Violation _____	State _____	Commercial Vehicle:	<input type="checkbox"/>	<input type="checkbox"/>
Date _____	Violation _____	State _____	Commercial Vehicle:	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever had any driver license denied, suspended, revoked or canceled by any issuing state agency?

☐ Yes ☐ No If yes; state of issuance; explanation: _____

Employment History, last 10 years (383.35)—account for gaps between employers: (If owner/operator, list carriers leased to)

1) Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip code: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? ☐ Yes ☐ No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? ☐ Yes ☐ No

Reason for Leaving: _____

.....
2) Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip code: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? ☐ Yes ☐ No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? ☐ Yes ☐ No

Reason for Leaving: _____

3) Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip code: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? ☐ Yes ☐ No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? ☐ Yes ☐ No

Reason for Leaving: _____

4) Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip code: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? ☐ Yes ☐ No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? ☐ Yes ☐ No

Reason for Leaving: _____

5) Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip code: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? ☐ Yes ☐ No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? ☐ Yes ☐ No

Reason for Leaving: _____

6) Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip Code: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? ☐ Yes ☐ No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? ☐ Yes ☐ No

Reason for Leaving: _____

7) Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip code: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? ☐ Yes ☐ No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? ☐ Yes ☐ No

Reason for Leaving: _____

Use backside of sheet for additional employers

For driver applicants of commercial motor vehicles that require a Commercial Driver License (CDL) the applicant must disclose their controlled substance and alcohol status per the requirements of 49 CFR part 40.25(j).

As a prospective driver employee, you have the right to review information provided by previous employers. You have the right to have errors in the information corrected by the previous employer(s) and for that previous employer(s) to re-send the corrected information to the prospective employer; the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Driver employees 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 anytime, 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 (5) business day deadlines 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 their request to review the records.

Certification

"I certify that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge."

Applicant's Signature

Date Signed

TO BE COMPLETED BY THE EMPLOYER:

Application received by:

Application reviewed for completeness by:

Name

Name

Title

Date

Title

Date

SIGNIFICANT DATES:

Date of Hire:

Time & Date of Pre-Employment CST:

Time & Date of Pre-Employment CST Results Received:

Date First Used in Safety Sensitive Position:

Date of Termination:

(enter company name)

(enter address)

(enter phone number)

COMMERCIAL VEHICLE DRIVER APPLICANT
Controlled Substance and Alcohol Questionnaire
Pursuant to 49 CFR part 40.25(j)

Application Date _____

Name _____
First Middle Last

Address _____ Home Telephone _____

City _____ State _____ Zip _____ Cell Telephone _____

Date of Birth _____ Social Security Number _____ - _____ - _____

49 CFR 40.25(j)

Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, <u>safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules</u> during the past two years?		<input type="checkbox"/>	<input type="checkbox"/>
If YES —	Have you successfully completed the return-to-duty process?	<input type="checkbox"/>	<input type="checkbox"/>
If YES —	Documentation <u>MUST BE PROVIDED</u> before any safety-sensitive transportation function is performed.		

Applicant's Signature

Date Signed

TO BE COMPLETED BY EMPLOYER:

Received by: _____

Reviewed by: _____

Title: _____

Date: _____

Title: _____

Date: _____

The Federal Motor Carrier Safety Regulations require all previous employers of this applicant to respond to this request for information within 30 days. Failure to comply with this request is in violation of 49CFR 391.23 and 40.25, for which you may be prosecuted. Questions concerning the requirements of this regulation should be directed to the Minnesota Division Office of the Federal Motor Carrier Safety Administration at 651-291-6150, during business hours.

TO: (enter former employer's name)

DATE: _____

Former Employer's Name

(enter mailing address)

Mailing Address

(enter city / state / zip)

City / State / Zip

(enter fax number)

Telephone #

Fax Number

I, _____, hereby authorize (enter name) _____ to release to all records of employment, including assessments of my job performance, ability, and fitness, including the dates of any and all alcohol or drug tests, with confirmed results, and/or my refusal to submit to any alcohol and drug tests and any rehabilitation completion under direction of Substance Abuse Professional (SAP) and/or Medical Review Officer (MRO) to each and every company (or their authorized agents) making such request in connection with my application for employment with said company. I, hereby, release the above named company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing the following information to the below mentioned person and/or company.

Applicant's Signature & Date _____

Witness's Signature & Date _____

REQUEST FROM: _____

Company: _____ (enter company name)

Address/City/State/Zip: _____

Telephone Number: _____ (enter phone number) Fax Number: _____ (enter fax number)

Contact Person & Title _____

NAME OF APPLICANT: _____ SSN _____

JOB APPLYING FOR: _____

INQUIRY INTO EMPLOYMENT HISTORY, PRECEDING 3 YEARS

- Did applicant work for you as a _____ from ____/____/____ to ____/____/____ ☐ or ☐ IF NO, please explain: _____
- If employed as driver, please answer the following: Company Driver? _____ Owner/Operator? _____ Other? _____
Type of truck(s) and/or truck/tractor(s) operated: _____
Commodities transported: _____ Area of operations: _____
- Accidents? ☐ or ☐ IF YES, please give date(s) and brief description of each accident: _____
- Why did this employee leave your company? _____
- Would you re-employ this person? ☐ or ☐ IF NO, please explain: _____
- Additional comments: _____

INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION, PRECEDING 2 YEARS

- Alcohol tests with a result of 0.04 or greater? ☐ or ☐ If yes, please give date(s): _____
- Verified positive controlled substances test results? ... ☐ or ☐ If yes, please give date(s): _____
- Refusals to be tested? ☐ or ☐ If yes, please give date(s): _____
- Was rehabilitation completed as required? ☐ or ☐ If yes, please give date(s): _____

Person providing the above information:

Name: _____ Title: _____

Company: _____ Date: _____

(enter employer
name and
information
here)

Driver's Name

Driver's Operators Lic. No.

Driver's Social Sec. No.

Dear _____

The above listed individual has made application with us for employment as a driver. Applicant has indicated that the above numbered operator's license or permit has been issued by your State to applicant and that it is in good standing.

In accordance with Section 391.23(a)(1) and (b) of the Federal Motor Carrier Safety Regulations, we are required to make inquiry into the driving record during the preceding 3 years of every State in which an applicant-driver has held a motor vehicle operator's license or permit during those 3 years.

Therefore, please certify to us what the individual's driving record is for the preceding 3 years, or certify that no record exists if that be the case.

In the event that this inquiry does not satisfy your requirements for making such inquiries, please send us such forms of yours as are necessary for us to complete our inquiry into the driving record of this individual.

Respectfully yours,

(printed) name of person making inquiry

Title of person making inquiry

(enter company name)

Motor Carrier Name

(enter address)

Street

City

State

Zip

MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined _____ in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge of the driving rules, I find this person is qualified, and, if applicable, only when:

wearing corrective lenses	driving within an exempt intracity zone (49 CFR 391.62)
wearing hearing aid	accompanied by a Skill Performance Evaluation Certificate (SPE)
accompanied by a _____ waiver/exemption	qualified by operation of 49 CFR 391.64

The information I have provided regarding the physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.

Signature of Medical Examiner	Telephone	Date
Medical Examiner's Name (Print)	<div style="display: flex; justify-content: space-between;"> <div>MD Physician Assistant</div> <div>DO Chiropractor Advanced Practice Nurse</div> </div>	
Medical Examiner's License or Certificate No. / Issuing State		
Signature of Driver	Driver's License No.	State
Address of Driver		
Medical Certificate Expiration Date		

DRIVER'S ROAD TEST EXAMINATION

Driver's Name: _____

Driver's Address: _____

City: _____ State: _____ Zip: _____

The road test shall be given by the motor carrier or a person designated by it. However, a driver who is a motor carrier must be given the test by another person. The test shall be given by a person who is competent to evaluate and determine whether the person who takes the test has demonstrated that he or she is capable of operating the vehicle and associated equipment that the motor carrier intends to assign.

Rating of Performance

_____	The pre-trip inspection (as required by 49 CFR 392.7).
_____	Coupling and uncoupling of combination units, if the equipment he or she may drive includes combination units.
_____	Placing the equipment in operation.
_____	Use of vehicle's controls and emergency equipment.
_____	Operating the vehicle in traffic and while passing other vehicles.
_____	Turning the vehicle.
_____	Braking and slowing the vehicle by means other than braking.
_____	Backing and parking the vehicle.
_____	Other, explain: _____

Type of equipment used in giving the test: _____

Examiner's signature: _____ Date: _____

Remarks:

If the road test is successfully completed, the person who gave it shall complete a certificate of driver's road test.

CERTIFICATE OF DRIVER'S ROAD TEST

Instructions: If the road test is successfully completed, the person who gave it shall complete a certificate of the driver's road test. The original or copy of the certificate shall be retained in the employing motor carrier's driver qualification file of the person examined and a copy given to the person who was examined. (49 CFR 391.31(e)(f)(g))

CERTIFICATION OF ROAD TEST

Driver's Name _____

Social Security Number _____

Operator's or Chauffeur's License Number _____

State _____

Type of Power Unit _____

Type of Trailer(s) _____

If passenger carrier, type of bus _____

This is to certify that the above-named driver
was given a road test under my supervision on
_____, 20____, consisting of
approximately _____ miles of driving.

It is my considered opinion that this driver
possesses sufficient driving skill to operate safely the
type of commercial motor vehicle listed above.

(Signature of Examiner)

(Title)

(Organization and Address of Examiner)

ANNUAL MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS

In accordance with 49 CFR 391.27, I _____ certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date	Offense	Location (City/State)	Type of Vehicle Operated

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

(Date of Certification)

(Driver's Signature)

ANNUAL REVIEW OF DRIVING RECORD

In accordance with 49 CFR 391.25, I certify that I have carefully reviewed the driving record of _____ to determine whether or not he/she meets the minimum requirements for safe driving specified in 49 CFR 391.11 or is disqualified to drive a motor vehicle pursuant to 49 CFR 391.15.

In reviewing this driver's record, I certify that I have considered any evidence that the driver has violated any applicable Federal Motor Carrier Safety Regulations or Hazardous Materials Regulations; and considered the driver's accident record and any evidence that the driver has violated laws governing the operations of motor vehicles, and I have given great weight to violations, such as speeding, reckless driving, and operating while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard of the safety of the public.

A copy of the response from each State agency to the inquiry required by 49 CFR 391.25(b) is attached. This form shall be maintained in the driver's qualification file, as required by 49 CFR 391.51.

(enter company name)

(Motor Carrier's Name)

(Review Date)

(Motor Carrier's Address)

(Reviewed By: Signature)

(Title)