



Drivers Application for Employment

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Date: _____

Last name: _____ First name: _____ Middle name: _____

Street Address: _____

City: _____ State: _____ ZIP code: _____

How long at this address: _____

Previous address if at present address for less than 3 years: _____

Telephone: (Home) _____ (Cell) _____ (Other) _____

Social Security #: _____

Position applied for: _____

How did you hear of this opening? _____

When can you start? _____ Desired Wage: \$ _____

How will you be getting to and from work? _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.) Yes No

Are you looking for full-time employment? Yes No

If no, what hours are you available? _____

Education

<u>School Name and Location</u>	<u>Year</u>	<u>Major / Degree</u>
High School _____	_____	_____
College _____	_____	_____
Post-College _____	_____	_____
Other Training _____	_____	_____



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In addition to your work history, are there other skills, qualifications, or experience that we should consider? _____

Employment History

Please list the last three (3) years of your employment history beginning with the most recent. If additional space is needed, utilize the reverse side of this paper.

Company Name: _____

Address: _____

Telephone: _____

Date Started: _____ Starting Wage: _____ Starting Position: _____

Date Ended: _____ Ending Wage: _____ Ending Position: _____

Name of Supervisor: _____

May we contact? Yes No

Responsibilities: _____

Reason for leaving: _____

Company Name: _____

Address: _____

Telephone: _____

Date Started: _____ Starting Wage: _____ Starting Position: _____

Date Ended: _____ Ending Wage: _____ Ending Position: _____

Name of Supervisor: _____

May we contact? Yes No

Responsibilities: _____

Reason for leaving: _____



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Company Name: _____

Address: _____

Telephone: _____

Date Started: _____ Starting Wage: _____ Starting Position: _____

Date Ended: _____ Ending Wage: _____ Ending Position: _____

Name of Supervisor: _____

May we contact? Yes No

Responsibilities: _____

Reason for leaving: _____

Have you ever been convicted of a felony? (This will not necessarily affect your application.) Yes No

If yes, please describe conditions: _____

Do you have any moving violations or citations (other than parking violations) in the last 5 years?

Yes No

If yes, please explain:

Location	Date	Charge	Penalty



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Do you have any accidents in the last 5 years?

Yes No

If yes, please explain:

Dates	Nature of Accident (Head-on, Rear-end, etc.)	Fatalities (Y/N)	Injuries

Experience and Qualifications

Driver Licenses	State	License #	Class & Endorsement	Expiration Date

(A copy of your driver's license is required)

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 A or B is "yes," please explain: _____

List any **positive** substance abuse tests and/or alcohol tests in the previous 1 year indicating employer and date: _____



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Please list two personal references other than relatives.

Name: _____

Relationship: _____

Address: _____

Contact phone numbers: _____

Name: _____

Relationship: _____

Address: _____

Contact phone numbers: _____

Attach additional information if necessary: _____



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I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history.

I give the Employer the right to investigate all references and to secure additional information about me if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of this company, other than the president, has any authority to alter the foregoing.

By signing and dating this form you hereby agree to the above statement.

Signature: _____ Date _____



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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 paragraphs (b)(5) and (e) of this section).

Prospective Employee Printed Name: _____

Prospective Employee SS or 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: _____

Witness Signature: _____ Date: _____



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MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS / ANNUAL REVIEW OF DRIVING RECORD

Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor traffic laws and ordinances (other than violations involving only parking) if which the driver had been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (FMCSA Section 391.27). Drivers who have provided information required by FMCSA Section 383.31 need not repeat that information on this form.

Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he/she shall so certify (Section 391.27).

COMPLETED BY DRIVER – CERTIFICATION OF VIOLATIONS

Name of Driver: (Print)	Social Security Number:	Date of Employment:
Home Terminal (City/State)	License Number & State:	Expiration Date:

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

(If you have had no violations, check the following box - None)

Date	Offense	Location	Type of Vehicle Operated
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

Date of Certification: _____ Driver's Signature: _____



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COMPLETED BY MOTOR CARRIER – ANNUAL REVIEW OF DRIVING RECORD

Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below:

I have hereby reviewed the driving record of the above-named driver in accordance with Section 391.25 and find that he/she **(check one)**:

- Meets minimum requirements for safe driving
- Is disqualified to drive a motor vehicle pursuant to Section 391.15
- Does not adequately meet satisfactory safe driving performance

Action taken with driver: _____

Reviewed by: _____
Signature Date

Printed Name Title

Motor Carrier Name Motor Carrier Address



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DRUG AND ALCOHOL ABUSE POLICY AND TESTING PROCEDURES

INTRODUCTION

East Coast Underground, LLC acknowledges the problems of drug and alcohol abuse in our society. Drug and alcohol abuse pose a serious threat to our employees and the public at large. East Coast Underground, LLC, is, therefore, committed to providing a safe work environment that is safe from the effects of the illegal drugs and alcohol abuse and, where applicable, complying with the provisions of the Drug Free Workplace Act, United States Department of Transportation (DOT) regulations and other applicable federal and state laws.

Accordingly, East Coast Underground, LLC, adopts the following policy and procedures to insure a workplace free of illegal drugs and alcohol abuse.

The policy applies to all regular, part-time, temporary, introductory and causal employees of East Coast Underground, LLC. A copy of this policy will be conspicuously posted at all job sites and each employee at East Coast Underground, LLC will receive a copy of the policy and participate in the mandatory training on the features of this policy.

Substances covered by the policy include, but are not limited to, marijuana, heroin, hashish, cocaine, hallucinogens, depressants, stimulants such as methamphetamine, or any drug or controlled substances which are not prescribed by a licensed medical doctor, or prescription drugs used in a manner inconsistent with recognized medical procedures.

POLICY

All employees, applicants, even employees of the other companies, vendors or visitors are strictly prohibited from the use, abuse, presence in the body or reporting to work under the influence of illegal drugs and alcohol. Further prohibited is the use of prescription drugs in a manner inconsistent with the recognized medical procedures as well as the illegal manufacture, distribution, possession, transfer, storage, concealment, transportation, promotion or sale of controlled substances, unauthorized alcohol or intoxicating beverages, or drug related paraphernalia while on the jobsite, company premises and/or during work time. Violation of this policy will result in disciplinary action up to and including discharge, and where appropriate, denial of access to the



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jobsite. Employees who engage in criminal conduct by using, distributing, selling or possessing controlled substances on their own time away from company premises or jobsites will also be subject to disciplinary action up to and including discharge.

All job applicants whom have been offered employment shall be subject to a drug and/or alcohol screening test prior to the finalization of such employment offer. Failure to submit to a testing or a positive result will disqualify the applicant from employment with East Coast Underground, LLC.

Any employee whose behavior or performance suggests the influence of alcohol or controlled substances, or who is involved in an accident, may be required to submit to a screening test administered by a physician or laboratory selected by East Coast Underground, LLC. Employees in safety-sensitive job positions will also be tested on a random basis for drug and/or alcohol abuse. If an employee refuses to submit to a testing or tests positive, the employee will be subject to disciplinary action up to and including discharge.

This policy does not apply to the use of over-the-counter medication when used in accordance with the manufacturer's directions, nor does the policy apply to the use of alcohol at authorized business or social functions. Employees, who are required to take prescription or non-prescription drugs which may affect their ability to perform their duties in a safe and efficient manner, must immediately notify their supervisor prior to beginning work. Failure to report the taking of prescription or non-prescription drugs which may affect your ability to work safely and efficiently shall be grounds for appropriate disciplinary action.

Any employee who is convicted of violating any federal or state criminal statute involving the manufacture, distribution, dispensing, possession or use of any controlled substance, whether on or off company premises, must notify his/her supervisor within five (5) days of such conviction. For the purposes of this notice requirement, a conviction means a finding of guilt (including a plea of "no contest" or imposition of sentence or both by a judicial body charged with the responsibility to determine violations of the federal or state criminal drug statutes. Failure to advise the appropriate supervisor within five (5) days of such conviction will result in disciplinary action up to and including discharge.

Compliance with this policy is a condition of employment or continued employment with East Coast Underground, LLC.

**** This is a CONDENSED version of our full drug and alcohol policy. A copy of the entire policy will be provided to you upon request.**



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**ACKNOWLEDGMENT AND CONSENT FOR DRUG AND
ALCOHOL TESTING**

I understand that as a condition of prospective or continued employment with East Coast Underground, LLC, I must comply with the Company's substance abuse policy, and upon request submit to any required drug or alcohol testing as required by company policy. I also acknowledge that by signing this document that I have hereby received written notice of such drug and alcohol testing, and have read and understand all aspects of the Company policy regarding a *Drug Free Workplace* and procedures for substance abuse testing as described in the employee handbook.

I have read and understand the above conditions regarding drug and alcohol testing and agree to comply with them. Additionally, I hereby authorize the release of the results of such examination to East Coast Underground, LLC for their use in evaluating my suitability for employment.

Printed name of employee

Signature of employee

Date



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ROAD TEST

Driver's Name: _____
Address: _____ City: _____ State: _____
License Number and State: _____ Equipment Driven: _____
Date: _____ Company: _____

Mark an "X" if driver's performance is unsatisfactory and explain under remarks.

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 mirrors, emergency equipment _____
Checks instruments for normal readings _____
Checks dashboard warning lights for proper functioning _____
Cleans windshield, windows, mirrors _____

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 gently applying pressure against trailer while applying hand valve _____
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 _____
Starts engine without difficulty _____
Allows proper warm-up _____
Understands gauges on instrument panel _____
Maintains proper 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 grip on wheel _____

E. LIGHTS
Knows lighting regulations _____
Used proper headlight beam _____
Dim lights when meeting or following 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 & rechecks conditions on long back _____
Avoids backing from blind side _____
Signals when backing _____
Controls speed, direction properly _____

B. PARKING (CITY)
Does not hit stationary objects _____
Parks proper distance from curb _____
Sets parking brake, puts in gear, 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 _____
Secures unit properly _____



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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 so accurately _____
- B. TRAFFIC SIGNS AND SIGNALS
 - Approaches signal prepared to stop _____
 - Obeys traffic signal _____
 - Uses good judgment on yellow light _____
 - Starts smoothly on green _____
 - Notices and heeds traffic signs _____
 - Obeys "stop" signs _____
- C. INTERSECTIONS
 - Adjusts speed to permit stopping _____
 - Checks for cross traffic under green light _____
 - 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, etc.) _____
 - 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 returning to right lane _____

- F. SPEED
 - Adjusts speed properly to road, weather, traffic conditions, legal limits _____
 - Slows down for rough roads _____
 - Slows down for advance of curves, intersections, etc. _____
 - Maintains consistent speed _____
- G. COURTESY AND SAFETY
 - Uses defensive driving techniques _____
 - Yields right-of-way for safety _____
 - Allows faster traffic to pass _____
 - Keeps right and in own lane _____
 - Uses horn only when necessary _____
 - Generally courteous _____

PART 7 – MISCELLANEOUS

- A. GENERAL ABILITY AND HABITS
 - Consistently alert and attentive _____
 - Adjusts driving to meet changing conditions _____
 - Performs functions without removing eyes from road _____
 - Checks instruments regularly _____
 - Willing to take suggestions _____
 - Adequate self-confidence in driving _____
 - Is not easily angered _____
 - Positive attitude _____
 - Good personal appearance _____
- B. RULES AND REGULATIONS
 - Knowledge of company rules _____
 - Knowledge of regulations _____



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REMARKS: _____

GENERAL APPEARANCE:

- _____ Satisfactory
- _____ Needs Training
- _____ Unsatisfactory

Signature of Examiner: _____

CERTIFICATION OF ROAD TEST

If the road test is successfully completed, the person who gave it must complete the following certification. This certification shall be retained in the driver qualification file of the person who was examined. Duplicate copies should be provided to the person examined.

Driver's Name: _____ SSN: _____

Type of Power Unit: _____ Type of Trailer: _____

License Type and Number: _____ State: _____

Road Test Date: _____ Number of Miles Examined: _____ Medical Expiration Date: _____

Name of Examiner: _____ Title: _____

Company: _____ Address: _____