

# **WELCOME**

## **To Pariso Logistics, Inc**

**This packet contains our application for employment. You might find it to be lengthy and complicated but it is important for you to complete it as accurately as possible. It may be necessary for you to take it home so that you can provide us with correct phone numbers, etc.**

**We at Carmen M. Pariso, Inc, try to hire employees who have the potential to succeed with us. Our first step is reviewing the information given to us in this application so please be thorough.**

**We hope to have you as a future employee.**

# DRIVERS APPLICATION FOR EMPLOYMENT

Applicant Name \_\_\_\_\_ Date of Application \_\_\_\_\_

(print)  
Company \_\_\_\_\_ PARISO LOGISTICS INC. \_\_\_\_\_  
Address \_\_\_\_\_ 3649 RIVER ROAD \_\_\_\_\_  
City \_\_\_\_\_ TONAWANDA \_\_\_\_\_ State \_\_\_\_\_ NEW YORK \_\_\_\_\_ Zip \_\_\_\_\_ 14150 \_\_\_\_\_

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, COMPLETED 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 inter-view(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 \_\_\_\_\_

1<sup>ST</sup> DAY DRIVING \_\_\_\_\_

POINT EMPLOYED \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

(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 \_\_\_\_\_

# APPLICANT TO COMPLETE

(answer all questions - please print)

Position(s) Applied for \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

List your addresses of residency for the past 3 years.

Current Address \_\_\_\_\_  
Street City  
State Zip Code Phone \_\_\_\_\_ How Long? \_\_\_\_\_  
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.

In case of Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

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)

Have you ever been convicted of a felony? \_\_\_\_\_

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied? \_\_\_\_\_

If yes, explain if you wish. \_\_\_\_\_

**MAY WE CONTACT YOUR CURRENT EMPLOYER** ☐ YES ☐ NO

## 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.	TO MO. YR.
ADDRESS			POSITION	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON			REASON FOR LEAVING	
PHONE NUMBER				
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 ALCHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM MO.	TO MO. YR.
ADDRESS			POSITION	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON			REASON FOR LEAVING	
PHONE NUMBER				
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 ALCHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM MO.	TO MO. YR.
ADDRESS			POSITION	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON			REASON FOR LEAVING	
PHONE NUMBER				
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 ALCHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM MO.	TO MO. YR.
ADDRESS			POSITION	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON			REASON FOR LEAVING	
PHONE NUMBER				
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 ALCHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM MO.	TO MO. YR.
ADDRESS			POSITION	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON			REASON FOR LEAVING	
PHONE NUMBER				
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 ALCHOL 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 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity required 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 9 or more passengers, OR (3) is of any size and is sued 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 REQUIRED)

**EXPERIENCE AND QUALIFICATIONS – DRIVER**

List all driver licenses or permits held in the past 3 years

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	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 CIRCLE YES OR NO**

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

LIST STATES OPERATED IN FOR LAST FIVE YEARS: \_\_\_\_\_  
\_\_\_\_\_

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

WHICH SAFE DRIVER 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: \_\_\_\_\_

This image shows a full page of blank, lined paper. It features approximately 28 horizontal black lines spaced evenly across the page, typical of standard notebook paper. The lines are thin and extend from the left edge to the right edge. There are no margins, text, or other markings on the page.

## SECTION 1

### TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) \_\_\_\_\_

First, MI., Last \_\_\_\_\_

Date of Birth \_\_\_\_\_

hereby authorize:

Previous Employer: \_\_\_\_\_ Email: \_\_\_\_\_

Street: \_\_\_\_\_ Telephone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Fax No.: \_\_\_\_\_

to release and forward the information requested by section 2 & 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from \_\_\_\_\_

(date of employment application)

To:

Prospective Employer: PARISO LOGISTICS, INC.

Attention: Carmen Telephone: 716-875-6168

Street: 3649 RIVER ROAD

City, State, Zip: TONAWANDA, NY 14150

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 confidential fax number: 716-875-2502

Prospective employers confidential email address: cpariso@parisotrucking.com

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

This information is being requested in compliance with §4D.25 and §391.23.

## SECTION 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) \_\_\_\_\_

1. Did he/she drive motor vehicle for you? Yes ☐ No ☐ If yes, what type? Straight Truck ☐ Tractor-Semi-trailer ☐  
Bus ☐ Cargo Tank ☐ Doubles/Triples ☐ Other (Specify) \_\_\_\_\_

2. Reason for leaving your employ: 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	No. of Injuries	No. of 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: \_\_\_\_\_

## SECTION 1

### TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name)

First, MI., Last

Date of Birth

hereby authorize:

Previous Employer: \_\_\_\_\_ Email: \_\_\_\_\_  
Street: \_\_\_\_\_ Telephone: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Fax No.: \_\_\_\_\_

to release and forward the information requested by section 2 & 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from \_\_\_\_\_  
(date of employment application)

To:

Prospective Employer PARISO LOGISTICS, INC.  
Attention: Carmen Telephone: 716-875-6168  
Street: 3649 RIVER ROAD  
City, State, Zip: TONAWANDA, NY 14150

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 confidential fax number: 716-875-2502

Prospective employers confidential email address: cpariso@parisotrucking.com

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 named above was employed by us. Yes ☐ No ☐

Employed as \_\_\_\_\_ from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_

1. Did he/she drive motor vehicle for you? Yes ☐ No ☐ If yes, what type? Straight Truck ☐ Tractor-Semi-trailer ☐  
Bus ☐ Cargo Tank ☐ Doubles/Triples ☐ Other (Specify) \_\_\_\_\_

2. Reason for leaving your employ: 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	No. of Injuries	No. of 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: \_\_\_\_\_



## SECTION 1

### TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) \_\_\_\_\_

First, MI., Last \_\_\_\_\_

Date of Birth \_\_\_\_\_

hereby authorize:

Previous Employer: \_\_\_\_\_ Email: \_\_\_\_\_

Street: \_\_\_\_\_ Telephone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Fax No.: \_\_\_\_\_

to release and forward the information requested by section 2 & 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from \_\_\_\_\_

(date of employment application)

To:

Prospective Employer: PARISO LOGISTICS, INC.

Attention: CARMEN Telephone: 716-875-6168

Street: 3649 RIVER ROAD

City, State, Zip: TONAWANDA, NY 14150

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 confidential fax number: 716-875-2502

Prospective employers confidential email address: cpariso@parisotrucking.com

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

This information is being requested in compliance with §4D.25 and §391.23.

## SECTION 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) \_\_\_\_\_

1. Did he/she drive motor vehicle for you? Yes ☐ No ☐ If yes, what type? Straight Truck ☐ Tractor-Semi-trailer ☐  
Bus ☐ Cargo Tank ☐ Doubles/Triples ☐ Other (Specify) \_\_\_\_\_

2. Reason for leaving your employ: 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	No. of Injuries	No. of 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: \_\_\_\_\_

## SECTION 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 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 suspension, 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 40?  | <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 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 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 on side 1.

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Section 3 Completed by (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION 4A

### TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) Faxed to previous employer ☐ Mailed ☐ Emailed ☐ Other \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION 4B

### TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when information is obtained.

Information received from: \_\_\_\_\_

Recorded by: \_\_\_\_\_ Method: ☐ Fax ☐ Mail ☐ Email ☐ Telephone

Date: \_\_\_\_\_ ☐ Other \_\_\_\_\_

### INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

#### SECTION 1: Prospective Employee

- \* Complete the information required in this section
- \* Sign and date
- \* Submit to the Prospective Employer

#### SECTION 4A & 4B: Prospective Employer

- \* Submit to Prospective Employer
- \* To be completed by Prospective Employer

#### SECTION 2 & 3: Previous Employer

- \* Complete the information required in this section
- \* Sign and date
- \* Submit to Prospective Employer

# Motor Vehicle Driver's

## CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

**MOTOR CARRIER INSTRUCTIONS:** The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

**DRIVER REQUIREMENTS:** Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

- 1) **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.

If you have more than one license, keep the license from your state of residence and return the additional licenses to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by that state.

- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:**  
Sections 391.1 5(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (If the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

The following license is the only one I will possess:

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Exp. Date. \_\_\_\_\_

**DRIVER CERTIFICATION:** I certify that I have read and understood the above requirements.

Driver's Name (Printed): \_\_\_\_\_

Driver's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Notes: \_\_\_\_\_

**MOTOR VEHICLE DRIVER'S  
Certification of Violations/Annual Review of Driving Record**

**MOTOR CARRIER INSTRUCTIONS:** 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 vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (Section 391 .27). Drivers who have provided information required by Section 353.31 need not repeat that information on this form.

**DRIVER REQUIREMENTS:** 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 AND STATE)	DRIVER'S 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 (other than those I have provided under Part 383) required to be listed during the past 12 months.

Date of Certification \_\_\_\_\_ Driver's Signature \_\_\_\_\_

**COMPLETED BY MOTOR CARRIER – ANNUAL REVIEW OF DRIVING RECORD**

**MOTOR CARRIER INSTRUCTIONS:** 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 \_\_\_\_\_

## Physical and Drug Testing

Prior to application for employment with Pariso Logistics, Inc., I understand that the company requires successful completion of both a driver physical and drug testing.

**As a prospective new employee of Pariso Logistics, Inc., I agree to pay directly for this initial physical and drug testing. If I should fail to qualify for employment, because of either physical or drug test results or not remain employed by Pariso, Logistics Inc., for a period of 6 months, this expense will not be reimbursed by Pariso Logistics, Inc.**

On the 6 month anniversary of the start of my employment, I will be reimbursed by Pariso Logistics, Inc. the full amount actually paid for the initial physical and drug testing.

The only physicians authorized to be used are affiliated with **Health Works WNY, 1900 Ridge Rd, West Seneca, NY (716) 712-0670; 2075 Sheridan Drive, Tonawanda, NY (716) 447-6474; 6199 Transit Rd, Depew, NY (716) 206-0390.** Only these offices may and must complete any and all physicals and drug testing. The total anticipated amount for a physical and drug testing is approximately \$100.00. It is hereby agreed by Pariso Logistics, Inc. that the actual cost to the prospective employee shall not exceed the amount of \$125.00.

\_\_\_\_\_ (PLEASE PRINT NAME)

\_\_\_\_\_ (SIGNATURE)

\_\_\_\_\_ (DATE)

## GENERAL CONSENT FOR RELEASE OF PERSONAL INFORMATION

### Background

The federal Driver's Privacy Protection Act (DPPA) designates certain information in motor vehicle records as *Personal Information*. Personal information includes a motorist's photograph, social security number, date of birth, driver license number, non-driver ID number, name, address (except for 5-digit zip code), telephone number, and medical or disability information. Public information includes reportable accidents, driving convictions, driver status and vehicle information. Most motor vehicle records contain personal and public information. Please note, if we are authorized to release personal information, we will not release social security number, phone number, photograph, medical or disability information.

The DPPA also limits the reasons (*permissible uses*) for which the Department of Motor Vehicles may release records containing personal information. Copies of the DPPA, and the permissible uses available in New York State, are printed on forms MV—15DPPA and MV-15PU.

Some requesters may request a copy of a record only if they have permission from the person named in the record. This form provides evidence (*signed authorization*) of that permission.

### Instructions for Motorists

The motorist is the person named in a motor vehicle record. The record requester is the person requesting information about the motorist. To complete this form, print your name in the blank marked *Motorist*. Print the record requester's name in the blank marked *Record Requester*. Then visit a notary public. In the presence of the notary, sign on the line marked *Motorist's Signature*, then give this form to the notary to notarize.

After it is notarized, give this form to the record requester.

### Instructions for Record Requesters

You may request someone else's motor vehicle record containing personal information only if you have a permissible use as defined in the DPPA. You may face criminal penalties and civil liabilities if you request a record for which you do not have a permissible use. Having the motorist's permission is a permissible use. This form, properly completed and notarized, is evidence of the motorist's permission.

Keep a copy of this form for five years after you receive the record you requested.

I, \_\_\_\_\_, authorize the New York State Department of Motor Vehicles  
(Motorist)

to disclose or otherwise make available to Pariso Logistics, Inc personal information about  
(Record Requester)

me obtained by the Department in connection with a motor vehicle record.

SS#: \_\_\_\_\_

\_\_\_\_\_  
Motorist's Signature

STATE OF NEW YORK  
COUNTY OF ERIE

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ before me personally appeared  
(month) (year)  
\_\_\_\_\_, to me known and who by me being duly sworn, acknowledged  
(Motorist)

to be the person described in and who executed the foregoing consent and who acknowledged to me that he/she executed the same for the purpose therein stated.

\_\_\_\_\_  
Notary Public