

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name _____ Date of Application _____
(print)

Company Manor View Farm, Inc.
Address 15601 Manor Road
City Monkton State md Zip 21111

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, veteran status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

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 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.

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 Company.

I understand that information I provide regarding current and/or previous 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(d) and (e). I understand that I have the right to:

- Review information provided by 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 a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature _____ Date _____

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

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APPLICANT TO COMPLETE

(answer all questions - please print)

Position(s) Applied for _____

Name _____ Social Security No. _____
Last First Middle

List your addresses of residency for the past 3 years.

Current Address _____
Street City

_____ Phone _____ How Long? _____
State Zip Code yr./mo.

Previous Addresses _____ How Long? _____
Street City State & Zip Code yr./mo.

_____ How Long? _____
Street City State & Zip Code yr./mo.

_____ How Long? _____
Street City State & Zip Code yr./mo.

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

Date of Birth _____ / _____ / _____ Can you provide proof of age? _____
(Required for Commercial Drivers)

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 _____

Have you ever been bonded? _____ Name of bonding company _____
(Answer only if a job requirement)

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

If yes, explain if you wish.

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

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

EMPLOYER			DATE	
NAME			FROM MO.	YR.
ADDRESS			TO MO.	YR.
CITY	STATE	ZIP	POSITION HELD	
CONTACT PERSON			SALARY/WAGE	
PHONE NUMBER			REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYMENT HISTORY (continued)

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
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EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
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WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

†The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

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	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT _____				
NEXT PREVIOUS _____				
NEXT PREVIOUS _____				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS – DRIVER

Driver licenses or permits held in the past 3 years	STATE	LICENSE NO.	CLASS	ENDORSEMENT(S)	EXPIRATION DATE

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, GIVE DETAILS _____

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO	More than 8 passengers			
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO	More than 15 passengers			
OTHER _____				

LIST STATES OPERATED IN FOR LAST FIVE YEARS: _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

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)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED (NAME) _____ (CITY, STATE) _____

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.

Signature: _____ Date: _____



Manor View Farm, Inc.

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

I hereby authorize you to release the following information to Manor View Farm, Inc., for the purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations.

Applicant Signature: _____ Date: _____

Applicant Name: _____

Social Security Number: _____ Date of Birth: _____

Previous Employer:

Name: _____

Address: _____

City, State, Zip Code: _____

Please complete the information below and return to us within 30 days as required by Section 391.23g. You may return the information by email, fax or mail.

Prospective Employer:

Manor View Farm, Inc.
15601 Manor Road
Monkton, Maryland 21111
Attention: Vicki Hagin

Telephone: 410-771-4700
Fax: 410-771-8246
email: Vicki@manorview.com

TO BE COMPLETED BY PREVIOUS EMPLOYER

SECTION 1: DRIVER IDENTIFICATION

The applicant named was employed by us. Yes No

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

Did he/she drive a motor vehicle for you? Yes No If yes, what type?

Straight Truck Bus Cargo Tank Double/Triples Other: _____

Completed by: _____ Signature: _____

Title : _____ Date: _____



Manor View Farm, Inc.

Driver Name: _____

SECTION 2: ACCIDENT HISTORY

Complete the following for any accidents included on your accident register that involved the applicant in the 3 years prior to the application date shown on page 1 or check here if there is no accident register data for this driver.

	Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

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

SECTION 3: DRUG AND ALCOHOL HISTORY

If applicant was not subject to DOT testing requirements under 49 CFR Part 40 while employed by you, please check here and return.

Applicant was subject to DOT testing requirements from _____ to _____.

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

1. Has this person violated any of the drug and/or alcohol prohibitions under 49 CFR Part 40 or Subpart B of Part 382, including: YES NO

- An alcohol test with a result of 0.04 or higher concentration.
- A controlled substances test result of positive, adulterated, or substituted.
- A refusal to submit to a random, post-accident, reasonable suspicion, or follow-up controlled substances or alcohol test.
- Alcohol use while performing or within 4 hours before performing safety-sensitive functions.
- Alcohol use after an accident, in violation of 382.303.
- Controlled substances use while on duty, except as allowed under 382.213.

2. If this person violated a DOT drug and/or alcohol prohibition, did he/she fail to begin or complete a rehabilitation program prescribed by a Substance Abuse Professional? YES NO
If rehabilitation was required but you do not know if he/she began or completed such a program, check here .

3. If this person successfully completed a Substance Abuse Professional's rehabilitation and remained in your employ, did he/she subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refusal to be tested? YES NO

RECORD OF ROAD TEST

Driver's Name _____ Address _____

License No. _____ State _____ Equipment Driven: Truck Tractor Trailer _____

Checked From _____ To _____ Date _____

For those items that apply, checkmark (✓) if driver's performance is satisfactory, mark with an X if driver's performance is unsatisfactory.
Explain unsatisfactory items under Remarks. Use not applicable (NA) for items that do not apply.

PART 1 - PRE-TRIP INSPECTION AND EMERGENCY EQUIPMENT

- Checks general condition approaching unit _____
- Looks for leakage of coolants, fuel, lubricants _____
- Checks under hood – oil, water, general condition of engine compartment, steering _____
- Checks around unit – tires, lights, trailer hookup, brake and light lines, body, doors, horn, windshield wipers _____
- Tests brake action, tractor protection valve, and parking (hand) brake _____
- Checks horn, windshield wipers, mirrors, emergency equipment; reflectors, flares, fuses, tire chains (if necessary), fire extinguisher _____
- Checks instruments for normal readings _____
- Checks dashboard warning lights for proper functioning _____
- Cleans windshield, windows, mirrors, lights, reflectors _____
- Reviews and signs previous report _____

PART 2 - COUPLING AND UNCOUPLING

- Lines up units _____
- Connects glad hands to trailer to apply trailer brakes before coupling _____
- Connects glad hands and light line properly _____
- Couples without difficulty _____
- Raises landing gear fully after coupling _____
- Visually checks king pin assembly to be certain of proper coupling _____
- Checks coupling by applying hand valve or tractor-protection valve (trailer air supply valve) and gently applying pressure by trying to pull away from trailer _____
- Assure that surface will support trailer before uncoupling _____

PART 3 - PLACING VEHICLE IN MOTION AND USE OF CONTROLS

A. ENGINE

- Places transmission in neutral before starting engine _____
- Starts engine without difficulty _____
- Allows proper warm-up _____
- Understands gauges on instrument panel _____
- Maintains proper engine speed (rpm) while driving _____
- Does not abuse motor _____

B. CLUTCH AND TRANSMISSION

- Starts loaded unit smoothly _____
- Uses clutch properly _____
- Times gearshifts properly _____
- Shifts gears smoothly _____
- Uses proper gear sequence _____

C. BRAKES

- Knows proper use of tractor protection valve _____
- Understands low air warning _____
- Tests service brakes _____
- Builds full air pressure before moving _____

D. STEERING

- Controls steering wheel _____
- Good driving posture and good grip on wheel _____

E. LIGHTS

- Knows lighting regulations _____
- Uses proper headlight beam _____
- Dim lights when meeting or following other traffic _____
- Adjusts speed to range of headlights _____
- Proper use of auxiliary lights _____

PART 4 - BACKING AND PARKING

A. BACKING

- Gets out and checks before backing _____
- Looks back as well as uses mirror _____
- Gets out and rechecks conditions on long back _____
- Avoids backing from blind side _____
- Signals when backing _____
- Controls speed and direction properly while backing _____

B. PARKING (City)

- Does not hit nearby vehicles or stationary objects _____
- Parks proper distance from curb _____
- Sets parking brake, puts in gear, chocks wheels, shuts off motor _____
- Checks traffic conditions and signals when pulling out from parked position _____
- Parks in legal and safe location _____

C. PARKING (Road)

- Parks off pavement _____
- Avoids parking on soft shoulder _____
- Uses emergency warning signals when required _____
- Secures unit properly _____

PART 5 - SLOWING AND STOPPING

- Uses gears properly ascending
Gears down properly descending
Stops and restarts without rolling back
Tests brakes before descending grades
Uses brakes properly on grades
Uses mirrors to check traffic to rear
Signals following traffic
Avoids sudden stops
Stops smoothly without excessive fanning
Stops before crossing sidewalk when coming out of driveway or alley
Stops clear of pedestrian crosswalks

PART 6 - OPERATING IN TRAFFIC PASSING AND TURNING

A. TURNING

- Signals intention to turn well in advance
Gets into proper lane well in advance of turn
Checks traffic conditions and turns only when intersection is clear
Restricts traffic from passing on right when preparing to complete right hand turn
Completes turn promptly and safely and does not impede other traffic

B. TRAFFIC SIGNS AND SIGNALS

- Approaches signal prepared to stop if necessary
Obeys traffic signal
Uses good judgment on yellow light
Starts smoothly on green
Notifies and heeds traffic signs
Obeys "Stop" signs

C. INTERSECTIONS

- Adjusts speed to permit stopping if necessary
Checks for cross traffic regardless of traffic controls
Yields right-of-way for safety

D. GRADE CROSSINGS

- Adjusts speed to conditions
Makes safe stop, if required
Selects proper gear and does not shift gears while crossing
Knows and understands federal and state rules governing grade crossing

E. PASSING

- Passes with sufficient clear space ahead
Does not pass in unsafe location: hill, curve, intersection
Signals change of lanes
Warns driver being passed
Pulls out and back with certainty
Does not tailgate
Does not block traffic with slow pass
Allows enough room when returning to right lane

F. SPEED

- Speed consistent with basic ability
Adjusts speed properly to road, weather, traffic conditions, legal limits
Slows down for rough roads
Slows down in advance of curves, intersections, etc.
Maintains consistent speed

G. COURTESY AND SAFETY

- Uses defensive driving techniques
Yields right-of-way for safety
Goes ahead when given right-of-way by others
Does not crowd other drivers or force way through traffic
Allows faster traffic to pass
Keeps right and in own lane
Uses horn only when necessary
Generally courteous and uses proper conduct

PART 7 - MISCELLANEOUS

A. GENERAL DRIVING ABILITY AND HABITS

- Consistently alert and attentive
Adjusts driving to meet changing conditions
Performs routine functions without taking eyes from road
Checks instruments regularly while driving
Willing to take instructions and suggestions
Adequate self-confidence in driving
Is not easily angered
Positive attitude
Good personal appearance, manner, cleanliness
Good physical stamina

B. HANDLING OF FREIGHT

- Checks freight properly
Handles and loads freight properly
Handles bills properly
Breaks down load as required

C. RULES AND REGULATIONS

- Knowledge of company rules
Knowledge of regulations: federal, state, local
Knowledge of special truck routes

D. USE OF SPECIAL EQUIPMENT (Specify)

REMARKS:

Blank lines for entering remarks.

GENERAL PERFORMANCE: Satisfactory Needs Training Unsatisfactory
QUALIFIED FOR: Truck Tractor-Semitrailer Other (Specify)

Signature of Examiner

CERTIFICATION OF ROAD TEST

Instructions to Carrier: If the road test is successfully completed, the person who gave it must complete the following certification in duplicate. The original of the signed road test form and the original of the Certification of Road Test shall be retained in the driver qualification file of the person who was examined, and duplicate copies provided to the person examined. Section 391.31 (e)(f)(g)(1)(2) of the Federal Motor Carrier Safety Regulations

Driver's Name Type of Power Unit

Social Security No. Type of Trailer(s)

Operator's or Chauffeur's Lic. No. State If Passenger Carrier, Type of Bus

This is to certify that the above-named driver was given a road test under my supervision on 20 consisting of approximately miles of driving.

It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

Signature of examiner Organization

Title Address of examiner