



Regional **E**nterprises **I**nc.

Serving The Chemical Community With Pride For Over 25 Years

FROM: Roy Glickman

TO: _____

Date: _____

Phone: _____

FAX # _____

REGIONAL ENTERPRISES INC.

410 Water Street

Hopewell, Virginia, 23860

Phone: (804) 458-0926 ext. 13

FAX: (804) 458-7921

Pager: (804) 861-7347

E-MAIL: REGENTINC@HOTMAIL.COM

INSTRUCTIONS FOR COMPLETION OF APPLICATION

Please complete all information requested on the attached application. We must have 10 years of previous employment history. Regional Enterprises Inc. utilizes an employment history search service to screen all applications. All previous employers **MUST** be listed, regardless of the length of employment. Any breaks in employment between jobs **MUST** be listed and explained. Applications with unexplained breaks in employment or employment omissions will not be considered for employment.

IF YOU ARE RECEIVING THIS APPLICATION BY FAX OR E-MAIL, PLEASE TAKE NOTE:

- 1. Please include with this application a legible copy of your CDL, Medical Examiner's Card and Social Security Card. If you have a copy of your Motor Vehicle Report that is less than 14 days old, please include that also.**
- 2. If you have any questions, please call prior to faxing the application back. Thanks.**

Roy Glickman
Vice President
Transport Operations

DRIVER'S APPLICATION FOR EMPLOYMENT

Company: **Regional Enterprises, Inc.**

Address: **410 Water Street**

City: **Hopewell** State: **Va.** Zip: **23860**

(answer all questions – please print)

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, or non-job related disability.

Date of Application _____

Position(s) Applied for _____

Name _____ Social Security No. _____
Last First Middle

List your addresses of residency for the past 3 years.

Current Address _____
Street City
State Zip Code Phone _____ How Long? _____

Previous Addresses _____ How Long? _____
Street City State & Zip Code

_____ How Long? _____
Street City State & Zip Code

_____ How Long? _____
Street City State & Zip Code

Do you have the legal right to work in the United States? _____

Date of Birth _____/_____/_____ Can you provide proof of age? _____
(Required for Commercial Drivers)

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)? _____

If yes, explain if you wish: _____



MAKE SURE YOU READ AND FOLLOW ALL INSTRUCTIONS BELOW!!!

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding **10 YEARS**. List complete mailing address, street number, city, state and zip code.

INCOMPLETE APPLICATIONS CANNOT BE PROCESSED.

REGIONAL ENTERPRISES USES A SEARCH SERVICE TO RESEARCH PREVIOUS EMPLOYMENT HISTORY. IF YOU WORKED AT A COMPANY FOR ANY AMOUNT OF TIME, IT WILL ABSOLUTELY APPEAR ON THE REPORT WE RECEIVE. FAILURE TO LIST ALL PREVIOUS EMPLOYMENT IS AUTOMATIC GROUNDS FOR NON-HIRE. IF YOU HAVE HAD A PREVIOUS EMPLOYMENT THAT YOU FEEL WILL APPEAR IN A NEGATIVE MANNER ON THIS REPORT, LIST IT AND DISCUSS IT WITH THE TRANSPORTATION MANAGER. WE MAY BE ABLE TO WORK THROUGH IT TOGETHER. NOT LISTING IT IS AN AUTOMATIC NON-HIRE. NO EXCEPTIONS!!!

NOTE: ALL BREAKS IN EMPLOYMENT MUST BE NOTED AT THE BOTTOM OF EACH EMPLOYMENT BLOCK

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.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER			DATE	
			FROM	TO
NAME			MO YR	MO YR
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
PHONE				
CONTACT PERSON			REASON FOR LEAVING	
DATES			REASON FOR BREAK IN	EMPLOYMENT

EMPLOYER			DATE	
			FROM	TO
NAME			MO YR	MO YR
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
PHONE				
CONTACT PERSON			REASON FOR LEAVING	
DATES			REASON FOR BREAK IN	EMPLOYMENT

EMPLOYMENT HISTORY

EMPLOYER			DATE			
			FROM		TO	
NAME			MO	YR	MO	YR
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE			
PHONE						
CONTACT PERSON			REASON FOR LEAVING			
DATES			REASON FOR BREAK IN		EMPLOYMENT	

EMPLOYER			DATE			
			FROM		TO	
NAME			MO	YR	MO	YR
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE			
PHONE						
CONTACT PERSON			REASON FOR LEAVING			
DATES			REASON FOR BREAK IN		EMPLOYMENT	

EMPLOYER			DATE			
			FROM		TO	
NAME			MO	YR	MO	YR
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE			
PHONE						
CONTACT PERSON			REASON FOR LEAVING			
DATES			REASON FOR BREAK IN		EMPLOYMENT	

*Includes vehicles having a GVWR of 26,001 lbs. Or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

EMPLOYMENT HISTORY

EMPLOYER			DATE	
			FROM	TO
NAME			MO	YR
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
PHONE				
CONTACT PERSON			REASON FOR LEAVING	
DATES			REASON FOR BREAK IN	EMPLOYMENT

EMPLOYER			DATE	
			FROM	TO
NAME			MO	YR
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
PHONE				
CONTACT PERSON			REASON FOR LEAVING	
DATES			REASON FOR BREAK IN	EMPLOYMENT

EMPLOYER			DATE	
			FROM	TO
NAME			MO	YR
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
PHONE				
CONTACT PERSON			REASON FOR LEAVING	
DATES			REASON FOR BREAK IN	EMPLOYMENT

*Includes vehicles having a GVWR of 26,001 lbs. Or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 7 YEARS (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE. LIST ALL ACCIDENTS/INCIDENTS, DOT RECORDABLE AND DOT NON-RECORDABLE.

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IN NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED _____
 (NAME) (CITY)

GENERAL

HAVE YOU EVER BEEN BONDED? _____ NAME OF BONDING COMPANY _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____

IF YES, PLEASE EXPLAIN FULLY ON A SEPARATE SHEET OF PAPER. CONVICTION OF A CRIME IS NOT AN AUTOMATIC BAR TO EMPLOYMENT—ALL CIRCUMSTANCES WILL BE CONSIDERED.

EXPERIENCE AND QUALIFICATIONS – DRIVER

STATE	LICENSE NO.	TYPE	EXPIRATION DATE
DRIVER			
LICENSES HELD			
IN THE LAST			
3 YRS MUST BE			
SHOWN			

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____

B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

DRIVING EXPERIENCE IF NONE, WRITE NONE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK	_____	_____	_____	_____
TRACTOR AND SEMI TRAILER	_____	_____	_____	_____
TRACTOR – TWO TRAILERS	_____	_____	_____	_____
MOTORCOACH – SCHOOL BUS	_____	_____	_____	_____
OTHER	_____	_____	_____	_____
LIST STATES OPERATED IN FOR LAST FIVE YEARS _____				

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS – OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY _____

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION _____

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN): _____

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 test of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other released 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 releases 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.

Date

Applicants Signature

TERMINATION OF EMPLOYMENT

DATE TERMINATED: _____ DEPARTMENT RELEASED FROM: _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____
TERMINATION REPORT IN FILE _____ SUPERVISOR _____

DISCLOSURE AND RELEASE

In connection with my application for employment (including contract for services) with you, I understand that an investigative consumer report and consumer reports which may contain public record information may be requested from DAC Services, 4500 S 129th E Ave, Suite 200, Tulsa, Oklahoma 74134. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, any information relating to my character, general reputation, personal characteristics, mode of living, educational background, or any other information about me which may reflect upon my potential for employment gathered from any individual, organization, entity, agency, or other source which may have knowledge concerning any such items of information. I further understand that such reports mayb contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from such state agencies, and state provided driving records.

I have the right to make a request to DAC, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which DAC has previously furnished within the two year period preceding my request. I hereby consent to your obtaining the above information from DAC, and I agree that such information which DAC has or obtains, and my employment history with you if I am hired, will be supplied by DAC to other companies which subscribe to DAC Services.

I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

Print Name

Social Security No.

Applicant's Signature

Date

To: Julie Scott / 800-322-5298

From: _____
(Company Contact Name)



(Company Name)

Use Fax # 800-267-4093 (Manual Service)

Fax #: (_____) _____ - _____

Use Fax # 800-257-8069 (If Database Retrieval)

DAC Customer #: _____ DAC Sub-account: _____

PART I – DOT DRUG AND ALCOHOL RELEASE

I authorize, per 49 CFR Part 40, the release of information from my DOT regulated drug and alcohol testing records by the carriers (company/school) listed below to DAC for the sole purpose of transmitting such records to the above listed employer. I authorize release of the following information concerning drug and alcohol tests: DOT drug and alcohol testing violations including pre-employment tests during the past two years; (i) Alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including verified adulterated or substituted results); (iv) other violations of DOT drug and alcohol testing regulations; (v) information obtained from previous employers of a drug and alcohol rule violation(s) and (vi) documents, if any, of completion of a return-to-duty process following a rule violation.

The information that I have authorized DAC to review involves tests required by DOT. If any carrier (company/school) listed below furnishes DAC with information concerning items (i) through (vi) above, I also authorize that carrier (company/school) to release and furnish the dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the two-year period and the name and phone number of any substance abuse professional who evaluated me during the past two years.

Company	City	State	Phone Number
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____

(Attach additional forms for additional past employers. That form must also include the individual's signature.)

Print name: _____
(Applicant Name)

Signed: _____
(Applicant Signature Required)

Social Security No: _____

Date: _____

PART II – CONSUMER REPORT DISCLOSURE AND RELEASE

In connection with my application for employment (including contract for services) with the employer named above. I understand that consumer reports which may contain public record information may be requested from DAC Services, Tulsa, Oklahoma. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records, as well as information from DAC concerning previous driving record requests made by others from such state agencies, and state provided driving records. I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY DAC TO FURNISH THE ABOVE MENTIONED INFORMATION. THIS AUTHORIZATION DOES NOT APPLY TO DRUG AND ALCOHOL INFORMATION OBTAINED UNDER PART I.

I have the right to request from DAC, upon presentation of proper identification, the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which DAC has previously furnished within the two year period preceding my request. I hereby consent to your obtaining the above information from DAC, and I agree that such information which DAC has or obtains, and my employment history (**not DOT Drug and Alcohol information without a specific consent by me**) with you if I am hired, will be supplied by DAC to other companies which subscribe to DAC Services.

I hereby authorize procurement of consumer report(s). If hired or contracted this authorization, for Part II reports only, shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment or contract period.

Print name: _____
(Applicant Name)

Signed: _____
(Applicant Signature Required)

Social Security No: _____

Date: _____

STOP

ON THE NEXT TWO (2) PAGES IS THE REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER FORM. PLEASE FOLLOW THE INSTRUCTIONS BELOW FOR COMPLETING THIS FORM.

PAGE ONE:

In the center page ONE, there is a block marked “Driver Data and Release Statement”. Complete the items in bold print ONLY. That is all the entries required for this form. Do not fill out anything on page two.

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER (page 1 of 2)

FROM: Regional Enterprises Inc. 410 Water Street Hopewell, Va. 23860
(804) 458-0926 (804) 458-7921 (FAX)

TO: (Company Name): _____ ATTN: Human Resources Manager

FAX #: _____ DATE: _____

HUMAN RESOURCES MANAGER: The person named below has applied to this company for employment. Your firm is listed by the applicant as a past employer. In accordance with Subpart C, Section 391.23 (2) (c) of the Federal Motor Carrier Safety Regulations we have sent you a written request for previous employment history. As you will note by the waiver signed below, all liability on you and your company has been released by the applicant.

Roy Glickman, Transportation Manager Regional Enterprises Inc.

DRIVER DATA AND RELEASE STATEMENT

1. Name of Applicant: _____
2. Social Security Number:: _____
3. Position Applied for: _____

Dates of Employment With Your Firm: From _____ To _____

I hereby authorize you to release the information to REGIONAL ENTERPRISES INC. for the purpose of investigation as required by Section 391.23 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 _____

SECTION 1: ADMINISTRATIVE INFORMATION

1. Are the above listed dates of employment with your firm correct? Yes _____ No. _____ If no, please list correct dates: From _____ To _____

2. What kind(s) of work did he/she do? Driver _____ Dock _____ Office _____
Other _____ (Specify) _____

3. If employed as a driver, please indicate type of equipment used. Tractor, Trailer _____
Straight Truck _____ Bus _____ Other _____

4. Number of Accidents _____ Number Preventable _____

5. To your knowledge was this person's CDL suspended while in your employee? _____

If so, please explain _____

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER (page 2 of 2)

TO: (Company Name): _____ ATTN: Human Resources Manager

FROM: Regional Enterprises Inc. 410 Water Street Hopewell, Va. 23860
(804) 458-0926 (804) 458-7921 (FAX)

6. Number of on-the-job injuries while in your employ _____. Any recurring injuries?
_____ Yes _____ No. Any back injuries? _____ Yes _____ No

7. Was the employee's general conduct: Satisfactory _____ Average _____
Below Average _____ Poor _____ in your opinion?

8. Why did this employee leave your company? Resigned _____ Discharged _____
Laid off _____.

9. Would you rehire this person? _____ Yes _____ No

Remarks _____

PREPARED BY:

Print Name

Signature

Job Title

Date: _____

OFFICE USE ONLY

First Request Status _____

Second Request Status _____

File as No Response _____

STOP

THE NEXT PAGE IS THE REQUEST FOR ALCOHOL AND CONTROLLED SUBSTANCE INFORMATION FROM PREVIOUS EMPLOYERS FORM. PLEASE FOLLOW THE INSTRUCTIONS BELOW FOR COMPLETING THIS FORM.

- **Close to the top of the page, there is a block marked “Driver Data”. Complete numbers 1, 2, & 3 ONLY**
- **At the bottom of the page is a block titled “Employee Release Statement”. Sign and date this block.**

**INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES
INFORMATION FROM PREVIOUS EMPLOYER**

FROM: Regional Enterprises Inc. 410 Water Street Hopewell, Va. 23860
(804) 458-0926 (804) 458-7921 (FAX)

TO: (Company Name): _____ ATTN: Human Resources Manager
FAX #: _____ DATE: _____

In accordance with Part 382.413 of the Federal Motor Carrier Safety Regulations the following information is being requested for the individual listed below.

1. Name of Applicant: _____ 2. Social Security Number: _____ 3. Position Applied for: _____ Dates of Employment With Your Firm: From _____ To _____

PLEASE NOTE

- **THE QUESTIONS BELOW MUST INCLUDE ANY KNOWN TEST RESULTS FROM ANY KNOWN DOT REGULATED INDUSTRY, NOT JUST TRUCKING.**
- **THE QUESTIONS BELOW MUST INCLUDE ANY VIOLATIONS YOUR EMPLOYEE MAY HAVE RECEIVED, INCLUDING KNOWN VIOLATIONS FROM EMPLOYERS PREVIOUS TO YOU WITHIN THE LAST TWO YEARS.**

- | | <i>YES</i> | <i>NO</i> |
|---|------------|-----------|
| 1. Has this person ever tested positive for a controlled substance in the last two year? | _____ | _____ |
| 2. Has this person ever had an alcohol test with a Breath Alcohol Concentration 0.04 or greater in the last two years? | _____ | _____ |
| 3. Has this person ever refused a required test for drugs to include verified adulterated or substituted drug test results in the last two years? | _____ | _____ |
| 4. Has this person ever refused a required test for alcohol in the last two years? | _____ | _____ |

If yes to any of the above questions, please give the SAP's (Substance Abuse Professional) name, address and phone number for further reference.

Name: _____

Street: _____

City, State, Zip: _____ Telephone _____

PREPARED BY: (AURTHORIZED COMPANY REPRESENTATIVE)

_____	_____	_____
PRINT NAME	SIGNATURE	DATE

EMPLOYEE RELEASE STATEMENT

I hereby authorize you to release the information to REGIONAL ENTERPRISES INC. for the purpose of investigation as required by Section 382.413 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** _____

Roy Glickman, Transportation Manager Regional Enterprises Inc. _____

SIGNATURE

OFFICE USE ONLY

First Request Status _____
Second Request Status _____
File as No Response _____