



•5, 10 & 20 Yard Rubber Tire Dumpsters • 10, 20, 30 & 40 Yard Open-top Roll Offs
• 40 Yard Receivers • Compactor and Receiver Sales & Service

9571 Marine City Highway, Ira, Michigan 48023-1115

(586)725-5200 Fax (586)725-5656

www.MGMDUMP.com

Driver's Application for Employment

Applicant
Name:

Date of
Application:

MGM Container Services Inc. is an Equal Opportunity employer.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of 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 an after a conditional offer of employment has been extended). I hereby release employers, schools, healthcare providers and other personnel from all liability in responding to inquiries and releasing 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 I 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 the information provided by previous employers;
- Have errors in the information 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.

Signature of Applicant

Date

CAPITAL INSURANCE GROUP

Driver—Add/Delete Request

Email to: tgunn@cap-ins.com or Fax to: (248) 333-2504

Today's Date: (Click to enter date.)

Insured's Name:

Company Name: MGM Container Services Inc.

Add Driver (New Employee)

OR

Delete Driver

Does this driver require Drive Other Car Coverage (DOC)?

Yes No

Note: DOC coverage is needed when a driver has only a commercial auto policy and does not appear on any personal lines policy. Please contact our office with any questions regarding this coverage.

You are interviewing for a driver's position with MGM Container Services Inc. During this period, our insurance company will be investigating your driving record.

MGM Container Services Inc. takes its driving exposure VERY seriously. The insurance company may run routine checks on your driving record. If your driving record becomes a risk to MGM Container Services Inc., you may be uninsurable under our company standards and your position will be terminated.

It is important to remember that your personal as well as your professional driving record affects your job. If you receive a driving under the influence ticket, you will be terminated immediately.

Please sign below, stating that you have read the company's policies/procedures and that you authorize MGM Container Services Inc. to pull your driving record.

(Click to enter date.)

Signature of Applicant

Date

Print Name:

Driver's License #: State Licensed:

Date of Birth:

APPLICANT TO COMPLETE

Please answer all questions completely

Position(s) applying for: _____

Name: _____

SSN: Last First Middle

Telephone: Email: Alternate telephone:

Current Address: Street City State Zip How long have you lived there?

Please list all previous addresses from the past three years:

Address: Street City State Zip How long did you live there?

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

Date of Birth: (Click to enter date.)

Can you provide proof of age (required for commercial drivers)? Yes No

Have you worked for this company before?

Yes No

Where?:

Are you now
employed?

Yes No

If not, how long since leaving last employment?

Who referred you?

Rate of pay expected?

Have you ever been bonded? Yes No

Name of bonding company:

Have you ever been
convicted of a felony?

Yes No

If yes, please explain fully in the space below. Conviction of a crime is not an automatic bar to employment—all circumstances will be considered.

Please click here to explain any felony convictions.

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the job description]? Yes No

If yes, please explain if you wish: Click here to explain.

EMPLOYMENT HISTORY

All 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.)

Employer name: <input type="text"/>	Position title: <input type="text"/>	Start date: <input type="text"/>	End date: <input type="text"/>
Employer address, city, state, zip: <input type="text"/> <input type="text"/>	Duties & skills: <input type="text"/>	Reason for leaving: <input type="text"/>	
Pay: \$ <input type="text"/>	Supervisor: <input type="text"/>	Telephone: <input type="text"/>	
Per: <input type="text"/>	<input type="text"/>	<input type="text"/>	
Were you subjected to the FMCRs^ while employed?		<input type="radio"/> Yes <input type="radio"/> No	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?		<input type="radio"/> Yes <input type="radio"/> No	

Employer name: <input type="text"/>	Position title: <input type="text"/>	Start date: <input type="text"/>	End date: <input type="text"/>
Employer address, city, state, zip: <input type="text"/> <input type="text"/>	Duties & skills: <input type="text"/>	Reason for leaving: <input type="text"/>	
Pay: \$ <input type="text"/>	Supervisor: <input type="text"/>	Telephone: <input type="text"/>	
Per: <input type="text"/>	<input type="text"/>	<input type="text"/>	
Were you subjected to the FMCRs^ while employed?		<input type="radio"/> Yes <input type="radio"/> No	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?		<input type="radio"/> Yes <input type="radio"/> No	

Employer name: ◀ ▶	Position title: ◀ ▶	Start date: ◀ ▶	End date: ◀ ▶
Employer address, city, state, zip: ◀ ▶	Duties & skills: ◀ ▶	Reason for leaving: ◀ ▶	
Pay: \$ ◀ ▶	Supervisor: ◀ ▶	Telephone: ◀ ▶	
Per: ◀ ▶			
Were you subjected to the FMCRs^ while employed?		<input type="radio"/> Yes <input type="radio"/> No	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?		<input type="radio"/> Yes <input type="radio"/> No	

*Includes vehicles having GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including driver), or any size vehicle used to transport hazardous materials in the quantity requiring placarding.

^ The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or properly when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD

Accident record for past 3 years. If none, write 'none.'

	Date	Nature of Accident (Head-on, Rear-end, Upset, etc.)	Fatalities	Injuries	Hazardous Material Spill
Last					
Accident	_____	_____	_____	_____	_____
Next					
Previous	_____	_____	_____	_____	_____
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—DRIVER

List all driver licenses or permits held in the past three years.

	State	License Number	Type	Expiration Date
Driver	_____	_____	_____	_____
Licenses or	_____	_____	_____	_____
Permits	_____	_____	_____	_____

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, please give the details:

Class of Equipment (Check yes if you have experience with the equipment):

Equipment:

Dates:

Approx.. No. of Miles (Total):

			From	To	
Straight Truck	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tractor & Semi-Trailer	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tractor—2 trailers	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Tractor—3 trailers Yes No

Motorcoach—
School Bus (8+ passengers) Yes No

Motorcoach—
School Bus (15+ passengers) Yes No

Other:

List states operated in for last five years:

Which safe driving awards do you hold and from whom?

EXPERIENCE AND QUALIFICATIONS—OTHER

Show any trucking, transportation, or other experience that may help you in your work for this company:

List courses and training other than those shown elsewhere in the application:

List special equipment or technical materials you can work with (other than those already shown):

EDUCATION

	Institution Name	Years Completed	Field of Study	Graduate or Degree
High School				
College/University				
Business/Technical				
Additional				

MILITARY

Are you a veteran? Yes No

Duty/Specialized Training: _____

TO BE READ AND SIGNED BY THE 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.

   (Click to enter date.)

Signature of Applicant

Date

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

Motor Carrier Instructions: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

Driver Requirements: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

- 1.) Possess only one license: You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.

If you have more than one license, keep the license from your state of residence and return the additional licenses to the states that issued them. Destroying a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by that state.

- 2.) Notification of License Suspension, Revocation, or Cancellation: Sections 392.42 and 383.33 of Federal Motor Carrier Safety Regulations require that you notify your employer the Next Business Day of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (if the violation occurs in a state other

