

DRIVER'S APPLICATION FOR EMPLOYMENT

Company _____ **Biffs, Inc.** _____
 Address _____ **Attn: Field Services** _____
 City _____ **8610 Hansen Ave.** _____
 _____ **Shakopee, MN 55379** _____ Zip _____

(answer all questions - please print)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Date of application _____

Position(s) Applied for _____

Name _____ Social Security No. _____
Last First Middle

List your addresses of residency for the past 3 years.

Current Address _____
Street City

State _____ Zip Code _____ Phone _____ How Long? _____

Previous Addresses _____
Street City State & Zip Code How Long?

Street _____ City _____ State & Zip Code _____ How Long? _____

Street _____ City _____ State & Zip Code _____ How Long? _____

Street _____ City _____ State & Zip Code _____ How Long? _____

Do you have the legal right to work in the United States? _____

Date of Birth _____ / _____ / _____ Can you provide proof of age? _____
(Required for Commercial Drivers)

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

If yes, explain if you wish. _____

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

Request for Check of Driving Record

I hereby authorize you to release the following information to Biffs, Inc. for the purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

 Applicant's Signature _____/_____/_____
Date

In accordance with the provisions of Section 604 and 607 of the Fair Credit Reporting Act, Public Law No.91-508, I hereby certify that the information requested below will be used for a 'permissible purpose' as defined in the Act, and that the information received will be used for no other purpose.

I further certify that if the applicant named below is denied employment based upon the information received, I will identify the source of the report in accordance with Section 615(a) of the Fair Credit Reporting Act.

 Signature of Requester _____/_____/_____
Date

TO:	
Name	Address

To Whom It May Concern:

The following named person has made application with our company for the position of _____. As in accordance with Section 391.23, Federal Department of Transportation, please furnish the undersigned with the applicant's driving record for the past three years.

Name:	SS#:
Last First Middle	

License #	Renewal Date:
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Current Address:	1 _____ Street	How Long?
	_____	Phone# ()
	City State Zip	
Former Address:	2 _____ Street	How Long?

	City State Zip	

Requested by: Biffs Inc.
 8610 Hansen Ave
 Shakopee, MN 55379

 Printed Name Signature

 Title

Biffs inc. *Portable Restrooms*
www.biffsinco.com

Biffs-BOXES
Roll-off Services
www.biffsboxes.com

Phone 952.403.1221
Fax 952.403.1220
Toll Free 800.642.3248
8610 Hansen Ave
Shakopee MN 55379
Equal Opportunity Employer

DRIVEN BY QUALITY

Disclosure and Authorization Release to Obtain Information

Our service provider, iiX an ISO Business, that Biffs Inc. uses to obtain your Driver Record requires a separate authorization form from that needed by the Federal DOT. The following is their required form.

Disclosure

As a part of our hiring background and investigation, we may obtain consumer reports to prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include, but not be limited to, credit information reports, criminal history reports and driving history records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Rights Under the Fair Credit Reporting Act.

Authorization and Release to Obtain Information

Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681 et seq., the Americans with Disabilities Act and all applicable federal, state and local laws, I hereby authorize and permit Biffs, Inc. to obtain a consumer report and/or an investigative consumer report which may include the following:

1. My employment records;
2. Records concerning any driving, criminal history, credit history, civil records, workers' compensation (post-offer only) and drug testing;
3. (For truck drivers only) In accordance with the Department of Transportation Motor Carrier Safety Regulations, Section 382.413, information concerning alcohol and controlled substances for the past 2 years;
4. Verification of my academic and/or professional credentials; and information and/or copies of documents from any military service records.

I understand that an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information.

I agree that a copy of this authorization has the same effect as an original.

I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as Biffs, Inc. from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

I understand and acknowledge that under provision of the Fair Credit Reporting Act I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I hereby authorize Biffs, Inc. to obtain and prepare an investigative consumer report as set forth above, as part of its investigation of my employment application. This authorization shall remain in effect over the course of my employment. Reports may be ordered periodically during the course of my employment.

Driving Records will be obtained at least once every twelve months per DOT regulation.

Full Name _____
(please print clearly)

Signature _____ Date _____

**MOTOR VEHICLE DRIVER'S
Certification of Violations/Annual Review of Driving Record**

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (Section 391.27). Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he/she shall so certify (Section 391.27).

COMPLETED BY DRIVER - CERTIFICATION OF VIOLATIONS

NAME OF DRIVER: (PRINT)	SOCIAL SECURITY NUMBER	DATE OF EMPLOYMENT
HOME TERMINAL (CITY AND STATE)	DRIVER'S LICENSE NUMBER	STATE EXPIRATION DATE

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED
(If you have had no violations, check the following box - <input type="checkbox"/> None.)			

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

Date of Certification _____ Driver's Signature _____

COMPLETED BY MOTOR CARRIER - ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one):

- Meets minimum requirements for safe driving
- Is disqualified to drive a motor vehicle pursuant to Section 391.15
- Does not adequately meet satisfactory safe driving performance

Action taken with driver: _____

Reviewed by: _____ Date _____
 Signature _____ Title _____
 Printed Name _____

Motor Carrier Name _____ Motor Carrier Address _____

MAINTAIN THIS DOCUMENT IN THE DRIVER'S QUALIFICATION FILE. THIS DOCUMENT MAY BE PURGED AFTER 3 YEARS FROM DATE OF EXECUTION.

EXPERIENCE AND QUALIFICATIONS – OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

TO BE READ AND SIGNED BY APPLICANT

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.

I authorize you to make such investigations and inquiries 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.

_____ Date

_____ Applicant's Signature

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

THIS SECTION TO BE FILLED IN BY RESPONSIBLE
OFFICER OR COMPANY REPRESENTATIVE

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
1. APPLICATION						
2. INTERVIEW						
3. PAST EMPLOYMENT						
4. WRITTEN EXAM						
5. ROAD TEST						
6. CRIMINAL AND TRAFFIC CONVICTIONS						

SIGNATURE OF INTERVIEWING OFFICER

TRANSFERS

FROM: _____ TO: _____

DATE: _____

REASON FOR TRANSFER _____

FROM: _____ TO: _____

DATE: _____

REASON FOR TRANSFER _____

FROM: _____ TO: _____

DATE: _____

REASON FOR TRANSFER _____

FROM: _____ TO: _____

DATE: _____

REASON FOR TRANSFER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

Telephone/Fax Reference and Controlled Substance Check

Company: _____ Phone/Fax: _____

Applicants name: _____ Social Security #: _____

You are hereby authorized to give the above-named company all information regarding my services, character, and conduct while in your employ, and you are released from any liability which may result from giving such information.

In order to comply with the requirements of 49 C.F.R. 382.413, I hereby consent to the above named company obtaining from my prior employers the information pertaining to me which they are required to maintain by 49 C.F.R. 382.401(b)(1)(i) through (iii) regarding alcohol tests with a concentration result of 0.04 or greater, positive controlled substance test results and refusals to be tested within the two (2) years preceding the date of the application. I hereby authorize and direct my prior employers to release such information to the above named company in personal interviews, telephone interviews, letters, faxes, or any other method that insures confidentiality. I hereby authorize the above named company to release such information to any of it's personnel whose duties require them to access this application or to make any recommendations or decisions with respect to it.

Date: _____ Applicant's signature: _____

TO FORMER EMPLOYER: Please provide the following information about this applicant.

Name of Company: _____ Phone: _____

Address: _____ Fax: _____

Period of employment: From _____ to _____ Position held: _____

(Check all that apply): Full time Part time Company driver Owner/operator

Equipment: Tractor/trailer Van Tank Flatbed Other: _____

Areas applicant drove in regularly: _____

Logs?: Did applicant have any log problems? Yes No Describe: _____

Accidents?: Total number: _____ Preventable: _____ Non-preventable: _____ DOT recordable: _____

Tickets?: Yes No Describe: _____

License suspension? Yes No Describe: _____

What class license did applicant have? _____ Endorsements? _____

Why did applicant leave your employment? _____

Eligible for rehire? Yes No If no, why not? _____

Has this individual had an alcohol test with a confirmed breath alcohol concentration of 0.04 or greater in the past two years? Yes No Date of positive test: _____

Has this individual had a controlled substance test with a positive result in the past two years? Yes No Date of positive test: _____

Has this individual refused a controlled substance test and/or alcohol test within the past two years? Yes No Date of positive test: _____

If you answered "Yes" to any of the above questions, please provide SAP (Substance Abuse Professional) name, address and phone number for further reference:

Name: _____ Phone: _____

Address: _____

Additional comments:

Your name: _____ Title: _____ Date: _____

Please return this form to _____ at Fax _____

CONFIDENTIAL REPORT OF PERSONAL REFERENCE

Please indicate your opinion by placing a check (✓) in the appropriate column.

CHARACTERISTICS	EXCELLENT	GOOD	FAIR	POOR
Disposition, Tact, Ability to get along with others				
Initiative, Resourcefulness				
Safety Habits				
Driving Skill				
Attitude				
Loyalty				

Any other remarks _____

SIGNATURE _____

TITLE _____

DATE _____

FOR PROSPECTIVE EMPLOYER'S RECORD
 MAINTAIN THIS INFORMATION IN THE DRIVER QUALIFICATION FILE FOR
 3 YEARS AFTER THE PERSON'S EMPLOYMENT BY THE MOTOR CARRIER CEASES.

Biffs, Inc.
Disability & Race Survey

Our company has a contractual relationship with the City of Minneapolis therefore in accordance with all applicable EEO and AA laws we report to them the progress we make with regard to employment of women, people of color and people with disabilities. The information you provide will be held confidential by the EEO Officer.

The law defines disability as "a physical or mental impairment that substantially limits a major life activity". This means major life activities such as walking, seeing, hearing, speaking, breathing, learning and working. Listed below are definitions of common types of disabilities. Please read the list and check any that apply or closely relate to your situation. If you believe you have a disability that is not found in this survey, describe it in the section "Other". If you do not have a disability, please check "None".

None

Hearing Impairment. Difficulty in hearing to the extent that it precludes the understanding of speech through the ear alone, with or without the use of a hearing aid.

Learning Disability. Difficulty in processing information due to a neurological disorder of the brain that would result in an impaired ability to do any of the following: read, spell, mathematics, concentrate, comprehend, listen or remember.

Mental Illness. Difficulty coping, dealing with stress or depression due to a disability that might also impair daily living skills and/or interpersonal relationships and communication.

Breathing Impairment. Difficulty in breathing, which can substantially limit all major life activities. This would cover conditions such as asthma and emphysema, etc.

Mental Retardation. Difficulty in learning and reasoning due to below average intelligence; which might also limit the ability to function independently in all areas.

Mobility Impairment. Difficulty in walking, running or balancing due to a physical disability; and where use of a wheelchair, cane, crutches, prosthesis or other assistive device may also be required.

Visual Impairment. Includes blindness; any person with less than 20/200 in the better eye, with corrective lenses. Includes vision field loss, where field of vision is restricted to a diameter of 20 degrees or less. Also includes a low vision, a condition which causes a substantial amount of sight loss due to disease, accident or other physical condition.

Other: _____

Race:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Asian

Hispanic or Latino

Black/African American

Pacific Islander or Hawaii Native

American Indian or Alaskan Native

White

Other

BIFFS, INC. UNIT SERVICE PROCEDURES

updated 5/2006

The following procedures will be done each time a portable restroom is serviced.

1. **Confirm Address** on paperwork for accuracy and write down any corrections.
2. **Sign and date** "service log sticker" in each of the units. If there is no sticker, one must be added. This is a record of service to the customer.
3. **Replace and replenish** toilet paper in the paper holder:
 - A) Construction= If less than half a roll, replace with a full roll. Take used roll with you.
 - B) Special Events= Always two new rolls. Take used roll with you.
4. **Replace** (if empty) the hand sanitizer bladder pack only if it is listed on your paperwork. If it is not, remove bladder pack. **Check** that it operates properly.

Wear Gloves for the next Steps.

5. **De-scale** urinal with appropriate cleaner, let set, scrub later (step 7).
6. **Pump** all waste from the tank.
7. **Remove** all rocks, ice and other debris from the tank and the unit.
8. **Clean and scrub** all surfaces, including urinal, with appropriate brush, squeegee and deodorizer solution. Don't forget to clean inside of front door frame and hand sanitizer dispenser.
9. **Add** fresh deodorizer solution to the tanks. (5 gallon bucket weighs approximately 35 pounds)
 - A) Light-medium used units = 5-6 gallons
 - B) Heavy used units = 7-10 gallons
 - C) Special Events = 7-10 gallons
 - D) Partially blocked unit = up to 5 gallons to re-fresh
10. **Towel-dry** all surfaces, including ledges above the screens and doors. Don't use towels on floors.
11. **Floors** are to be clear of all debris, mud, ice, etc. and liquid removed with a squeegee.
12. **Spray** with fragrance.
13. **Remove** all graffiti with the appropriate remover.
14. **Complete repairs** or replace what is needed. Check overall unit, screens, urinal and hose, seat, door handle, lock, etc. If you cannot complete repairs call dispatcher while on location.
15. **Confirm** that the unit is in the proper place and is level with the ground.
16. **Check** outside logos on all four sides are to be clear and easy to read.
17. **Dispose** of all debris that you have removed from the unit in your waste bucket. No debris is to be left at the site.
18. **Communicate** on paperwork and entries into GPS keypad when ready to leave. If service is successfully completed check usage level box to indicate usage.
19. **Write** on paperwork: Tip-overs, Repairs, Exchanges, Missed Services, Address Changes, etc.

If you need to perform the 'No Pump Procedure':

Partially blocked unit perform ALL service steps 1 – 24 (except step 6) 'No Pump Procedure'.

Completely blocked, locked, inaccessible site, complete steps 19 – 24 only.

20. **Call Dispatch** as soon as you realize you may have trouble accessing a site. Dispatch will call the company, to get help or simply notify them of our attempt to complete service if a message must be left.
21. **Find** job superintendent, or someone on location to attempt to move vehicles to unblock unit.
22. **Fill out** all information on "missed service tag".
23. **Tag** the gate or the office trailer (or the unit if that is all that is there).
24. **Report** confirmed missed unit to dispatch, it must be approved by manager prior to leaving the site.