

EMPLOYMENT HISTORY

All driver applicants must provide the following information on all employers during the preceding 10 years. List complete mailing address, street number, phone numbers, fax number, City, State, and Zip Codes.

Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall provide information on those employers for whom the applicant operated such vehicle. (Note: List employers in reverse order starting with the **most recent**. Add another sheet as necessary.)

EMPLOYER	DATE
NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ CONTACT PERSON: _____ PHONE #: _____ Fax Number: _____ WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>	FROM _____ TO _____ MO. __ YR. __ MO. __ YR. __ POSITION HELD _____ SALARY/WAGE _____ REASON FOR LEAVING _____
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION, IN ANY DOT-REGULATED MODE SUBJECT, TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES ___ NO ___	

EMPLOYER	DATE
NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ CONTACT PERSON: _____ PHONE #: _____ Fax Number: _____ WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>	FROM _____ TO _____ MO. __ YR. __ MO. __ YR. __ POSITION HELD _____ SALARY/WAGE _____ REASON FOR LEAVING _____
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION, IN ANY DOT-REGULATED MODE SUBJECT, TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES ___ NO ___	

EMPLOYER	DATE
NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ CONTACT PERSON: _____ PHONE #: _____ Fax Number: _____ WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>	FROM _____ TO _____ MO. __ YR. __ MO. __ YR. __ POSITION HELD _____ SALARY/WAGE _____ REASON FOR LEAVING _____
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION, IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES ___ NO ___	

EMPLOYER	<u>DATE</u>
NAME: _____	FROM _____ TO _____
ADDRESS: _____	MO. __ YR. __ MO. __ YR. __
CITY: _____ STATE: _____	POSITION HELD _____
CONTACT PERSON: _____ PHONE #: _____	SALARY/WAGE _____
Fax Number: _____	REASON FOR LEAVING _____
WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED? YES__ NO __	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION, IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES ___ NO ___	

EMPLOYER	<u>DATE</u>
NAME: _____	FROM _____ TO _____
ADDRESS: _____	MO. __ YR. __ MO. __ YR. __
CITY: _____ STATE: _____	POSITION HELD _____
CONTACT PERSON: _____ PHONE #: _____	SALARY/WAGE _____
Fax Number: _____	REASON FOR LEAVING _____
WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED? YES__ NO __	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION, IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES ___ NO ___	

EMPLOYER	<u>DATE</u>
NAME: _____	FROM _____ TO _____
ADDRESS: _____	MO. __ YR. __ MO. __ YR. __
CITY: _____ STATE: _____	POSITION HELD _____
CONTACT PERSON: _____ PHONE #: _____	SALARY/WAGE _____
Fax Number: _____	REASON FOR LEAVING _____
WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED? YES__ NO __	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION, IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES ___ NO ___	

Have you previously applied to, or worked for Bridgeport Tank Trucks? _____

If so, when? _____

Are you related in any way to a current BTT employee? _____

If yes, to who and what is the relation? _____

Accident Record for the Past 3 Years
(If there are no accidents to report, indicate with "N/A" or "None")

Last Accident	Date	Nature (Roll over, Rear End, etc.)	Fatalities	Injuries
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Next Previous	Date	Nature (Roll over, Rear End, etc.)	Fatalities	Injuries
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Driving Experience

Class of Equipment	Type of Equipment	Dates: From / To	Miles Driven
<u>Straight Truck</u>			
<u>Tractor Semi-Trailer</u>			
<u>Tractor 2 Trailer Combo</u>			
<u>Other</u>			

List All Traffic Fines and Forfeitures for the Past 3 Years (If there is nothing to report, indicate with "N/A" or "None")

Location	Date	Charge	Penalty

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle Yes___ No___

B. Has any license you held ever been suspended or revoked? Yes___ No ___

If you answered yes to any of the above give details below.

C. Have you ever tested positive, or refused to test, on any pre-employment drug test Administered by an employer to which you applied for, but did not obtain, safety Sensitive transportation work covered by DOT agency drug testing rules during The past two years? Yes___ No___

D. If you answered yes can you provide/ obtain proof that you've successfully completed The DOT return-to-duty requirements? Yes___ No___

E. Have you ever been convicted of a felony? Yes___ No___

If you answered "yes" to A, B, or E above, provide a detailed explanation below:

TO BE READ AND SIGNED BY THE APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial 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 former employers, 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, also, that I am required to abide by all rules and regulations of the company.

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 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; 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.

If you wish to review previous employer-provided investigative information, you must submit a written request to the Company, no later than 30 days after being employed or being notified of denial of employment. The Company will provide the requested investigative information to you within five (5) business days of receiving this written request, or five (5) business days of receipt of the requested information from the previous employer, whichever is later.

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: _____

FOR COMPANY USE

APPLICANT HIRED _____ _____	REJECTED _____
DATE EMPLOYED _____	DATE OF
TERMINATION _____	
DEPARTMENT _____ _____	CLASSIFICATION _____