



APPLICATION FOR EMPLOYMENT

APPLICANT STATEMENT

I certify by my signature below that all of the information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete and misrepresented in any respect, or any significant omissions, will be sufficient cause to (1) cancel further consideration of this application, or (2) immediately discharge me from the employer's service whenever it is discovered.

I authorize, by my signature below, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), including, but not limited to, employers, public agencies, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims that I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I authorize, by my signature below, the employer to provide truthful information concerning my employment with it to any future prospective employers and hold it harmless and without liability for doing so.

I understand that the employer does not unlawfully discriminate in employment 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 applicable federal, state, or local law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

I understand that in order to complete the application process, I will have to successfully pass a pre-employment physical examination, including a drug and alcohol screen test. As part of this pre-employment examination, I consent to the release to the employer of any and all requested medical information. I understand that any offer of employment given to me by the employer will be contingent on the successful completion of the pre-employment physical examination and a drug and alcohol screen test.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and that my employment may be terminated by the employer 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 supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the president and secretary of the employer.

I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant

Date



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AN EQUAL OPPORTUNITY EMPLOYER

We are an equal opportunity employer, and we do not and will not discriminate on the basis of race, religion, national origin, sex, age, handicap, marital status, or status of disabled veteran or Vietnam-era veteran. Information provided in this application will not be used for any discriminatory purpose.

EMPLOYMENT INFORMATION

Full Name: Last: _____ First: _____ M.I. _____		
Date Available To Start:	Type of Work Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	Willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No Willing to Work Overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No
Willing to Work Weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No	Willing to Work Evenings? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Compensation Expected:
Position Desired:		Preferred Location:

PERSONAL INFORMATION

Any Other Name(s) Under Which You Have Worked or Attended School?	
Present Address – City/State/Zip (Actual Street Location If P.O. Box)	How Long? _____
Previous Address – City/State/Zip (If Different Than Above & Less Than 5 Years)	How Long? _____
Day Telephone # () _____ Evening Telephone # () _____ Cell # () _____	
Have You Ever Applied For A Position With This Company In The Past? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please Give The Date Of Application, The Position For Which You Applied And The Location.	
Do You Know Anyone Who Works For This Company? If So, Who? <input type="checkbox"/> Yes <input type="checkbox"/> No Were You Referred For This Position By That Person? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have You Ever Been Employed By This Company In The Past? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please Give Dates Of Employment And Position(s) Held.	
Have You Ever Been Bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Name of Bonding Company _____	
Are You At Least 18 Years of Age? <input type="checkbox"/> Yes <input type="checkbox"/> No If Under, Do You Have A Permit To Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do You Have Any Commitments That Might Affect Your Performance Of The Job(s) For Which You Are Applying? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please Explain:	
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)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please Explain	
Are You Currently Using Any Illegal Drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do You Have a Current, Valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has Your Driver's License Been Revoked or Suspended within the Last Three Years? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please Give Details:	
Have You Been Involved In Any Vehicle Accidents Within The Last Three Years? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please Give Details:	



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EMPLOYMENT INFORMATION

List Your Last Ten Years Of Employment, Starting With The Most Recent Position.
 Include Self-Employment, Summer And Part-Time Jobs. If More Space Is Required, Please Continue On The Next Page.
 You May Attach Your Resume, But Complete The Application As Well.

May We Contact Your Present Employer? Yes No

A "No" Answer Will Not Automatically Disqualify You From Employment. If No, Please Explain:

POSITION ONE (your last or present position)	Position
Company _____ Type of Business _____	Brief Description of Job Duties
Street Address _____	
City _____ State _____ Zip _____	
Supervisor's Name and Title _____ Telephone Number _____	Were You Subject To the FMCSRs While Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Was Your Job Designated As a Safety-Sensitive Function in Any DOT-Regulated Mode Subject To the Drug and Alcohol Testing Requirements of 49CFR Part 40 <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates Worked - From (Mo/Yr): _____ To (Mo/Yr): _____	Reason for Leaving
Initial Earnings _____ Final Earnings _____	

POSITION TWO	Position
Company _____ Type of Business _____	Brief Description of Job Duties
Street Address _____	
City _____ State _____ Zip _____	
Supervisor's Name and Title _____ Telephone Number _____	Were You Subject To the FMCSRs While Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Was Your Job Designated As a Safety-Sensitive Function in Any DOT-Regulated Mode Subject To the Drug and Alcohol Testing Requirements of 49CFR Part 40 <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates Worked - From (Mo/Yr): _____ To (Mo/Yr): _____	Reason for Leaving
Initial Earnings _____ Final Earnings _____	

POSITION THREE	Position
Company _____ Type of Business _____	Brief Description of Job Duties
Street Address _____	
City _____ State _____ Zip _____	
Supervisor's Name and Title _____ Telephone Number _____	Were You Subject To the FMCSRs While Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Was Your Job Designated As a Safety-Sensitive Function in Any DOT-Regulated Mode Subject To the Drug and Alcohol Testing Requirements of 49CFR Part 40 <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates Worked - From (Mo/Yr): _____ To (Mo/Yr): _____	Reason for Leaving
Initial Earnings _____ Final Earnings _____	

Please Continue On The Next Page



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EMPLOYMENT INFORMATION - CONTINUED

Attach Sheet If More Space Is Needed

POSITION FOUR	Position
Company _____ Type of Business _____	Brief Description of Job Duties
Street Address _____	
City _____ State _____ Zip _____	
Supervisor's Name and Title _____ Telephone Number _____	Were You Subject To the FMCSRs While Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Was Your Job Designated As a Safety-Sensitive Function in Any DOT-Regulated Mode Subject To the Drug and Alcohol Testing Requirements of 49CFR Part 40 <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates Worked - From (Mo/Yr): _____ To (Mo/Yr): _____	Reason for Leaving
Initial Earnings _____ Final Earnings _____	
POSITION FIVE	Position
Company _____ Type of Business _____	Brief Description of Job Duties
Street Address _____	
City _____ State _____ Zip _____	
Supervisor's Name and Title _____	Were You Subject To the FMCSRs While Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Was Your Job Designated As a Safety-Sensitive Function in Any DOT-Regulated Mode Subject To the Drug and Alcohol Testing Requirements of 49CFR Part 40 <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates Worked - From (Mo/Yr): _____ To (Mo/Yr): _____	Reason for Leaving
Initial Earnings _____ Final Earnings _____	

Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a 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 property 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 the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.



APPLICATION FOR EMPLOYMENT

DRIVING EXPERIENCE

Accident Record for Past 3 Years or More. If None - Write None – (Attach Sheet If More Space Is Needed)

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

(Attach Sheet If More Space Is Needed)

Experience and Qualifications – Driver

Driver Licenses Or Permits Held In The Past Three Years	State	License No.	Class	Endorsement(s)	Expiration Date

Have You Ever Been Denied A License, Permit Or Privilege To Operate A Motor Vehicle? Yes No

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 (Attach Sheet If More Space Is Needed) _____

Driving Experience - Check Yes Or No

Class Of Equipment	Choose Type Of Equipment (Van, Tank, Flat, Dump, Reer)	Dates		Approx. No.Of Miles (Total)
		From (M/Y)	To (M/Y)	
Straight Truck	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Tractor And Semi-Trailer	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Tractor – Two Trailers	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Tractor – Three Trailers	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Motor Coach - School Bus	<input type="checkbox"/> YES <input type="checkbox"/> NO	More Than 8 Passengers		
Motor Coach – School Bus	<input type="checkbox"/> YES <input type="checkbox"/> NO	More Than 15 Pasengers		
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? _____

(Attach Sheet If More Space Is Needed)



APPLICATION FOR EMPLOYMENT

DRIVING EXPERIENCE CONT'D

Experience and Qualifications – Other (Attach Sheet If More Space Is Needed)

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)

EDUCATIONAL RECORD

School Attended	Name of School And Location	Major Field of Study	Did You Graduate?	Level of Degree
High School		Choose Highest Grade Completed 8 9 10 11 12		
Technical, Vocational or Military Training				
College or University				

PROFESSIONAL REFERENCES

List three people, not related to you, who have knowledge of your qualifications for the position(s) for which you are applying.

Name	Company	Title/Relationship	Street Address/City/State/Zip	Telephone



AUTHORIZATION TO OBTAIN PERSONAL INFORMATION:

In connection with your application for employment (including contract for services), consumer reports or investigative consumer reports, which may contain public record information, may be requested or made on you including consumer credit, criminal records, driving record, education, prior employer verification, workers compensation claims and others. These reports will include experience information along with reasons for termination of past employment. Further understand that information from various Federal, State, local and other agencies which contain your past activities will be requested. A consumer report containing injury and illness records and medical information may be obtained only after a tentative offer of employment has been made.

By signing below, you hereby authorize without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. You further authorize ongoing procurement of the above-mentioned reports at any time during your employment (or contract). You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

You have the right to make a request of any company providing these reports, upon proper identification and the payment of any legally permissible fees, for the information in its files on you at the time of your request.

You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about you to furnish any company providing these reports, with any and all background information in their possession regarding you, in order that your employment qualifications be evaluated.

Print Your Name _____

Street Address _____

City, State, Zip _____

Social Security Number _____ - _____ - _____

Driver's License # _____ State _____

CDL License Yes No Class _____

The Following Is For Identification Purposes Only To Perform The Background Check:

Other or Former Name (s) _____

Signature of Applicant

Date



AUTHORIZATION TO REQUEST MOTOR VEHICLE RECORDS:

ZURICH DIRECT UNDERWRITERS
DEALER MVR FAX NUMBER – 913-906-2535

NEW HIRE MVR REQUEST FAX FORM

Account #: 0144526-00

Company Name: Miller Dedicated Services

Company Address: 1820 Route 38

City and State: Lumberton, NJ 08048

Name of person to contact with MVR results: Terry Polis

Fax #: — 1-609-265-2512 Phone #: 1-609-265-2515

Full Legal Name as it appears on DL: _____

*Driver's License #: _____

State of Issue: _____ Job Title: _____ Date of Hire: _____

Does the employee on a regular basis drive a company vehicle? Yes No

*If newly issued DL #, please provide previous DL # and State of issue:

AUTHORIZATION FOR COMPANY TO OBTAIN A DRIVER'S LICENSE REPORT

In compliance with the Fair Credit Reporting Act, we hereby notify you that for employment purposes we may request a consumer report in connection with your application for employment or in connection with your employment. It is our normal practice to limit the consumer report to driving records available from the appropriate state departments of motor vehicles.

I voluntarily authorize Zurich, or any other company providing these reports, to obtain a consumer report for the purposes of business insurance underwriting. I acknowledge that Zurich, or any other company providing these reports, is not my employer or perspective employer and will not make any employment decision relating to me. I understand agree that I can revoke this authorization only in writing and the revocation will be effective only upon receipt.

SIGNATURE: _____ DATE: _____