

ACCENT STRIPE, INC.  
3275 N. BENZING ROAD  
ORCHARD PARK, NEW YORK 14127  
(716) 823-7704

## EMPLOYMENT APPLICATION

*For Applicants With Commercial Driver's License  
Must have a Valid Class A or Class B License with Tanker, Hazmat and  
Air Brake Endorsements*

In compliance with Federal and State equal opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job related medical condition or handicap.

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, inquires 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 Accent Stripe, Inc.

"I understand that information I provide regarding current and/or previous employment may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers
- Have errors in the information corrected by previous employers to re-send corrected information to the prospective employee; 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 \_\_\_\_\_ Date \_\_\_\_\_

Date of Application \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_  
STREET CITY STATE ZIP

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### PAST 3 YEARS:

Previous Address \_\_\_\_\_ How Long \_\_\_\_\_  
STREET CITY STATE ZIP

Previous Address \_\_\_\_\_ How Long \_\_\_\_\_  
STREET CITY STATE ZIP

Previous Address \_\_\_\_\_ How Long \_\_\_\_\_  
STREET CITY STATE ZIP

**DRIVER'S LICENSE INFORMATION FOR EMPLOYMENT APPLICATION PAGE 2 OF 6**

A Class B or Class A License is required to be considered for employment.  
 Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

License Number \_\_\_\_\_ Class \_\_\_\_\_ State \_\_\_\_\_ Expires \_\_\_\_\_

Drivers License Endorsements \_\_\_\_\_ Drivers License Restrictions \_\_\_\_\_

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Circle (Yes) (No)

B. Has any license, permit or privilege ever been suspended or revoked by any state? Circle (Yes) (No)

If yes give details \_\_\_\_\_

**TRAFFIC CONVICTIONS AND FORFEITURES (3 years)**

Do not list parking violations. IF NO convictions/forfeiture within the past 3 years **check here**

Court Location	Date of Conviction	Charge	Penalty	Points

**ACCIDENT RECORD (3 years)**

If NO accidents within the last 3 years – **check here**

Date Month/Year	Location- City, State	Nature of Accident (head-on, rear-end, chemical spill)	No. Injured	No. Fatalities

**DRIVING & EQUIPMENT OPERATION EXPERIENCE**

Type of Equipment (truck, tractors, semi- trailers)	Operation Dates		Locations of Operation	Estimated miles/hours	Safety Awards
	To	From			

Use the lines below to explain any of the above information concerning accidents or traffic convictions, license or permit denials, suspensions or revocations:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WORK HISTORY FOR EMPLOYMENT APPLICATION PAGE 3 OF 6

**PLEASE PRINT LEGIBLY** All applicants wishing to drive for Accent Stripe, Inc. must provide the following information on **all** employers during the preceding **three (3) years**. You must give the same information for all employers for whom you have driven a **commercial vehicle** seven (7) years prior to the initial three (3) years (total of **ten (10) years employment record**). (Use Additional Employment History Information Forms If Necessary)

**YOU ARE REQUIRED TO LIST THE COMPLETE MAILING ADDRESS, STREET NUMBER AND NAME, CITY, STATE, ZIP CODE AND PHONE NUMBER**

\*Any gaps in employment and/or unemployment must be explained.

\*\*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 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring Placarding

CURRENT OR LAST EMPLOYER: Name _____			
Address _____		Phone (____) _____	
Position _____	Supervisor's Name _____	From _____	To _____
Reasons For Leaving _____			
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 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			
*ACCOUNT FOR PERIOD BETWEEN JOBS – Includes dates (month/year) and reason _____			
_____			

SECOND LAST EMPLOYER: Name _____			
Address _____		Phone (____) _____	
Position _____	Supervisor's Name _____	From _____	To _____
Reasons For Leaving _____			
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 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			
*ACCOUNT FOR PERIOD BETWEEN JOBS – Includes dates (month/year) and reason _____			
_____			

WORK HISTORY FOR EMPLOYMENT APPLICATION PAGE 4 OF 6

THIRD LAST EMPLOYER: Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Position \_\_\_\_\_ Supervisor's Name \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Reasons For Leaving \_\_\_\_\_  
Were you subject to the FMCSRs\*\* while employed?  YES  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?  YES  NO  
\*ACCOUNT FOR PERIOD BETWEEN JOBS - Includes dates (month/year) and reason \_\_\_\_\_  
\_\_\_\_\_

FOURTH LAST EMPLOYER: Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Position \_\_\_\_\_ Supervisor's Name \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Reasons For Leaving \_\_\_\_\_  
~~Were you subject to the FMCSRs\*\* while employed?  YES  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?  YES  NO  
\*ACCOUNT FOR PERIOD BETWEEN JOBS - Includes dates (month/year) and reason \_\_\_\_\_  
\_\_\_\_\_

FIFTH LAST EMPLOYER: Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Position \_\_\_\_\_ Supervisor's Name \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Reasons For Leaving \_\_\_\_\_  
Were you subject to the FMCSRs\*\* while employed?  YES  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?  YES  NO  
\*ACCOUNT FOR PERIOD BETWEEN JOBS - Includes dates (month/year) and reason \_\_\_\_\_  
\_\_\_\_\_

WORK HISTORY FOR EMPLOYMENT APPLICATION PAGE 5 OF 6

SIXTH LAST EMPLOYER: Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Position \_\_\_\_\_ Supervisor's Name \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Reasons For Leaving \_\_\_\_\_  
Were you subject to the FMCSRs\*\* while employed?  YES  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?  YES  NO  
\*ACCOUNT FOR PERIOD BETWEEN JOBS – Includes dates (month/year) and reason \_\_\_\_\_  
\_\_\_\_\_

APPLICATION CONTINUED

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ U.S. Citizen - Yes / No Can you provide proof of age? – Yes / No

Referred by: \_\_\_\_\_

Does he/she work for Accent Stripe, Inc? \_\_\_\_\_ yes \_\_\_\_\_ no

Are you currently employed? \_\_\_\_\_

Have you ever worked for this company before? \_\_\_\_\_ If so, when? \_\_\_\_\_

EDUCATION

Circle the Highest Grade Completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

High School Attended: \_\_\_\_\_  
NAME CITY STATE ZIP

Last School Attended: \_\_\_\_\_  
NAME CITY STATE ZIP

EMPLOYMENT APPLICATION PAGE 6 OF 6

PHYSICAL HISTORY

YOU MUST HAVE A VALID DEPARTMENT OF TRANSPORTATION PHYSICAL IN ORDER TO WORK FOR ACCENT STRIPE, INC. YOU MUST CARRY THE DOT PHYSICAL CARD WITH YOU AT ALL TIMES WHILE DRIVING.

Are there any conditions that would pose a direct threat to PUBLIC SAFETY while operating a Commercial Motor Vehicle? Circle: (Yes) (No) If yes, give details below:

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EXPERIENCE AND QUALIFICATIONS – Other

List any special qualifications and training that you have, which may help in your work for this company (Driver Training, Hazmat Training, Forklift Training, Mechanical Ability):

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APPLICANT CERTIFICATION

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.

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Applicant's Signature

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Date

**TO BE COMPLETED BY ACCENT STRIPE, INC.**

**PROCESS RECORD**

Interviewed by \_\_\_\_\_

Interview Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant Hired \_\_\_\_\_ Not Hired \_\_\_\_\_

Date Employed \_\_\_\_\_

**TERMINATION OF EMPLOYMENT**

Date Terminated \_\_\_\_\_

Circle: Lay Off Dismissed Voluntarily Quit

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





**EMPLOYMENT VERIFICATION**

**TO: Previous Employer**

Company \_\_\_\_\_

**FROM: ACCENT STRIPE, INC.  
3275 N. BENZING ROAD  
ORCHARD PARK, N.Y. 14127**

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

**PHONE: (716) 823-7704  
FAX: (716) 826-2085**

Phone \_\_\_\_\_ ext \_\_\_\_\_ Fax \_\_\_\_\_

Contact \_\_\_\_\_

**ATTN: Personnel/Human Resource Department: The person named below has applied to this company for employment and your firm is listed by the applicant as a past employer. Please reply to this inquiry respecting this applicant in a timely manner.**

**TO BE COMPLETED BY THE PROSPECTIVE EMPLOYEE:**

I, (Print Name) \_\_\_\_\_, have made application to Accent Stripe Inc for a position as \_\_\_\_\_.

I stated that I was employed by you in the capacity of \_\_\_\_\_.  
From (date) \_\_\_\_\_ to (date) \_\_\_\_\_. Will you please verify the statements and give any opinions you may have formed as to my qualifications for this position; also my honesty, reliability, carefulness, and ability to get along with my fellow workers and supervisors. I would appreciate a reply at your earliest convenience, in order that prompt action can be taken upon my application. You are hereby authorized to give to Accent Stripe Inc any and all information regarding my services, character, and conduct while in your employ, and you and your company are hereby released from any and all liability which may result from furnishing such information. I authorize Accent Stripe Inc to make such investigations and inquiries of my personal, employment, criminal, driving, and military service records or other related matters as may be necessary in arriving at an employment decision. I hereby authorize the release of the information requested in this document concerning my Alcohol and Controlled Substance Testing records within the previous 3 years from date of this form. I hereby release employers, U.S. Military, schools, or persons from all liability in responding to inquiries in connection with my application.

\_\_\_\_\_  
*Full Name (Printed)*

\_\_\_\_\_  
*Social Security Number*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

This information is being requested in compliance with 49 CFR §40.25 and §391.23.

- Dates of employment: From \_\_\_\_\_ to \_\_\_\_\_ If rehired: From \_\_\_\_\_ to \_\_\_\_\_
- Position held \_\_\_\_\_
- Did this person have either repeated and/or major disciplinary problems? YES NO
- Did this person work well with customers and others? YES NO
- What was the reason the applicant left your employee? RESIGNATION LAID OFF DISCHARGED OTHER
- Is this person eligible for rehire? YES NO

**IF EMPLOYED AS A DRIVER – PLEASE CONTINUE WITH THE FOLLOWING QUESTIONS**

- What type of equipment did this person operate? \_\_\_\_\_
- Did this person ever have any accidents while operating your company vehicle? YES NO  
Number of Preventable: \_\_\_\_\_ Number of Non-Preventable: \_\_\_\_\_
- Was operator's license ever suspended or revoked during employment? YES NO
- Did this person have any speeding tickets or violations while operating your company vehicle? YES NO
- How was the person's overall driving ability/performance? POOR AVERAGE EXCELLENT
- Attendance? POOR AVERAGE EXCELLENT

**SAFETY PERFORMANCE HISTORY RECORDS REQUEST FOR \_\_\_\_\_**

If there is no safety performance history to report, check here .

**ACCIDENTS:** Complete the following for any accidents included on 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 accident register data for this driver.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DRUG AND ALCOHOL HISTORY**

The following questions are in compliance with Section 382.405(l) and (h) and Section 382.413(a) (b) (c) (e) (f) of the FMCSR which provides that these records shall be made available to a subsequent employer.

If driver was not subject to Department of Transportation testing requirements, please check here  , complete bottom of this section, sign, and return.

Driver was subject to Department of Transportation testing requirements from \_\_\_\_\_ to \_\_\_\_\_.

In answering these question, include any required DOT drug or alcohol testing information obtained from previous employers in the 2 years prior to the application date shown on page 1.

In the past two (2) years while employed by your company, has this person ever:

1. Had a breath alcohol test with a concentration result of 0.04 or greater?      YES      NO

Date \_\_\_\_\_ Comments \_\_\_\_\_

2. Tested positive for a controlled substance?      YES      NO

Date \_\_\_\_\_ Comments \_\_\_\_\_

3. Refused a drug or alcohol test?      YES      NO

Date \_\_\_\_\_ Comments \_\_\_\_\_

4. Has this person committed other violations of 49 CFR Subpart B of §382, or §40?      YES      NO

5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests?      YES      NO  
If yes, please provide documentation.

6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test of 0.04 or greater, a verified positive drug test, or refuse to be tested?      YES      NO

This form was completed by: \_\_\_\_\_  
*Please Print*

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

In compliance with 49 CFR §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as Fax, e-mail, or letter.

Confidential Address: ACCENT STRIPE, INC.  
Attn: Amelia Florea  
3275 N. Benzing Road  
Orchard Park, NY 14127  
Confidential Fax: (716) 826-2085  
Confidential E-mail: [amelia@accentstripe.com](mailto:amelia@accentstripe.com)

**EMPLOYMENT VERIFICATION**

**TO: Previous Employer**

Company \_\_\_\_\_

**FROM: ACCENT STRIPE, INC.  
3275 N. BENZING ROAD  
ORCHARD PARK, N.Y. 14127**

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

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FAX: (716) 826-2085**

Phone \_\_\_\_\_ ext \_\_\_\_\_ Fax \_\_\_\_\_

Contact \_\_\_\_\_

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I stated that I was employed by you in the capacity of \_\_\_\_\_.  
From (date) \_\_\_\_\_ to (date) \_\_\_\_\_. Will you please verify the statements and give any opinions you may have formed as to my qualifications for this position; also my honesty, reliability, carefulness, and ability to get along with my fellow workers and supervisors. I would appreciate a reply at your earliest convenience, in order that prompt action can be taken upon my application. You are hereby authorized to give to Accent Stripe Inc any and all information regarding my services, character, and conduct while in your employ, and you and your company are hereby released from any and all liability which may result from furnishing such information. I authorize Accent Stripe Inc to make such investigations and inquiries of my personal, employment, criminal, driving, and military service records or other related matters as may be necessary in arriving at an employment decision. I hereby authorize the release of the information requested in this document concerning my Alcohol and Controlled Substance Testing records within the previous 3 years from date of this form. I hereby release employers, U.S. Military, schools, or persons from all liability in responding to inquiries in connection with my application.

\_\_\_\_\_  
*Full Name (Printed)*

\_\_\_\_\_  
*Social Security Number*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

This information is being requested in compliance with 49 CFR §40.25 and §391.23.

- 1. Dates of employment: From \_\_\_\_\_ to \_\_\_\_\_ If rehired: From \_\_\_\_\_ to \_\_\_\_\_
- 2. Position held \_\_\_\_\_
- 3. Did this person have either repeated and/or major disciplinary problems? YES NO
- 4. Did this person work well with customers and others? YES NO
- 5. What was the reason the applicant left your employee? RESIGNATION LAID OFF DISCHARGED OTHER
- 6. Is this person eligible for rehire? YES NO

**IF EMPLOYED AS A DRIVER – PLEASE CONTINUE WITH THE FOLLOWING QUESTIONS**

- 1. What type of equipment did this person operate? \_\_\_\_\_
- 2. Did this person ever have any accidents while operating your company vehicle? YES NO  
Number of Preventable: \_\_\_\_\_ Number of Non-Preventable: \_\_\_\_\_
- 3. Was operator's license ever suspended or revoked during employment? YES NO
- 4. Did this person have any speeding tickets or violations while operating your company vehicle? YES NO
- 5. How was the person's overall driving ability/performance? POOR AVERAGE EXCELLENT
- 6. Attendance? POOR AVERAGE EXCELLENT

**SAFETY PERFORMANCE HISTORY RECORDS REQUEST FOR \_\_\_\_\_**

If there is no safety performance history to report, check here .

**ACCIDENTS:** Complete the following for any accidents included on 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 accident register data for this driver.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

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\_\_\_\_\_

\_\_\_\_\_

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**DRUG AND ALCOHOL HISTORY**

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If driver was not subject to Department of Transportation testing requirements, please check here  , complete bottom of this section, sign, and return.

Driver was subject to Department of Transportation testing requirements from \_\_\_\_\_ to \_\_\_\_\_.

In answering these question, include any required DOT drug or alcohol testing information obtained from previous employers in the 2 years prior to the application date shown on page 1.

In the past two (2) years while employed by your company, has this person ever:

1. Had a breath alcohol test with a concentration result of 0.04 or greater?      YES      NO

Date \_\_\_\_\_ Comments \_\_\_\_\_

2. Tested positive for a controlled substance?      YES      NO

Date \_\_\_\_\_ Comments \_\_\_\_\_

3. Refused a drug or alcohol test?      YES      NO

Date \_\_\_\_\_ Comments \_\_\_\_\_

4. Has this person committed other violations of 49 CFR Subpart B of §382, or §40?      YES      NO

5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests?      YES      NO  
If yes, please provide documentation.

6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test of 0.04 or greater, a verified positive drug test, or refuse to be tested?      YES      NO

This form was completed by: \_\_\_\_\_  
*Please Print*

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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\_\_\_\_\_

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Date \_\_\_\_\_ Comments \_\_\_\_\_

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This form was completed by: \_\_\_\_\_  
*Please Print*

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In compliance with 49 CFR §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as Fax, e-mail, or letter.

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