



Driver's Application for Employment

Alnye LLC
59 Aurora Street
Moravia, NY 13118
(315) 497-3329

Alnye Cortland LLC
3819 US Route 11
Cortland, NY 13045
(607) 753-1019

Alnye Utica LLC
401 Culver Ave.
Utica, NY 13502
(315) 732-1815

Alnye Trucking LLC
59 Aurora Street
Moravia, NY 13118
(315) 497-3329

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regards to race, color, religion, sex, national origin, age, marital status, or non-job related disabilities.

PLEASE PROVIDE YOUR DRIVER'S LICENSE, SOCIAL SECURITY CARD AND CURRENT DOT MEDICAL EXAMINER'S CERTIFICATE WITH YOUR APPLICATION SO WE MY CONDUCT THE REQUIRED BACKGROUND INVESTIGATIONS FOR EMPLOYMENT

PERSONAL INFORMATION

Answer All Questions – Please Print

Date of Application: _____

Position Applied For: Milk Transport Driver / Farm Pickup Driver / Petroleum Transport Driver

Name: _____
Last First Middle

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Cell: (_____) _____

Date of Birth: _____ Social Security Number: _____

Do you have a legal right to work in the United States? Yes No

Are you currently employed? Yes No

Have you ever worked for any of the Alnye Companies before? Yes No

Dates Employed: From _____ To _____

Position: _____ Location: _____

Is there any reason you might be unable to perform the functions of the job which you have applied for?

Yes No

If yes, please explain: _____

Have you ever been convicted of a felony? Yes No

If yes, please explain: _____

EXPERIENCE AND DRIVER QUALIFICATIONS

Compliance with the Federal Motor Carrier's Safety Regulations is mandatory for all driver-applicants. If a question is not-applicable, write "NONE".

Medical Qualification:

Do you have a current DOT Medical Qualification Certificate? Yes No

Date of Expiration of current Medical Certificate _____

Have you participated in a Random Drug/Alcohol-Use testing program in the past 12 months? Yes No

DRIVER LICENSES

STATE	LICENSE #	TYPE	EXPIRATION DATE

Endorsements: (check all that apply) TANK HAZMAT OTHER: _____

ACCIDENTS None

List all accidents within the last 3 years

DATE	FATALITIES/INJURIES	ACCIDENT TYPE	PREVENTABLE

TRAFFIC CONVICTIONS None

LOCATION	FATALITIES/INJURIES	ACCIDENT TYPE

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

If yes, please explain: _____

Has your license, permit or privilege ever been suspended or revoked? Yes No

If yes, please explain: _____

EMPLOYMENT HISTORY

All Driver-Applicants must provide the following information for the preceding 10 years driving experience.
(NOTE: List Employers in reverse order starting with the most recent)

Employer Name _____

Address: _____

City: _____ State: _____ Zip: _____

Phone#: _____ (_____) _____ Fax#: _____ (_____) _____

Position Held: _____ Employed: From _____ to _____ Salary/Wage: _____
Experience driving: Tractor Trailer _____% Tanker _____% Other _____%
Radius of Use: 0-75 Miles 76-300 Miles Over 300 Miles

Employer Name _____

Address: _____

City: _____ State: _____ Zip: _____

Phone#: _____ (_____) _____ Fax#: _____ (_____) _____

Position Held: _____ Employed: From _____ to _____ Salary/Wage: _____
Experience driving: Tractor Trailer _____% Tanker _____% Other _____%
Radius of Use: 0-75 Miles 76-300 Miles Over 300 Miles

Employer Name _____

Address: _____

City: _____ State: _____ Zip: _____

Phone#: _____ (_____) _____ Fax#: _____ (_____) _____

Position Held: _____ Employed: From _____ to _____ Salary/Wage: _____
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Radius of Use: 0-75 Miles 76-300 Miles Over 300 Miles

Employer Name _____

Address: _____

City: _____ State: _____ Zip: _____

Phone#: _____ (_____) _____ Fax#: _____ (_____) _____

Position Held: _____ Employed: From _____ to _____ Salary/Wage: _____
Experience driving: Tractor Trailer _____% Tanker _____% Other _____%
Radius of Use: 0-75 Miles 76-300 Miles Over 300 Miles

Employer Name _____

Address: _____

City: _____ State: _____ Zip: _____

Phone#: _() _____ Fax#: _() _____

Position Held: _____ Employed: From _____ to _____ Salary/Wage: _____
Experience driving: Tractor Trailer _____% Tanker _____% Other _____%
Radius of Use: 0-75 Miles 76-300 Miles Over 300 Miles

Employer Name _____

Address: _____

City: _____ State: _____ Zip: _____

Phone#: _() _____ Fax#: _() _____

Position Held: _____ Employed: From _____ to _____ Salary/Wage: _____
Experience driving: Tractor Trailer _____% Tanker _____% Other _____%
Radius of Use: 0-75 Miles 76-300 Miles Over 300 Miles

**PLEASE CONTINUE ON THE BACK IF YOU'VE NOT LISTED A
MINIMUM OF 10 YEARS EMPLOYMENT HISTORY.**

To Be Read and Signed By Driver-Applicant

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

I authorize **ALNYE** to make such investigations and inquiries of my personal, employment, financial, and medical history, and any other related matters, as may be necessary in arriving at an employment decision. I further authorize **ALNYE** permission to secure an Abstract of Driving Record (MVR) from the state issuing my CDL, or shall furnish it upon request. I hereby release employers, schools, healthcare providers and other persons from all liability in responding to inquires and releasing information in connection with this application.

In the event of employment, I understand that false or misleading information given on this application, or interview(s), may result in immediate termination of employment. I understand also that I am required to abide by any rules, regulations and company policies of **ALNYE** and those regulations applying to my position governed by the *Federal Motor Carrier's Safety Regulations*.

Date: _____ Applicant's Signature: _____



Request for Check of Driving Record

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I hereby authorize you to release the following information to Alnye, LLC; Alnye Trucking, LLC; Alnye Cortland, LLC; and Alnye Utica, LLC, perspective employer, for the purpose 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: _____

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Social Security Number: _____ License#: _____

BELOW FOR OFFICE USE ONLY:

In accordance with the provisions of Section 604 and 607 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 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 (if applicable) that a consumer report may be obtained for employment purposes;
3. The Information requested below will be used for "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 release notice meet the definition of "permissible use" 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)).

Requester Signature: _____ Date: _____

TO: Denise Newton – Haylor, Freyer & Coon Fax# 315-362-5795

The person named above has made application with our company for the position of driver. In accordance with Section 391.23, Federal Department of Transportation Regulations, you have authorization to access the above referenced applicant's motor vehicle driving record.

Please add the above reference applicant/driver to our insurance policy for Alnye, LLC. After review of his/her motor vehicle record, he/she meets the criteria for driver with our company.
Please e-mail conformation of driver approval to: **donna@alnyetrucking.com**.

Please review the applicant/driver's motor vehicle record to determine if they meet your criteria.
Please call 315-497-3329 x317 to discuss this ASAP.

Copy of MVR attached - _____ pages total.



Pre-Employment Urinalysis Notification

Alnye LLC
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The Federal Motor Carrier Safety Regulations, Section 391.103 Pre-Employment Testing Requirements, apply to driver-applicants of Alnye, LLC; Alnye Cortland, LLC; Alnye Trucking, LLC; and Alnye Utica, LLC.

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 this company.

The Medical Review Officer will maintain the results of the urinalysis test. Negative and positive results will be reported to the company.

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.

Print Applicant's Name

Date

Applicant's Signature