



BY FAITH TRANSPORTATION

EMPLOYMENT APPLICATION

Today's Date: _____

By Faith Transportation Inc. is an Equal Opportunity Employer

Company Address: PO Box 155 Union NJ 07083
Street City State Zip

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 By Faith Transportation Inc.

"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 current/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 _____

NAME:

Last First Middle Date of Birth

Social Security Number Home Phone Number Cell Phone Number Salary Request

ADDRESS:

PAST 3 YEARS
RESIDENCY

Street City State Zip Number of Years

Street City State Zip Number of Years

Street City State Zip Number of Years

Have you ever worked, or applied to work for By Faith Transportation Inc. before? Yes No If Yes, Month & Year: _____

How Did you hear about us? _____ Position Desired: Driver Aide

Employment History

(Use Additional Employment History Information form if necessary)

All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three years. You must give the same information for all employers for whom you have driven a commercial vehicle seven years prior to the initial three years (total ten year employment record).

You are required to list the complete mailing address: street number and name, city, state and zip code.

CURRENT OR LAST EMPLOYER: Name _____ Phone # (_____) _____

Street Address _____ City _____ State _____ Zip _____

Position Held _____ From _____ To _____
(Month/Year) (Month/Year)

Reason for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations**while employed? Yes 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? Yes No

*Account for Period between jobs - Include dates (Month/Year) and reason _____

SECOND LAST EMPLOYER: Name _____ Phone # (_____) _____

Street Address _____ City _____ State _____ Zip _____

Position Held _____ From _____ To _____
(Month/Year) (Month/Year)

Reason for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations**while employed? Yes 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? Yes No

*Account for Period between jobs - Include dates (Month/Year) and reason _____

*Any gaps in employment and/or unemployment must be explained

**The Federal Motor Carrier Safety Regulations 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 designated or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

Employment History Cont.

THIRD LAST EMPLOYER: Name _____ Phone # (____) _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
(Month/Year) (Month/Year)
Reason for Leaving _____
Were you subject to the Federal Motor Carrier Safety Regulations**while employed? Yes 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? Yes No
*Account for Period between jobs - Include dates (Month/Year) and reason _____

FOURTH LAST EMPLOYER: Name _____ Phone # (____) _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
(Month/Year) (Month/Year)
Reason for Leaving _____
Were you subject to the Federal Motor Carrier Safety Regulations**while employed? Yes 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? Yes No
*Account for Period between jobs - Include dates (Month/Year) and reason _____

REFERENCES

May we ask your present employer for a reference? Yes No

NAME	PHONE#	OCCUPATION	ADDRESS

EXPERIENCE AND QUALIFICATION

Attach separate sheet if more space is needed

Driving Experience

If no driving experience within the last 3 years - check here

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Circle all that apply)	DATES		APPROXIMATE NUMBER OF MILES
		FROM	TO	
Straight Truck	Van, Reefer, Tank, Flat	_____	_____	_____
Tractor & Semi-Trailer	Van, Reefer, Tank, Flat	_____	_____	_____
Tractor - Two Trailers	Van, Reefer, Tank, Flat	_____	_____	_____
Tractor - Three Trailers	Van, Reefer, Tank, Flat	_____	_____	_____
Motorcoach - School Bus (Greater than 8 passengers)	N/A	_____	_____	_____
Motorcoach - School Bus (Greater than 15 passengers)	N/A	_____	_____	_____
Other: _____	Van, Reefer, Tank, Flat, N/A	_____	_____	_____

ACCIDENT HISTORY (3 years)

If no accidents within the last 3 years - check here

DATE (Month/Year)	NATURE OF ACCIDENT (Head-On, Rear-End, Upset, Etc.)	NUMBER OF FATALITIES	NUMBER OF INJURIES	HAZARDOUS MATERIAL SPILL?	
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

TRAFFIC CONVICTIONS & FORFEITURES (3 years)

If no traffic convictions and/or forfeitures in the last 3 years - check here

DATE CONVICTED (Month/Year)	VIOLATION (Other than violations involving parking only)	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral and/or points)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LICENSE INFORMATION

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

_____	_____	_____
State	License Number	Expiration Date
_____	_____	_____
Class	Endorsements	How long have you had your CDL?

- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No
 If yes, give details _____.
- B. Has any license, permit, or privilege ever been suspended or revoked? Yes No
 If yes, give details _____.
- C. Have you ever had a license(s) in any other state? Yes No If you checked Yes list them here:
 State: _____ License #: _____ Type: _____ Expiration Date: ____/____/____.
 State: _____ License #: _____ Type: _____ Expiration Date: ____/____/____.

APPLICANT CERTIFICATION

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.

Applicant's Signature

Date

EDUCATION

Secondary School attended and Location: _____.
Highest grade successfully completed: _____ Year Graduated: ____ / ____ / _____
University attended and Location: _____
No. of Years Completed: _____ Year Graduated: ____ / ____ / _____ Degree: _____
Major Subjects of Specialization: _____
Community College Attended and Location: _____
No. of Years Completed: _____ Year Graduated: ____ / ____ / _____ Degree: _____
Major Subjects of Specialization: _____
Other Educational Training/Courses: _____

OFFICE SECRETARIAL APPLICATIONS

<u>COMPUTER:</u> _____ <u>OTHER:</u> _____	<u>YEARS OF EXPERIENCE:</u> _____ <u>YEARS OF EXPERIENCE:</u> _____
List secretarial training courses completed and any other training which may be helpful in considering your application.	

MECHANIC APPLICATIONS

<u>LIGHT:</u> _____ <u>MEDIUM:</u> _____ <u>HEAVY:</u> _____ <u>OTHER:</u> _____	<u>YEARS OF EXPERIENCE:</u> _____ <u>YEARS OF EXPERIENCE:</u> _____ <u>YEARS OF EXPERIENCE:</u> _____ <u>YEARS OF EXPERIENCE:</u> _____
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ALL APPLICANTS MUST READ AND THEN CHECK EITHER YES OR NO BELOW

Have I ever been convicted in New Jersey or any other state or jurisdiction of any crime or disorderly persons offense involving sexual offenses, child molestation, endangering the welfare of children or incompetents, arson, robbery, assault, kidnaping, murder or manslaughter, or violations of the New Jersey controlled Dangerous Substance Act?

Yes No If you checked Yes, then you must explain below

Explain:

I hereby certify that to the best of my knowledge and belief the answers given by me to the foregoing questions and all statements made by me in the application are correct. If employed, I agree that all material created and produced whether in written, graphic or broadcasting form. All inventions new or changes in processes developed during my employment are the exclusive property of the company to use and/or sell and that subsequent to my employment with this company I will not disclose, use or reveal any confidential information related to the company without first obtaining written consent from an officer of the company.

I hereby apply for employment upon the basis and understanding that such employment may be terminated at any time upon notice given to me personally or sent to my last known address.

*I consent to **BY FAITH TRANSPORTATION INC.** obtaining such personal and job-related information as required in connection with this application for employment.*

Applicant's Signature

Date