

Authorization and Release

Pleasants Companies LLC

24024 Frederick Rd., Clarksburg, MD 20871 (301) 428-0800

Pleasants Companies LLC <input type="checkbox"/>	Pleasants Construction Inc <input type="checkbox"/>
Pleasants Paving <input type="checkbox"/>	Pleasants Development LLC <input type="checkbox"/>
C & D Recovery I and II LLC <input type="checkbox"/>	Environmental Alternatives Inc <input type="checkbox"/>
Ritchie Land Reclamation LLC <input type="checkbox"/>	Tolson & Associates LLC <input type="checkbox"/>

IMPORTANT: PLEASE READ & COMPLETE THIS FORM BEFORE FILLING OUT THE ATTACHED APPLICATION

HIRE DATE: _____
WAGE RATE: _____
TITLE: _____

APPROVED BY: _____

POLICY:

It is the policy of this company to conduct a thorough background investigation of all employees or prospective employee applicants. This background investigation will normally include the following: Stores Protective Association Files, Court Records, Credit Records, School/Education Records, Employment Records, and Personal/Business References.

APPLICATION INSTRUCTIONS

Completeness and accuracy is important in filling out your Employment Application. Failure to reveal prior employment or furnishing any false or misleading information will be grounds for not hiring you or for termination after hire. Frankness and honesty during your interview are equally important.

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 "consumer reports" and "investigative consumer 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 Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations, company policy and/or other government regulations.

AUTHORIZATION AND RELEASE

In connection with my being considered for employment, I give the company indicated above the right to investigate my background at any time. I authorize and request all persons, companies and organizations, including credit bureaus, schools, and law enforcement agencies, to furnish any information about me requested by this company. I release from liability any person, company, or organization furnishing such information and release this company from liability arising from any employment decision which is based in whole or in part upon such information.

Signature: _____ Date: _____
Print Name: _____ Social Security #: _____
Street Address: _____ City _____ State _____ Zip _____

Driver's License: State _____ Number _____ Class _____
Maiden Name or Other Name by Which Known: _____

Applicant Assisted by Translator/Preparer: (Name) _____
(Address, Phone Number) _____

DRIVER'S APPLICATION FOR EMPLOYMENT

Pleasants Companies LLC
24024 Frederick Rd., Clarksburg, MD 20871 (301) 428-0800

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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, veteran status, non-job related disability, or any other protected group status.

Applicant's Name (*printed*) _____ Date of Application _____ / ____ / ____

Company _____

Address _____

City _____ State _____ Zip _____

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 and after a conditional offer of employment has been extended.) I hereby release 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.

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 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.

Applicant's Signature _____ Date of Application _____

General Information				
Last Name	First Name	M.I.	Home Number	
Social Security Number	E-mail	Other Number		
Date of Birth (Requirement for Commercial Drivers) / /				
How Did You Hear About Position? Please list who or source.		Hourly Wage/Salary Desired:		
Position(s) Desired				
Position(s)		Years of Exp. You Have For Desired Position(s)		
Is there a reason you might be unable to perform the functions of the job for which you have requested [as described in the job description]? If yes, explain if desired.				
Have You Ever Been Bonded (If Applicable to Position (s) You Are Applying For)				
Have you ever been bonded?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, Please List name of Bonding Company				
Addresses For The Past Three (3) Years				
Address(Number and Street)	City	State	Zip Code	How Long?
Address(Number and Street)	City	State	Zip Code	How Long?
Address(Number and Street)	City	State	Zip Code	How Long?
Address(Number and Street)	City	State	Zip Code	How Long?
Do you have the legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No				
-Can you provide proof of age? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you worked for this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If you have worked for this company before, please list where:	Dates: From To	Position	Wage	Reason For Leaving
Are you employed now? If not, how long since leaving your last employment?				
Education & Military Experience				
Are you a high school graduate or have you completed a high school learning equivalency exam (GED)?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Put a circle on highest grade completed		8 9 10 11 12 13 14 15 16		
Last School Attended (Name and City/State)				
Have You Served in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If you have served, What Branch and Please List Enlistment/Discharge Dates				

EMPLOYMENT HISTORY

All Driver Applicants to drive in Interstate commerce must provide the following information on all employers during the preceding **(3) three 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 seven (7) years** information on those employers for whom that applicant operated such vehicle. *(Please Note: List Employers in Reverse Order Starting With The Most Recent. Attach another sheet as necessary.)*

Employer #1		Work Dates	Last Position Held
Company Name		From	
Address		M. Yr.	
City ST Zip Code		To	Reason For Leaving
Phone Number		M. Yr.	
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 & ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?		<input type="checkbox"/>	Yes <input type="checkbox"/> No
Employer #2		Work Dates	Last Position Held
Company Name		From	
Address		M. Yr.	
City ST Zip Code		To	Reason For Leaving
Phone Number		M. Yr.	
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 & ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?		<input type="checkbox"/>	Yes <input type="checkbox"/> No
Employer #3		Work Dates	Last Position Held
Company Name		From	
Address		M. Yr.	
City ST Zip Code		To	Reason For Leaving
Phone Number		M. Yr.	
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 & ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?		<input type="checkbox"/>	Yes <input type="checkbox"/> No
Employer #4		Work Dates	Last Position Held
Company Name		From	
Address		M. Yr.	
City ST Zip Code		To	Reason For Leaving
Phone Number		M. Yr.	
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 & ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?		<input type="checkbox"/>	Yes <input type="checkbox"/> No
Employer #5		Work Dates	Last Position Held
Company Name		From	
Address		M. Yr.	
City ST Zip Code		To	Reason For Leaving
Phone Number		M. Yr.	
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 & ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?		<input type="checkbox"/>	Yes <input type="checkbox"/> No

*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.

Accident Record For Last (3) Years – Most Recent First (Attach Sheet if More Space is Needed); If you had none, write NONE

Dates	Nature of Accident (Head-On, Rear-End, Upset, Etc.)	Fatalities	Injuries	Hazardous Material Spill

Traffic Convictions & Forfeitures For the Last (3) Years (Other Than Parking Violations); If you had none, write NONE

Location	Dates	Charge	Penalty

Driver Licenses or Permits Held In Last Three (3) Years

Driver Licenses	State	License Number	Driver License Class	Endorsements	Exp. Date

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 YOU ANSWERED YES TO A or B, EXPLAIN HERE AND ATTACH STATEMENT GIVING DETAILS

Driving Experience, Mark off Yes or No

Equipment	Yes	No	Circle Type of Equipment					Dates From M/Yr	Dates To M/Yr	Approx # of Miles (Total)
			Van	Tank	Flat	Dump	Refer			
Straight Truck										
Tractor – Semi Trailer										
Tractor – Two Trailers										
Tractor – Three Trailers										
Motorcoach – School Bus –8+ Passengers										
Motorcoach – School Bus –16+ Passengers										
Other										

List all the states operated in the last 5 years:

Show Special Courses/Training That Will Help You as a Driver:

Which Safe Driving Awards Do You Hold and From Whom:

Experiences & Qualification - Other

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

List any courses/training, special equipment or technical materials not shown elsewhere on this application

List any special equipment or technical materials you can work with not shown elsewhere in this application

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.

Date of Application

Applicant's Signature