

ENVIRONMENTAL REMEDIATION SERVICES, INC.

NOTICE TO ALL APPLICANTS

WE TEST FOR DRUG/ALCOHOL ABUSE

In order to ensure a drug-free environment, job applicants will be:

1. Required to sign consent forms allowing drug and alcohol testing.

Applicants who refuse will be rejected.

2. Subject to a medical examination, which includes drug and alcohol screening.

All tests will become property of Environmental Remediation Services, Inc. and will be maintained as part of the employee's confidential personnel records.

Applicant's Signature

Date

Application for Employment

Environmental Remediation Services, Inc.
760 Talleyrand Avenue
Jacksonville, FL 32202-1031

PLEASE PRINT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for _____ Date of application ____ / ____ / ____

Referral Sources ____ Advertisement ____ Employee ____ Relative ____ Government Employment Agency
____ Walk-in ____ Private Employment Agency ____ Other

Name _____
LAST FIRST MIDDLE SOCIAL SECURITY NUMBER

Address _____
STREET CITY STATE ZIP CODE

Telephone Numbers (Home) _____ (Cell) _____ (Pager) _____ (Other) _____

If necessary, best time to call you at home is _____

May we contact you at work? ____ Yes ____ No

If yes, work number and best time to call..... _____

If you are under 18 and it is required, can you furnish a work permit? ____ Yes ____ No

If no, please explain _____

Have you submitted an application here before? ____ Yes ____ No

If yes, give date(s) ____ / ____ / ____

Are you legally eligible for employment in this country? ____ Yes ____ No

Date available for work ____ / ____ / ____

Type of employment desired ____ Full-Time ____ Part-Time ____ Temporary

Will you relocate if job requires it? ____ Yes ____ No Will you travel if job requires it? ____ Yes ____ No

Are you able to meet the attendance requirements of the position? ____ Yes ____ No

Will you work overtime if required? ____ Yes ____ No

If no, please explain _____

Have you ever been bonded? ____ Yes ____ No

Have you been convicted of a crime in the last seven (7) years? ____ Yes ____ No

If yes, please explain _____

CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. EACH INSTANCE AND EXPLANATION WILL BE CONSIDERED IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING.

Driver's license number (Driving is an essential job function) _____ State _____

EDUCATIONAL BACKGROUND

List the last three schools attended, starting with most recent. **B.** List number of years completed. **C.** Indicate degree or diploma earned, if any. **D.** List Grade Point Average or Class Rank. **E.** Major field of study.

<u>School</u>	<u>Years Completed</u>	<u>Degree</u>	<u>GPA</u>	<u>Major</u>
1. _____				
2. _____				
3. _____				

REFERENCES

List name and telephone numbers of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references that are not related to you.

<u>Name</u>	<u>Phone Number</u>	<u>Years Known</u>
1. _____		
2. _____		
3. _____		

ADDITIONAL INFORMATION

List any specialized or professional training you have had and provide certificates or other documentation of completion, if available. Include any safety training, environmental or contracting certifications, technical or supervisory courses. Include equipment operations. Attach a separate sheet, if necessary.

<u>Course</u>	<u>Date</u>	<u>Certificate Available</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any additional information you would like us to consider.

EMPLOYMENT HISTORY

10 year minimum history

Driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years: **List complete mailing address, street number, city, state and zip code.**

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 if necessary. Please explain any gaps in employment.

Employer Name _____
Address _____
STREET CITY STATE ZIP
Contact Person _____ Phone Number _____
Dates employed (Month/Year) From _____ to _____
Position Held _____ Duties _____
Salary/Wage _____ Reason for leaving _____

Employer Name _____
Address _____
STREET CITY STATE ZIP
Contact Person _____ Phone Number _____
Dates employed (Month/Year) From _____ to _____
Position Held _____ Duties _____
Salary/Wage _____ Reason for leaving _____

Employer Name _____
Address _____
STREET CITY STATE ZIP
Contact Person _____ Phone Number _____
Dates employed (Month/Year) From _____ to _____
Position Held _____ Duties _____
Salary/Wage _____ Reason for leaving _____

Employer Name _____
Address _____
STREET CITY STATE ZIP
Contact Person _____ Phone Number _____
Dates Employed (Month/Year) From _____ to _____
Position Held _____ Duties _____
Salary/Wage _____ Reason for leaving _____

Employer Name _____
Address _____
STREET CITY STATE ZIP
Contact Person _____ Phone Number _____
Dates Employed (Month/Year) From _____ to _____
Position Held _____ Duties _____
Salary/Wage _____ Reason for leaving _____

* Includes vehicles having a GVW of 26,000 lbs. or more, vehicles designated to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

Environmental Remediation Services, Inc.

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results and your driving record may be obtained on you for employment purposes. These reports are required by Section 382.413, 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant's Signature

Date

Print Name

Social Security Number

PRE-EMPLOYMENT ALCOHOL AND DRUG TEST STATEMENT

Sec. 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 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: _____ SS#: _____

The prospective employee is required by Sec 40.25(j) to respond 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 the employee applied for, but did obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check One: ____ Yes ____ No

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

Check One: ____ Yes ____ No

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

Prospective Employee Signature: _____ Date: _____

Witnessed By: _____ Date: _____

Accident Record For Past 3 Years or More (ATTACH SHEET IF MORE SPACE IS NEEDED) If None, Write None

Dates	Nature of Accident (Head-On, Rear-End, Upset, Etc)	Fatalities	Injuries	Hazardous Material Spill
Last Accident:				
Next Previous:				
Next Previous:				

Traffic Convictions And Forfeitures For The Past 3 Years (Other Than Parking Violations) If None, Write None

Location	Date	Charge	Penalty

Experience and Qualifications (ATTACH SHEET IF MORE SPACE IS NEEDED)

List all driver licenses or permits held in the past 3 years

Driver	License Number	State	Type	Expiration Date
Licenses				

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? ☐ YES ☐ NOB. Has any license, permit or privilege ever been suspended or revoked? ☐ YES ☐ NO

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS _____

Driving Experience

Check Yes or No

Class of Equipment	Circle Type of Equipment	From (M/Y)	To (M/Y)	Approx. Number of Miles (Total)
Straight Truck: <input type="checkbox"/> Y <input type="checkbox"/> N	(Van, Tank, Dump, Refer)			
Tractor/Semi-Trailer: <input type="checkbox"/> Y <input type="checkbox"/> N	(Van, Tank, Dump, Refer)			
Tractor-Two Trailers: <input type="checkbox"/> Y <input type="checkbox"/> N	(Van, Tank, Dump, Refer)			
Tractor-Three Trailers: <input type="checkbox"/> Y <input type="checkbox"/> N	(Van, Tank, Dump, Refer)			
Motorcoach-School Bus: <input type="checkbox"/> Y <input type="checkbox"/> N	(More Than 8 Passengers)			
Motorcoach-School Bus: <input type="checkbox"/> Y <input type="checkbox"/> N	(More Than 15 Passengers)			
Other:				

List States Operated In For Last Five Years: _____

Show Special Courses or Training That Will Help You As 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) _____

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 / State): _____

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.

Signature: _____ Date: _____

REQUEST FOR CHECK OF DRIVING RECORD

I, _____ authorize my perspective employer, **Environmental Remediation Services, Inc. (ERS)** for
Print Name
purposes of investigation as required by sections 391.23 and 391.25 of the **Federal Motor Carrier Safety Regulations**. ERS is released
from any and all liability, which may result from furnishing this information.

Applicant's Signature

Date

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 Act of 1996, (title 11, 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 is to be used for "permissible purposes" (employment purposes) and will not be used for any other purpose.
4. The information being requested will not be used in violation of any federal or state equal opportunity law or regulation.
5. Before taking and adverse action based in whole or in part on the report, the 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 certify that this report request and the above applicant's release notice meets the definition of "permissible uses" of state motor vehicle records under the provisions of the **Driver Privacy Protection Act of 1994** (Public Law 103-322, Title XXX, Section 300002(a)).

Signature of Requester

Date

TO: _____

DEAR _____

_____ The following named person has applied to our company for the position of _____. In accordance with
Section 391.23 of the Federal Department of Transportation Regulations, please furnish 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, of the Federal Department of Transportation Regulations. Please furnish the employee's driving record for the past year.

NAME OF APPLICANT/DRIVER _____

ADDRESS _____
(NUMBER & STREET) (CITY) (STATE) (ZIP CODE)

FORMER ADDRESS _____
(NUMBER & STREET) (CITY) (STATE) (ZIP CODE)

DATE OF BIRTH _____ SS# _____ LICENSE # _____

REQUESTED BY: **ENVIRONMENTAL REMEDIATION SERVICES, INC.**
760 TALLEYRAND AVENUE
JACKSONVILLE, FL 32202-1031

Signature

Title

Date

ENVIRONMENTAL REMEDIATION SERVICES, INC.
Safety Performance History Records Request

APPLICANT - WHEN COMPLETING THIS APPLICATION PLEASE PRINT NAME, SOCIAL SECURITY NUMBER, SIGNATURE and DATE.

Applicant's Name: _____ Social Security Number _____

You are hereby authorized to provide to Environmental Remediation Services all information regarding my services; character and conduct while in your employ, and you are released from any liability, which may result from giving such information. In order to enable ERS to comply with the requirements of 49 C.F.R. 382.413. I hereby consent to ERS obtaining from my prior employers the information pertaining to me which they are required to maintain by 49 C.F.R. 382.401 (b) (1) (I) through (iii) regarding alcohol tests with a concentration result of 0.04 or greater, positive controlled substance test results, and refusals to be tested, within two (3) years preceding the date of this application. I hereby authorize and direct my prior employers to release such information to ERS in personal interviews, telephone interviews, letters, or any other method that ensures confidentiality. I hereby authorize ERS to release such information to any of its personnel whose duties require them to access this application or to make any recommendations or decisions with respect to it.

APPLICANT SIGNATURE _____ DATE _____

APPLICANT PLEASE DO NOT COMPLETE THE REST OF THIS FORM. BELOW THIS LINE IS FOR OFFICE USE ONLY.

TO FORMER EMPLOYER: Please provide the following information about this applicant. It will be held in strict confidence.

Name of Company: _____ Phone: (____) _____

Address: _____
Street City State Zip

DRIVER: _____ Yes _____ No _____ Part-Time _____ Full-Time
_____ Company Driver _____ Owner-Operator _____ Driver for Owner-Operator

EQUIPMENT _____ Tractor Trailer _____ Van _____ Reefer _____ Tanker _____ Flat Bed
_____ Mixer _____ Boom Truck _____ If other truck, describe _____

List States in which applicant drove regularly : _____

List type of commodities applicant hauled : _____

LOGS: Did applicant have any log problems? _____ Yes _____ No If yes, describe _____

ACCIDENTS: Complete the following for any accidents included in your accident register (390.15 (b) that involved the applicant in the 3 years prior to the application date shown above, or check here _____ if there is no DOT accident register data for this driver. _____ Number Non-DOT reportable accidents.

Total Number: _____ Preventable _____ Non-Preventable _____ Number of Injuries _____ Number of Fatalities _____

Hazmat Spill _____ Dates and Description _____

TICKETS: _____ Yes _____ No If yes, please describe: _____

What license did applicant have? Class : _____ DL# _____ State of Issue: _____

REASON FOR LEAVING YOUR EMPLOY _____ Discharged _____ Resignation _____ Lay off _____ Military duty

Is applicant eligible for rehire? _____ Yes _____ No If no please explain why: _____

DATES OF EMPLOYMENT From _____ To _____ Job Title _____ Salary _____
From _____ To _____ Job Title _____ Salary _____

ALCOHOL AND CONTROLLED SUBSTANCE TEST RESULTS: List here all dates and results of alcohol tests with a concentration result of 0.04 or greater, positive controlled substance test results, and refusals/verified adulterated/substituted to be tested within 3 years preceding the date of this application.

ADDITIONAL COMMENTS _____

BY: _____ Title _____ Date: _____
Print Full Name of Person Completing

PLEASE RETURN BY FAX, AS SOON AS POSSIBLE TO HUMAN RESOURCES AT 904-791-9833.

ATTEMPTS: 1ST Date/Time _____ 2nd Date/Time _____ 3rd Date/Time _____

APPLICANT'S STATEMENT

I certify that the answers given by me herein are true and complete to the best of my knowledge. I hereby authorize Environmental Remediation Services, Inc. (ERS) to investigate all statements contained in this application. As part of its investigation, I authorize ERS to obtain a credit, criminal and/or personal report on me from a consumer-reporting agency. I also authorize the companies, schools or persons named in this application to give ERS any information regarding my employment, character and qualifications. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. I also hereby release ERS from any and all liability resulting from any decisions made regarding this application or any investigations initiated for this application.

I understand that if any misrepresentation or omission has been made by me, or the results of an investigation are not satisfactory for any reason, this application will no longer be considered or my employment may be terminated.

ERS does not unlawfully discriminate in employment practices and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and ERS reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of ERS, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

In the event of my employment, I will comply with all rules and regulations of ERS.

I understand it is ERS' policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I understand that this application for employment will only remain on file for a period of 90 days.

I understand that I will be required to consent to a drug test as a condition of employment, I understand that failure to consent to the drug test or a positive drug test will result in rejection of my application or termination of employment.

I have read in full and understand the above statements.

Applicant's Signature

Date