

**MANDATORY**

**PRE-EMPLOYMENT**

**DRUG/ALCOHOL TESTING**

**REQUIRED**

MILL STEEL CORPORATION  
 dba MILL METALS  
 62 Maple Street  
 Manchester, NH 03103

**DRIVERS APPLICATION FOR EMPLOYMENT**

It is the policy of the company to provide equal opportunity with regard to all terms and conditions of employment. The company complies with federal and state laws prohibiting discrimination on the basis of race, color, religion, creed, national origin, disability, veteran status, age or any other protected characteristic.

**PERSONAL INFORMATION**

**DATE OF APPLICATION:** \_\_\_\_\_

Name:

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

Address:

\_\_\_\_\_ Street (Apt) City, State Zip

Contact Information:

( ) ( )  
 Home Telephone Mobile Email

Available Start Date: \_\_\_\_\_

Are you currently employed? No\_\_ Yes\_\_

Do you have a legal right to be employed in the U.S.? Yes\_\_ (If yes, proof is required) No\_\_

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes\_\_ No\_\_  
 If yes, explain \_\_\_\_\_
2. Has any license, permit or privilege ever been suspended or revoked? Yes\_\_ No\_\_ If yes,  
 explain \_\_\_\_\_
3. Have you ever been convicted or received deferred adjudication for a felony under any state or  
 federal law? Yes\_\_ No\_\_ If yes, explain \_\_\_\_\_

**PREVIOUS 3 YEARS RESIDENCY** (ATTACH SHEET IF MORE SPACE NEEDED)

Street	City	State/Zip	# YEARS _____
Street	City	State/Zip	# YEARS _____
Street	City	State/Zip	# YEARS _____

**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 NO.	TYPE	EXPIRATION DATE

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, FLAT, ETC.)	FROM (DATE)	TO (DATE)	APPROX. NO OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR – TWO TRAILERS				
OTHER				

**ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE** (ATTACH SHEET IF MORE SPACE NEEDED)

DATES	NATURE OF ACCIDENT (HEAD- ON, REAR-END, UPSET, ETC.)	NUMBER OF FATALITIES	NUMBER OF INJURIES	CHEMICAL PILLS
				Yes__ No__
				Yes__ No__
				Yes__ No__

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS – OTHER THAN PARKING VIOLATIONS** (ATTACH SHEET IF MORE SPACE NEEDED)

DATE CONVICTED (MONTH/YR)	VIOLATION	STATE OF VIOLATION & LOCATION	PENALTY (FORFEITED BOND, COLLATERAL AND/OR POINTS)

**EDUCATION**

	Name and Location	Graduate? – Degree?	Major / Subjects of Study
High School			
College or University			
Specialized Training, Trade School, etc...			
Other Education			

Please list your areas of highest proficiency, special skills or other items that may contribute to your abilities in performing the position you are applying for (languages, machine operation, etc.).

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**EMPLOYMENT RECORD** (ATTACH SHEET IF MORE SPACE NEEDED)

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous 3 years. You must also give the same information for all employers you have driven a commercial motor vehicle for the 7 years prior to the initial 3 years (total of 10 years employment record).

Must list the complete mailing address: street number and street name, city, state and zip code.

LAST EMPLOYER: NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

ANY GAP IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the employer? Y \_\_\_ N \_\_\_

Was the job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Y \_\_\_ N \_\_\_

SECOND LAST EMPLOYER: NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

ANY GAP IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the employer? Y \_\_\_ N \_\_\_

Was the job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Y \_\_\_ N \_\_\_

THIRD LAST EMPLOYER: NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

ANY GAP IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the employer? Y \_\_\_ N \_\_\_

Was the job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Y \_\_\_ N \_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

I authorize the company to make sure investigations and inquiries to 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.

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 (d). 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.

I also certify that all the information submitted by me on this application is true and complete and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions on my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than its president or CEO, and then only when in writing and signed by the president or CEO, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Note: A motor carrier may require an applicant to provide information in addition to the information required by Federal Motor Carrier Safety Regulations.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_