

Liberty Roll-Offs & Recycling, LLC

TSI

AT-WILL EMPLOYMENT APPLICATION

700 Gloucester Street
Brunswick, GA 31520
(912) 265-8500

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, marital or veteran status, disability, or any other legally protected status. We will give this application every consideration. However, in accepting it, the Company makes no commitment of employment to the applicant. This application applies to a specific position only. It will remain active for 30 days.

WE ARE AN AT-WILL EMPLOYER, MEANING THAT EITHER THE EMPLOYER OR THE EMPLOYEE MAY END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON.

BASIC INFORMATION: Please print in ink

| | | | | | |
|--|-----------------------------------|----------------------------------|-----------------------|------------------------|----------|
| Position Applied For: | | | Date of Application: | | |
| How Did You Learn About Us? | | | | | |
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Friend | <input type="checkbox"/> Walk-In | | | |
| <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Relative | <input type="checkbox"/> Other | | | |
| Last Name | | First | Middle | Social Security Number | |
| Address | | City | | State | Zip Code |
| Home Phone Number | | | Day Time Phone Number | | |

JOB REQUIREMENTS

| | | | |
|---|--|--|---------------------------------------|
| Salary Requirements: \$ | | Date Available: | |
| If you are less than 18 years of age, can you provide required proof of your eligibility to work? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Have you ever filed an application with us before? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, give date: |
| Have you ever been employed with us before? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, give date: |
| Are you currently employed? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | May we contact your present employer? |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment.) <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Shift Work <input type="checkbox"/> Temporary | | | |
| Are you currently on "layoff" status and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Can you travel if a job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Do you have transportation to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Have you been convicted of or pled guilty to a crime within the last 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If yes, please explain: _____ | | | |
| **** Answer the following questions if driving a vehicle (company or own) is part of the job **** | | | |
| Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Driver's License Number: | | State: | |
| Have you been convicted of any traffic related offense within the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Have you ever had your driver's license suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

*** WE ARE AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER***

| EDUCATION | | | | |
|-----------------------|----------------------------|-----------------|---------------------------|----------------|
| | Name and Address of School | Course of Study | Number of Years Completed | Diploma Degree |
| High School | | | | |
| Undergraduate College | | | | |
| Graduate College | | | | |
| Other (Specify) | | | | |

| Indicate any foreign language you speak, read, and/or write | | | |
|---|--------|------|------|
| | FLUENT | GOOD | FAIR |
| SPEAK | | | |
| READ | | | |
| WRITE | | | |

| List any training, apprenticeships, and skills that would qualify you for a position with our Company |
|---|
| |
| |
| |
| |
| |

| List special accomplishments, community activities, civic organizations or professional societies, which relate to the position for which you have applied. |
|---|
| |
| |
| |
| |
| |

| REFERENCES (Not former supervisors or relatives) | | |
|---|---------|--------------|
| Name | Address | Phone Number |
| | | |
| | | |
| | | |

| List any additional information you would like us to consider. |
|--|
| |
| |
| |
| |
| |

EMPLOYMENT HISTORY

Start with present or most recent job

| | | | | | | |
|----------------|------|----|-----------------|---------------------|------------|--|
| Company | | | Address | | Telephone | |
| Dates Employed | From | To | Starting Salary | Final Salary | Supervisor | |
| Your Duties: | | | | Reason for Leaving: | | |

| | | | | | | |
|----------------|------|----|-----------------|---------------------|------------|--|
| Company | | | Address | | Telephone | |
| Dates Employed | From | To | Starting Salary | Final Salary | Supervisor | |
| Your Duties: | | | | Reason for Leaving: | | |

| | | | | | | |
|---------------|------|----|-----------------|---------------------|------------|--|
| Company | | | Address | | Telephone | |
| Date Employed | From | To | Starting Salary | Final Salary | Supervisor | |
| Your Duties: | | | | Reason for Leaving: | | |

| | | | | | | |
|---------------|------|----|-----------------|---------------------|------------|--|
| Company | | | Address | | Telephone | |
| Date Employed | From | To | Starting Salary | Final Salary | Supervisor | |
| Your Duties: | | | | Reason for Leaving: | | |

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize the Company the right to investigate all references and to secure additional information about me if job related. I hereby release from liability the Company and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information. This inquiry, if made, may include information as to my character, general reputation, personal characteristics, and mode of living.

I understand and agree that the Company may require that I consent to a credit, motor vehicle, and/or criminal history report as a condition for employment. If an adverse employment decision is made due totally or partially to the information on a report, the Company will give me a copy of the report and the source of the report so that I may contact them if I wish.

I voluntarily agree to submit to a drug test as part of my application for employment if requested to do so.

I understand that as a part of the Company's process for consideration of employment, I may be required to take a personality profile, aptitude/skills assessment or other forms of general assessment tests to determine my suitability for the position which I am applying.

I understand and can physically perform the essential functions of the position for which I have applied.

This application applies to a specific position only. If I have not heard from the Company and still wish to be considered for employment after 30 days, it will be necessary to fill out a new application.

I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT, IF HIRED, MY EMPLOYMENT RELATIONSHIP WITH THIS COMPANY WOULD BE OF AN "AT WILL" NATURE, WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME AND THE EMPLOYER MAY DISCHARGE EMPLOYEE AT ANY TIME AND FOR ANY OR NO REASON. IT IS FURTHER UNDERSTOOD THAT THIS "AT WILL" EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT OR BY CONDUCT UNLESS SUCH CHANGE IS SPECIFICALLY ACKNOWLEDGED IN WRITING BY AN AUTHORIZED EXECUTIVE OF THIS COMPANY.

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.

Signature of Applicant

Date

Liberty Roll-Offs & Recycling, LLC
5032 Habersham St., Brunswick GA 31520
PH (912) 265-8500
FAX (912) 265-8501

APPLICATION COVER LETTER FOR CDL DRIVER

Thank you for your interest in becoming a CDL driver for Liberty Construction/ Liberty Rentals/ Unique Building Supplies. Our employees are engaged in hauling various types of materials and equipment for our customers. In order to maintain our excellent performance and safety records, we hire only professional tractor-trailer drivers. They must not only meet all Federal requirements but our company requirements as well. We wish to process your application as quickly as possible. To do this, it is very important that you complete all forms enclosed. Read the questions carefully and answer them completely and accurately.

IMPORTANT: PLEASE ATTACH A COPY OF YOUR:

- CDL LICENSE
- SOCIAL SECURITY CARD
- CURRENT MEDICAL CARD
- TRAINING CERTIFICATES, AWARDS, ETC., IF ANY AVAILABLE

SECTION 391.11 General qualifications of drivers.

- Must be at least 21 years old;
- Can read and speak the English language sufficiently to converse with the general public, to understand highway traffic signs and signals in the English language, to respond to official inquiries, and to make entries on reports and records;
- Can, by reason of experience, training, or both, safely operate the type of commercial motor vehicle he/she drives;
- Is physically qualified to drive a commercial motor vehicle in accordance with subpart E -- Physical Qualifications and Examinations
- Has a currently valid commercial motor vehicle operator's license issued only by one State or jurisdiction;
- Has prepared and furnished the motor carrier that employs him/her with the list of violations or the certificate as required by SEC 391.27;
- Is not disqualified to drive a commercial motor vehicle under the rules in SEC 391.15;
- Has successfully completed a driver's road test and has been issued a certificate of driver's road test in accordance with SEC 391.31, or has presented an operator's license or a certificate of road test which the motor carrier that employs him/her has accepted as equivalent to a road test in accordance with SEC 391.33.

Remember that your signature must appear on the application to make it valid. Again, we thank you for your interest in becoming a driver for Liberty Construction/ Liberty Rentals/ Unique Building Supplies, and look forward to receiving and reviewing your application.

TSI FORM # DOT 010

Teamwork Services, Inc. – Administrative Agent for Liberty Roll-Offs & Recycling, LLC
700 Gloucester Street, Suite 101, Brunswick GA 31520

Liberty Roll-Offs & Recycling, LLC
5032 Habersham St., Brunswick GA 31520
PH (912) 265-8500
FAX (912) 265-8500

**APPLICATION REQUIREMENTS &
DRIVER LICENCE CERTIFICATION OF COMPLIANCE**

**MINIMUM REQUIREMENTS FOR CDL DRIVER
NOTICE TO DRIVER**

1. No driver may have more than one license, and no motor carrier may use a driver having more than one license.
2. A driver convicted of a traffic violation (other than parking) must notify the motor carrier and the state which issued the license to that driver of such a conviction. Notification must be made within 30 days of conviction.
3. Any person applying for a job as a commercial motor vehicle driver must inform the prospective employer of all previous employment as the driver of a commercial motor vehicle for the past 10 years. This is in addition to any other required information about the applicant's employment history.
4. **49 CFR - 383.33 Notification of driver's license suspensions.** Each employee who has a driver's license suspended, revoked, or canceled by a State or jurisdiction, who loses the right to operate a commercial motor vehicle in a State or jurisdiction for any period, or who is disqualified from operating a commercial motor vehicle for any period, shall notify his/her current employer of such suspension, revocation, cancellation, lost privilege, or disqualification. **The notification must be made before the end of the business day following the day the employee received notice of the suspension, revocation, cancellation, lost privilege, or disqualification.**

LICENSE CERTIFICATION BY DRIVER

I hereby certify that I have read and understand the driver provision of the Commercial Motor Vehicle Safety Act.

Drivers Name: _____ S.S. # _____ - _____ - _____
(please print)

Drivers Address: _____ City: _____ St: _____ Zip: _____

License: State: _____ Type/Class: _____ I.D. No. _____ - _____ - _____

I further certify that the above commercial vehicle license is the only one held or that I have surrendered the following license(s) to the states indicated.

License: State: _____ Type/Class: _____ I.D. No. _____ - _____ - _____

License: State: _____ Type/Class: _____ I.D. No. _____ - _____ - _____

Drivers Signature: _____ Date: _____
(signature)

TSI FORM # DOT 011

Teamwork Services, Inc.-Administrative Agent for Liberty Roll-Offs & Recycling, LLC
700 Gloucester Street, Suite 101, Brunswick GA 31520

CDL Drivers Only

Liberty Roll-Offs & Recycling, LLC
700 Gloucester Street, Brunswick GA 31520
PH (912)265-8500 Fax (912)265-8501

(Answer all questions completely- Please print)

Date of Birth: _____
(Required for Commercial Drivers.)

Can you provide proof of age? _____

EXPERIENCE AND QUALIFICATIONS

| DRIVER LICENSE | STATE | LICENSE NO. | TYPE | EXPIRATION DATE |
|-------------------|-------|-------------|------|-----------------|
| | | | | |
| | | | | |

DRIVING EXPERIENCE

| CLASS OF EQUIPMENT | TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.) | DATES FROM | DATES TO | APPROXIMATE NUMBER OF MILES |
|------------------------|---|---------------|----------|--------------------------------|
| STRAIGHT TRUCK | | | | |
| TRACTOR & SEMI-TRAILER | | | | |
| TRACTOR-TWO TRAILERS | | | | |
| OTHER | | | | |

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

| DATES | NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.) | FATALITIES | INJURIES |
|---------------|--|------------|----------|
| LAST ACCIDENT | | | |
| NEXT PREVIOUS | | | |
| NEXT PREVIOUS | | | |

TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

| LOCATION | DATE | CHARGE | PENALTY |
|----------|------|--------|---------|
| | | | |
| | | | |
| | | | |

- 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, attach a statement giving details.

List special courses or training you have attended or taken that will help you as a driver: _____

List any safe driving awards that you hold and from whom: _____

TSI FORM # DOT 012

Teamwork Services, Inc.-Administrative Agent for Liberty Roll-Offs & Recycling, LLC
700 Gloucester Street, Suite 101, Brunswick GA 31520

Liberty Roll-Offs & Recycling, LLC

700 Gloucester Street, Brunswick, GA 31520

PH (912) 265-8500

FAX (912) 265-8501

PRIOR EMPLOYER INFORMATION LIABILITY RELEASE

(Former employer)

(Date)

I hereby authorize you to release all information regarding my services, character, and conduct while in your employ, and you are released from any and all liability, which may result from furnishing such information.

(Applicant Please Print Name)

(Date)

(Applicant's Signature)

(Witness's Signature)

ATTENTION PREVIOUS EMPLOYER:

Please Retain Copy For Your Records

FROM: PROSPECTIVE EMPLOYER

Liberty Roll-Offs & Recycling, LLC /Unique Building Supplies

700 Gloucester Street

Suite 101

Brunswick, GA 31520

(877) 736-8326

TSI FORM # DOT 013

Teamwork Services, Inc.-Administrative Agent for Liberty Roll-Offs & Recycling, LLC
700 Gloucester Street, Suite 101, Brunswick GA 31520

Liberty Roll-Offs & Recycling, LLC
700 Gloucester Street, Brunswick, GA 31520
PH (912) 265-8500
FAX (912) 265-8501

ANNUAL DOT DRIVER QUALIFICATION CERTIFICATION REVIEW

Drivers Certification of Single State Driver License Only

Annual Review of the Driving record for :

I _____ have only one C.D.L. driver's license in my possession from the State of _____. I have no other driver license from _____ or from any other State.

Drivers Signature

License #

Date

Drivers Certification Of Violations/Accidents

I _____ certify that the following is true and complete list of traffic violations (other than parking tickets) and vehicle accidents (involved in while driving commercial or personal vehicles) for which **I have been** convicted or forfeited bond or collateral during the past 12 months.

| Date Of Conviction | Offense (violation) | Location | Type Vehicle | Accident Yes/No |
|-----------------------|------------------------|----------|-----------------|--------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

I _____ certify that **I have not been** involved in a traffic violation or any vehicle accident (involved in while driving commercial or personal vehicles) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Drivers Signature

Date

Drivers Certification of No D.U.I.

I _____ certify that I have not been charged with a D.U.I., for which I have been convicted, nor forfeited bond or collateral during the past 12 months.

Drivers Signature

Date

TSI FORM # DOT 014

Teamwork Services, Inc.-Administrative Agent for Liberty Roll-Offs & Recycling, LLC
700 Gloucester Street, Suite 101, Brunswick GA 31520

Teamwork Services Inc.
700 Gloucester
Brunswick, Ga. 31520
Ph. (912) 265-8500 Fax (912) 265-8501

Request for Motor Vehicle Report (MVR)

REQUESTOR/EMPLOYER:
Teamwork Services Inc.
700 Gloucester Street
Brunswick, Ga. 31520

CHECK TYPE SERVICE REQUESTED
() Record Covering Past 3 Yrs.
() Record Covering Past 7 Yrs.

**REPORT FOR:
(OFFICE USE ONLY)**

Print Name: _____
(LAST) (FIRST) (MIDDLE) (MAIDEN)

Date of Birth: ____ / ____ / ____

Drivers License No. _____ State Issued: _____

Address: _____ City: _____ State: _____ Zip: _____

REASON FOR REQUEST: Credit ____ Employment ____ Other ____

EMPLOYEE TO COMPLETE THIS SECTION

In accordance with requirements for operation of a company vehicle, or for employment purposes, I _____ hereby authorize Teamwork Services Inc.,
(PRINT NAME)

to procure a copy of my drivers' license history; Motor Vehicle Report (MVR). I hereby release Teamwork Services Inc., and all persons and organizations providing information from all claims and liabilities of any nature in connection with this research. I hereby further authorize that a photocopy of this authorization may be considered as valid as the original. This authorization shall remain in effect over the course of my employment (except in Arkansas where it shall remain in effect for 5 years.) Reports may be ordered periodically during the course of my employment.

Licensee/Employee _____ Date: ____ / ____ / ____
(SIGNATURE; MUST BE NOTARIZED IN ALL STATES EXCEPT GA)

NOTARY: _____
(SIGNATURE & SEAL)

OFFICE USE ONLY

REQUESTOR: _____ Date: ____ / ____ / ____
(Teamwork Services Inc. representative signature)
Requestor Signature