

**ERDNER BROS. INC.  
MOTOR FREIGHT TRANSPORTATION**

P.O. Box 68  
Swedesboro, NJ 08085  
PHONE: (856)467-0900 FAX: (856)467-5593

**Employment Opportunities**

***WE OFFER***

- APPROXIMATELY 30% OF LINE HAUL REVENUE (LANE AND CUSTOMER VARY)
- UNLOADING PAY
- PAID DETENTION
- WEEKLY BONUS PROGRAM
- MAJOR MEDICAL & DENTAL
- COMPANY PAID LIFE INSURANCE
- ASSIGNED TRACTORS

***WE REQUIRE***

- 2 YEARS MINIMUM RECENT VERIFIABLE CDL-A EXPERIENCE WITH VAN FREIGHT
- CLEAN MVR
- PRE-EMPLOYMENT DRUG SCREEN
- CURRENT CDL-A
- CURRENT DOT PHYSICAL

***Application Instructions***

- Complete attached driver application  
Print legibly with ink  
Application must be read and completed by applicant
- Photo copy your CDL
- Photo copy your Medical Card
- Submit all prepared documents and photocopies either by mail to the address listed above or by fax to the fax number listed above.
- If you have any questions, please contact Kyle at the phone number listed above.

**Thank you for your interest in our employment opportunities. We look forward to reviewing your application.**

**Erdner Bros., Inc. is an Equal Opportunity Employer**

**ERDNER BROS. INC.**

P.O. Box 68 Swedesboro, NJ 08085 PHONE: (856)467-0900 FAX: (856)467-5593

**APPLICATION FOR EMPLOYMENT (Driver)**

Erdner Bros., Inc. is an Equal Opportunity Employer

Application must be read and completed by the applicant. Please print legibly and in ink.

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

Name: \_\_\_\_\_  
Last First Middle Initial

Address: (Please list all address for the previous 5 years, starting with your most current address)

Street	City	St	Zip	How Long

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

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
(Required for Commercial Drivers)

Education Note the highest grade completed. List any driver training programs completed

School	Location (City, State)	Highest Grade Completed	Graduated ?
High School			
College			
Trade School			
Trade School			

Military Service Please list any military service

Branch	MOS	From (m/y)	To (m/y)	Highest Rank	Rank at Discharge

Have you ever worked for this company before? No Yes If Yes, when? \_\_\_\_\_

How did you learn of our company?

Walk-In (Sign out front) Newspaper Ad Internet Referral Other

If a referral, who referred you? \_\_\_\_\_

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**Employment History**

Please list your employment history for the past **10 years** beginning with your most recent employer, Provide complete information for each employer. Please account for all time including periods of self-employment and/or unemployment. Be prepared to show proof of all periods of self-employment.

Company	Dates	
Address	From (m/y)	To (m/y)
City State Zip	Phone Number	
Contact Name	Position Held	
Reason for Leaving	Ave Weekly Earnings	
sensitive position that was subject to the drug and alcohol testing requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Unemployment Dates (if any):** From (m/y): \_\_\_\_\_ to (m/y) \_\_\_\_\_

Company	Dates	
Address	From (m/y)	To (m/y)
City State Zip	Phone Number	
Contact Name	Position Held	
Reason for Leaving	Ave Weekly Earnings	
sensitive position that was subject to the drug and alcohol testing requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Unemployment Dates (if any):** From (m/y): \_\_\_\_\_ to (m/y) \_\_\_\_\_

Company	Dates	
Address	From (m/y)	To (m/y)
City State Zip	Phone Number	
Contact Name	Position Held	
Reason for Leaving	Ave Weekly Earnings	
sensitive position that was subject to the drug and alcohol testing requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Unemployment Dates (if any):** From (m/y): \_\_\_\_\_ to (m/y) \_\_\_\_\_

Company	Dates	
Address	From (m/y)	To (m/y)
City State Zip	Phone Number	
Contact Name	Position Held	
Reason for Leaving	Ave Weekly Earnings	
Was this position subject to the Federal Motor Carrier Safety Regulations or of a safety-sensitive position that was subject to the drug and alcohol testing requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Unemployment Dates (if any):** From (m/y): \_\_\_\_\_ to (m/y) \_\_\_\_\_

**Use continuation sheet if necessary**

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**Continuation Sheet**

Company	Dates	
Address	From (m/y)	To (m/y)
City State Zip	Phone Number	
Contact Name	Position Held	
Reason for Leaving	Ave Weekly Earnings	
Was this position subject to the Federal Motor Carrier Safety Regulations or of a safety-sensitive position that was subject to the drug and alcohol testing requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Unemployment Dates (if any):** From (m/y): \_\_\_\_\_ to (m/y) \_\_\_\_\_

Company	Dates	
Address	From (m/y)	To (m/y)
City State Zip	Phone Number	
Contact Name	Position Held	
Reason for Leaving	Ave Weekly Earnings	
Was this position subject to the Federal Motor Carrier Safety Regulations or of a safety-sensitive position that was subject to the drug and alcohol testing requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Unemployment Dates (if any):** From (m/y): \_\_\_\_\_ to (m/y) \_\_\_\_\_

Company	Dates	
Address	From (m/y)	To (m/y)
City State Zip	Phone Number	
Contact Name	Position Held	
Reason for Leaving	Ave Weekly Earnings	
Was this position subject to the Federal Motor Carrier Safety Regulations or of a safety-sensitive position that was subject to the drug and alcohol testing requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Unemployment Dates (if any):** From (m/y): \_\_\_\_\_ to (m/y) \_\_\_\_\_

Company	Dates	
Address	From (m/y)	To (m/y)
City State Zip	Phone Number	
Contact Name	Position Held	
Reason for Leaving	Ave Weekly Earnings	
Was this position subject to the Federal Motor Carrier Safety Regulations or of a safety-sensitive position that was subject to the drug and alcohol testing requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Unemployment Dates (if any):** From (m/y): \_\_\_\_\_ to (m/y) \_\_\_\_\_**Use continuation sheet if necessary**

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**Motor Vehicle Record****Licenses:** List All Driver's Licenses Held in the Past 5 Years<sup>4</sup>

License Number	State	Class	Exp Date

**Accidents:** List all accidents, regardless of fault, both in commercial and private vehicles

Date of Accident (m/y)	Location (City, State)	Vehicle Type	Type of Accident (rear-end, rollover, collision)	Were you at fault	Were you Ticketed	Any injuries or fatalities	Do you have a copy of the accident report

**Traffic Convictions:** List all traffic convictions (excluding parking tickets) for the past 5 years in any type of motor vehicle (Commercial or Private)

Date (m/y)	Location (City, State)	Violation Type (if speeding, note speed)	Accident Related?

**Qualifications:** Please explain any Yes answers in the space provided.

	Yes	No	Date
Have you ever been convicted of a felony?*			
Explain			
Have you ever been denied a license or privilege to operate a motor vehicle?			
Explain			
Has your license or driving privileges ever been suspended or revoked?			
Explain			

\*Conviction of a crime is not an automatic bar to employment

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**Physical History**

Is there any reason you might not be limited or unable to perform the function of this position?

Yes No

If yes, please list the limitations and the accommodations necessary to allow you to perform the required functions:


Please use a separate sheet for any additional information or additional comments.

**TO BE READ AND SIGNED BY THE APPLICANT**

I CERTIFY THAT THIS APPLICATION WAS COMPLETED BY ME, IN MY OWN HANDWRITING, AND THAT ALL ENTRIES AND INFORMATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I FURTHER CERTIFY AND ACKNOWLEDGE THAT PROVIDING FALSE, MISLEADING OR INCOMPLETE INFORMATION IN THIS APPLICATION, OR IN DURING ANY INTERVIEW(S) WILL BE GROUNDS FOR IMMEDIATE WITHDRAWAL OF ANY OFFER OF EMPLOYEMENT, OR IMMEDIATE DISCHARGE.

MY SIGNATURE BELOW AUTHORIZES **ERDNER BROS, INC.**, OR ITS AGENTS TO MAKE SUCH INVESTIGATTONS AND INQUIRIES INTO MY WORK RECORD, WORK EXPERIENCE, CREDIT INFORMATION, EDUCATION, MEDICAL HISTORY OR TRAINING AS NECESSARY TO ARRIVE AT AN EMPLOYMENT DECISION. I AUTHORIZE MY PREVIOUS EMPLOYERS, REFERENCES OR OTHER INDIVIDUALS FROM ALL LIABILITY IN RESPONDING TO SUCH INQUIRIES AND RELEASING SUCH INFORMATION, INCLUDING THE RELEASE OF ALCOHOL AND CONTROL SUBSTANCE TESTING RESULTS AS REQUIRED BY THE DRUG AND ALCOHOL REGULATIONS. I FURTHER AUTHORIZE **ERDNER BROS., INC.** TO OBTAIN COPIES OF MY MOTOR VEHICLE REPORT(S) OR SIMILAR RECORD(S) FROM THE APPROPRIATE LOCAL, STATE OR FEDERAL AUTHORITIES.

I UNDERSTAND THAT I HAVE THE RIGHT TO REVIEW INFORMATION PROVIDED BY PREVIOUS EMPLOYERS. I UNDERSTAND I HAVE THE RIGHT TO HAVE ERRORS IN THE INFORMATION CORRECTED BY THE PREVIOUS EMPLOYER AND HAVE THE PREVIOUS EMPLOYER RESUBMIT THE INFORMATION TO **ERDNER BROS., INC.** I FURTHER UNDERSTAND THAT IN THE EVENT THE PREVIOUS EMPLOYER AND I CANNOT AGREE ON THE ACCURACY OF THE INFORMATION, I HAVE THE RIGHT TO HAVE A REBUTTAL STATEMENT ATTACHED TO THE ALLEDGED ERRONEOUS INFORMATION.

I ACKNOWLEDGE THAT ANY EMPLOYMENT OFFERED TO ME IS AT WILL OF THE EMPLOYER AND MAY BE TERMINATED BY THE EMPLOYER WITH OR WITHOUT CAUSE.

\_\_\_\_\_  
**Applicant's Signature**

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

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**Request for Verification of Employment and Safety Performance History**

To: \_\_\_\_\_

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

Attn: \_\_\_\_\_

Fax: \_\_\_\_\_

The individual named below has made application to our company for employment and listed your company as a previous employer. This request for information is being made in accordance with the requirements as set for in 49 CFR 391.23.

**Applicant Authorization to Release Information**

I hereby authorize and give my consent to all former employers to release such information as specified in §391.23 and other information as required to determine my suitability for the position for which I have applied. I hereby release and indemnify both any previous and/or prospective employer from any liability that may arise as a result of the release of this information.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Position: \_\_\_\_\_ From: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

1. Was the applicant name above employed by you?  Yes  No  
If yes, employed as: \_\_\_\_\_ from(m/y): \_\_\_\_ to(m/y): \_\_\_\_\_
2. Did he/she operate a motor vehicle during your employ?  Yes  No  
If yes, what type:  Tractor-Trailer  Straight Truck  Bus  
Type trailer(s):  Van  Reefer  Flat  Tank  Rolloff  Dump  Doubles/Triples
3. Please provide the applicant's driver's license number and state of issue as recorded in you files.  
Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_
4. Was the applicant's driving privileges ever suspended/revoked during your employ?  Yes  No  
If yes, please list dates & Why: \_\_\_\_\_
5. Reason for leaving employ:  Resignation  Discharged  Lay off  Military Service
6. Would you rehire this employee?  Yes  No  Upon Review  
If No, please explain why: \_\_\_\_\_
7. Please list any accidents involving the applicant during the past 3 years included on your accident register (§390.15(b)). Check here if NONE:

Date	Location	#of Injuries	# of Fatalities	HazMat Spill

7a. Please provide information concerning any other accidents involving the applicant that were reported to government agencies, insurers or maintained under internal company policies:

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

Completed by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Please retain a copy for your records and forward the completed form by fax to:**

**856.467.5593 Attn: Kyle Erdner**

**ERDNER BROS. INC.**

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**Request for Previous Employee Alcohol and Drug Testing Information**

To: \_\_\_\_\_

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

Attn: \_\_\_\_\_

Fax: \_\_\_\_\_

The individual named below has made application to our company for employment and listed your company as a previous employer. This request for information is being made in accordance with the requirements as set for in 49 CFR Part 40

**Applicant Authorization to Release Information**

I hereby authorize and give my consent to all former employers to release such information as specified in §391.23 and other information as required to determine my suitability for the position for which I have applied. I hereby release and indemnify both any previous and/or prospective employer from any liability that may arise as a result of the release of this information.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_ SS#: \_\_\_\_\_

If employee was NOT subject to DOT testing requirements while employed by you, please check here , and complete the dates from: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_. Sign and date the form and return.

Employee was subject to DOT testing requirements from: \_\_\_\_\_ to \_\_\_\_\_.

**During the past three years:**

**YES NO**

- 1) Has this person had an alcohol test with a result of 0.04 or higher?  YES  NO
- 2) Has this person tested positive or adulterated or substituted a test specimen for controlled substances?  YES  NO
- 3) Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?  YES  NO
- 4) Has this person committed other violations of Subpart B of Part 382 or Part 40?  YES  NO
- 5) If this person has violated a DOT drug and alcohol regulations, did this person fail to undertake or complete a program prescribed by a Substance Abuse Professional (SAP) in your employ? If Yes, please send documentation back with this form.  YES  NO
- 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 result of 0.04 or greater, a verified positive drug test, or refused to be tested?  YES  NO

In answering these questions, please include any information obtained from previous employers in the past three years

+

Completed by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Please retain a copy for your records and forward the completed form by fax to:**

**856.467.5593 Attn: Kyle Erdner**

**Urinalysis Consent Form**

**I understand and acknowledge that:**

- In accordance with Company policy and Federal regulations as outlined in 49 CFR 382.103, all prospective employees applying for a safety-sensitive transportation position covered by DOT agency drug and alcohol drug testing rules are required to submit to controlled substance testing.
- All Company employees who are qualified to operate a commercial motor vehicle will be subject to random testing. As such they shall entered into a random pool for the selection of testing.
- When subject to testing, a urine sample will be collected and tested for controlled substances

**I further understand and acknowledge that:**

<sup>35</sup>  
<sub>17</sub> In the event I test positive for the use of a controlled substance, I do not meet the standards for medical qualification to operator a commercial motor vehicle.

<sup>35</sup>  
<sub>17</sub> The results of any controlled substance testing will be maintained by the company's Medical Review Officer (MRO).

<sup>35</sup>  
<sub>17</sub> The MRO will report the test results, whether positive or negative, to the designated company representative.

<sup>35</sup>  
<sub>17</sub> In the event the results are positive, the MRO will identify and notify the designated company representative of the controlled substance for which the positive test occurred.

<sup>35</sup>  
<sub>17</sub> In no event shall the MRO or any company representative release the results of such testing without my express written consent.

**I have read and understand the above outlined procedures and policies and agree to submit to a drug screen urinalysis.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Prospective Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company Representative

\_\_\_\_\_  
Date

**Previous Pre-Employment Employee  
Alcohol and Drug Test Statement**

Section 40.25(j): As the employer, you must ask the employee whether he/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 two years. If the employee admits that he/she had a positive test or refused 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 (Section 40.25(b)(5) and (e))

**Prospective Employee:** \_\_\_\_\_  
**Please Print**

**Social Security No.:** \_\_\_\_\_

In accordance with Sec. 40.25(j), please respond to the following questions:

- 1) Have you tested positive, ore refused to test on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules in the past two years?  
 Yes                       No
  
- 2) If you answered Yes, can you provide/obtain proof that you have successfully completed the DOT return-to-duty requirements?  
 Yes                       No

I certify that the information provided in this document is true and correct.

**Prospective Employee Signature:** \_\_\_\_\_

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

**Witness Signature:** \_\_\_\_\_

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

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### **THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS**

#### **IMPORTANT DISCLOSURE REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service***

In connection with your application for employment with Erdner Bros. Inc. ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you copy of hour report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer for the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <http://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspection, with or without violations, appear on the PSP report, State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

#### **AUTHORIZATION**

If you agree that Prospective Employer may obtain such background reports, please read the following and sign below: I authorize Erdner Bros. Inc. ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further Understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the

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accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report. I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

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

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

\_\_\_\_\_  
**Name (Please Print)**

Notice: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration(FMCSA). Account holders are required by federal law to obtain an applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required FMCSA to use the language contained in this Disclosure and Authorization form to obtain applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand alone document. The language may NOT be included with other consent forms or any other language.

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**JOB DESCRIPTION – CDL DRIVER**

**Job Title:** CDL Driver

**Requirements:**

- Must hold valid Commercial Driver’s License, Class A
- Must meet the DOT physical requirements as set forth in 49 CFR 391 Subpart E
- Must be at least 23 years of age
- Minimum 2 years verifiable driving experience or written approval by the Company’s current liability carrier for entry into the Company’s driver-trainee program
- Must meet or exceed Driver Eligibility Requirements as set forth by the Company’s current liability carrier.
- Must successfully complete all controlled substance and/or alcohol testing as required under 49 CFR Part 382.
- Must be capable to meet the physical requirements of the position as described

**Duties:**

- Safe operation of equipment in accordance with all applicable federal, state & local laws and regulations
- Full compliance with all company rules and policies
- Performance of pre-and post-trip inspections of equipment
- Portray professional and courteous image and demeanor to customers, law enforcement officials, supervisors, fellow employees and the general public.
- Perform all services required for the picking up and/or delivering of customer shipments as directed by the Operations Department.
- Make all deliveries and/or pickups at the appointed times
- Assist in the loading and/or unloading of shipments as required, including, but not limited to:
- Use of pallet jack
- Manually transfer material to end of trailer for off loading
- Manually transfer material from trailer to dock for off loading
- Manually transfer material from dock to trailer for loading
- Manually transfer material from end of trailer to nose of trailer for loading
- Proper blocking and bracing of shipment for safe transport while in transit
- Full compliance with the applicable federal, state and local laws and regulations concerning the transportation of goods in interstate commerce, including, but not limited to those regulations set forth in CFR Titles 40 and 49.
- Unload a trailer of anywhere from 200-1300 tires of various weights and sizes by hand. Tire weights vary from 22# to 200#'s. Tires are stacked from floor to ceiling –driver has to be able to reach above his/her head up to 4.5 feet and pull tires down one at a time with one or two hands. Each tire has to be thrown/rolled to the end of the trailer to an area designated by the customer (anywhere from 53-100 ft.) Drivers are timed and cannot take more than 1 hour per every 400 tires.
- Manually crank landing gear up and down on trailers.
- Manually release 5th wheel – pulling with one hand.

I acknowledge receipt of the above job description for the position of CDL Driver. I have read and understand the duties and requirements as set forth above. I further acknowledge and understand that failure to meet the requirements or perform the duties as stated above will make me ineligible for employment for the position of CLD driver.

\_\_\_\_\_  
**Prospective Employee Signature**

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

\_\_\_\_\_  
**Prospective Employee Name (Please Print)**

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Name \_\_\_\_\_

Date \_\_\_\_\_

**CDL DRIVER PRE-HIRE QUESTIONNAIRE**

**Please circle the best answer:**

**1) Under DOT regulations, you will be subject to what drug and alcohol testing?**

A. Random B. Pre-employment C. Post Accident D. All of the Above

**2) A driver must always carry a bill of lading when hooked to a load?**

A. True B. False C. Depends on the Carrier

**3) Refusal to submit a sample for alcohol or drug testing will be seen as a positive test?**

True False

**4) If you were dispatched on a load to Elizabeth, NJ and then had a pick up in Bethlehem, PA, what route would you travel?**

**5) Does a 2 hour break in the sleeper count toward your 14 hour total?**

A. Yes B. No C. It depends how you log it

**6) A driver may possess more than one Commercial driver's license?**

A. Yes B. No C. It depends on the State

**7) Please write what route you would take if you were to travel from Swedesboro, NJ to Roanoke, VA.**

**8) What is the maximum number of hours that you could work within 8 days?**

**9) It is possible to legally log driving 12 hours in a 24 hour period?**

True False

**10) In the event of an accident, what would you do first?**

A. Leave the scene B. Take Pictures C. Call 911 D. Check on the injured party

**11) How fast would you drive into a curve in a 45MPH zone?**

A. 50MPH B. 45MPH C. 60MPH D. 40MPH

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Name \_\_\_\_\_

Date \_\_\_\_\_

**12) If you are scheduled to deliver in Taunton, MA at 9AM on a Monday morning. What time would you leave on Sunday if leaving out of Swedesboro, NJ?**

**13) How would you log a 15 minute DOT inspection?**

A. 15 minutes driving    B. 15 minutes on duty    C. 15 minutes off duty    D. No need to log a DOT inspection

**14) A pre-trip inspection is required each time that you start a trip?**

True    False

**15) Please write what you would do if you found a tail light out on your trailer during your pre-trip?**

**16) Please write what route would you take from Columbia, SC to Pittsburgh, PA?**

**17) Would 8 consecutive hours in the sleeper count towards your 14 hour total?**

A. Yes    B. No    C. Depends on how you log it

**18) Under sec. 391.15 under the FMCSR you would be disqualified from driving if you?**

A. Commit a felony involving a CMV?  
B. Drive with an alcohol concentration of 0.04 or more?  
C. Transport or possess illegal drugs  
D. All of the above

**19) Please write what would be the best way to get to Richmond, VA from Edison, NJ while trying to avoid as many tolls as possible?**

**20) When do you think you should call dispatch?**

A. When loaded    B. When Empty    C. When you incur a problem    D. All of the Above