

DTG RECYCLING GROUP
CONSOLIDATED DRIVER APPLICATION

P.O. Box 14203 • Mill Creek, WA 98082 • Phone: (425)549-3000 • Fax (425)549-3000

In compliance with Federal, State and local equal opportunity laws, qualified applicants are considered for employment without regard to race, color, religion, sex, national origin, age, marital status, disability status or any other classification protected by law .

Please print all answers.

I am applying for: Hook Truck Tractor-Trailer Other

Date of Application _____ Date Available to Provide Services _____

First _____ Middle _____ Last _____

Address _____

City _____ State _____ Zip _____ How Long There? _____

Home Phone _____ Cell Phone _____ Fax _____

E-mail _____ Social Security Number _____

Previous Address 1 _____

City _____ State _____ Zip _____ How Long There? _____

Previous Address 2 _____

City _____ State _____ Zip _____ How Long There? _____

(Only need addresses for the past 3 years.)

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

Date of Birth _____ Can you provide proof of age? _____

Please identify previous employment with any DTG Recycling Group affiliate: _____ Dates: From _____ To _____

Reason for Leaving _____

Who referred you? _____

WHICH EQUIPMENT DO YOU PREFER TO OPERATE?

 HOOK TRUCK

Becoming a Hook Truck driver means you will pick up and deliver roll-off containers to commercial and residential customers locations throughout the greater Seattle Area

 TRACTOR-TRAILER

Tractor-Trailer drivers will be hauling materials loaded into live-floor and possum belly trailers to and from different facilities.

Please supply us with 3 emergency phone contacts (other than your home number, list whether it is a son, daughter, neighbor, spouse, etc.)

Contact Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

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List all driver's licenses from the past 3 years:

STATE	LICENSE NUMBER	TYPE	EXPIRATION

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

If Yes, Why? _____

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

If Yes, Why? _____

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment	Date From	Date To	Approx. Total Miles
Straight Truck				
Tractor or Semi-Trailer				
Tractor-Two Trailers				
Tanker				
Other:				

DRIVER NOTIFICATION AND RELEASE

As a prospective driver employee, you have the right to review information provided by previous employers. You have the right to have errors in the information corrected by the previous employer(s) and for that previous employer(s) to re-send the corrected information to the prospective employer: the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Driver employees who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer provided investigative information, must submit a written request to the prospective employer, which may be done at any time, including when applying or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five (5) business day deadlines will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived their request to review the records.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY A DTG RECYCLING GROUP AFFILIATE (ALL WOOD RECYCLING, INC., DRYWALL RECYCLING SERVICES, INC., DTG CONTAINER CORPORATION, DTG ENTERPRISES, INC., INDUSTRIAL WASTE RECYCLERS, LLC, RESOURCE RECOVERY SERVICES, INC., AND/OR MCS RECYCLING, LLC) TO FURNISH THE ABOVE MENTIONED INFORMATION.

 Print Name

 Social Security Number

 Applicant's Signature

 Date

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EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the **past 10 years**. (Attach sheet if more space is needed).

EMPLOYER			DATE	
Name			From	To
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person	Phone		Reason for Leaving	
	Fax			

EMPLOYER			DATE	
Name			From	To
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person	Phone		Reason for Leaving	
	Fax			

EMPLOYER			DATE	
Name			From	To
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person	Phone		Reason for Leaving	
	Fax			

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 authorize you to make such inquiries of my personal, employment, financial, or medical history and other related matters as may be necessary in arriving at a retention decision 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, via fax, email, or post to any and/or all DTG Recycling Group affiliate(s) including any requested information on my alcohol and controlled substances testing record that pertains to this document and the Federal Motor Carrier safety regulation guidelines 40.25 & 391.23 that are within the previous 3 years of application date. In the event of retention, I understand that false or misleading information given in my application or interviews may result in non-use of my services. I understand, also, that I am required to abide by all rules and regulations of the D.O.T. and company.

Applicant Signature _____ **Date** _____

Social Security Number _____ - _____ - _____

COMMERCIAL VEHICLE DRIVER APPLICANT
Controlled Substance and Alcohol Questionnaire
Pursuant to 49 CFR part 40.25(j)

Previous Employer's Name & Address _____
Telephone # _____ Fax # _____

RELEASE OF INFORMATION

I, hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed above, to all DTG Recycling Group affiliates. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that the information to be released by my previous employer, includes all records of employment, including assessments of my job performance, ability, and fitness, including dates of any and all alcohol or drug tests.

EMPLOYEE SIGNATURE _____ SSN _____ DATE _____

DTG Recycling Group affiliate Representative: _____
PO Box 14203, Mill Creek, WA 98082 Tel:(425) 549-3000 Fax:(425) 549-3000

SAFETY PERFORMANCE HISTORY

1. Did applicant listed above worked for you as a _____ from _____ To _____ (mm/yyyy) YES or NO
2. _____
3. Reason for leaving employment? _____
4. If employed as a driver what type of motor vehicle did he/she drive for you?
 Recreation Vehicles Tractor-Semi-trailer Cargo Tank Other _____
 Straight Truck Doubles/Triples Bus
5. Accidents? YES or NO If YES, please give date(s) and a brief description of each accident:

6. Why did this employee leave your company? _____
7. Would you re-employ this person? YES or NO
8. Additional Comments: _____

DRUG AND ALCOHOL TEST HISTORY

9. Was the driver subject to Department of Transportation testing requirements while employed by you?
Yes No (If no, check here then sign and date question 17.)
10. From _____ To _____ (mm/yyyy) Applicant was subjected to the Department of Transportation testing requirements.
11. Has the applicant had an alcohol test that had results higher than 0.04? (Refer to 382.201 on Alcohol Concentration) Yes No
12. Has the applicant ever tested positive on a controlled substance that a licensed medical practitioner did not give clearance as defined in 382.107? Yes No
13. Has the applicant ever refused to submit to a test for: None Controlled Substance
 Post-Accident Follow-Up Alcohol Random Reasonable Suspicion
14. Has the applicant been involved in any violations of FMCSR sections 382 or sections 40 that has not been addressed in questions 11-13? Yes No
15. If applicant violated any of the DOT drug and alcohol regulations, did the applicant complete the SAP (Substance Abuse Professional) program while under your employ? Yes No Not Applicable (If yes, please send documentation)
16. After successfully completing the SAP rehabilitation program and while under your employ did the applicant violate sections 382 or sections 40 again? Yes No
17. Additional Comments _____

18. Last Name _____ First _____ Middle _____
Signature _____ Position _____ Date _____/____/____

Office Use Only

Received From _____ Recorded By _____
Date _____ Fax E-mail Telephone Mail Other _____

**COMMERCIAL VEHICLE DRIVER APPLICANT
Controlled Substance and Alcohol Questionnaire
Pursuant to 49 CFR part 40.25(j)**

Application Date: _____

Name: (First) _____ (MI) _____ (Last) _____

Address: _____ **Home Phone:** _____

City: _____ **State:** _____ **Zip:** _____ **Cell Phone:** _____

Date of Birth: _____ **Social Security Number:** _____

49 CFR 40.25(j)

Have you ever 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?		YES	NO
If YES-	Have you successfully completed the return-to-duty process	YES	NO
If YES-	Documentation <u>MUST BE PROVIDED</u> before any safety-sensitive transportation function is performed		

(Applicant's Signature) _____

(Date) _____

TO BE COMPLETED BY EMPLOYER

Received By: _____

(Date) _____

Title: _____