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TRAFFIC CONVICT	IONS A	ND FORFEIT	URES FO	R THE PA	ST 3	YEAR	S (OTH	ER THAN PA	RKIN	G VI	OLATIONS)
DATE CONVICTED		VIOLATION	V	STATE			ION			ENAI		
(month/year)			L(OCAT	ION		(forfeited t	oond, c	collat	eral and/or	points)	
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~										*********
	<u> </u>	(ATT	ACH SHEE	T IF MORE S	SPAC	F IS NE	EDED)					
A. Have you ever beer	denied	•					•	le? YES		NO)	
If yes, explain		, po	p//	o								
B. Has any license, pe	mit or p	rivilege ever	been susp	ended or re	evoke	d?		YES		NO)	
If yes, explain									-			

MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATORS 391.27

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date	Offense	Location	Type of Vehicle Operated
			Allowed St. Committee of the Committee o
-			www.nscours
	listed above, I certify that I hat lated du		orfeited bond or collateral on
(Date of Certification)		(Driver's Signature)	
(Motor Carrier's Name	e)	(Motor Carrier's Address	5)
(Reviewed by: Signati	ure)	(Title)	1/2

EMPLOYMENT RECORD

MAKE AS MANY COPIES OF THIS FORM AS NEEDED FOR COMPLETE EMPLOYMENT HISTORY

TRANSIT GROUP LLC 11159 Ridge Road, Medina NY 14103 585-590-7002

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on ALL EMPLOYERS during the previous 3 YEARS. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial 3 years (total of 10 years employment record).

Previous Employer Name:		Hourly or Rate Per Mile:
Address:Phone:	Fax:	
Phone:	Fax:	······································
		Email Address:
Reason for discharge / leav	ving:	
Any gaps in employment o	or unemployme	ent must be explained – include dates and reason:
Were you subject to Federal Mo	tor Carrier Safety	Regulations while employed by this employer? Yes No
From:	to	Hourly or Rate Per Mile:
Previous Employer Name:		
Address:		
Phone:	Fax:	Email Address:
Reason for discharge / leav	ving:	
Any gaps in employment of	or unemployme	ent must be explained – include dates and reason:
Were you subject to Federal Mo	tor Carrier Safety	Regulations while employed by this employer? Yes No
and other related matters as n	stigations and in may be necessary s, and other pers	O AND SIGNED BY APPLICANT equiries to my personal, employment, financial or medical history y in arriving at a employment decision. I hereby release employers, sons from all liability in responding to inquiries and releasing on.
Date: This certifies that I completed complete to the best of my kr	Applicants d this applicatio	Signature: n, and that all entries on it and information on it are true and

EMPLOYMENT RECORD

MAKE AS MANY COPIES OF THIS FORM AS NEEDED FOR COMPLETE EMPLOYMENT HISTORY

TRANSIT GROUP LLC 11159 Ridge Road, Medina NY 14103 585-590-7002

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From:	to	Hourly or Rate Per Mile:
Previous Employer Name:		
Address:		
Phone:	Fax:	Email Address:
Position held:		
Reason for discharge / leavi	ing:	
Any gaps in employment or	r unemployment m	ust be explained – include dates and reason:
Were you subject to Federal Moto	or Carrier Safety Regu	lations while employed by this employer? Yes No
From:	_ to	Hourly or Rate Per Mile:
Previous Employer Name:		
Address:		
Phone:	Fax:	Email Address:
Position held:		
Reason for discharge / leavi	ing:	
Any gaps in employment or	r unemployment m	ust be explained – include dates and reason:
Were you subject to Federal Moto	or Carrier Safety Regu	lations while employed by this employer? Yes No
I authorize you to make invest and other related matters as m	tigations and inquirie ay be necessary in and , and other persons fi	D SIGNED BY APPLICANT es to my personal, employment, financial or medical history rriving at a employment decision. I hereby release employers, from all liability in responding to inquiries and releasing
Date: This certifies that I completed complete to the best of my known and the complete to the complet		nature: I that all entries on it and information on it are true and

EMPLOYMENT RECORD

MAKE AS MANY COPIES OF THIS FORM AS NEEDED FOR COMPLETE EMPLOYMENT HISTORY

TRANSIT GROUP LLC 11159 Ridge Road, Medina NY 14103 585-590-7002

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From:	to	Hourly or Rate Per Mile:
Previous Employer Name:		
Address:		
Phone:	Fax:	Email Address:
Reason for discharge / leavi	ing:	
Any gaps in employment or	r unemployme	ent must be explained – include dates and reason:
Were you subject to Federal Moto	or Carrier Safety	Regulations while employed by this employer? Yes No
From:	to	Hourly or Rate Per Mile:
Previous Employer Name:		
Address:		
Phone:	Fax:	Email Address:
Reason for discharge / leavi	ing:	
Any gaps in employment or	r unemployme	ent must be explained – include dates and reason:
Were you subject to Federal Moto	or Carrier Safety	Regulations while employed by this employer? Yes No
I authorize you to make invest and other related matters as m	tigations and in ay be necessary , and other pers	O AND SIGNED BY APPLICANT quiries to my personal, employment, financial or medical history y in arriving at a employment decision. I hereby release employers, cons from all liability in responding to inquiries and releasing on.
Date:	_ Applicants	Signature:
This certifies that I completed complete to the best of my known		n, and that all entries on it and information on it are true and

PART 1:	TO E	E COMPLETE	BY PROSPEC	TIVE EMPLOYEE	
				· · · · · · · · · · · · · · · · · · ·	
I, (Print Name)	Fig. 1		1 4		:-! C
Hereby authorize	First	M.I.	Last	500	ial Security Number
					Date of Birth
Street:			****	Telephone:	
City, State, Zip: _				Fax No.:	
To release and fo Substances Testi	rward the information re ng records within the pr	equested by section evious 3 years from	on 3 of this docume m	ent concerning my A	lcohol and Controlled
1	B P		· L	ent application date)	
То:	Prospective Employer:	CLIVANE	Toroup	<u> </u>	cc car a.s.
	Attention:	Stephen	Junn	Telephone:	585-590-7002
	Street:	11159 K	ruge Koa	a	
	City, State, Zip:	<u>Medina</u>	> NY /	4103	· · · · · · · · · · · · · · · · · · ·
confidentiality, su	h §40.25(g) and 391.23 ch as fax, email, or lette	er.		be made in a writter	form that ensures
Prospective empl	oyer's fax number: _5	85-219	-5732		
Prospective empl	oyer's email address: _	stere a	absbuf	falo-com	
	Applicant'	s Signature			Date
This information is	s being requested in co	mpliance with §40	.25(g) and 391.23		
PART 2:	ТО	BE COMPLET	ED BY PREVIOU	JS EMPLOYER	
			NT HISTORY		
The applicant nar	ned above was employe	ed by us. Yes □	No □		
Employed as		from (m/y)		to (m/y)	
Did he/she dr Bus ☐ Cargo Ta	ive motor vehicle for younk □ Doubles/Triples	u? Yes □ No □ □ Other (Speci	I If yes, what type fy)	? Straight Truck	Tractor-Semitrailer □
2. Reason for le	aving your employ: Dis ty performance history t	charged D Resi o report, check he	gnation ☐ Lay O ere ☐, sign below a	ff \Box Military Duty \Box	1
ACCIDENTS: Co applicant in the 3 this driver.	omplete the following for years prior to the application	any accidents incation date shown	cluded on your acc above, or check	cident register (§390] here if there is no a	15(b)) that involved the accident register data for
Date 1.	Locat	ion	# Injuries	# Fatalities	Hazmat Spill
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Please provide in	formation concerning are	ny other accidents	involving the appl		
			me met 9001 1001		
Any other remark	s:				

		· · · · · · · · · · · · · · · · · · ·		The state of the s	
		Title:		Date:	

PART 1:	TO B	E COMPLETED	BY PROSPECT	IVE EMPLOYEE	
N 10 10 100 1000				0 4 5 5 6 5	
I, (Print Name)					16 3 1
Hereby authorize:	First	M.I.	Last	Soci	al Security Number
Previous Employe	r:			Email: _	Date of Birth
Street:		TATE		Telephone:	
City, State, Zip:				Fax No.:	
To release and for	ward the information re g records within the pr	equested by section	n 3 of this documer		cohol and Controlled
-					
To:	Prospective Employer:				
	Attention:	Stephen	Dun	Telephone: \$	585-590-7002
	Street:	11159 K	iuge Roac		
(City, State, Zip:	medina	7 NY 14	1103	
In compliance with confidentiality, suc	§40.25(g) and 391.23 h as fax, email, or lette	(h), release of this			Fig. 1
	yer's fax number: _5		-5732		
Drospostivo omplo	yer's email address: _	Steve (a)	abel De	Tala cam	
Prospective empio			OIBZBOIT	<u> </u>	
	Applicant'	s Signature			Date
This information is	being requested in co	mpliance with §40	.25(g) and 391.23.		
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PART 2:	10		ED BY PREVIOUS	S EMPLOYER	
The applicant nam	ed above was employe		NT HISTORY No □		
Employed as		from (m/y) _		to (m/y)	
 Did he/she driv Bus ☐ Cargo Tai 	ve motor vehicle for you nk □ Doubles/Triples	u? Yes □ No □ □ Other (Specif	If yes, what type?	Straight Truck □	Tractor-Semitrailer ☐
2. Reason for lea	ving your employ: Dis y performance history t	charged □ Resi o report, check he	gnation □ Lay Off ere □, sign below ar	☐ Military Duty ☐ nd return.	
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Date	Locat	ion	# Injuries	# Fatalities	Hazmat Spill
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	ormation concerning at ers or retained under in				
Any other remarks					
Any other remarks					
		Signature.			
		ride.		Date,	

PART 1:	TO B	E COMPLETED	BY PROSPECT	IVE EMPLOYEE	
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Hereby authorize:		IVI.J.	Last	500	
Previous Employe	er:			Email: _	Date of Birth
Street:				Telephone:	
To release and for	rward the information reng records within the pr	equested by section	n 3 of this documer		Icohol and Controlled
To:	Prospective Employer:	1.635.6			
		Strahaa	Dan	Tolonhono	585-590-7002
	Attention:	11150 P	ilea Poac	Telephone.	
	Street:	1115/6	rage Rode	1 7	I, II , I do all do all de la contraction de la
	City, State, Zip:				
confidentiality, suc	n §40.25(g) and 391.23 ch as fax, email, or lette	er.		e made in a writter	form that ensures
Prospective emplo	oyer's fax number: _5	785-219	-5732	 ,	
Prospective emplo	oyer's email address:	stere @	absbuff	ralo-com	
0 0 0 1 1 1 1 1 1 1 1	Applicant'	s Signature	<u></u>		Date
This information is	s being requested in co	mpliance with §40.	25(g) and 391.23.		
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1 1					
 Did he/she dri Bus ☐ Cargo Ta 	ve motor vehicle for you nk Doubles/Triples	u? Yes □ No □ □ Other (Specif	If yes, what type? y)	Straight Truck	Tractor-Semitrailer ☐
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ACCIDENTS: Co applicant in the 3 this driver.	omplete the following for years prior to the applic	any accidents inc ation date shown	eluded on your accionabove, or check	dent register (§390 here if there is no a	.15(b)) that involved the accident register data for
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	formation concerning are ers or retained under in				
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Any other remarks	S:			. , , , , , , , , , , , , , , , , , , ,	
		Signature:			
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PART 1:	TOI	BE COMPLETE	D BY PROSPEC	TIVE EMPLOYEE	
1 (Print Name)					
	First	M.I.	Last	Soc	ial Security Number
Hereby authorize:					Date of Birth
	ward the information r ng records within the p			ent concerning my A ent application date)	
To:	Prospective Employer	Trans			
I .	Attention:				585-590-7002
	Street:	11159 6	Ridge Roa	\overline{d}	
In compliance with	n §40.25(g) and 391.23 ch as fax, email, or lett	3(h), release of thi		-	
Drospoctive emple	war's fav numbar	585-219	-5732		
Prospective emple	yer's email address:	stere a	absbuf	Folo-com	
		's Signature			Date
This information is	being requested in co	mpliance with §4	0.25(g) and 391.23		
PART 2:	TO	BE COMPLET	ED BY PREVIO	JS EMPLOYER	
			ENT HISTORY		
	ned above was employ				
 Did he/she dri Bus ☐ Cargo Ta 	ve motor vehicle for yo nk □ Doubles/Triples	u? Yes□ No [□ Other (Spec	☐ If yes, what type ify)	e? Straight Truck 🗆	Tractor-Semitrailer ☐
Reason for least lf there is no safet	aving your employ: Dis y performance history	scharged D Res to report, check h	signation □ Lay O ere □, sign below	ff \Box Military Duty \Box and return.	3
ACCIDENTS: Co applicant in the 3 this driver.	mplete the following fo years prior to the appli	or any accidents ir cation date showr	ncluded on your acc n above, or check [cident register (§390 I here if there is no	.15(b)) that involved the accident register data for
Date	Loca	tion	# Injuries	# Fatalities	Hazmat Spill
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Please provide inf	ormation concerning a ers or retained under in	ny other accident	s involving the app		
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Any other remarks	S:				ALCOHOLOGICA CONTRACTOR CONTRACTO
	********	3. 18.1.21.41.41.42.43.43.43.43.43.43.43.43.43.43.43.43.43.			The state of the s
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PART 1:	TO B	E COMPLETE	BY PROSPEC	TIVE EMPLOYEE	
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Hereby authorize	First	M.I.	Last	500	ial Security Number
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	rward the information re ng records within the pr			ent concerning my A ent application date)	
Т.	Prospective Employer:	76212.0			
То:		State	Torrovp		CEE- 605 0153
	Attention:	STEPREN	John C-	reiepnone:	585-590-7002
	Street:	11137 K	ruge Rad	<u> </u>	
	City, State, Zip:			4103	
confidentiality, su	h §40.25(g) and 391.23 ch as fax, email, or lette	r.		be made in a writter	form that ensures
Prospective empl	oyer's fax number: _5	85-219	-5732	,	
Prospective empl	oyer's email address: _	stere a	absbuf	falo-com	
	Applicant'	s Signature			Date
This information i	s being requested in co	mpliance with §40	0.25(g) and 391.23	J.	
PART 2:	ТО	BE COMPLET	ED BY PREVIO	US EMPLOYER	
			NT HISTORY		
The applicant nar	ned above was employe	ed by us. Yes ⊔	No Li		
Employed as		from (m/y)		to (m/y)	
 Did he/she dr Bus ☐ Cargo Ta 	ive motor vehicle for you ank □ Doubles/Triples	ı? Yes □ No □ □ Other (Speci	I If yes, what type fy)	e? Straight Truck 🗆	Tractor-Semitrailer □
2. Reason for le	aving your employ: Dis ty performance history t	charged □ Res o report, check h	ignation □ Lay O ere □, sign below	off □ Military Duty □ and return.	1
ACCIDENTS: Co applicant in the 3 this driver.	omplete the following for years prior to the applic	any accidents in ation date shown	cluded on your ac above, or check [cident register (§390] here if there is no a	.15(b)) that involved the accident register data for
Date	Locat	ion	# Injuries	# Fatalities	Hazmat Spill
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Please provide in	formation concerning ar ers or retained under in	ny other accidents	involving the app		
Any other remark	S:	~			, , , , , , , , , , , , , , , , , , ,
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		· · · · · · · · · · · · · · · · · · ·		Control Service Control Contro	
		Signature: _			
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