

Employment Application

2124 Priest Bridge Dr. • Suite 18 • Crofton • Maryland • 21114

A person with a disability or handicap requiring accommodation to complete this application and/or the interview process should notify Patuxent Companies Human Resources as soon as possible. Patuxent Companies, LLC is an Equal Opportunity Employer. It is the policy of Patuxent Companies, LLC to afford equal employment opportunity regardless of race, color, religion, age, marital status, national origin, sex, disability, sexual orientation, genetic information, or veteran status.

Reference to "the Patuxent Companies" shall include the following: Patuxent Materials, Inc., Patuxent Roll Off, LLC, and Sykesville Transport, LLC.

Today's Date:				
Name:				
(Last / First / Middle)				
Address:				
	(No. Str	eet / City / State / Zip)		
Telephone: ()	Em	ail Address:		
Type of Work Desired		Wage/Salary D	esired	
How Were You Referred T	o Our Organization?			
Are you 18 years of age of	r older?Yes No			
If hired, can you provide w	ritten evidence that you are a	uthorized to work in the U.	S.? YesNo	
Do You Have Any Relative	es Who Are Employed By Thi	s Organization?YesI	No	
If yes, please explain:				
Is there any information we record?Yes No	e would need about your nam	ne, or use of another name	, for us to be able t	o check your work
If yes, please explain:				
If applying for a position th	at requires driving, do you ha	ive an appropriate valid dri	ver's license?Ye	es No
EDUCATION				
	Name/Location	Course of Study	# Years Completed	Degree/ Diploma
Elementary & Jr. High			·	•
High School				
College				
Technical or Other				
		I		

EMPLOYMENT HISTORY

* All driver applicants to drive a commercial vehicle having a GVWR of 26,001 lbs. or more in intrastate or having to drive a commercial vehicle having a GVWR of 10,001 lbs. Or more in interstate commerce must provide the following information on employers during the proceeding **ten (10) years** for which you operated such a vehicle. This includes a commercial motor vehicle designed to transport fifteen (15) or more passengers, or any size vehicle used to transport materials in a quantity requiring placarding. Start with the most recent employer.

Company Name	Street Address
City & State	Phone Number
Dates of Employment	Position
Wage/Salary	Reason for Leaving
Company Name	Street Address
City & State	Phone Number
Dates of Employment	Position
Wage/Salary	Reason for Leaving
Company Name	Street Address
City & State	Phone Number
Dates of Employment	Position
Wage/Salary	Reason for Leaving
Company Name	Street Address
City & State	Phone Number
Dates of Employment	Position
Wage/Salary	Reason for Leaving
Have you ever been denied a license, permit or privilege to o	operate a motor vehicle?Yes No
Has any license, permit or privilege ever been suspended or	revoked?Yes No
If Yes, please explain:	
Which safe driving awards do you hold and from whom?	

U.S. MILITARY SERVICE

Branch of Service ______ to _____

Rank and Type of Service

Training/Experience Received

Please list any additional information that relates to your ability to perform the job for which you have applied such as licenses, professional memberships, hobbies, etc.

DRIVER EXPERIENCE AND QUALIFICATION SECTION (Drivers Only)

Driver Licenses (in	clude all states for which you held a lice	nse in the past 5 years)	
<u>State</u>	License Number	<u>Type/Class</u>	Expiration Date

Accident Record for the past three (3) years (attach a separate sheet if needed			
Accident Date	Nature of Accident Injuries Fatalities		

Traffic Convictions and forfeitures of bond or collateral for the past three (3) years			
Date	Location	Charge	<u>Penalty</u>

Driving Experience

Class of Equipment	Type of Equipment	Dates From/To	Approx. Number of Miles
Straight Truck			
Tractor of Semi Trailer			
Tractor-Two Trailers			
<u>Other</u>			

Employment References: provide names of three persons who have supervised your work for more than one year

Name	Company & Location	Years known	Business Relationship	Phone Number	Email Address

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

□ You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

□ You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer-reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

a person has taken adverse action against you because of information in your credit report;

- you are the victim of identity theft and place a fraud alert in your file;
- your file contains inaccurate information as a result of fraud;
- you are on public assistance;
- you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

* You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

* You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer-reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.

* Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

* **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

* Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

* You must give your consent for reports to be provided to employers. A consumer-reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.

* You may limit "prescreened" offers of credit and insurance you get based on information in your credit report. Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).

* You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

* Identity theft victims and active duty military personnel have additional rights. For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more right under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS	CONTACT
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mai Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Consumer Help (FRCH) P O Box 1200 Minneapolis, MN 55480 Telephone: 888-851-1920 Website Address: www.federalreserveconsumerhelp.gov
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

EQUAL EMPLOYMENT OPPORTUNITY (EEO) SELF-IDENTIFICATION FORM

Qualified applicants are considered for employment without regard to race, religion, sex, national origin, age, marital status, sexual orientation, veteran status, disability or other protected characteristic.

The Patuxent Companies is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the Patuxent Companies invites employees to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

This detachable form will be kept in a confidential file separate from your application for employment.

Date Applied:Position Applied For:
Name (Last, First, MI):
Address (Street, City, State, Zip Code:
Gender Identification (check one):
Race/Ethnic Identification (check one):
Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
If you did not check "Hispanic or Latino" above, please select one of the following race/ethnic identifications.
White (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
Black or African American (Not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.
Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.
Asian (Not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
American Indian or Alaska Native (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.
Two or More Races (Not Hispanic or Latino) - All persons who identify with more than one of the above five races.
Decline self-identification.
Applicant's Signature Date



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I understand that the Patuxent Companies may utilize the services of STERLING TESTING SYSTEMS, INC., 249 West 17th Street, New York, NY 10011, as part of the procedure for processing my application for employment. I also understand that if my application for employment is granted, the Patuxent Companies may obtain further information through subsequent investigations by STERLING TESTING SYSTEMS, INC so as to update, renew or extend my employment, to the extent permitted by law.

I understand a consumer reporting agency's investigation may include obtaining information covering up to the last seven (7) years regarding, among other items, my credit background, references, character, driving record, past employment, work habits, education, general reputation, personal characteristics, mode of living, judgment and liens, subject to state and federal law. The investigation also may include obtaining information relating to criminal records without any time limitations, subject to state law and federal law.

In the event an investigative consumer report is conducted, I understand such information may be obtained by personal interviews with my acquaintances or associates or with others whom I am acquainted or who may have knowledge concerning my character, general reputation, personal characteristics or standard of living. I understand such information may also be obtained through direct or indirect contact with former employers, schools, financial institutions, landlords and public agencies or other persons who may have such knowledge. Pursuant to the requirements of the 49 CFR § 382.701 regulation I understand that I must give specific consent when required for the company to conduct a full query through the Federal Motor Carrier Safety Administration Clearinghouse System. Additionally, I hereby give consent for Patuxent Companies to conduct multiple limited queries utilizing the FMCSA Clearinghouse System during the entire duration of my employment to determine whether drug or alcohol violation information about me exist within the FMCSA Clearinghouse database. Per regulation the company will be prohibited from employing any person who denies, fails or refuses to give this consent.

I understand that I have the right to receive notice about the nature and scope of any investigative consumer report requested within five days after the Company receives my request or five days after the investigative consumer report was requested, whichever is later.

By checking the box, I indicate that I wish to receive further disclosure about the nature and scope of any Company request for an investigative consumer report.

I acknowledge that I have received the attached summary of my rights under the Fair Credit Reporting Act.

I also understand that before I am denied employment based, in whole or part, on information obtained in the consumer report and/or investigative consumer report, I will be provided a copy of the report and a description in writing of my rights under the Fair Credit Reporting Act. I understand if I disagree with the accuracy of any information in the report, I must notify the Patuxent Companies within five business days of my receipt of the report. If I notify the Patuxent Companies within five business days of the receipt of the report that I am challenging information in the report, the Patuxent Companies will not make a final decision as to my employment status until after I have had a reasonable opportunity to address the information contained in the report.

I hereby consent to this investigation and authorize the Patuxent Companies to procure an investigative consumer report on my background as stated above from STERLING TESTING SYSTEMS, INC. In order to verify my identity for purposes of the background investigation I am voluntarily releasing my date of birth, social security and the other information below for my own benefit and fully understand that all employment decisions are based on legitimate non-discriminatory reasons.

Additionally, I hereby consent to the release of a certified or non-certified copy of my motor vehicle driving record through a statewide eGovernment services program known as NICUSA, a division responsible for electronic distribution of vehicle record information obtained from the Motor Vehicle Administration.

Last Name	First Name		Social Security Number	Date of Birth
Other Names Used				
Current Street Address		Current City	Current State	Current Zip Code
Previous Street Address		Previous City	Previous State	Previous Zip Code
Driver's License Number	Driver's Licen	se State		
Signature			Date	

Driver Applicant Supplemental Information (For Drivers and Other Applicants Seeking Safety Sensitive Positions)
Notice to Applicant: In accordance with 49 CFR part 391.21(b)(10) of the Federal Motor Carrier Safety Regulations (FMCSR's), the information that you have provided in this Employment Application may be used and your previou employers <u>will</u> be contacted for the purpose of investigating your safety performance history as required by §391.23(d) and §391.23(e) of the FMCSR's, along with the 49 CFR §382.701 regulation utilizing the FMCSA/DOT Clearinghouse System database.
CFR Part 40.25(j): As the employer, you must also ask the applicant/employee whether he or she has tested positive or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past three years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process.
The prospective employee is required by Sec. 40.25(j) to respond to the following questions:
 Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohot testing rules during the past two years? Check one:YesNo
 If you answered "Yes" to question #1, can you provide proof that you have successfully completed the DOT return-to-duty requirements: Check one: Yes No
By my signature here, I acknowledge that I have been given a statement of my right to due process as outlined b all parts of 49 CFR Part 391.23 and 382.701 of the Federal Motor Carrier Safety Regulations.
Applicant's Signature: Date:
Applicant's Name (printed):

APPLICANT'S STATEMENT

I certify that all of the information furnished on this Application and any accompanying resume is true, complete and accurate. I acknowledge and agree that any falsification, misrepresentation or omission of fact, either on this Application, my resume, or during the pre-hire process will be reason for (1) my not being offered employment or (2) dismissal at any time from the service of the Patuxent Companies, if employed. I acknowledge and agree that nothing contained in this application or in the interview process is intended to create an employment contract between the Patuxent companies and myself. I acknowledge and agree that any offer of employment that I may receive is contingent upon my successful completion of the Patuxent Companies' pre-employment screening process.

I acknowledge and agree that my employment and compensation is for no definite period and may, regardless of the time and manner of payment of my wages and salary, be terminated at any time by me or the Patuxent Companies with or without cause, for any reason or no reason, and without previous notice. I also acknowledge and agree that the Patuxent Companies has the right to unilaterally modify and/or terminate any policies, practices, procedures and standards it has adopted or implemented, to the extent not limited by law. I acknowledge and agree that no employee or representative of the Patuxent Companies, other than its President or his/her designated representative, has either the power or authority to enter into any agreement for employment for any specified period of time, or to make any representation of agreements contrary to any of the foregoing, unless that agreement is in writing and signed by the President of the Patuxent Companies. I acknowledge and agree that the foregoing expressly supersedes any prior representations, promises, contracts or statements made by or on behalf of the Patuxent Companies.

I acknowledge and agree that I must notify the Patuxent Companies within thirty (30) days of motor vehicle violations relating to motor vehicle traffic control (other than a parking violation) that may result in my conviction. I must also notify the Patuxent Companies within the same business day if my driver's license has been suspended, revoked or canceled.

The Immigration Reform and Control Act of 1986 states that employers must require all persons hired to submit documents to the employer showing their identity and their right to be lawfully employed in the United States. It also requires the employee to complete and sign a form to this effect. I acknowledge and agree that if I am hired by the Patuxent Companies, I will be required to furnish documents for inspection to verify my identity and eligibility to legally work in the United States. I understand that these documents must be provided to the Patuxent Companies within three (3) days of the commencement of my employment.

I acknowledge and agree that past employers, educational institutions and the military may be contacted to verify information contained in this application or for a reference and I authorize any such organization to provide the requested information. I further release and forever discharge the Patuxent Companies, its agents, its employees and the individuals, companies and health care providers contacted by the Patuxent Companies as part of its inquiries and investigations, from any and all claims, demands, damages, actions, causes of actions, suits of any kind or nature whatsoever arising from the Patuxent Companies' inquiries and investigation of my credentials and information in connection with my application.

I acknowledge and agree that screening tests for alcohol and illegal drugs may be required as part of the pre-employment screening process as well as during my employment with the Patuxent Companies. I also understand that medical certifications may also be required of applicants and during my employment with the Patuxent Companies.

I acknowledge and agree that it is the Patuxent Companies' policy not to refuse to hire a qualified individual with a disability because of the person's need for a reasonable accommodation that would be required by the Americans with Disabilities Act.

UNDER MARYLAND LAW. AN EMPLOYER MAY NOT REQUIRE OR DEMAND. AS A CONDITION OF EMPLOYMENT. PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100.

I understand that this entire statement applies to the period prior to or after I may be employed.

Your Signature: _____ Date: _____