



Dear Applicant,

Thank you for considering Gator Dredging for employment. We are a drug-free workplace and 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.

This CDL Driver Employment Application must be completed in its entirety. Failure by the applicant to do so could delay or eliminate consideration for employment with Gator Dredging.

A final extension of offer of employment by Gator Dredging to any applicant seeking CDL related employment is contingent upon a negative pre-employment drug screen result and the successful completion of Gator Dredging's pre-employment orientation.

Position Being Applied For: _____
Preferred Employment Location: _____
Applicant Print Name: _____

Key notes:

- Make sure you sign your name where requested for the **Applicant / Driver's Signature**.
- Should we need to verify more than one Previous Employer in regards to Employment History and Random Drug / Alcohol testing information, make sure you sign enough Safety Performance History Records Request forms to give us permission to contact each previous employer. (There must be 10 years of employment history. Make sure the dates of employment are filled in.)
- **Explain gaps in employment.**

If you should have any questions regarding this application for employment contact Christy Vanderpool at (727) 527-1300 or email christy@gatordredging.com.

Thank you for considering Gator Dredging as your choice for employment.

Sincerely,

Christy L. Vanderpool
Office Manager /Human Resources

Enclosures:

- ♦ CDL Driver Employment Application
- ♦ Drug-Free Workplace Policy
- ♦ Drug-Free Workplace Acknowledgement



Applicant Print Name: _____ Date of Application: _____

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 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.

Applicant Signature: _____

Date: _____

FOR COMPANY USE (PROCESS RECORD)

APPLICANT HIRED REJECTED

DATE EMPLOYED _____

DEPARTMENT _____ LOCATION _____

(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 SIGNATURE _____



CDL DRIVER APPLICATION FOR EMPLOYMENT

Date: _____

Name (First, Middle, Last): _____

Social Security Number: _____ - _____ - _____

Date of Birth: ____ / ____ / ____

Address (Street, City, State, Zip): _____ How Long? ____

Telephone: _____ Cell: _____ Email: _____

Position applying for? _____ How did you hear about this opening? _____

When can you start? _____ Desired Wage? _____

Are you a U.S Citizen or otherwise authorized to work in the U.S on an unrestricted basis? _____

Do you have a valid Driver's License? _____ State: _____

What type of Driver's License? _____ Other: _____

Do you authorize Gator Dredging to run a check on your Driver's License? _____

Do you have a Passport? _____ Are you willing to travel? _____

Are you looking for full time employment? _____ *If No, What hours are you available? _____

PREVIOUS THREE (3) YEARS RESIDENCY – MANDATORY

(Street) (City) (State & Zip) How Long? _____

(Street) (City) (State & Zip) How Long? _____

(Street) (City) (State & Zip) How Long? _____

EDUCATION

Choose Highest Grade Completed: _____ College: _____

Last School Attended: _____
(Name) (City & State)

EXPERIENCE AND QUALIFICATIONS - OTHER

Summarize any education, special training, skills, licenses and/or certificates that may assist you in performing the position which you are applying: _____

List special equipment or technical materials you can work with (other than those already shown):



LICENSE INFORMATION

→*MUST INCLUDE COPY OF DRIVER'S LICENSE & MEDICAL CARD*←

FMCSR §383.21 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 (1) motor vehicle license, the information for which is listed below.

STATE	LICENSE NO.	TYPE/CLASS	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, FLAT, DUMP, ROLL-OFF)	DATES		APPROX. # OF MILES (TOTAL)
		FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR-TWO TRAILERS				
OTHER				

List states operated in during the last five (5) years: _____

ACCIDENT RECORD FOR THE PAST THREE (3) YEARS

IF NONE, WRITE NONE

DATE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, ROLL-OVER, ETC...)	# FATALITIES	# INJURIES	CHEMICAL SPILLS

(ATTACH SHEET IF MORE SPACE IS NEEDED)

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST THREE (3) YEARS

OTHER THAN PARKING VIOLATIONS

IF NONE, WRITE NONE

DATE CONVICTED (MONTH/YEAR)	VIOLATION	STATE OF VIOLATION LOCATION	TYPE OF MOTOR VEHICLE OPERATED

(ATTACH SHEET IF MORE SPACE IS NEEDED)

Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____

Has any license, permit or privilege ever been suspended or revoked? _____

Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? _____

If you answered YES to any of the above questions, please explain: _____



EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years.

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.

- List ALL Employers for a total of **Ten Years** of employment.
- Employer's Address MUST Include: Street number and Name, City, State and Zip.
- → **Any Gaps** in Employment and/or Unemployment Must Be Explained.

*Includes vehicles having a GVWR of 26,001lbs or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

+The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce or transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001lbs or more, (2) is designed or used to transport more than 9 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

LAST EMPLOYER:

Name: _____ Phone: _____

Address (Street, City, State and Zip): _____

Contact Person: _____ Starting Position: _____ Ending Position: _____

Date Started: _____ Salary: _____ Date Ended: _____ Salary: _____

Responsibilities: _____

Reason(s) For Leaving: _____

Were you subject to the FMCSRs+ while employed by the previous employer? _____

Was the previous 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? _____

→ **Any Gaps In Employment and/or Unemployment Must Be Explained. Include Dates (Month/Year) and Reason:** _____

SECOND LAST EMPLOYER:

Name: _____ Phone: _____

Address (Street, City, State and Zip): _____

Contact Person: _____ Starting Position: _____ Ending Position: _____

Date Started: _____ Salary: _____ Date Ended: _____ Salary: _____

Responsibilities: _____

Reason(s) For Leaving: _____

Were you subject to the FMCSRs+ while employed by the previous employer? _____

Was the previous 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? _____

→ **Any Gaps In Employment and/or Unemployment Must Be Explained. Include Dates (Month/Year) and Reason:** _____



THIRD LAST EMPLOYER:

Name: _____ Phone: _____

Address (Street, City, State and Zip): _____

Contact Person: _____ Starting Position: _____ Ending Position: _____

Date Started: _____ Salary: _____ Date Ended: _____ Salary: _____

Responsibilities: _____

Reason(s) For Leaving: _____

Were you subject to the FMCSRs+ while employed by the previous employer? _____

Was the previous 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? _____

→Any Gaps In Employment and/or Unemployment Must Be Explained. Include Dates (Month/Year) and Reason: _____

FOURTH LAST EMPLOYER:

Name: _____ Phone: _____

Address (Street, City, State and Zip): _____

Contact Person: _____ Starting Position: _____ Ending Position: _____

Date Started: _____ Salary: _____ Date Ended: _____ Salary: _____

Responsibilities: _____

Reason(s) For Leaving: _____

Were you subject to the FMCSRs+ while employed by the previous employer? _____

Was the previous 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? _____

→Any Gaps In Employment and/or Unemployment Must Be Explained. Include Dates (Month/Year) and Reason: _____

FIFTH LAST EMPLOYER:

Name: _____ Phone: _____

Address (Street, City, State and Zip): _____

Contact Person: _____ Starting Position: _____ Ending Position: _____

Date Started: _____ Salary: _____ Date Ended: _____ Salary: _____

Responsibilities: _____

Reason(s) For Leaving: _____

Were you subject to the FMCSRs+ while employed by the previous employer? _____

Was the previous 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? _____

→Any Gaps In Employment and/or Unemployment Must Be Explained. Include Dates (Month/Year) and Reason: _____



SIXTH LAST EMPLOYER:

Name: _____ Phone: _____

Address (Street, City, State and Zip): _____

Contact Person: _____ Starting Position: _____ Ending Position: _____

Date Started: _____ Salary: _____ Date Ended: _____ Salary: _____

Responsibilities: _____

Reason(s) For Leaving: _____

Were you subject to the FMCSRs+ while employed by the previous employer? _____

Was the previous 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? _____

→Any Gaps In Employment and/or Unemployment Must Be Explained. Include Dates (Month/Year) and Reason: _____

SEVENTH LAST EMPLOYER:

Name: _____ Phone: _____

Address (Street, City, State and Zip): _____

Contact Person: _____ Starting Position: _____ Ending Position: _____

Date Started: _____ Salary: _____ Date Ended: _____ Salary: _____

Responsibilities: _____

Reason(s) For Leaving: _____

Were you subject to the FMCSRs+ while employed by the previous employer? _____

Was the previous 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? _____

→Any Gaps In Employment and/or Unemployment Must Be Explained. Include Dates (Month/Year) and Reason: _____

EIGHTH LAST EMPLOYER:

Name: _____ Phone: _____

Address (Street, City, State and Zip): _____

Contact Person: _____ Starting Position: _____ Ending Position: _____

Date Started: _____ Salary: _____ Date Ended: _____ Salary: _____

Responsibilities: _____

Reason(s) For Leaving: _____

Were you subject to the FMCSRs+ while employed by the previous employer? _____

Was the previous 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? _____

→Any Gaps In Employment and/or Unemployment Must Be Explained. Include Dates (Month/Year) and Reason: _____



NINTH LAST EMPLOYER:

Name: _____ Phone: _____

Address (Street, City, State and Zip): _____

Contact Person: _____ Starting Position: _____ Ending Position: _____

Date Started: _____ Salary: _____ Date Ended: _____ Salary: _____

Responsibilities: _____

Reason(s) For Leaving: _____

Were you subject to the FMCSRs+ while employed by the previous employer? _____

Was the previous 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? _____

→Any Gaps In Employment and/or Unemployment Must Be Explained. Include Dates (Month/Year) and Reason: _____

TENTH LAST EMPLOYER:

Name: _____ Phone: _____

Address (Street, City, State and Zip): _____

Contact Person: _____ Starting Position: _____ Ending Position: _____

Date Started: _____ Salary: _____ Date Ended: _____ Salary: _____

Responsibilities: _____

Reason(s) For Leaving: _____

Were you subject to the FMCSRs+ while employed by the previous employer? _____

Was the previous 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? _____

→Any Gaps In Employment and/or Unemployment Must Be Explained. Include Dates (Month/Year) and Reason: _____

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.

Applicant Signature: _____ **Date:** _____



SAFETY PERFORMANCE HISTORY RECORDS REQUEST

Applicant Complete
One for each past employer

I, (Print Name) _____, Social Security Number _____-_____-_____ hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer listed below to the POTENTIAL EMPLOYER. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer is limited to the following DOT regulated testing terms: 1) Alcohol tests with a result of 0.04 or higher; 2) Verified positive drug tests; 3) Refusals to be tested; 4) Other violations of DOT agency drug and alcohol testing regulations; 5) Information obtained from previous employers of a drug and alcohol rule violation; and 6) Documentation, if any, of completion of the return-to-duty process following a rule violation. I further authorize my former employer to release my safety performance history information to my perspective employer for investigation purposes as required by FMCSR 391.23, 382.405 (f) and 382.413 (b) for the 3 years preceding this release. You are released from any and all liability that may result from furnishing such information. A photocopy of this release shall be valid as the original.

Past Employer: _____ Contact Name: _____

Phone #: _____ Fax #: _____

Address: _____ City, State, Zip: _____

Applicant Signature _____ **Date** _____

Dear Previous Employer:

The above driver has made application with our Company and states that s/he worked for you from ____/____/____ until ____/____/____. We appreciate your time completing, in confidence, the information requested below.

Thank you.

1) Employment dates: ____/____/____ to ____/____/____ 2) Job Title(s): _____

3) Did s/he drive a motor vehicle for you? ___Yes ___No If yes, what type: _____

4) 3-Year ACCIDENT HISTORY

Date	City/State	# Injuries	# Fatalities	Tow
_____	_____	_____	_____	Y/N
_____	_____	_____	_____	Y/N
_____	_____	_____	_____	Y/N
_____	_____	_____	_____	Y/N

5) Was s/he a safe & efficient driver? ___Yes ___No Explain: _____

6) Reason for leaving your company: ___Discharged ___Resignation ___Lay-off ___Military Duty ___Other_____

7) Was his/her general conduct satisfactory? ___Yes ___No Explain: _____

In the 3 years prior to the employee's dated signature above, for DOT regulated testing did the employee have:

8) Alcohol test with a result of 0.04 or higher? ___Yes ___No

9) Verified positive drug tests? ___Yes ___No

10) Any refusals to be tested? ___Yes ___No

11) Other violation of DOT agency drug and alcohol testing regulations? ___Yes ___No

12) Did a previous employer report a drug and alcohol rule violation to you? ___Yes ___No

13) If you answered YES to any of the above items, did the employee complete a return-to-duty process? ___Yes ___No

14) ___ No safety performance history exists for this driver with our company

If you answered YES to 12, you must provide the previous employer's report. If you answered YES to 13, you must also forward the appropriate return-to-duty documentation (e.g. SAP report(s), follow-up testing record).

Completed by: _____ Title: _____ Date: _____

Comments: _____

➔ Send Completed Safety Performance History via Email: Christy@gatordredging.com or Fax: (727) 499-9890

Prospective Employer Use: Response Documentation (Good Faith Effort)

____ Employer not subject to FMCSRs

Date Contacted: ____/____/____ • 2nd Attempt: ____/____/____ • 3rd Attempt: ____/____/____ • Received Back: ____/____/____

___Call ___Mail ___Fax ___Call ___Mail ___Fax ___Call ___Mail ___Fax

Past Employer Complete



SAFETY PERFORMANCE HISTORY RECORDS REQUEST

Applicant Complete
One for each past employer

I, (Print Name) _____, Social Security Number _____ - _____ - _____ hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer listed below to the POTENTIAL EMPLOYER. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer is limited to the following DOT regulated testing terms: 1) Alcohol tests with a result of 0.04 or higher; 2) Verified positive drug tests; 3) Refusals to be tested; 4) Other violations of DOT agency drug and alcohol testing regulations; 5) Information obtained from previous employers of a drug and alcohol rule violation; and 6) Documentation, if any, of completion of the return-to-duty process following a rule violation. I further authorize my former employer to release my safety performance history information to my perspective employer for investigation purposes as required by FMCSR 391.23, 382.405 (f) and 382.413 (b) for the 3 years preceding this release. You are released from any and all liability that may result from furnishing such information. A photocopy of this release shall be valid as the original.

Past Employer: _____ Contact Name: _____
Phone #: _____ Fax #: _____
Address: _____ City, State, Zip: _____

Applicant Signature _____ **Date** _____

Dear Previous Employer:

The above driver has made application with our Company and states that s/he worked for you from ____/____/____ until ____/____/____. We appreciate your time completing, in confidence, the information requested below.

Thank you.

1) Employment dates: ____/____/____ to ____/____/____ 2) Job Title(s): _____

3) Did s/he drive a motor vehicle for you? ____ Yes ____ No If yes, what type: _____

4) 3-Year ACCIDENT HISTORY

Date	City/State	# Injuries	# Fatalities	Tow
_____	_____	_____	_____	Y/N
_____	_____	_____	_____	Y/N
_____	_____	_____	_____	Y/N
_____	_____	_____	_____	Y/N

5) Was s/he a safe & efficient driver? ____ Yes ____ No Explain: _____

6) Reason for leaving your company: ____ Discharged ____ Resignation ____ Lay-off ____ Military Duty ____ Other _____

7) Was his/her general conduct satisfactory? ____ Yes ____ No Explain: _____

In the 3 years prior to the employee's dated signature above, for DOT regulated testing did the employee have:

8) Alcohol test with a result of 0.04 or higher? ____ Yes ____ No

9) Verified positive drug tests? ____ Yes ____ No

10) Any refusals to be tested? ____ Yes ____ No

11) Other violation of DOT agency drug and alcohol testing regulations? ____ Yes ____ No

12) Did a previous employer report a drug and alcohol rule violation to you? ____ Yes ____ No

13) If you answered YES to any of the above items, did the employee complete a return-to-duty process? ____ Yes ____ No

14) ____ No safety performance history exists for this driver with our company

If you answered YES to 12, you must provide the previous employer's report. If you answered YES to 13, you must also forward the appropriate return-to-duty documentation (e.g. SAP report(s), follow-up testing record).

Completed by: _____ Title: _____ Date: _____

Comments: _____

➔ Send Completed Safety Performance History via Email: Christy@gatordredging.com or Fax: (727) 499-9890

Prospective Employer Use: Response Documentation (Good Faith Effort)

____ Employer not subject to FMCSRs

Date Contacted: ____/____/____ • 2nd Attempt: ____/____/____ • 3rd Attempt: ____/____/____ • Received Back: ____/____/____
____ Call ____ Mail ____ Fax ____ Call ____ Mail ____ Fax ____ Call ____ Mail ____ Fax

Past Employer Complete



SAFETY PERFORMANCE HISTORY RECORDS REQUEST

Applicant Complete
One for each past employer

I, (Print Name) _____, Social Security Number _____ - _____ - _____ hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer listed below to the POTENTIAL EMPLOYER. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer is limited to the following DOT regulated testing terms: 1) Alcohol tests with a result of 0.04 or higher; 2) Verified positive drug tests; 3) Refusals to be tested; 4) Other violations of DOT agency drug and alcohol testing regulations; 5) Information obtained from previous employers of a drug and alcohol rule violation; and 6) Documentation, if any, of completion of the return-to-duty process following a rule violation. I further authorize my former employer to release my safety performance history information to my perspective employer for investigation purposes as required by FMCSR 391.23, 382.405 (f) and 382.413 (b) for the 3 years preceding this release. You are released from any and all liability that may result from furnishing such information. A photocopy of this release shall be valid as the original.

Past Employer: _____ Contact Name: _____

Phone #: _____ Fax #: _____

Address: _____ City, State, Zip: _____

Applicant Signature _____ **Date** _____

Dear Previous Employer:

The above driver has made application with our Company and states that s/he worked for you from ____/____/____ until ____/____/____. We appreciate your time completing, in confidence, the information requested below.

Thank you.

1) Employment dates: ____/____/____ to ____/____/____ 2) Job Title(s): _____

3) Did s/he drive a motor vehicle for you? ____ Yes ____ No If yes, what type: _____

4) 3-Year ACCIDENT HISTORY

Date	City/State	# Injuries	# Fatalities	Tow
_____	_____	_____	_____	Y/N
_____	_____	_____	_____	Y/N
_____	_____	_____	_____	Y/N
_____	_____	_____	_____	Y/N

5) Was s/he a safe & efficient driver? ____ Yes ____ No Explain: _____

6) Reason for leaving your company: ____ Discharged ____ Resignation ____ Lay-off ____ Military Duty ____ Other _____

7) Was his/her general conduct satisfactory? ____ Yes ____ No Explain: _____

In the 3 years prior to the employee's dated signature above, for DOT regulated testing did the employee have:

8) Alcohol test with a result of 0.04 or higher? ____ Yes ____ No

9) Verified positive drug tests? ____ Yes ____ No

10) Any refusals to be tested? ____ Yes ____ No

11) Other violation of DOT agency drug and alcohol testing regulations? ____ Yes ____ No

12) Did a previous employer report a drug and alcohol rule violation to you? ____ Yes ____ No

13) If you answered YES to any of the above items, did the employee complete a return-to-duty process? ____ Yes ____ No

14) ____ No safety performance history exists for this driver with our company

If you answered YES to 12, you must provide the previous employer's report. If you answered YES to 13, you must also forward the appropriate return-to-duty documentation (e.g. SAP report(s), follow-up testing record).

Completed by: _____ Title: _____ Date: _____

Comments: _____

➔ Send Completed Safety Performance History via Email: Christy@gatordredging.com or Fax: (727) 499-9890

Prospective Employer Use: Response Documentation (Good Faith Effort)

____ Employer not subject to FMCSRs

Date Contacted: ____/____/____ • 2nd Attempt: ____/____/____ • 3rd Attempt: ____/____/____ • Received Back: ____/____/____
____ Call ____ Mail ____ Fax ____ Call ____ Mail ____ Fax ____ Call ____ Mail ____ Fax

Past Employer Complete



SAFETY PERFORMANCE HISTORY RECORDS REQUEST

Applicant Complete
One for each past employer

I, (Print Name) _____, Social Security Number _____-_____-_____ hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer listed below to the POTENTIAL EMPLOYER. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer is limited to the following DOT regulated testing terms: 1) Alcohol tests with a result of 0.04 or higher; 2) Verified positive drug tests; 3) Refusals to be tested; 4) Other violations of DOT agency drug and alcohol testing regulations; 5) Information obtained from previous employers of a drug and alcohol rule violation; and 6) Documentation, if any, of completion of the return-to-duty process following a rule violation. I further authorize my former employer to release my safety performance history information to my perspective employer for investigation purposes as required by FMCSR 391.23, 382.405 (f) and 382.413 (b) for the 3 years preceding this release. You are released from any and all liability that may result from furnishing such information. A photocopy of this release shall be valid as the original.

Past Employer: _____ Contact Name: _____

Phone #: _____ Fax #: _____

Address: _____ City, State, Zip: _____

Applicant Signature _____ **Date** _____

Dear Previous Employer:

The above driver has made application with our Company and states that s/he worked for you from ____/____/____ until ____/____/____. We appreciate your time completing, in confidence, the information requested below.

Thank you.

1) Employment dates: ____/____/____ to ____/____/____ 2) Job Title(s): _____

3) Did s/he drive a motor vehicle for you? ___Yes ___No If yes, what type: _____

4) 3-Year ACCIDENT HISTORY

Date	City/State	# Injuries	# Fatalities	Tow
_____	_____	_____	_____	Y/N
_____	_____	_____	_____	Y/N
_____	_____	_____	_____	Y/N
_____	_____	_____	_____	Y/N

5) Was s/he a safe & efficient driver? ___Yes ___No Explain: _____

6) Reason for leaving your company: ___Discharged ___Resignation ___Lay-off ___Military Duty ___Other_____

7) Was his/her general conduct satisfactory? ___Yes ___No Explain: _____

In the 3 years prior to the employee's dated signature above, for DOT regulated testing did the employee have:

8) Alcohol test with a result of 0.04 or higher? ___Yes ___No

9) Verified positive drug tests? ___Yes ___No

10) Any refusals to be tested? ___Yes ___No

11) Other violation of DOT agency drug and alcohol testing regulations? ___Yes ___No

12) Did a previous employer report a drug and alcohol rule violation to you? ___Yes ___No

13) If you answered YES to any of the above items, did the employee complete a return-to-duty process? ___Yes ___No

14) ___ No safety performance history exists for this driver with our company

If you answered YES to 12, you must provide the previous employer's report. If you answered YES to 13, you must also forward the appropriate return-to-duty documentation (e.g. SAP report(s), follow-up testing record).

Completed by: _____ Title: _____ Date: _____

Comments: _____

➔ Send Completed Safety Performance History via Email: Christy@gatordredging.com or Fax: (727) 499-9890

Prospective Employer Use: Response Documentation (Good Faith Effort)

____ Employer not subject to FMCSRs

Date Contacted: ____/____/____ • 2nd Attempt: ____/____/____ • 3rd Attempt: ____/____/____ • Received Back: ____/____/____

___Call ___Mail ___Fax ___Call ___Mail ___Fax ___Call ___Mail ___Fax

Past Employer Complete



**JOB DESCRIPTION
FOR TRUCK DRIVERS/OVER THE ROAD EMPLOYEES**

A. Essential Job Functions:

- To operate commercial motor vehicles to transport freight in inter or intra state commerce from home terminal to distant point(s) and return.

B. Duties

- Inspect vehicle and required parts and accessories to determine safe operating condition prior to departure on trip
- Check load and methods of securing it are in place
- Operate vehicle in compliance with company rules and all applicable state and federal regulations, and in accordance with accepted principles of safe driving
- Pick up freight as required
- Load and unload freight as required
- Perform other related work as required

C. Miscellaneous Responsibilities

- Report all accidents and incidents of equipment damage involving employee or company equipment
- Maintain trip records as required
- Maintain records required for compliance with state and federal regulations including drivers' logs, records of fuel purchases, mileage records, etc.
- Proper use and care of all equipment assigned to him/her for the performance of his/her duties
- Report promptly any delays that will affect pick up or delivery appointments

D. Physical Requirements

- 49 CFR 391.41 (if applicable)
- Driver must be able to sit for extended periods of time in a truck tractor
- Driver must be able to walk, bend, reach, push, pull, stoop, squat, and climb, as necessary, to perform vehicle inspections, ensure closure of dome lids, tarping and securing the load
- Driver must be able to walk, bend, reach, push, pull, stoop, and squat, as well as grasp, lift, and handle when dealing with sections of hose that may exceed 20' in length, and measure as many as 4" in diameter, and weigh as much as 75 lbs.; this is to ensure safe and proper practice when coupling, and when disconnecting, hose
- Driver must be able to walk, bend, reach, push, pull, stoop, and squat, as well as grasp, lift, and handle tarps, which may weigh up to 100 pounds, when securing the load

E. Additional Requirements

- CDL
- Medical Examiner Certificate provided by an Approved National Registry Examiner
- (Good) Driving Record

Are you capable of performing the essential functions of this job in a safe manner? _____

Applicant Print Name: _____

Applicant Signature: _____ **Date:** _____



**PREVIOUS PRE-EMPLOYMENT EMPLOYEE
ALCOHOL AND DRUG TEST STATEMENT**

Section 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b)(5) and (e))

Prospective Employee Name (Print): _____

The prospective employee is required by Sec. 40.25(j) to respond to the following questions:

- (1.) Have you 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.

Choose one: _____

- (2.) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Choose one: _____

I certify that the information provided on this document is true and correct.

Applicant Signature: _____ **Date:** _____

Witnessed By (Signature): _____ Date: _____



GATOR DREDGING PRE-EMPLOYMENT URINALYSIS NOTIFICATION

The Federal Motor Carrier Safety Regulations, Section 391.103 - pre-employment testing requirements, applies to driver-applicants of Gator Dredging.

391.103 Pre-employment testing requirements:

- (a) A motor carrier shall require a driver-applicant who the motor carrier intends to hire or use to be tested for the use of controlled substances as a pre-qualification condition.
- (b) A driver-applicant shall submit to controlled substance testing as a pre-qualification condition.
- (c) Prior to collection of a urine sample under 391.107 of the subpart, a driver-applicant shall be notified that the sample will be tested for the presence of controlled substances.

As a condition of my employment, I agree to the urine sample collection and controlled substance testing.

I understand a positive test for controlled substances based on the Urinalysis Test will medically disqualify me from the operation of a commercial motor vehicle for Gator Dredging. A positive test for controlled substances based on the Urinalysis Test may disqualify me from consideration for any other employment with Gator Dredging.

The Medical Review Officer will maintain the results of the Urinalysis Test. Negative and positive results will be reported to Gator Dredging.

My written authorization is required for the Urinalysis Test results to be given to other parties.

I have read and understand the above conditions for the Pre-Employment Urinalysis Notification.

Applicant Print Name: _____

Applicant Signature: _____ **Date:** _____



FAIR CREDIT REPORTING ACT

In processing your application for employment, or at any time during your employment period, Waterfront Property Services, LLC dba Gator Dredging may obtain a **“consumer report”** and/or an **“investigative consumer report”** for employment purposes, as authorized by the Fair Credit Reporting Act (FCRA). Federal law requires an employer to make a disclosure statement and to obtain written authorization from the applicant/employee prior to obtaining the report. If an **“investigative consumer report”** is procured, it is available to you, upon written request, along with a summary of your rights, as defined under FCRA.

Name (Last, First, M.I.): _____ Social Security Number: _____

Disclosure Statement

By this document, Waterfront Property Services, LLC dba Gator Dredging discloses to you that a **consumer report**, including an **investigative consumer report**, may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment period. Please sign below to signify receipt to the foregoing disclosure.

Authorization Statement

This shall authorize the procurement of a **consumer report**, including an **investigative consumer report**, by Waterfront Property Services, LLC dba Gator Dredging as a part of the pre-employment background investigation, or for employment purposes, during my employment period. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for Waterfront Property Services, LLC dba Gator Dredging to procure **consumer reports** at any time during my employment period.

Investigative Report Disclosure Statement

By this document, Waterfront Property Services, LLC dba Gator Dredging discloses to you that a **consumer report**, including an **investigative consumer report** containing, but not limited to, information concerning your prior employment, character, general reputation, education, military record, criminal record, personal characteristics and mode of living, may be obtained for employment purposes as part of the pre-employment background investigation and/or for employment purposes at any time during your employment period. Should an **investigative consumer report** be requested, you will have the right to demand a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act. Please sign below to signify receipt of the foregoing disclosure and summary of your rights.

Signature of Applicant/ Employee

Date

Signature of Human Resources Representative

Date



REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to **(Prospective Employer) Waterfront Property Services, LLC dba Gator Dredging** for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

Applicant's Signature

Date

Note: The requester must read and sign the following in the event the driving record is requested using a consumer reporting agency.

In accordance with the provisions of Sections 604 and 607 of the **Fair Credit Reporting Act**, Public Law 91-508, as amended by the Consumer Credit Reporting Reform Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the **Driver's Privacy Protection Act of 1994** (Public Law 103-322, Title XXX, Section 300002(a)).

Signature of Requester

Date

TO: _____

DEAR SIR/MADAM:

The following named person has made application with our company for the position of _____. In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

The following named person is employed with our company in the position of _____. In accordance with Section 391.25, Federal Department of Transportation Regulations, please furnish the undersigned with the employee's driving record for the past year.

NAME OF APPLICANT/DRIVER: _____

ADDRESS (Number & Street, City, State and Zip Code): _____

FORMER ADDRESS (Number & Street, City, State and Zip Code): _____

DATE OF BIRTH: _____ SSN: _____ LICENSE NO.: _____

REQUESTED BY:

Waterfront Property Services, LLC dba Gator Dredging
13630 50th Way North
Clearwater, FL 33760

Christy Vanderpool
Office Manager



**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 383.31 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 and 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 _____ 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: _____ Date _____
Signature Date

_____ Date _____
Printed Name Date

Waterfront Property Services, LLC dba Gator Dredging
Motor Carrier Name

13630 50th Way North, Clearwater, FL 33760
Motor Carrier Address



DRIVERS STATEMENT OF ON-DUTY HOURS FOR NEWLY HIRED DRIVERS

INSTRUCTIONS: Motor Carriers, when using a driver for the first time or intermittently, must obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and the time at which the driver was last relieved from duty prior to beginning work for the carrier, as required by section 395.8(j)(2) of the Federal Motor Carrier Safety Regulations. NOTE: Hours for any work during the preceding 7 days, including any compensated work for a non-motor carrier, must be recorded on this form.

This form should be completed on the day the driver is scheduled to begin driving a commercial motor vehicle, and must be kept on file for at least 6 months.

Driver Name (Print): _____ Social Security No.: _____

Driver's License: State _____ Number _____ Class _____

DAY	1 (yesterday)	2	3	4	5	6	7	
DATE								
HOURS WORKED								TOTAL HOURS

I hereby certify that the information given above is correct to the best of my knowledge and belief and that I was last relieved from work at _____ AM
_____:____ PM On _____
(Time) (Day) (Month) (Year)

Driver's Signature Date

DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

INSTRUCTIONS: When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in Section 395.2 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ or service of, a common, contract or private motor carrier, and performing any compensated work for any non-motor carrier entity.

Are you currently working for another employer? _____

At this time do you intend to work for another employer while still employed by this company? _____

I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

Driver's Signature Date

Witness: _____
Company Representative Date



**MANDATORY USE FOR ALL ACCOUNT HOLDERS
IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

1. In connection with your application for employment with **Gator Dredging** (“**Prospective Employer**”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

2. I authorize Gator Dredging (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

3. I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

4. Please note: Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date

Applicant Signature

Applicant Name (Please Print)

NOTICE: This form is made available to monthly account holders by NICT on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language provided in paragraphs 1-4 of this document to obtain a prospective Applicant's consent. The language must be used in whole, exactly as provided. **The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.**