



AVALON TRANSPORTATION, LLC
APPLICATION FOR EMPLOYMENT

COMPANY LOCATION: _____

NAME: _____
 (First) (Middle) (Last)

ADDRESS: _____ HOW LONG? _____
 (Street) (City) (State & Zip Code)

PHONE NUMBER: _____ EMAIL ADDRESS: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

ADDRESS FOR THE PAST THREE YEARS: (ATTACH SHEET IF ADDITIONAL SPACE IS REQUIRED)

_____ HOW LONG? _____
 (Street) (City) (State & Zip Code)

_____ HOW LONG? _____
 (Street) (City) (State & Zip Code)

DRIVER EXPERIENCE AND QUALIFICATIONS

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
DRIVERS LICENSE				
DRIVERS LICENSE				
DRIVERS LICENSE				

DRIVING EXPERIENCE

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

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

DATES	NATURE OF ACCIDENT (HEAD-ON, READ-END, UPSET, ETC.)	FATALITIES	INJURIES

THIRD LAST EMPLOYER NAME: _____

ADDRESS: _____ PHONE: _____

POSITION HELD: _____ FROM: _____ TO: _____

REASON FOR LEAVING: _____

ANY GAPS 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 employment by the previous employer? Yes No
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? Yes No

If Referred by current Avalon Transportation/Avalon Motor Coach employee, Please list name: _____

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigators 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.

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 the Company.

"I understand that information 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 investigation 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."

DATE

APPLICANT'S SIGNATURE

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

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

APPLICANT STATEMENT AND AGREEMENT

Please read and Initial each paragraph below. If there is anything that you do not understand, please ask.

_____ I hereby authorize the Company to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment and, further, authorize the prior employers and references I have listed to disclose to the Company any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and/all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ In the event of my employment with the Company, I understand that I am required to comply with all rules and regulations of the Company.

_____ If hired, I understand and agree that my employment with the Company is at-will, and that neither I, nor the Company is required to continue the employment relationship for any specific term. I further understand that the Company or I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by any oral modifications.

_____ I understand that the Company is committed to maintaining a drug and alcohol free workplace. Accordingly, I may be subject to a pre-employment blood test, urinalysis, or other drug/alcohol screening. I further understand that if employed, I may be subject to such a drug and alcohol screening if the Company has reasonable suspicion to believe that I am under the influence of a drug or alcohol. My consent to submit to such a test is required as a condition of employment and my refusal to consent shall result in a refusal to hire or, if already employed, termination.

_____ I understand that safety of employees is extremely important to the Company and that the Company is committed to ensuring a safe working environment. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by observing all safety procedures and guidelines and following the directions of my site supervisor. I understand and agree to comply with federal, state, and local regulations related to on-the-job safety and health.

_____ I hereby certify that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.

_____ I understand that if any term, provision, or portion of this Agreement is declared void or unenforceable, it shall be severed and the remainder of this Agreement shall be enforceable.

MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND, AND AGREE TO ALL OF THE ABOVE ITEMS.

Signature: _____

Name (print): _____

Date: _____