



APPLICATION

Mail or Fax (610-268-3122) to: Castle Transport
188 New Garden Road, Avondale, PA 19311

The Company does not discriminate on the basis of race, color, religion, creed, national origin, sex or ancestry, or on the basis of age. No question on this application is intended to secure information to be used for such discrimination. This application will be given every consideration, but its receipt does not imply that the applicant will be accepted.

GENERAL

All questions must be answered. Please print plainly. E-MAIL ADDRESS
CELL #

Date: Position applied for:
Name: Home Phone #:
Social Security No.: Date of Birth:
Current Address: How Long?
Other Addresses (past 5 years):

In case you cannot be located at your current address, whom may we contact?
Name: Relationship:
Address: Phone #:

Do you have any friends and/or relatives employed by this company? Yes No

Have you worked here before? YES NO When?

How did you hear about this company? Advertisement Friend Relative Other:

Referred by: Company employee / owner operator

How many years of verifiable tractor semi-trailer experience do you have? years

Has your privilege to operate a motor vehicle ever been suspended, revoked, withdrawn or denied? YES NO

CONVICTION INVOLVING USE OF MOTOR VEHICLE

- Have you ever been convicted of, or forfeited bond or collateral, for any of the following charges?
1) A felony committed after December 31, 1970, and involving the use of a motor vehicle?
2) A crime, committed after December 31, 1970, involving the manufacturing, knowing transportation, knowing possession, sale or habitual use of amphetamines, a narcotic drug, a formulation of an amphetamine, or a derivative of a narcotic drug?
3) Operating a motor vehicle, after December 31, 1970, under the influence of alcohol, an amphetamine, a narcotic drug, a formulation of an amphetamine, or a derivative of a narcotic drug?
4) Leaving the scene of an accident after December 31, 1970, if the accident resulted in personal injury or death?
5) Any other motor vehicle law violations?
If answer to any of the above is YES, explain in detail, giving dates, etc.

PRIOR AFFILIATION/EMPLOYMENT FOR THE PAST 10 YEARS

Begin with your present or most recent job and work backward in order, listing your employer for at least 10 years including all full-time and part-time employment. All time must be accounted for including military service, self employment and periods of unemployment. Use supplementary sheet if necessary. WE MUST HAVE TELEPHONE NUMBERS.

<i>Current or most recent employer:</i> Name: _____		Supervisor: _____	
Address: _____ <small>Street City State & Zip Code</small>		Phone #: () _____	
Position Held: _____	From: _____ <small>Month / Year</small>	To: _____ <small>Month / Year</small>	Rate of Pay: _____
Reason for leaving? _____		Number of states driven in: _____	
Number of accidents: _____ Please explain: _____			
Are you currently employed: <input type="checkbox"/> YES <input type="checkbox"/> NO		May we call your current employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<i>Second last employer:</i> Name: _____		Supervisor: _____	
Address: _____ <small>Street City State & Zip Code</small>		Phone #: () _____	
Position Held: _____	From: _____ <small>Month / Year</small>	To: _____ <small>Month / Year</small>	Rate of Pay: _____
Reason for leaving? _____		Number of states driven in: _____	
Number of accidents: _____ Please explain: _____			
<i>Third last employer:</i> Name: _____		Supervisor: _____	
Address: _____ <small>Street City State & Zip Code</small>		Phone #: () _____	
Position Held: _____	From: _____ <small>Month / Year</small>	To: _____ <small>Month / Year</small>	Rate of Pay: _____
Reason for leaving? _____		Number of states driven in: _____	
Number of accidents: _____ Please explain: _____			
<i>Fourth last employer:</i> Name: _____		Supervisor: _____	
Address: _____ <small>Street City State & Zip Code</small>		Phone #: () _____	
Position Held: _____	From: _____ <small>Month / Year</small>	To: _____ <small>Month / Year</small>	Rate of Pay: _____
Reason for leaving? _____		Number of states driven in: _____	
Number of accidents: _____ Please explain: _____			
<i>Fifth last employer:</i> Name: _____		Supervisor: _____	
Address: _____ <small>Street City State & Zip Code</small>		Phone #: () _____	
Position Held: _____	From: _____ <small>Month / Year</small>	To: _____ <small>Month / Year</small>	Rate of Pay: _____
Reason for leaving? _____		Number of states driven in: _____	
Number of accidents: _____ Please explain: _____			
<i>Sixth last employer:</i> Name: _____		Supervisor: _____	
Address: _____ <small>Street City State & Zip Code</small>		Phone #: () _____	
Position Held: _____	From: _____ <small>Month / Year</small>	To: _____ <small>Month / Year</small>	Rate of Pay: _____
Reason for leaving? _____		Number of states driven in: _____	
Number of accidents: _____ Please explain: _____			
<i>Seventh last employer:</i> Name: _____		Supervisor: _____	
Address: _____ <small>Street City State & Zip Code</small>		Phone #: () _____	
Position Held: _____	From: _____ <small>Month / Year</small>	To: _____ <small>Month / Year</small>	Rate of Pay: _____
Reason for leaving? _____		Number of states driven in: _____	
Number of accidents: _____ Please explain: _____			
<i>Eighth last employer:</i> Name: _____		Supervisor: _____	
Address: _____ <small>Street City State & Zip Code</small>		Phone #: () _____	
Position Held: _____	From: _____ <small>Month / Year</small>	To: _____ <small>Month / Year</small>	Rate of Pay: _____
Reason for leaving? _____		Number of states driven in: _____	
Number of accidents: _____ Please explain: _____			

DRIVING RECORD / EXPERIENCE

LICENSE:

DOT Regulations specify that it shall be illegal for a commercial motor vehicle operator to have more than one driver license. (You must list ALL LICENSES held by you within the past 3 years.)

Is your current license a CDL? (Class A) YES NO

STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

- Endorsements:**
- | | | |
|--|------------------------------|-----------------------------|
| 1) Combination vehicles over 26,001 lbs. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2) Air Brakes | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3) Tanker | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4) Hazardous Materials | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

NATURE AND EXTENT OF EXPERIENCE:

TYPE	TRAILER LENGTH	FROM	DATES TO	APPROX. NUMBER OF MILES	STATES OPERATED
Tractor with Tank					
Tractor with Reefer					
Tractor with Van					
Tractor with Flatbed					
Straight Truck					
Other (Specify)					
Other (Specify)					

Which safe driving awards do you hold and from whom?

ACCIDENT RECORD:

List ALL accidents with truck or auto for past three years, including preventable and non-preventable, whether or not on MVR. (IF NONE, WRITE NONE.)

DATE	TYPE OF VEHICLE	NATURE OF ACCIDENT (HEAD ON, REAR-END, UPSET, ETC.)	INDICATE PREVENTABLE OR NON-PREVENTABLE	FATALITIES	INJURIES	AMT. S OF PROPERTY DAMAGE
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	

TRAFFIC CONVICTIONS / FORFEITURES:

List ALL truck and auto moving convictions and forfeitures for the past three years. (IF NONE, WRITE NONE.)

DATE	LOCATION (STATE)	CHARGE	PENALTY

EDUCATIONAL BACKGROUND

TYPE OF SCHOOL	NAME AND CITY / STATE	GRADUATED	HOW MANY YEARS ATTENDED	MAJOR
GRADE		<input type="checkbox"/> Y <input type="checkbox"/> N		
HIGH SCHOOL		<input type="checkbox"/> Y <input type="checkbox"/> N		
COLLEGE		<input type="checkbox"/> Y <input type="checkbox"/> N		
DRIVING SCHOOL		<input type="checkbox"/> Y <input type="checkbox"/> N		

AGREEMENT

To be read and signed by applicant:

It is agreed and understood that Castle Transport may investigate applicant's background to ascertain any and all information of concern, whether same is of record or not, and applicant hereby releases both Castle Transport and the provider of such information from all liabilities for any damages on account of his/her requesting or furnishing such information. Without in any way limiting the generality of the foregoing, the applicant hereby specifically authorizes Castle Transport to contact the Federal Motor Carrier Safety Administration, Department of Transportation, and/or any other regulatory body governing transportation, to obtain any available information on applicant's driving record and/or history.

The applicant agrees to furnish any additional information and complete any examinations as may be required to complete his/her qualification file. It is agreed and understood that, whether hired or leased, such affiliation is for no definite period and is terminable at will. No company policy or procedure shall be deemed to vest any right with any applicant to create any guarantee of lease or employment continuation for any duration, or to create or contribute in any way to a legal cause for action against the company.

THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME AND THAT ALL ENTRIES IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DATE: _____ APPLICANT'S SIGNATURE _____

WITNESS SIGNATURE _____

FAIR CREDIT REPORTING ACT – PRENOTIFICATION

This is to inform you that as part of our procedure for processing your application, an investigation may be made whereby information is obtained through a personal interview with you and/or with third parties, such as family members, business associates, financial sources, friends, neighbors, prior employers/lessees, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics and mode of living, whichever may be applicable. Upon written request, within a reasonable period of time, a complete disclosure concerning the nature and scope of the investigation will be furnished you. Such reports are a part of our routine procedures, and you can be assured your application will be processed just as quickly as possible.

I HAVE READ THE ABOVE FAIR CREDIT REPORTING ACT – PRENOTIFICATION AND UNDERSTANDING THE SAME.

APPLICANT'S SIGNATURE _____ DATE: _____

APPLICANT --- DO NOT WRITE BELOW THIS LINE

- | | | |
|-------------------------|--------------------------|-----|
| 1) Application | <input type="checkbox"/> | YES |
| 2) Interview | <input type="checkbox"/> | YES |
| 3) Past Employment | <input type="checkbox"/> | YES |
| 4) Motor Vehicle Record | <input type="checkbox"/> | YES |
| 5) Road Test | <input type="checkbox"/> | YES |
| 6) Physical Exam | <input type="checkbox"/> | YES |

Interview Notes:

EMPLOYER CHECK ON DRUG AND ALCOHOL TESTING RESULTS

Employer: Castle Transport
Address: 188 New Garden Road
City, State, Zip: Avondale, PA 19311

The purpose of this request is to obtain your verbal and documented response as to whether you have 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 D.O.T. agency drug and alcohol testing rules in the past two years.

APPLICANTS' RESPONSE (circle correct entry below)

I have / have not within the past two years failed to pass, or refused to take a pre-employment drug or alcohol test in conformance with D.O.T. regulations.

I have / have not tested positive on a pre-employment drug or alcohol test within the past two years.

Explanation _____

I refused / have not refused to take a pre-employment drug and alcohol test within the past two years.

Explanation _____

If applicant admits to testing positive or refused to test complete below:

APPLICANTS RESPONSE (circle correct entry below)

I have / have not successfully completed the return to duty process prescribed by D.O.T. regulations.

I have accurately answered the questions above to the best of my knowledge and belief.

Applicant's Signature Date
Representative

Signature of Employer
Asking the Questions

NOTE: If the applicant driver admits to a positive test or refusal to test you must not use the applicant to perform safety sensitive functions until and unless you document successful completion of the return to duty process.

REQUEST FOR PREVIOUS EMPLOYER INFORMATION

Reply Required By Federal Law (49CFR 391.23)

Please return form by fax to: 610-268-3122

Prospective Employer: Castle Transport
Address: 188 New Garden Road, Avondale, PA 19311
Phone: 610-268-8089 Fax: 610-268-3122

Name of Driver Applicant: _____ Social Security # _____
DOB _____ CDL _____ State _____

I authorize release of the information contained on this form as required under 49 CFR 40.331, 391.23 and other applicable requirements. I acknowledge, that I have the right to due process as identified in 49 CFR 391.23 to correct information submitted under this authorization.

Driver Signature: _____ **Date:** _____

The information being requested from the following company is done so, as it has been identified by the above driver applicant as a previous employer.

Previous Employer: _____
Address: _____
Date Contacted: _____ Contact Number: _____
Person providing information: _____
Title of person providing information: _____

Safety Performance History

Please provide the following information on the above driver applicant:

1. Employed _____ to _____ as: _____
(Position)
2. Type of motor vehicle operated for your company. *(Check each that applies)*
Straight Truck Tractor-Semi Trailer Bus Other *(Specify)* _____ N/A
4. Was his/her general conduct satisfactory? Yes No
5. Is he competent for the position he/she is seeking? Yes No
6. Box Flat Bed Tank
8. Was applicant a full time or part-time employee?
9. Reason Driver left? Discharged Resignation Lay Off Military Duty
10. Is the applicant eligible for rehire? Yes No

Was driver involved in any DOT Accidents per 49CFR 390.5 during the previous three (3) years? (The 3 Period starts with accidents which occurred on or before the date of this request.) YES NO

If YES, provide the following data elements for each as required by 49CFR 390.15(b)(1)

Date	City / Town State	# of Injuries	# of Fatalities	Vehicles Towed	HazMat Spilled

Does your company track accidents other than DOT Recordable (390.15)? YES NO

If YES provide information on each such incident involving the driver applicant identified herein as appropriate.

Drug & Alcohol Information

If driver applicant performed Safety-Sensitive Functions, provide answers to each of the following:

1. Did this driver applicant violate the Alcohol and Controlled Substance prohibitions under subpart B of 49CFR Part 382 or 49CFR Part 40? YES NO

2. Did this driver applicant fail to undertake or complete a rehabilitation program prescribed by a SAP pursuant to 49CFR 382.605? YES NO N/A

3. If this driver applicant successfully completed a SAP's rehabilitation referral and remained within your employ, You must provide the following additional information:

Were driver alcohol test results 0.04 or higher? YES NO N/A

Verified Positive Drug Test? YES NO N/A

Refused to test (including verified adulterated or substituted drug test result)?

YES NO N/A

Under 49CFR 391.23, failure to provide the above information should be reported to DOT (FMCSA) following procedures specified in 49CFR 386.12