

DRIVER'S APPLICATION FOR EMPLOYMENT

Company B+S Refrigerated Transport Inc.

Address 1143 Old Trail Road

City Clarks Summit **State** PA

Zip 18411

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job related medical condition or handicap.

Date of application _____

Position(s) Applied for _____

Name _____ **Social Security No.** _____
Last First Middle

Address _____ **Phone** _____
Street City State Zip

ADDRESS FOR PAST THREE YEARS } _____ **How Long?** _____
Street City State & Zip Code
 _____ **How Long?** _____
Street City State & Zip Code

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

Date of Birth _____ / _____ / _____ **Can you provide proof of age?** _____

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

References (Other than family)

Name: _____ **Relationship:** _____
Address: _____ **Phone:** _____

Name: _____ **Relationship:** _____
Address: _____ **Phone:** _____

Name: _____ **Relationship:** _____
Address: _____ **Phone:** _____

All driver applicants must provide the following information on all employers during the preceding **10 YEARS**. Applicants **MUST** give complete address, phone number and contact person for all previous employers.

EMPLOYER			DATE	
NAME			FROM	TO
			MO. YR.	MO. YR.
ADDRESS	SAFETY SENSITIVE FUNCTION?			
	CIRCLE YES NO			
CITY	STATE	ZIP	SUBJECT TO PART 40 DRUG&ALCOHOL	
			CIRCLE YES NO	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM	TO
			MO. YR.	MO. YR.
ADDRESS	SAFETY SENSITIVE FUNCTION?			
	CIRCLE YES NO			
CITY	STATE	ZIP	SUBJECT TO PART 40 DRUG&ALCOHOL	
			CIRCLE YES NO	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	

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EMPLOYER			DATE	
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			MO. YR.	MO. YR.
ADDRESS	SAFETY SENSITIVE FUNCTION?			
	CIRCLE YES NO			
CITY	STATE	ZIP	SUBJECT TO PART 40 DRUG&ALCOHOL	
			CIRCLE YES NO	

ACCIDENT RECORD FOR PAST 3 YEARS

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET ETC.)	FATALITIES	INJURIES
LAST ACCIDENT _____			
NEXT PREVIOUS _____			
NEXT PREVIOUS _____			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IN NEEDED)

EXPERIENCE AND QUALIFICATIONS -- DRIVER

	STATE	LICENSE NO.	CLASS & ENDORSEMENT	EXPIRATION DATE
DRIVER				
LICENSES				

- 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

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, etc.)	FROM	DATES	TO	APPROX. NO. OF MILES
STRAIGHT TRUCK _____					
TRACTOR AND SEMI-TRAILER _____					
TRACTOR - TWO TRAILERS _____					
OTHER _____					

LIST ANY POSITIVE SUBSTANCE ABUSE TESTS AND/OR ALCOHOL TESTS OVER .04 IN THE PREVIOUS (6) MONTHS INDICATING EMPLOYER AND DATE:

LIST ANY CRIMINAL FELONY CONVICTIONS OF RECORDS IN THE PREVIOUS (5) YEARS INDICATING DATE OF CONVICTION:

MANDATORY USE FOR ALL ACCOUNT HOLDERS
IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

1. In connection with your application for employment with B & S Refrigerated Transport Inc., ("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 notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone 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.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

2. I authorize B & S Refrigerated Trans Inc.. ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

3. I further understand that 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. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

4. Please note: 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 FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NICT on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language provided in paragraphs 1-4 of this document to obtain an Applicant's consent. The language must be used in whole, exactly as provided. **The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.**
LAST UPDATED 10/29/2012

B & S Refrigerated Transport

PREVIOUS EMPLOYER _____
ATTENTION _____

DATE: _____
PHONE: _____
FAX: _____

VERIFICATION OF EMPLOYMENT /LEASE PERIOD

FORMER EMPLOYEE /OWNER OPERATOR

SS# _____ DATES OF EMPLOYMENT/LEASE GIVEN _____ TO _____
EQUIPMENT _____ DATES OF EMPLOYMENT / LEASE WORKED _____ TO _____
AREA _____ POSITION HELD _____

ACCIDENTS/INCIDENTS

Date	Description	Preventable	Non-Preventable
(1) _____	_____	_____	_____
(2) _____	_____	_____	_____
(3) _____	_____	_____	_____

ALCOHOL/SUBSTANCE ABUSE INFORMATION

Was the above named driver employed less then THREE years ago? Yes No
 Did the above named driver ever test positive for a controlled substance? Yes No
 Did the above named driver ever test positive for alcohol, 0.04 or greater? Yes No
 Did the above named driver ever refuse to submit to a controlled substance or alcohol test? Yes No
 Did the above named driver ever violate any other provisions of the DOT testing regulations? Yes No
 Have you ever received any information from a previous employer that the above named driver violated DOT drug & alcohol regulations? Yes No
 If you answered "Yes" to any of the above items, did the employee complete the return to duty process? Yes No

PERFORMANCE (circle all that apply)

Satisfactory Performance Poor Performance Poor Attitude Complaints Late P/Us & Deliveries
 Cargo Loss Equipment Damage Unauthorized Passenger Log Violations Company policy Violations
 Unauthorized Use Company Funds Unauthorized Use of Equipment Abandoned Equipment @ Unauthorized Location

REASON FOR LEAVING (circle all that apply)

Discharged Quit W/Notice Quit WO/Notice Under Dispatch No Show Personal Leave Medical Problems
 Unsatisfactory Safety Record Family/Personal Failed to Report Accident (Personal Contact Required)

ELIGIBLE FOR RE-HIRE/RE-LEASE? Yes No Upon Review

COMMENTS _____

I hereby authorize the above named company/employer to release any drug or alcohol testing results/records and any information related to my prior employment, including information related to my services, character and conduct while employed, and I further agree to release and hold harmless the above named company/employer and its directors, officers, employees and agents for any information so provided.

Applicant's Signature

Date

Name of Reviewer (Please Print)

Title

Signature of Reviewer

Date

B & S Refrigerated Transport, INC.
1143 Old Trail Rd.
Clarks Summit PA, 18411

When submitting an application you must submit a copy of your

Driver License

Medical Card

Medical Long Form

Social Security card

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <small>Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.</small> <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN) Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3. Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 2px;">Social security number</td> </tr> <tr> <td style="text-align: center; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; 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Part II Certification Under penalties of perjury, I certify that:	
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and 3. I am a U.S. citizen or other U.S. person (defined below); and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.	
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.	

Sign Here	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.