

Driver Employment Application

Please print in Ink and answer all questions

To process your application, all questions must be answered. If a question does not apply, write N/A.

Applicant Information					
First Name		Middle Name		Last Name	
Cell Phone		Home Phone		Email	
Date of Birth		Other Names		Avail Start Date	
Date:		Position			

Are you legally eligible to work in this country? YES NO Where did you hear about this job posting? _____

How, or by whom were you referred to us? _____

Have you ever applied or worked for this company before? YES NO If so, list date(s): _____

Previous Three Years Residency					
	House No. & Street	City	State	Zip Code	# Years at Address
Current					
Mailing					
Previous					
Previous					
Previous					

License Information					
<p>No person who operates a commercial motor vehicle shall, at any time, have more than one driver's license (FMC Code 49 CFR 383.21).</p> <p>I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past three years; attach additional sheets if needed.</p>					
	State	License #	Type / Class	Endorsements	Exp. Date
Current					
Previous					
Previous					
Previous					

Driving Experience				
Class	Type of Equipment	Date From	Date To	Apx. # of Total Miles
Straight Truck				
Tractor & Semi-Trlr				
Tractor & 2 Trailers				
Tractor & Tanker				
Other				
Other				

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Accident Record for the Past 3 Years

List accidents for the past 3 years starting with the most recent.
Attach additional sheet of more space is needed. Check this box if none added:

Dates <small>most recent first</small>	Nature of Accident <small>Head-on, rear-end, upset, etc.</small>	# Fatalities	# Injuries	Chemical Spills <small>Y / N</small>

Traffic Convictions and Forfeitures for the Past 3 Years

List accidents for the past 3 years starting with the most recent. Do not list parking violations
Attach additional sheet of more space is needed. Check this box if none added:

Conviction Date (Mo/Year)	Violation	State of Violation	Penalty (Forfeited bond, collateral and/or points, etc.)

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? YES NO

If yes, please explain: _____

Has any license, permit, or privilege ever been suspended or revoked? YES NO

If yes, please explain: _____

Employment History

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a motor vehicle list all employment for the past three (3) years. **In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.** Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street #, city, state, and zip; and must complete all other information.

#1: Current or Most Recent Employer

Name		Phone	
Address			
Position Held	From: Mo/Year	To: Mo/Year	
Reason for Leaving	Supervisor		
Explain any gaps in employment; include month/year & reason.			
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substance testing as required by 49 CFR, part 40?			Yes <input type="checkbox"/> No <input type="checkbox"/>

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#2: Previous Employer					
Name		Phone			
Address					
Position Held		From: Mo/Year		Position Held	
Reason for Leaving		Supervisor			
Explain any gaps in employment; include month/year & reason.					
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?					Yes <input type="checkbox"/> No <input type="checkbox"/>
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substance testing as required by 49 CFR, part 40?					Yes <input type="checkbox"/> No <input type="checkbox"/>

#3: Previous Employer					
Name		Phone			
Address					
Position Held		From: Mo/Year		Position Held	
Reason for Leaving		Supervisor			
Explain any gaps in employment; include month/year & reason.					
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?					Yes <input type="checkbox"/> No <input type="checkbox"/>
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substance testing as required by 49 CFR, part 40?					Yes <input type="checkbox"/> No <input type="checkbox"/>

#4: Previous Employer					
Name		Phone			
Address					
Position Held		From: Mo/Year		Position Held	
Reason for Leaving		Supervisor			
Explain any gaps in employment; include month/year & reason.					
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?					Yes <input type="checkbox"/> No <input type="checkbox"/>
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substance testing as required by 49 CFR, part 40?					Yes <input type="checkbox"/> No <input type="checkbox"/>

#5: Previous Employer					
Name		Phone			
Address					
Position Held		From: Mo/Year		Position Held	
Reason for Leaving		Supervisor			
Explain any gaps in employment; include month/year & reason.					
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?					Yes <input type="checkbox"/> No <input type="checkbox"/>
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substance testing as required by 49 CFR, part 40?					Yes <input type="checkbox"/> No <input type="checkbox"/>

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#6: Previous Employer					
Name		Phone			
Address					
Position Held		From: Mo/Year		Position Held	
Reason for Leaving		Supervisor			
Explain any gaps in employment; include month/year & reason.					
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?					Yes <input type="checkbox"/> No <input type="checkbox"/>
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substance testing as required by 49 CFR, part 40?					Yes <input type="checkbox"/> No <input type="checkbox"/>

Education						
School	Name & Location	Course of Study	Years Completed	Graduated Y N		Details
High School				<input type="checkbox"/>	<input type="checkbox"/>	
College				<input type="checkbox"/>	<input type="checkbox"/>	
Other				<input type="checkbox"/>	<input type="checkbox"/>	
Other				<input type="checkbox"/>	<input type="checkbox"/>	

To be Read and Signed by Applicant		
<p>I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers, and other persons from all liability in responding to inquiries and releasing information in connection with my application.</p> <p>In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the Company. I understand that the information I provide regarding my current and/or prior 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. I understand that I have the right to:</p> <ul style="list-style-type: none"> Review information provided by current/prior employers; Have errors in the information corrected by previous employers, and for those previous employers to resend 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. <p>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. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.</p>		
Applicant Signature		Date
Applicant Name (printed)		

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To be Read and Signed by Applicant

ReAgg LLC provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, gender, sexual orientation, national origin, age, disability, marital status, amnesty or status as a Vietnam-era or special disabled veteran, or any other protected class in accordance with applicable federal, state and local laws. ReAgg LLC complies with all applicable laws prohibiting discrimination and harassment in the workplace in every location in which the Company has facilities. This policy applies to all terms and conditions of employment, including, but not limited to, hiring, placement, promotion, termination, layoff, recall, transfer, leave of absence, compensation and training. Interference with the ability of ReAgg LLC employees to perform their expected job duties will not be tolerated.

By signing your name below, you acknowledge and certify the following:

- All statements made by me on this application are true and complete to the best of my knowledge.
- I have withheld nothing that would affect this application unfavorably.
- Any offer I may receive from the Company is contingent upon my successful completion of the Company's total pre-employment screening process.
- I understand misrepresentations or omissions may be cause for rejection or may be cause for subsequent dismissal if hired.

I understand that nothing contained in this application or in the interview process is intended to create an employment contract between the Company and myself. Should this application result in my employment, it will be an at-will relationship. I have a right to terminate my employment at any time and for any reason and the Company retains the same right. I agree to conform to the rules and regulations of the Company. I further understand that no representative of the Company other than a Senior Officer of the Company has any authority to enter into any agreement with me for any specified period or to guarantee some other personnel move or benefit. I also understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me, and a Senior Officer of the Company.

I understand that past employers, educational institutions and/or the military may be contacted for references. I authorize any such organization to provide the requested information. I further release and forever discharge the Company, its agents, its employees, and the individuals, companies, and health care providers contacted by this Company as part of its inquiries and investigations, from any and all claims, demands, damages, actions, causes of action, or suits of any kind or nature whatsoever arising from the Company's inquiries and investigation of my credentials and information in connection with my application.

I understand that, where permissible under applicable federal, state, or local law, I may be subject to a pre-employment drug test after receiving a conditional offer of employment and must receive a negative result for illegal drug use before being permitted to commence work for ReAgg.

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A POLYGRAPH EXAMINATION OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.

I understand this entire statement applies to the period before, or after, I may be employed. I hereby acknowledge that I have read and understand each of the above statements. I authorize release of information about me to this Company.

Applicant Signature		Date	
Applicant Name (printed)			

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Application Submissions

To Apply in Person

Please fill out the above application completely
and drop it off at our main office:

ReAgg LLC
4714 Cremen Road, Temple Hills, MD 20748



To Apply by Email

Please fill out the above application completely
and email it to our personnel department:

employment@reagg.com



To Apply by Mail

Please fill out the above application completely
and mail it to our main office:

ReAgg LLC
Personnel Department
4714 Cremen Road, Temple Hills, MD 20748



Questions

If you have any questions, please contact us:

(301) 336-6700
employment@reagg.com