

CIOFFI COMPANIES – DRIVER APPLICATION

Equal Opportunity Employer

Commercial Driver Applicant's Details:

Name: _____ Phone (Home/ Cell) _____

Address: _____

Date of Birth: _____ SS #: _____

Details of current driver's license (Number & State): _____

Date available for employment: _____

Driver's License Information: - ALL licenses held in the last 3 years

State _____ Number _____ Exp _____

Date _____

State _____ Number _____ Exp _____

Date _____

State _____ Number _____ Exp _____

Date _____

Experience:

Type of Vehicle _____ Dates TO/FROM _____ Approx. Mileage _____

Type of Vehicle _____ Dates TO/FROM _____ Approx. Mileage _____

Type of Vehicle _____ Dates TO/FROM _____ Approx. Mileage _____

All Accidents in the LAST 3 years: - If none, write NONE

Date _____ Describe _____ Fatalities _____ Injuries _____

Date _____ Describe _____ Fatalities _____ Injuries _____

Date _____ Describe _____ Fatalities _____ Injuries _____

Date _____ Describe _____ Fatalities _____ Injuries _____

List all Traffic Violations Convictions from the LAST 3 years

Date _____ Violation _____ State _____ Commercial Vehicle? Y

N

Date _____ Violation _____ State _____ Commercial Vehicle? Y

N

Date _____ Violation _____ State _____ Commercial Vehicle? Y

N

Date _____ Violation _____ State _____ Commercial Vehicle? Y

N

Have you ever had any driver's license denied, suspended, revoked or cancelled by any issuing state agency? Y N

If **yes**, state of issuance; explanation:

Employment History for the last 10 years: (Start with your current or most recent employer)

(1) Company: _____

Contact Name/ Contact No:

Period Employed: _____

Were you subject to the Federal Motor Vehicle Carrier Safety Regulations during this period? : Y N

Were you subject to CFR park 40 controlled substance & alcohol testing during this period? : Y N

Reasons for leaving: _____

(2) Company: _____

Contact Name/ Contact No:

Period Employed: _____

Were you subject to the Federal Motor Vehicle Carrier Safety Regulations during this period? : Y N

Were you subject to CFR park 40 controlled substance & alcohol testing during this period? : Y N

Reasons for leaving: _____

(3) Company: _____

Contact Name/ Contact No:

Period Employed: _____

Were you subject to the Federal Motor Vehicle Carrier Safety Regulations during this period? : Y N

Were you subject to CFR park 40 controlled substance & alcohol testing during this period? : Y N

Reasons for leaving: _____

For driver applications of commercial motor vehicles that require a CDL the applicant must disclose their controlled substance & alcohol status per the requirements of 49CFR part 40.25 (j)

As a prospective driver 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 the employer(s) to re-send the corrected information, if the previous employer and driver cannot agree on the accuracy of the information.

Driver employees who have previous DOT regulations employment history in the preceding three years, and wish to review previous employer provided investigation information, must submit a written request to the prospective employer. This may be done at any time, including when applying or as late as 30 days after being employed or being denied employment.

Certification:

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

Applicant Signature

Date

MVR & PSP Record Request

An **MVR** (Motor Vehicle Record) must be obtained **PRIOR** to a driver operating a commercial motor vehicle. If a **PSP** (Pre-Employment Screening Program) is requested it must be ran **PRIOR** to a driver's employment with the company.

Potential Employer's Company Name

LIBERTA CONSTRUCTION / LIBRETY REDI MIX

Date: _____

Print Drivers Name _____

Drivers Date of Birth _____

Drivers Social Security Number _____

Driver's License Number _____

State License Number _____

State License Issued From _____

MVR Request/Release

Disclosure to the Consumer

{As required by the 1997 FCRA Section 605 (B) (2)}

As a routine part of our due diligence effort, Seibert Keck Insurance Agency intends to conduct a verification of your driving history. To ensure full compliance with the 1997 Fair credit Reporting Act & to facilitate easy access to all information necessary, please read and sign this form. A copy of the act may

be obtained by writing to:
Division of Credit Practices

Bureau of Consumer Protection

Federal Trade Commission Washington DC 20580

I authorize DAC Services, Equifax, Inc.: Insurance Information Exchange and /or all state specific Department of Motor Vehicles to release all written and verbal information about me regarding my driving history to Seibert Keck Insurance Agency harmless from all liability and responsibility for doing so.

I specifically understand & authorize the procurement of an investigate consumer credit report (specifically a motor Vehicle Report) and understand that it may contain information about my background, mode of living, character, general reputation, and personal characteristics.

This release, in original or copy form, is valid now and throughout my employment with Cioffi Construction Liberta Construction or Liberty Redi Mix (THE COMPANY). I agree with all the provisions shown in this disclosure form and have been provided a copy of this document.

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

In connection with your application for employment with Cioffi Companies ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notifications: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and toll free number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken.; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <http://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

REQUEST INFORMATION FROM PREVIOUS EMPLOYER

DRIVER'S NAME: ADDRESS: CITY, STATE, ZIP: DRIVER'S CDL #

REQUESTED BY PROSPECTIVE EMPLOYER: LIBERTY REDI MIX / LIBERTA CONSTRUCTION

MAIL TO FORMER EMPLOYER:

EMPLOYMENT HISTORY

THE ABOVE REFERENCED INDIVIDUAL STATES THAT HE/SHE WAS EMPLOYED BY YOU AS A COMMERCIAL MOTOR VEHICLE TRUCK DRIVER OTHER FROM TO. WILL YOU PLEASE REPLY TO THE INQUIRY BELOW, RESPECTING THIS APPLICANT? YOUR REPLY WILL BE HELD IN STRICT CONFIDENCE AND WILL IN NO WAY INVOLVE YOU IN ANY RESPONSIBILITY. FOR YOUR CONVENIENCE IN REPLYING BY RETURN MAIL, WE HAVE ENCLOSED A STAMPED SELF-ADDRESSED ENVELOPE.

NAME OF CARRIER OFFICIAL: SIGNATURE OF CARRIER: DATE:

- 1. Is the employment record with your company correct as stated?
2. What kind(s) of work did the applicant do?
3. Did the applicant drive motor vehicles for you? Passenger Car Straight Truck Bus Tractor-Semi-Trailer Other (specify)
4. Was the applicant a safe and efficient driver?
5. Give the dates of vehicle accidents in which he/she was involved.
6. Reason for leaving employment. Discharged Laid Off Resigned
7. Was the applicant's general conduct satisfactory?
8. Is the applicant competent for the position sought?
9. Did the applicant drink any alcoholic beverages while on duty?

ALCOHOL & DRUG HISTORY

YES NO

- 1. Has the above named driver had an alcohol test with a result of 0.04 alcohol concentration or greater? [] []
2. Has the above named driver verified positive for a controlled substances test result? [] []
3. Has the above names driver refused a required test for alcohol or drugs during the past 12 months? [] []

If the answer to any of the above questions is yes, please identify the Substance Abuse Professional that administered treatment as required by the U.S. Department of Transportation.

NAME PHONE or [] check here if it is unknown if the driver received treatment.

AUTHORIZATION TO RELEASE

I, do hereby authorize Cioffi Companies to contact my previous employer(s) in accordance with the current US DOT rules and regulations as set forth in 49 CFR 382.413 in order to obtain the following information for the preceding years. I fully understand the above, and do hereby give my consent to obtain the information required by 49 CFR 382.413.

Driver's Signature Date Witness's Signature Date

REQUEST FOR CHECK OF DRIVING RECORD

**AS REQUIRED BY
U.S DEPARTMENT OF TRANSPORTATION
MOTOR CARRIERS SAFETY PROGRAM
PURSUANT TO 49 CFR 391.23**

TO:

RE:

(Driver's Name)

(Driver's Operators License No.)

(Driver's Social Security No.)

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 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 three years in which an applicant-driver has held a motor vehicle operator's license or permit during those three years.

Therefore, please certify to us what the individual's driving record is for the preceding three 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 as are necessary for us to complete our inquiry into the driving record of this individual.

Respectfully yours,

Signature of individual making inquiry

(Printed) Name of person making inquiry

Title of person making inquiry

Motor Carrier Name

Address

City

State

Zip

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

THE FEDERAL FAIR CREDIT REPORTING ACT (FCRA) PROMOTES THE ACCURACY, FAIRNESS, AND PRIVACY OF INFORMATION IN THE FILES OF CONSUMER REPORTING AGENCIES. THERE ARE MANY TYPES OF CONSUMER REPORTING AGENCIES, INCLUDING CREDIT BUREAUS AND SPECIALTY AGENCIES (SUCH AS AGENCIES THAT SELL INFORMATION ABOUT CHECK WRITING HISTORIES, MEDICAL RECORDS, AND RENTAL HISTORY RECORDS). HERE IS A SUMMARY OF YOUR MAJOR RIGHTS UNDER THE FCRA. FOR MORE INFORMATION, INCLUDING INFORMATION ABOUT ADDITIONAL RIGHTS, GOT TO www.ftc.gov/credit OR WRITE TO: CONSUMER RESPONSE CENTER, ROOM 130-A, FEDERAL TRADE COMMISSION, 600 PENNSYLVANIA AVE. N.W., WASHINGTON, D.C. 20580.

YOU MUST BE TOLD IF INFORMATION IN YOUR FILE HAS BEEN USED AGAINST YOU. ANYONE WHO USES A CREDIT REPORT OR ANOTHER TYPE OF CONSUMER REPORT TO DENY YOUR APPLICATION FOR CREDIT, INSURANCE, OR EMPLOYMENT – OR TAKE ANOTHER ADVERSE ACTION AGAINST YOU – MUST TELL YOU, AND MUST GIVE YOU THE NAME, ADDRESS, AND PHONE NUMBER OF THE AGENCY THAT PROVIDED THE INFORMATION.

YOU HAVE THE RIGHT TO KNOW WHAT IS IN YOUR FILE. YOU MAY REQUEST AND OBTAIN ALL THE INFORMATION ABOUT YOU IN THE FILES OF A CONSUMER REPORTING AGENCY (YOUR “FILE DISCLOSURE”). YOU WILL BE REQUIRED TO PROVIDE PROPER IDENTIFICATION, WHICH MAY INCLUDE YOUR SOCIAL SECURITY NUMBER. IN MANY CASES, THE DISCLOSURE WILL BE FREE. YOU ARE ENTITLED TO A FREE FILE DISCLOSURE IF:

- A PERSON HAS TAKEN ADVERSE ACTION AGAINST YOU BECAUSE OF THE INFORMATION IN YOUR CREDIT REPORT.
- YOU ARE THE VICTIM OF IDENTITY THEFT AND PLACE A FRAUD ALERT IN YOUR FILE.
- YOUR FILE CONTAINS INACCURATE INFORMATION AS A RESULT OF FRAUD.
- YOU ARE ON PUBLIC ASSISTANCE.
- YOU ARE UNEMPLOYED BUT EXPECT TO APPLY FOR EMPLOYMENT WITHIN 60 DAYS.

IN ADDITION, BY SEPTEMBER 2005 ALL CONSUMERS WILL BE ENTITLED TO ONE FREE DISCLOSURE EVERY 12 MONTHS UPON REQUEST FROM EACH NATIONWIDE CREDIT BUREAU AND FROM NATIONWIDE SPECIALTY CONSUMER REPORTING AGENCIES. SEE www.ftc.gov/credit FOR ADDITIONAL INFORMATION.

YOU HAVE THE RIGHT TO ASK FOR A CREDIT SCORE. CREDIT SCORES ARE NUMERICAL SUMMARIES OF YOUR CREDIT-WORTHINESS BASED ON INFORMATION FROM CREDIT BUREAUS. YOU MAY REQUEST A CREDIT SCORE FROM CONSUMER REPORTING AGENCIES THAT CREATE SCORES OR DISTRIBUTE SCORES USED IN RESIDENTIAL REAL PROPERTY LOANS, BUT YOU WILL HAVE TO PAY FOR IT. IN SOME MORTGAGE TRANSACTIONS, YOU WILL RECEIVE CREDIT SCORE INFORMATION FOR FEE FROM THE MORTGAGE LENDER.

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

YOU HAVE THE RIGHT TO DISPUTE INCOMPLETE OR INACCURATE INFORMATION. IF YOU IDENTIFY INFORMATION IN YOUR FILE THAT IS INCOMPLETE OR INACCURATE, AND REPORT IT TO THE CONSUMER REPORTING AGENCY, THE AGENT MUST INVESTIGATE UNLESS YOU DISPUTE IS FRIVOLOUS. SEE www.ftc.gov/credit FOR AN EXPLANATION OF DISPUTE PROCEDURES.

CONSUMER REPORTING AGENCIES MUST CORRECT OR DELETE INACCURATE, INCOMPLETE OR UNVERIFIABLE INFORMATION. INACCURATE, INCOMPLETE OR UNVERIFIABLE INFORMATION MUST BE REMOVED OR CORRECTED, USUALLY WITHIN 30 DAYS. HOWEVER, A CONSUMER REPORTING AGENCY MAY CONTINUE TO REPORT INFORMATION IT HAS VERIFIED AS ACCURATE.

CONSUMER REPORTING AGENCIES MAY NOT REPORT OUTDATED NEGATIVE INFORMATION. IN MOST CASES, A CONSUMER REPORTING AGENCY MAY NOT REPORT NEGATIVE INFORMATION THAT IS MORE THAN 7 YEARS OLD, OR BANKRUPTCIES THAT ARE MORE THAN 10 YEARS OLD.

ACCESS TO YOUR FILE IS LIMITED. A CONSUMER REPORTING AGENCY MAY PROVIDE INFORMATION ABOUT YOU ONLY TO PEOPLE WITH A VALID NEED—USUALLY TO CONSIDER AN APPLICATION WITH A CREDITOR, INSURER, EMPLOYER, LANDLORD, OR OTHER BUSINESS. THE FCRA SPECIFIES THOSE WITH A VALID NEED FOR ACCESS.

YOU MUST GIVE YOUR CONSENT FOR REPORTS TO BE PROVIDED TO EMPLOYERS. A CONSUMER REPORTING AGENCY MAY NOT GIVE OUT INFORMATION ABOUT YOU TO YOUR EMPLOYER, OR A POTENTIAL EMPLOYER, WITHOUT YOUR WRITTEN CONSENT GIVEN TO THE EMPLOYER. WRITTEN CONSENT GENERALLY IS NOT REQUIRED IN THE TRUCKING INDUSTRY. FOR MORE INFORMATION, GO TO www.ftc.gov/credit.

YOU MAY LIMIT “PRESCREENED” OFFERS OF CREDIT AND INSURANCE YOU GET BASED ON INFORMATION IN YOUR CREDIT REPORT. UNSOLICITED “PRESCREENED” OFFERS FOR CREDIT AND INSURANCE MUST INCLUDE A TOLL-FREE PHONE NUMBER YOU CAN CALL IF YOU CHOOSE TO REMOVE YOUR NAME AND ADDRESS FROM THE LISTS THESE OFFERS ARE BASED ON. YOU MAY OPT-OUT WITH THE NATIONWIDE CREDIT BUREAUS AT 1-888-5-OPTOUT (1-888-567-8688).

YOU MAY SEEK DAMAGES FROM VIOLATORS. IF A CONSUMER REPORTING AGENCY, OR, IN SOME CASES, A USER OF CONSUMER REPORTS OR A FURNISHER OF INFORMATION TO A CONSUMER REPORTING AGENCY VIOLATES THE FCRA, YOU MAY BE ABLE TO SUE IN STATE OR FEDERAL COURT.

IDENTITY THEFT VICTIMS AND ACTIVE DUTY MILITARY PERSONNEL HAVE ADDITIONAL RIGHTS. FOR MORE INFORMATION, VISIT www.ftc.gov/credit.

STATES MAY ENFORCE THE FCRA, AND MANY STATES HAVE THEIR OWN CONSUMER REPORTING LAWS. IN SOME CASES, YOU MAY HAVE MORE RIGHTS UNDER STATE LAW. FOR MORE INFORMATION, CONTACT YOUR STATE OR LOCAL CONSUMER PROTECTION AGENCY OR YOUR ATTORNEY GENERAL. FEDERAL ENFORCERS ARE:

**ENTRY LEVEL DRIVER
TRAINING REQUIREMENT**

ANY DRIVER THAT OBTAINED THEIR ORIGINAL CDL AFTER JULY 20TH, 2003 MUST BE TRAINED IN THE FOLLOWING FOUR AREAS: DRIVER QUALIFICATION REQUIREMENTS, DRIVERS HOURS OF SERVICE, DRIVER WELLNESS AND WHISTLEBLOWER PROTECTION. A TRAINING CERTIFICATE MUST BE PLACED IN THE DRIVER QUALIFICATION FILE.

PLEASE INDICATE BELOW THE YEAR AND MONTH YOU FIRST OBTAINED YOUR CDL

I, _____

OBTAINED MY ORIGINAL CDL DURING THE MONTH OF _____

DATE _____ YEAR _____

DRIVERS SIGNATURE _____

DATE _____

CERTIFICATE OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

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.

The requirements in Parts 383 and 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transport 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 license 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 lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by the state.

2. **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATIONS:** Sections 392.42 and 383.33 of the Federal 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 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 state must be in writing.

The following license is the only one I will possess:

Driver's License No. _____ State _____ Expiration Date _____

DRIVER'S CERTIFICATION: I certify that I have read and understand the above requirements.

Driver's Name (Printed) _____

Driver's Signature: _____ Date _____

Reviewed by: _____ Date _____

Carrier Official (printed)

_____ Title _____
Carrier Signature

Carrier

Comments: _____

DRIVER CERTIFICATION FOR OTHER COMPENSATED 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 of service of a common contract or private motor carrier, also performing any compensated work for any non-motor carrier entity.

(Circle One)

Are you currently working for another employer?

Yes No

At this time do you intend to work for another employer while still employed by this company?

Yes No

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 Information:

First Name

Last Name

Applicants Signature: _____

Witness: _____

Carrier Official

Date: _____

**General Consent for Limited Queries / FULL Queries of the Federal Motor Carrier Safety Administration (FMCSA)
Drug and Alcohol Clearinghouse**

I, _____

hereby provide consent to **"THE COMPANY"** (Liberty Redi Mix *or* Liberta Construction (Cioffi) and Humphry Transportation Compliance), to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse. I also consent for limited query to be ran at least annually for the entire time frame of employment at the company.

I understand that if the limited query conducted the Company indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to the company without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for the Company to conduct a limited query of the Clearinghouse, the company must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Company

Driver's Signature

Date

Printed Name

Driver's License Number & State

Date of Birth