



Driver's Application for Employment

117 E. Frederick Street
PO Box 642
Binghamton, NY 13902
P- 607-772-8784
F- 607-772-8786

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Please Type or Print Clearly
This application must be completed and signed personally by the applicant

Date of Application: _____ Position(s) Applied For: _____

How Did You Learn About Us?
 Advertisement Employment Agency Friend Walk-In Relative Other _____

Applicant Name: _____ Social Security Number: _____

Address: _____
Street City State Zip Code

Telephone No: _____ How long at this address: _____

Previous Addresses:
Please include previous **temporary** and **permanent** addresses covering the last ten years (use extra sheet if necessary)

<u>Street Address</u>	<u>City</u>	<u>State</u>	<u>County</u>	<u>Dates:</u>	<u>From</u>	<u>To</u>

Date of Birth: _____ Can you provide proof of age? _____
(required for truck drivers)

Date you will be available to start work: _____ Rate of pay expected? _____

Are you employed now? Yes _____ No _____

May we contact your present employer? Yes _____ No _____

If not currently employed, how long since leaving last employment? _____

Are you able to meet the attendance requirements? Yes _____ No _____

Do you have any objection to working overtime if necessary? Yes _____ No _____

Have you ever filed an application with us before? Yes _____ No _____

Have you ever been previously employed by our organization? Yes _____ No _____

Can you submit proof of legal employment authorization and identity? Yes _____ No _____

Have you ever been convicted of and/or plead guilty to a crime? Yes _____ No _____

If yes, please provide us on the attached sheet of paper, with the specific nature and details of the crime(s), date(s), court location, sentencing information and disposition of sentence. (Please note: a conviction record will not necessarily be a bar to employment)

Employment History * Also, Please notate and explain all gaps in Employment*

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide additional 7 years 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.)

*Includes vehicles having a GVWR of 26,001 lbs. Or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

Employer: _____ Position held: _____

Address: _____
City State Zip

Immediate supervisor and title: _____ Phone No. _____

Dates employed: from _____ to _____ Salary: _____

Reason for leaving: _____

Were you subject to the FMCSR's while employed? Yes _____ No _____

Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? Yes _____ No _____

Employer: _____ Position held: _____

Address: _____
City State Zip

Immediate supervisor and title: _____ Phone No. _____

Dates employed: from _____ to _____ Salary: _____

Reason for leaving: _____

Were you subject to the FMCSR's while employed? Yes _____ No _____

Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? Yes _____ No _____

Employer: _____ Position held: _____

Address: _____
City State Zip

Immediate supervisor and title: _____ Phone No. _____

Dates employed: from _____ to _____ Salary: _____

Reason for leaving: _____

Were you subject to the FMCSR's while employed? Yes _____ No _____

Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? Yes _____ No _____

Employer: _____ Position held: _____

Address: _____ City _____ State _____ Zip _____

Immediate supervisor and title: _____ Phone No. _____

Dates employed: from _____ to _____ Salary: _____

Reason for leaving: _____

Were you subject to the FMCSR's while employed? Yes _____ No _____

Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? Yes _____ No _____

Employer: _____ Position held: _____

Address: _____ City _____ State _____ Zip _____

Immediate supervisor and title: _____ Phone No. _____

Dates employed: from _____ to _____ Salary: _____

Reason for leaving: _____

Were you subject to the FMCSR's while employed? Yes _____ No _____

Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? Yes _____ No _____

Employer: _____ Position held: _____

Address: _____ City _____ State _____ Zip _____

Immediate supervisor and title: _____ Phone No. _____

Dates employed: from _____ to _____ Salary: _____

Reason for leaving: _____

Were you subject to the FMCSR's while employed? Yes _____ No _____

Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? Yes _____ No _____

Employer: _____ Position held: _____

Address: _____ City _____ State _____ Zip _____

Immediate supervisor and title: _____ Phone No. _____

Dates employed: from _____ to _____ Salary: _____

Reason for leaving: _____

Were you subject to the FMCSR's while employed? Yes _____ No _____

Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? Yes _____ No _____

Educational History

List school name and location, years completed, course of study, and any degrees earned:

High school: _____

Address: _____

Years Completed: _____ Course of Study: _____ Degrees Earned: _____

College: _____

Address: _____

Years Completed: _____ Course of Study: _____ Degrees Earned: _____

Technical Training: _____

Address: _____

Years Completed: _____ Course of Study: _____ Degrees Earned: _____

Other (Including Military Service): _____

Address: _____

Years Completed: _____ Course of Study: _____ Degrees Earned: _____

EXPERIENCE AND QUALIFICATIONS - OTHER

Show any trucking, transportation or other experience that may help in your work for this company

List courses and training other than shown elsewhere in this application _____

List special equipment or technical materials you can work with (other than those already shown) _____

Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____ Yes _____ No

Has any license, permit or privilege ever been suspended or revoked? _____ Yes _____ No

IF THE ANSWER TO EITHER QUESTION IS YES, ATTACH SHEET WITH STATEMENT GIVING DETAILS

EXPERIENCE AND QUALIFICATIONS - DRIVER

	State	License No.	Type	Expiration Date
Drivers Licenses				

DRIVING EXPERIENCE - IF NONE, WRITE NONE

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approx. No of Miles (Total)
		From	To	
Straight Truck				
Tractor & Semi Trailer				
Tractor - Two Trailers				
Other				

List states operated in for last 5 years _____

Show special courses or training that will help you as a driver _____

Which safe driving awards do you hold and from whom? _____

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (Attach sheet if more space is needed) IF NONE, WRITE NONE

Dates	Nature Of Accident (HEAD-ON, REAR-END, UPSET, ETC.)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS (Other than parking violations) IF NONE, WRITE NONE

Location	Date	Charge	Penalty

References

List name and telephone numbers of 3 business/work references who are not related to you and are not previous supervisors. If not applicable, list 3 school or personal references who are not related to you.

TO BE READ AND SIGNED BY APPLICANT

This certifies 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.

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I authorize you to make such investigations and inquiries of my personal, employment, financial or 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 also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation, falsification or omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

“I understand that information I provide regarding current and/or previous employers may be used, and those employers(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 current/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 rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information”.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.



Applicants Signature _____ Date _____

For Personnel Department Use Only - Do Not Write Below This Line

Notes:

ADDENDUM TO EMPLOYMENT APPLICATION

Additional information regarding question on Conviction Record. If you answered Yes, and have been convicted of a crime in the past, please provide additional information such as the date of the offense, the seriousness and nature of the offense and rehabilitation completed.

Applicant Signature: _____ Date: _____

(Please note: A conviction record will not necessarily be a bar to employment. Factors such as seriousness and nature of the violation and rehabilitation will be taken into account).

AMREX CHEMICAL CO., INC.

117 E. Frederick St.

P.O. Box 642

Company Name Binghamton, NY 13902

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Reform Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.



Applicant's signature

Date

Print name

ID number



Chemistry Improves The Quality Of Life

117 E. Frederick Street
PO Box 642
Binghamton, NY 13902
Phone: 607-772-8784
Fax: 607-772-8786

No job offer will be made until the following pre-employment procedures are completed with satisfactory results that meet our hiring criteria.

Including but not limited to:

- Reference checks for past employment history and personal references.
- Educational history
- Military service
- Pre-employment medical exams, including drug screen
- Criminal background check

Applicants Name (print)

Applicants Signature

Date of Application

PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b)(5) and (e))

Company Name: Amrex Chemical Co. Inc.

Street: 117 E. Frederick St.

City: Binghamton

State, ZIP: NY 13904

Prospective Employee Name: _____ ID Number: _____
(print)

The prospective employee is required by Sec. 40.25(j) to respond to the following questions.

- 1) Have you 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, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check one: Yes No

- 2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one: Yes No

Prospective Employee Signature: _____ Date: _____

Witnessed By: _____ Date: _____
(signature)

Amrex Chemical Co., Inc.

117 E. Frederick Street
P.O. Box 642
Binghamton, NY 13902
Phone: (607) 772-8784
Fax: (607) 772-8786

ALCOHOL AND/OR DRUG TEST NOTIFICATION

Driver/Applicant Name: _____
(Print) (First, M.I., Last)

You are hereby notified the following test will be administered in compliance with Amrex Chemical Co. Inc. Policy on Drug and Alcohol testing.

1. The test is scheduled: Date: _____
Location: Lourdes Occ. Health - 3101 Shippers Road Suite 101 Vestal, NY
Time: _____

2. Check type of test: Alcohol Controlled Substances

3. Check reason for test: Pre-employment Random Reasonable suspicion
 Return to duty Follow-up

4. Appointment instructions/comments:

Bring Photo I.D. to Test site
Test will be conducted at Lourdes Occupational Health 3101 Shippers Road Suite 101 Vestal, NY

I understand as a condition of my employment with this company, the above identified test is required.

Employee/Applicant Signature

Date

Witnessed by:

Company Representative

Date

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to Amrex Chemical Co., Inc.
(Prospective Employer)

for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.



(Applicant's Signature)

(Date)

In accordance with the provisions of Sections 604 and 607 of the **Fair Credit Reporting Act**, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the **Driver's Privacy Protection Act of 1994** (Public Law 103-322, Title XXX, Section 300002(a)).

Pamela J. Rexer
Pamela Rexer (Signature of Requester)

(Date)

TO: Energy Insurance

Albany, NY

DEAR SIR/MADAM:

The following named person has made application with our company for the position of Commercial Motor Vehicle Driver. In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

The following named person is employed with our company in the position of _____. In accordance with Section 391.25, Federal Department of Transportation Regulations, please furnish the undersigned with the employee's driving record for the past year.



NAME OF APPLICANT/DRIVER _____

ADDRESS _____
(Number & Street) (City) (State) (Zip Code)

FORMER ADDRESS _____
(Number & Street) (City) (State) (Zip Code)

DATE OF BIRTH _____ SSN _____ LICENSE NO. _____

REQUESTED BY

Amrex Chemical Co., Inc.
(Name of Company)

Pamela Rexer
(Typed Name)

117 E. Frederick St.
(Address)

Director of Safety & Regulatory Affairs
(Title)

Binghamton, NY 13904
(City) (State)

(Signature)

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

Section 1

TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, _____
Print First Name, Middle, Last

_____ Social Security Number

_____ Date of Birth

hereby authorize the following previous employer :

Company Name _____ Confidential Company
Address _____ Phone, Fax, E-Mail

to release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from the date of employment application:

_____ Month, Day, Year

TO PROSPECTIVE EMPLOYER: Amrex Chemical Company
117 East Frederick St, PO Box 642
Binghamton, NY 13902
Phone: 607-772-8784
Confidential Fax: 607-772-8786

In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, e-mail or letter.

Applicant's Signature: _____ Date: _____

This information is being requested in compliance with §40.25 and §391.23

Section 2

TO BE COMPLETED BY PREVIOUS EMPLOYER + ACCIDENT HISTORY

The applicant name above was employed by us. YES ____ NO ____

Employed as _____

Employment Dates: (Month & Year) From: _____ To: _____

1. Did he/she drive a motor vehicle for your company? YES ____ NO ____

If yes, what type? Straight Truck ____ Tractor-Semi Trailer ____ Bus ____ Cargo Tank ____ Doubles/Triples ____

Other (Specify) _____

2. Reason for leaving employment: Discharged ____ Resignation ____ Lay Off ____ Military ____

If there is no safety performance history to report, check here ____ sign below and return form.

ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here ____ if there is no accident register data for this driver.

DATE	LOCATION	NO. OF INJURIES	NO. OF FATALITIES	HAZ MAT SPILL
1) _____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies:

Other remarks: _____

Signature _____ Title _____ Date _____

DRUG AND ALCOHOL HISTORY

Section 3

TO BE COMPLETED BY PREVIOUS EMPLOYER

Employee Name: _____

If Driver was **not** subject to Department of Transportation testing requirements while employed by this employer, please check _____, fill in the dates of employment From _____ To _____ complete bottom of Section 3, sign and return.

Driver was subject to Department of Transportation testing requirements From _____ To _____

- | | YES | NO |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------------|
| 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow up alcohol or controlled substance test? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person committed other violations of Subpart B of Part 382, or Part 400? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests?
*If yes, please send documentation back with this form. | <input type="checkbox"/> * | <input type="checkbox"/> |
| 6. For a driver who successfully completed a SAP's rehabiliation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test or refuse to be tested? | <input type="checkbox"/> | <input type="checkbox"/> |

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown in Section 1.

Name: _____

Company: _____

Street: _____

City, State, Zip: _____

This section 3 completed by:

Printed Name: _____ Title: _____

Signature: _____ Date: _____

Section 4

TO BE COMPLETED BY PROSPECTIVE EMPLOYER (Amrex Chemical Co.)

This form was (circle one) Faxed Mailed E-mailed Other _____
to previous employer by:

Name: _____ Date: _____

Received requested information from previous employer by (circle one)

Fax Mail E-mail Other _____

Name: _____ Date: _____

INSTRUCTIONS FOR COMPLETING THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST FORM

Section 1: Prospective Employee

Complete the information required in this section
Sign & date
Submit to the prospective employer

Section 2 & 3: Previous Employer

Complete the information required in these sections
Sign & Date

Section 4: Prospective Employer (Amrex Chemical Co.)

Record requests for & receipt of information from previous employer