

Driver Application PRINT NAME: _____ CDL A B other _____



1282 Dutchess Turnpike, Poughkeepsie, NY 12603 • 845-471-1504
 7 Tivoli Street, Albany, NY 12207 • 518-463-5525
 5979 North Elm Avenue, Millerton, NY 12546 • 518-789-0110
 3620 S. Federal Highway, Ft. Pierce, FL 34982 • 772-461-0046



The applicant (C.D.L. licensed) must complete all sections of this Application to meet U.S. Dept. of Transportation (U.S. D.O.T.) requirements. Any falsification or incomplete information may result in the Request being rejected and/or shall be grounds for terminating the relationship. In order that your Request may be properly evaluated, it is essential that all of the following information be answered carefully and completely.

PERSONAL INFORMATION (print)

Date of this Application : _____ / _____ / _____

Name _____
First Middle Last

Social Security # _____

Present Residence _____
Street Number & Name

Date of Birth (only for D.O.T. purposes) _____ / _____ / _____

City _____ State _____

Have you ever applied for a position with Arnoff or affiliated company of Arnoff?
 Yes No When _____

Zip _____

Lived at above residence for how long? _____ Years _____ Months

Location: _____

Phone# 1 _____ Phone #3 _____

Your VAN LINE Safety # if you have one:
 Van Line: _____

Phone#2 _____ Pager# _____

Safety #: _____

YOUR WAGE REQUEST:

List Your Last Five (5) Years Of Former Residences (Use additional sheet if necessary)

Street	City	State	From Month/Year	To Month/Year

Emergency Contact: List two (2) relatives or close friends to contact in case of emergency:

(1) _____ (_____) _____
Name Relationship Phone No.

(2) _____ (_____) _____
Name Relationship Phone No.

PERSONAL REFERENCES — Provide three (3) references. They can also be used to verify unemployment, self-employment, or previous employers no longer in business.

Name #1 _____
 Home Phone: (_____) _____ Work Phone:(_____) _____

Name #2 _____
 Home Phone: (_____) _____ Work Phone:(_____) _____

Name #3 _____
 Home Phone: (_____) _____ Work Phone:(_____) _____

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EDUCATION Circle highest year completed 1 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4

List any truck driver-training program attending or completed.

School Name _____ City _____ State _____ (_____) _____ Phone Number _____ From _____ To _____
Month/Year Month/Year

School Name _____ City _____ State _____ (_____) _____ Phone Number _____ From _____ To _____
Month/Year Month/Year

YOUR SPECIAL DRIVING OR OTHER SKILLS:

U.S. MILITARY SERVICE

(Attach long form DD214 if military service within the past five (5) years)

Have you served in the U.S. Military? Yes No Dates of service _____ - _____
Branch _____ Highest Rank Achieved _____ Rank at Discharge _____

EMPLOYMENT & SELF-EMPLOYMENT HISTORY

List **ALL** employers, unemployment and self employment during the **past five (5) years**. You must also list **ALL commercial driver employment** for five (5) years immediately proceeding this five (5) year period. – FMCSR 391.21 (b) (10) (11).

* 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 weighs or has a GVWR or 10,001 pounds or more, OR is designed or used to transport 9 or more passengers, OR of any size and is used to transport hazardous materials in a quantity requiring placarding.

<p>Most Recent Employer:</p> <p>From: _____ (month, year)</p> <p>To: _____ (month, year)</p> <p>FINAL WAGE:</p> <p>\$ _____ per hr</p>	<p>Company _____</p> <p>Supervisor _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Telephone (_____) _____ Position Held _____</p> <p>Type Equip. Driven _____ States - Regions Driven _____ <input type="checkbox"/> Full or <input type="checkbox"/> Part-Time</p> <p>Number of Accidents _____ Reason for leaving _____</p> <p>May we contact your current employer? <input type="checkbox"/> YES <input type="checkbox"/> NO (Approval to contact must be given before final qualification)</p> <p>Were you subject to the FMCSRs* while employed? <input type="checkbox"/> YES <input type="checkbox"/> NO (See explanation above)</p> <p>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</p>
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<p>Second Last Employer</p> <p>From: _____ (month, year)</p> <p>To : _____ (month, year)</p> <p>FINAL WAGE</p> <p>\$ _____ per hr</p>	<p>Company _____</p> <p>Supervisor _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Telephone (_____) _____ Position Held _____</p> <p>Type Equip. Driven _____ States - Regions Driven _____ <input type="checkbox"/> Full or <input type="checkbox"/> Part-Time</p> <p>Number of Accidents _____ Reason for leaving _____</p> <p>Were you subject to the FMCSRs* while employed? <input type="checkbox"/> YES <input type="checkbox"/> NO (See explanation above)</p> <p>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</p>
<p>Third Last Employer:</p> <p>From: _____ (month, year)</p> <p>To : _____ (month, year)</p> <p>FINAL WAGE</p> <p>\$ _____ per hr.</p>	<p>Company _____</p> <p>Supervisor _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Telephone (_____) _____ Position Held _____</p> <p>Type Equip. Driven _____ States - Regions Driven _____ <input type="checkbox"/> Full or <input type="checkbox"/> Part-Time</p> <p>Number of Accidents _____ Reason for leaving _____</p> <p>Were you subject to the FMCSRs* while employed? <input type="checkbox"/> YES <input type="checkbox"/> NO (See explanation above)</p> <p>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</p>
<p>Fourth Last Employer:</p> <p>From: _____ (month, year)</p> <p>To : _____ (month, year)</p> <p>FINAL WAGE</p> <p>\$ _____ per hr</p>	<p>Company _____</p> <p>Supervisor _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Telephone (_____) _____ Position Held _____</p> <p>Type Equip. Driven _____ States - Regions Driven _____ <input type="checkbox"/> Full or <input type="checkbox"/> Part-Time</p> <p>Number of Accidents _____ Reason for leaving _____</p> <p>Were you subject to the FMCSRs* while employed? <input type="checkbox"/> YES <input type="checkbox"/> NO (See explanation above)</p> <p>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</p>

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ADDITIONAL EMPLOYMENT HISTORY SHEET

<p>Fifth Last Employer:</p> <p>From: _____ (month, year)</p> <p>To : _____ (month, year)</p> <p><u>FINAL WAGE</u></p> <p>\$ _____ per hr</p>	<p>Company _____</p> <p>Supervisor _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Telephone (_____) _____ Position Held _____</p> <p>Type Equip. Driven _____ States - Regions Driven _____ <input type="checkbox"/> Full or <input type="checkbox"/> Part-Time</p> <p>Number of Accidents _____ Reason for leaving _____</p> <p>Were you subject to the FMCSRs* while employed? <input type="checkbox"/> YES <input type="checkbox"/> NO (See explanation above)</p> <p>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</p>
<p>Sixth Last Employer:</p> <p>From: _____ (month, year)</p> <p>To : _____ (month, year)</p> <p><u>FINAL WAGE</u></p> <p>\$ _____ per hr</p>	<p>Company _____</p> <p>Supervisor _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Telephone (_____) _____ Position Held _____</p> <p>Type Equip. Driven _____ States - Regions Driven _____ <input type="checkbox"/> Full or <input type="checkbox"/> Part-Time</p> <p>Number of Accidents _____ Reason for leaving _____</p> <p>Were you subject to the FMCSRs* while employed? <input type="checkbox"/> YES <input type="checkbox"/> NO (See explanation above)</p> <p>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</p>
<p>Seventh Last Employer:</p> <p>From: _____ (month, year)</p> <p>To : _____ (month, year)</p> <p><u>FINAL WAGE</u></p> <p>\$ _____ per hr.</p>	<p>Company _____</p> <p>Supervisor _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Telephone (_____) _____ Position Held _____</p> <p>Type Equip. Driven _____ States - Regions Driven _____ <input type="checkbox"/> Full or <input type="checkbox"/> Part-Time</p> <p>Number of Accidents _____ Reason for leaving _____</p> <p>Were you subject to the FMCSRs* while employed? <input type="checkbox"/> YES <input type="checkbox"/> NO (See explanation above)</p> <p>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</p>

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Please answer the following questions. Any falsification or incomplete information may result in this request being rejected.

YES NO

1. Have you **ever** had any type of motor vehicle license suspended or revoked, or ever been denied a license permit, or privilege to operate a motor vehicle? Why? _____ Date: _____
2. Have you **ever** been refused auto liability insurance? Why? _____ Date: _____
3. Have you **ever** been convicted for the use of alcohol? **Charges:** _____ **Date:** _____
List city, state of conviction: _____
4. Have you **ever** been convicted for driving while intoxicated? Commercial Vehicle Personal Vehicle
List city, state of conviction: _____ Date: _____
5. Have you **ever** been convicted for possession, use, sale, manufacture, dispensation or distribution of a controlled substance? List city, state of conviction: _____ Date: _____
6. Have you **ever** been convicted of **any** misdemeanor offense? **Charges:** _____
(Must attach a written explanation and full details)
Arrest Date: _____ Conviction Date: _____ List city, state of conviction _____
7. Have you **ever** been convicted of **any** felony offense? **Charges:** _____
(Must attach a written explanation and full details including any dates of incarceration, probation/parole)
Arrest Date: _____ Conviction Date: _____ List city, state of conviction _____
8. Have you **ever** been on or are you currently on court assigned probation, parole, supervision? From _____ to: _____

List city, state of probation: _____
9. Are you currently involved in any pending/incomplete court action? If yes indicate the nature of action and location of the court. **Explain:** _____
10. Have you **ever** tested positive or refused to be tested for any D.O.T mandated drug or alcohol test, including pre-employment test administered by an employer to which you applied to, but did not perform safety sensitive transportation functions. (49 CFR 40.25(j)). **Date:** _____ **Company:** _____
11. Are you now legally entitled to work in the United States? (you must complete the I-9 Form)

MOTOR VEHICLE RECORD

- List **ALL** Driver Licenses held in the past five (5) years.
Attach a legible copy of front and back of current license. Must be licensed in the state of legal residence

State	License Number	Class/Type	Endorsements	Issued Date	Expiration Date

- List **ALL** Traffic Convictions and Forfeitures for the past five (5) years. (Truck, Car or Motorcycle)
Use additional sheet if necessary. If none, write none.

Date	City, State	Violation	Type of Vehicle	Penalty/Disposition

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- List **ALL** Motor Vehicle Accidents for the past five (5) years, whether at fault or not. Use additional sheet if necessary. If none, write none.

Date	City, State	Nature of Accident (Head-on, Rear End, Overturn, etc.)	Type of Vehicle	Number of		Prevent (at fault)
				Fatalities	Injuries	Non (not at fault)

AGREEMENT

(To be read, initialed and signed by prospective Driver candidate)

- Initial
- 1.** I understand the Driver Provisions of the Commercial Motor Vehicle Safety Act of 1986. I have only one (1) Motor Vehicle drivers license at the present time, a legible copy of which is attached to this Request for Qualification ("Request") and is incorporated into this agreement by reference.
-
- Initial
- I authorize investigation of all statements contained herein as may be necessary in arriving at a decision. I agree to submit to a Medical examination, including a controlled substance test. I understand that if I fail to satisfactorily pass any part of the medical examination I will be rejected. Any positive results obtained from my controlled substance test shall result in the rejection of my Request. My initials and signature on this Request indicates that I fully understand my responsibility concerning ARNOFF's Drug policy and ARNOFF's commitment to a drug free work place and that I agree to abide by the results of the testing.
-
- Initial
- 2.** I hereby authorize any physician or hospital to furnish any medical information with reference to me as may be required by ARNOFF concerning this Request. I understand that this consent to release medical records is revocable by me at any time.
-
- Initial
- In making this Request, I understand that an investigation may be made and information may be obtained through interviews with the personal references and past employers listed as required by 49 CFR 391.23 (d) (e). This inquiry may include information as to my motor vehicle record, character, general reputation, and personal characteristics, and I consent to the conduct of this inquiry and to the consideration of any statement of references, former employers, or any other individuals that are given in response to any inquiries. Under the Consumer Credit Protection Act (15 U.S.C. 1681d), I understand that I may, upon written request, made within a reasonable time, receive additional information as to the nature and scope of an investigation into my general reputation, personal characteristics and mode of living.
-
- Initial
- 3.** I hereby release all parties, including but not limited to North American Van Lines, Inc., its parent company, and their related entities, employees, officers, directors, agents, my personal references, and previous employers (collectively referred to as "releasees"), from any and all liability including, but not limited to, attorney's fees and costs, for any injury or damage that may result from Releasees furnishing information concerning me or any action by releasees taken on the basis of such information.
-
- Initial
- 4.** I hereby authorize any law enforcement agency, or Court of Record to furnish ARNOFF, their agents, or any of their related entities or representatives, information concerning my motor vehicle record, pending charges, or any felony or misdemeanor convictions.
- (California Residents ONLY) Check this box if you wish to receive a free copy of your Motor Vehicle Report as received from USIS.
-
- Initial
- 5.** I agree to familiarize myself with and to abide by all present and subsequently revised rules, policies and/or procedures of ARNOFF, its agents and all regulations of the United States, including but not limited to the Department of Transportation (D.O.T.) and the Department of Defense (D.O.D.).
-
- Initial
- 6.** I understand that this Request is not, and is not intended to be, a contract. I further understand that statements which may be contained in policies, practices, or other ARNOFF material do not create any contractual guarantee and that ARNOFF has the right to modify, amend, or terminate policies, practices, benefit plans, or other ARNOFF programs within the limits and requirements imposed by law.
-
- Initial
- 7.** This certifies that this Request was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. In the event my Request is accepted, I understand that false, misleading or omitted information may result in rejection of my Request and/or termination.

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AUTHORIZATION TO RELEASE INFORMATION AND RECORDS

I hereby authorize ARNOFF MOVING & STORAGE (or any of its affiliated companies) to conduct a thorough investigation of my past employment, education, criminal history, credit history, workers compensation history, medical history, motor vehicle record, references, and activities, as needed to determine my qualifications with ARNOFF. I authorize all persons who may have information relevant to this investigation to disclose such information to ARNOFF, or its agents. This specifically includes the release of information by my present and former employers (listed on page 2 & 3 of this Request), law enforcement agencies, courts, criminal justice agencies, educational institutions, financial institutions, military records, landlords, creditors and others, whether or not specifically mentioned herein. I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or any attempts to comply with this authorization. I also understand and agree that ARNOFF may share personal information with other organizations as required or permitted by law.

I understand the 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) (e). I understand that I have the right to: Review information provided by previous employers; To have errors in the information corrected by the previous employers and for that previous employer to re-send the corrected information to the prospective employer; 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.

I understand that as a condition of being certified to drive interstate under the operating authority for ARNOFF, I must give ARNOFF written authorization to obtain the results of any and all drug and/or alcohol tests during the past three (3) years. This authorization applies to all employers (listed on page 2 & 3 of this Request) and applies to: Verified positive drug tests; Alcohol tests with a confirmed breath alcohol concentration of 0.04 or greater; Refusals to be tested (including verified adulterated or substituted drug test results); Other violations of DOT agency drug and alcohol testing regulations. I understand that my signing of this authorization does not guarantee that I will be certified to drive under ARNOFF's operating authority. I have read and fully understand this authorization and give my voluntary approval to release my past drug and alcohol test results. In signing below, I certify that all of the information, which I have furnished, on this form is true and complete. A reproduction of this authorization shall be valid as the signed original nor does it carry an expiration date.

Name (Printed)

Current Address City State Zip Code

Your Signature _____

SSN# _____ **Date** _____

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DRIVER VOLUNTARY SELF-IDENTIFICATION FOR EEO STATISTICAL REPORTING

***AFFIRMATIVE ACTION RECORDKEEPING –TEAR OFF SHEET
(not a part of our Employment Application Form)
(CONFIDENTIAL-FOR STATISTICAL USE ONLY)***

ARNOFF is an Equal Opportunity/Affirmative Action employer and thereby does not discriminate on the basis of race, color, religion, sex age, national origin, disability, veteran status, sexual orientation or any other classification protected by Federal, state, or local law. The information below will be used only for the compilation of data required for Affirmative Action reporting:

PRINT YOUR NAME: _____ Date: _____

YOUR GENDER: Female Male

YOUR ETHNIC GROUP:

(Please check one of the descriptions below corresponding to the ethnic group with which you most identify)

- American Indian or Alaskan Native - A person having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- Asian or Pacific Islander - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, Malaysia, the Philippine Islands and Samoa.
- Black (not of Hispanic origin) - A person having origins in any of the Black racial groups of Africa.
- White (not of Hispanic origin) - A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Hispanic or Latino (All races) - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

VETERAN STATUS (from U.S. Military):

Please check one if it describes your veteran status – post offer only)

- SPECIAL DISABLED VETERAN:** Means (A) a veteran who is entitled to compensation (or who, but for the receipt of military retired pay, would be entitled to compensation) under laws administered by the Department of Veteran Affairs for a disability rated at 10 or 20 percent in the case of a veteran who has been determined to have a serious employment disability or (B) a person who was discharged or released from active duty because of a service-connected disability.
- VIETNAM ERA VETERAN:** means a veteran, any part of whose active military, naval, or air service, was during the period August 5, 1964 through May 7, 1975 who (1) served on active duty for a period of more than 180 days and was discharged or released there from with other than a dishonorable discharge, or (2) was discharged or released from active duty because of a service-connected disability. No veteran can be considered to be a veteran of the Vietnam era under this paragraph after Dec. 31. 1994.

* *Veteran status may be requested only after post-offer is made.*

(Personal and Confidential)