

535 Ithaca Road
Mail: PO Box 121
Candor, NY 13743



Phone (607) 659-5153
Fax (607) 659-5133

APPLICATION for EMPLOYMENT

PERSONAL

Date _____ (Please print clearly; Fill out completely)

Date of Birth (**Driver's only**) ____/____/____ (The U.S. Department of Transportation requires that driver applicants state their date of birth – 391.21(b) (2).)

NAME _____ E-Mail _____

PRESENT ADDRESS:

Street _____
City _____ State _____ Zip _____
Home Telephone _____ Cell Phone _____

POSITION(S) APPLIED FOR: _____

Referred by: _____

Do you have any relatives working here? _____ Who? _____

Date available to start work: _____ Full Time _____ Part Time _____

Are you on a "lay-off" status and subject to recall? _____

Do you have a reliable means of daily transportation? _____

PHYSICAL HISTORY

Date of last physical _____ Doctor's Name _____

Phone # _____ Address of Doctor _____

DRIVING EXPERIENCE AND QUALIFICATIONS

License # _____ State _____ Expiration _____

Class _____ Endorsements _____

1. Do you have any current marks against your license? _____

2. Has your license ever been suspended or revoked? _____

3. Have you ever been denied a permit, license or privilege to operate a motor vehicle? _____

4. Have you ever been convicted of driving under the influence of drugs or alcohol? _____

5. Have you ever been convicted of a crime? _____

If you answered "yes" to questions 1 thru 5, please explain _____

I understand that I must obtain & submit a recent DMV driving record prior to employment and anytime upon employer's request. _____ INITIAL

I understand that the employer may obtain my DMV driving record at anytime. _____ INITIAL



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EXPERIENCE WITH POWER EQUIPMENT

Please List Type of Equipment / # of Years / States Operated

Tandem Dump Truck _____
Crushers/Screens _____
Off-Road Equipment _____
Other _____

ACCIDENT RECORD

Date Nature of Accident Injuries/Fatalities Vehicle/Equipment

RECORD OF EDUCATION

Name & Address of School / Course of Study / Last year of school completed

High School _____

College _____

Annual Mine Refresher at: _____

Other Courses or Certifications (Specify) _____

Did you graduate _ High School _____? College _____? Other _____?

REFERENCES

Name Position Address Phone

1. _____
2. _____
3. _____

EMPLOYMENT HISTORY

List below all present and past employment, beginning with your most recent employment first:

1. Name of Company _____ Phone _____

Address _____

Street

City

State

Zip

Name of Supervisor _____ Work Start Date _____

Work End Date _____ Describe work

you did and machinery you used: _____

Reason for leaving _____



EMPLOYMENT HISTORY (Con't)

2. Name of Company _____ Phone _____
Address _____

Street City State Zip
Name of Supervisor _____ Work Start Date _____
_____ Work End Date _____ Describe work
you did and machinery you used: _____

Reason for leaving _____

3. Name of Company _____ Phone _____
Address _____

Street City State Zip
Name of Supervisor _____ Work Start Date _____
_____ Work End Date _____ Describe work
you did and machinery you used: _____

Reason for leaving _____

Please list job-related skills and qualifications acquired through employment, the U.S. Military, or other experience which you feel would fit you for your work with our organization.

Do you have any specialized skills with computers or technical equipment? _____

Would you submit to any and all drug and/or alcohol testing? _____ Yes _____ No
I am over 18 years of age: _____ Yes _____ No

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job occupation will be attached.
_____ Yes _____ No



Drug and Alcohol Testing
Drivers Only

Pursuant to changes effective August 1, 2001, in Part 40 of the Federal Motor Carrier Safety Regulations, this section is being added to the driver application and should be completed by each applicant. These changes require each motor carrier to inquire of prospective drivers the information in the question below.

Have you, the applicant, had a positive alcohol or drug test result or refused to take a DOT drug or alcohol pre-employment test within the past three years from a motor carrier who did not hire you? Yes ___ No ___

Name of Motor Carrier _____

Address _____ City _____ State _____ Zip _____

Phone (____) _____ - _____

In addition, if the answer to the above question was “Yes”, please list the name and contact information for the Substance Abuse Professional (SAP) who completed your evaluation.

Name of SAP _____

Address _____ City _____ State _____ Zip _____

Phone (____) _____ - _____

_____/_____/_____
Applicants Signature Date

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

Part 1: TO BE COMPLETED BY PERSPECTIVE EMPLOYER AND PERSPECTIVE EMPLOYEE

I, (Print Name) _____
First M.I. Last Social Security Number

Hereby authorize: _____
Date of Birth

Previous Employer: _____ Email: _____

Street: _____ Telephone: _____

City, State, Zip: _____ Fax No.: _____

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 _____. (Employment application date)

To: Prospective Employer: _____

Attention: _____ Telephone: _____

Street: _____

City, State, Zip: _____

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, email, or letter.

Prospective employer's fax number: _____

Prospective employer's email address: _____

Applicant's Signature _____ Date

This information is being requested in compliance with §40.25 (g) and 391.23.

PART 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY

The applicant named above was employed by us Yes _____ No _____

Employed as _____ from (m/y) _____ to (m/y) _____

Did he/she drive motor vehicle for you? Yes [] No []. If yes, what type? Straight Truck [] Tractor-Semi Trailer [] Bus []

Cargo Tank S [] Doubles/Triples [] Other (Specify) _____

Reason for leaving your employment: Discharged [] Resignation [] Lay Off [] Military Duty []

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

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 # Injuries # Fatalities Hazmat 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: _____

Any other remarks: _____

Signature: _____ Title: _____ Date: _____

PART 3: TO BE COMPLETED BY PREVIOUS EMPLOYER

DRUG AND ALCOHOL HISTORY If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here., fill in the dates of employment from _____ to _____, complete bottom of Part 3, sign, and return.

Driver was subject to Department of Transportation testing requirements from _____ to _____.

1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration?
Yes No
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?
Yes No
3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?
Yes No
4. Has this person committed other violations of Subpart B of Part 382, or Part 40?
Yes No
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.
Yes No
6. For a driver who successfully completed a SAP's rehabilitation 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 refused to be tested?
Yes No

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 on page

Name: _____

Company: _____

Street: _____

City, State, Zip: _____ Telephone: _____

Part 3 Completed by (Signature): _____ Date: ____/____/____

PART 4a: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) Faxed to previous employer Mailed Emailed Other _____

By: _____ Date: ____/____/____

PART 4b: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when information is obtained.

Information received from: _____ Date: ____/____/____

Recorded by: _____ Method: Fax Mail Email Telephone Other _____

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS

PART 1: Prospective Employer

- A. Complete the information required in this section
- B. Sign and date
- C. Submit to the Prospective Employer

PART 2: Previous Employer

- A. Complete the information required in this section
- B. Sign and date

PART 3: Previous Employer

- A. Complete the information required in this section
- B. Sign and date
- C. Submit to the Prospective Employer

PART 4a: Prospective Employer

- A. Complete the information
- B. Record receipt of the information

PART 4B: Prospective Employer

- A. Record receipt of the information
- B. Retain the form

PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

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

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

I certify that the information provided on this document is true and correct.

Prospective Employee Signature: _____ Date: _____

Witnessed By: _____ Date: _____

ORIGINAL - EMPLOYER



APPLICANT’S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that New York is an “at will” employment state, this means any employment relationship with this organization if of an “at will” nature. This means that the Employee may resign at any time, and the Employer may discharge the Employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or any conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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 employer.

SIGNATURE OF APPLICANT _____ DATE _____

(OPTIONAL):

IN CASE OF EMERGENCY, PLEASE CONTACT:

Name: _____

Relationship: _____

Address: _____

Phone: _____

Alternate Phone: _____



BELOW THIS LINE FOR USE BY RBR STAFF ONLY

INTERVIEW DATE: _____

INTERVIEWED BY: _____

REFERENCES VERIFIED:

1. _____ DATE _____
2. _____ DATE _____
3. _____ DATE _____

REFERENCES CHECKED BY: _____

NOTES: _____

HIRE DATE: _____

START DATE: _____

WAGE RATE: _____

PAPERWORK ON FILE:

FORM W-4 _____ (Exemptions)

FORM I-9 _____ (Immigration Status)

COPY OF DRIVER'S LICENSE _____

SIGNATURE PAGE/SAFETY POLICY _____