

Required Documents for DSPS CDL Applicants

1. Copy of Current Drivers License
2. Copy of Current Motor Vehicle Report
3. Copy of Current Medical Certificate Card
4. Complete DSPS Application

Driver Application

COMPANY NAME: DS Pipe & Steel Supply, LLC

LOCATION: Region/District/Branch:

COMPANY ADDRESS: 1301 Wicomico Street, Baltimore, MD 21230

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquires 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 current/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."

Signature:

Date:

Name:

SSN:

Phone Number:

Date of Birth:

Hire Date:

Last THREE years of residency required:

Address:

Number of Years:

Address:

Number of Years:

Address:

Number of Years:

Employment History

(Use Additional Employment History Information form if necessary)

All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three years. You must give the same information for all employers for whom you have driven a commercial vehicle seven years prior to the initial three years (total of ten year employment record).

You are required to list the complete mailing address: street, city, state and zip code.

Current or Last Employer:

Name: _____ Phone Number: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Position Held: _____ From: _____ To: _____
Reason 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 - Include dates (month/year) and reason:

Second Last Employer:

Name: _____ Phone Number: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Position Held: _____ From: _____ To: _____
Reason 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 - Include dates (month/year) and reason:

Current or Last Employer:

Name: _____ Phone Number: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Position Held: _____ From: _____ To: _____
Reason 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 - Include dates (month/year) and reason:

*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.

Experience and Qualification

Driving Experience

If no driving experience in the last 3 years - check here

Class of Equipment	Type of Equipment (circle all that apply)	Dates		OR	Approximate Number of Miles
		From	To		
Straight Truck	Van, Reefer, Tank, Flat				
Tractor & Semi-Trailer	Van, Reefer, Tank, Flat				
Tractor — Two Trailers	Van, Reefer, Tank, Flat				
Tractor — Three Trailers (greater than 8 passengers)	Van, Reefer, Tank, Flat				
Motorcoach- School Bus (greater than 8 passengers)	N/A				
Motorcoach- School Bus (greater than 15 passengers)	N/A				
Other _____	Van, Reefer, Tank, Flat				

Accident History (3 Years)

If no accidents within the last 3 years — check here

Date (month/year)	Nature of Accident (head on, rear-end, upset, etc.)	Number of Fatalities	Number of Injuries	Hazardous Material Spill?

Traffic Convictions and Forfeitures (3 Years)

If no traffic convictions and/or forfeitures in the last 3 years — check here

Date Convicted (month/year)	Violation (other than violations involving parking only)	State of Violation	Penalty (forfeited bond, collateral and/or points)

License Information

Section 363.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". | certify that | do not have more than one motor vehicle license, the information for which is listed below.

State:

License Number:

Expiration Date:

- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle?

Yes No

If yes, give details-

- B. Has any license, permit, or privilege ever been suspended or revoked?

Yes No

If yes, give details-

Application 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.

Applicant Signature:

Date:

DS Pipe and Steel Supply, LLC
1301 Wicomico Street
Baltimore, MD 21230
410-539-8000

Maryland

Application for Employment

Please Print

Equal access to programs, services and employment opportunities is available to all persons without regard to race, religion, color, sex (including pregnancy), age, ancestry or national origin, disability, marital status, sexual orientation, gender identity, genetic information, or any other basis protected by federal, state, and/or local law.

In accordance with the Americans with Disabilities Act and/or applicable state and local laws, applicants requiring reasonable accommodations for the application and/or interview process should notify the Human Resources Department. Examples of reasonable accommodations include making a change to the application process; providing written materials in an alternate format such as braille, large print, or audio recording; using a sign language interpreter; using specialized equipment; or modifying testing conditions.

Name: Applicant ID #:

Address:

Telephone #: Cell/Other Phone: E-mail:

Position(s) applied for: Date of application:

Referral Source (e.g., Walk-in, Job Posting, Company's Website, etc.):

If necessary, best time to call you is:

May we contact you at work? Yes No

If yes, work number and best time to call:

If you are under 18 and it is required, can you furnish a work permit? Yes No

If no, please explain:

Have you submitted an application here before? Yes No

If yes, give date(s) and position(s):

Have you ever been employed here before? Yes No

If yes, give date(s) and position(s):

Is this application a request for reemployment following an extended military leave of absence from this company? Yes No If yes, additional information may be requested.

Are you lawfully authorized to work in the United States?

Date available for work:

What is your desired salary range or hourly rate of pay? \$ _____ per

Type of employment desired: Full-Time Part-Time Educational Co-Op Seasonal Temporary

Will you relocate if job requires it? Yes No Will you travel if job requires it? Yes No

If they have been explained to you, are you able to meet the attendance requirements of the position?
Yes No

Will you work overtime if required? Yes No

If no, please explain:

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Yes No Need more information about the job's "essential functions" to respond

Driver's license number required if driving may be required in the job for which you are applying:
State:

Have you ever been bonded? Yes No

Have you ever pleaded "guilty" or "no contest" to, or been convicted of a crime?

NOTE: Answering "yes" to this question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account. You are not obligated to disclose expunged charges.

Yes No If yes, please provide date(s) and details:

Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work for our company?

Yes No If yes, please explain:

Employment History

Starting with your most recent employer, provide the following information.

Employer:

Telephone #:

Street Address:

Dates Employed: _____ to _____

Starting job title/final job title:

Compensation (Starting): Hourly Salary \$ _____ per
Commission/ Bonus/ Other Compensation \$ _____

Compensation (Final): Hourly Salary \$ _____ per
Commission/ Bonus/ Other Compensation \$ _____

Immediate supervisor and title (for most recent position held):

May we contact for reference? Yes No E:mail:

Why did you leave?

Summarize the type of work performed and job responsibilities.

What did you like most about your position?

What were the things you liked Least about the position?

Employer:

Telephone #:

Street Address:

Dates Employed: _____ to _____

Starting job title/final job title:

Compensation (Starting): Hourly Salary \$ per
Commission/ Bonus/ Other Compensation \$

Compensation (Final): Hourly Salary \$ per
Commission/ Bonus/ Other Compensation \$

Immediate supervisor and title (for most recent position held):

May we contact for reference? Yes No E:mail:

Why did you leave?

Summarize the type of work performed and job responsibilities.

What did you like most about your position?

What were the things you liked Least about the position?

Employer:

Telephone #:

Street Address:

Dates Employed: to

Starting job title/final job title:

Compensation (Starting): Hourly Salary \$ per
Commission/ Bonus/ Other Compensation \$

Compensation (Final): Hourly Salary \$ per
Commission/ Bonus/ Other Compensation \$

Immediate supervisor and title (for most recent position held):

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Why did you leave?

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Employer:

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Street Address:

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Compensation (Starting): Hourly Salary \$ _____ per
Commission/ Bonus/ Other Compensation \$ _____

Compensation (Final): Hourly Salary \$ _____ per
Commission/ Bonus/ Other Compensation \$ _____

Immediate supervisor and title (for most recent position held):

May we contact for reference? Yes No E:mail:

Why did you leave?

Summarize the type of work performed and job responsibilities

What did you like most about your position?

What were the things you liked Least about the position?

Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury, or disability.

If not addressed on previous page, have you ever been fired or asked to resign from a job?

Yes No

If yes, please explain:

Skills and Qualifications

Summarize any special training, skills, languages, licenses, and/or certificates that may assist you in performing the position for which you are applying:

Computer Skills (Include software titles and level of experience, such as basic, intermediate, or advanced.)

<input type="checkbox"/> Word Processing:	Level:	<input type="checkbox"/> Internet:	Level:
<input type="checkbox"/> Spreadsheet:	Level:		
<input type="checkbox"/> Presentation:	Level:		
<input type="checkbox"/> E-mail:	Level:		

Other Technologies:

Educational Background

Starting with your most recent school attended, provide the following information.

School (include City and State)	# of years completed	Completed	GPA Class Rank	Major/Minor
		Diploma GED Degree Certification Other		
		Diploma GED Degree Certification Other		
		Diploma GED Degree Certification Other		
		Diploma GED Degree Certification Other		

References

List names and telephone numbers of three business/work references who are not related to you and are not previous supervisors.
If not applicable, list three school or personal references who are not related to you.

Name	Title	Relationship To you	Telephone	Email	# of Years Known

Related Information

When answering these questions, please exclude any information that would reveal race, religion, color, ex (including pregnancy), age, ancestry or national origin, disability, marital status, sexual orientation, gender identity, genetic information, or other similarly protected status.

To what job-related organizations (professional, trade, etc.) do you belong?

List special accomplishments, publications, awards, etc.

List any relevant volunteer work.

Is there any other job-related information you want us to know about you?

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete, and correct.

I expressly authorize, without reservation, the employer, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees, or representatives, for seeking, gathering, and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for only 60 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 for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or 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 employer's president.

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

I understand that reasonable safeguards will be taken to protect all personal information provided or obtained in conjunction with this application for employment. My personal information may be shared with the employer's affiliate(s) and third parties engaged by the employer to perform services for the employer. Any personal information shared with an affiliate or third party is to be used solely to perform the services requested by the employer.

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 EXCEEDING \$100.

This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her race, religion, color, sex (including pregnancy), age, ancestry or national origin, disability, marital status, sexual orientation, gender identity, genetic information, or any other protected status under applicable federal, state, or local law.

I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

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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