

APPLICATION FOR DRIVERS

You must answer every question. If any question does not apply to you, answer with Not Applicable. (NA)

In compliance with local, state, and federal equal employment opportunity laws, qualified applicants are considered for all positions without regard to age, race, color, sex, sexual orientation, marital status, veteran status, or non-job related disability. Please advise in advance if you need any type of special accommodation to complete this application form or need to take any pre-employment test.

Date: ____/____/____

Circle type of driver operation desired: LOCAL REGIONAL OVER THE ROAD

Name: _____ Social Security No: _____
Last First Middle Initial

Address: _____ How Long: _____
Street City State/Zip Code

Phone: _____ Alternate Phone: Cell Preferred _____
Area Code Number Area Code Number

Email Address: _____

If you were at above address less than three years, list your previous address.

Address: _____ How Long: _____
Street City State/Zip Code

Date of Birth: ____/____/____ Can you provide proof of age? Yes No
(Required for driving position)

Are you prevented from being lawfully employed in the U.S. because of your visa or immigration status? Yes No

Have you worked for this company before? Yes No

Are you employed now? Yes No If No, how long since leaving last employment? _____

Have you ever been fired or asked to resign by an employer? Yes No

Have you ever been convicted of a misdemeanor or felony? Yes No
(Answering this question in an affirmative answer does not necessarily preclude a hiring decision)

If yes to the above question, provide details:

Who referred you? _____ Rate of pay expected _____

Employment History

§391.21 (b)(10) A list of the names and addresses of the applicant's employers during the 3 years preceding the date the application is submitted, together with the dates he/she was employed by, and his/her reason for leaving the employ of, each employer; (b)(11) For those drivers applying to operate a commercial motor vehicle as defined by Part 383 of this subchapter, a list of the names and addresses of the applicant's employers during the 7 year period preceding the 3 years contained in paragraph (b)(10) of this section for which the applicant was an operator of a commercial motor vehicle, together with the dates of employment and the reasons for leaving such employment. *(Attach another sheet if more space is needed)*

A total of 10 years work history is required. All gaps in time must be shown.

Current or most recent employer

Business Name	Employment Dates	Start Date:	End Date:
Address	Position	Salary	
City State Zip	Were you ever employed in a safety sensitive function subject to DOT Drug & Alcohol Testing? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Phone No. May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to Federal Motor Carrier Safety Regulations? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Name of Supervisor	Reason for leaving		

Next previous employer

Business Name	Employment Dates	Start Date:	End Date:
Address	Position	Salary	
City State Zip	Were you ever employed in a safety sensitive function subject to DOT Drug & Alcohol Testing? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Phone No. May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to Federal Motor Carrier Safety Regulations? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Name of Supervisor	Reason for leaving		

Next previous employer

Business Name	Employment Dates	Start Date:	End Date:
Address	Position	Salary	
City State Zip	Were you ever employed in a safety sensitive function subject to DOT Drug & Alcohol Testing? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Phone No. May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to Federal Motor Carrier Safety Regulations? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Name of Supervisor	Reason for leaving		

Next previous employer

Business Name	Employment Dates	Start Date:	End Date:
Address	Position	Salary	
City State Zip	Were you ever employed in a safety sensitive function subject to DOT Drug & Alcohol Testing? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Phone No. May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to Federal Motor Carrier Safety Regulations? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Name of Supervisor	Reason for leaving		

Employment History --- 2nd Sheet

§391.21 (b)(10) A list of the names and addresses of the applicant's employers during the 3 years preceding the date the application is submitted, together with the dates he/she was employed by, and his/her reason for leaving the employ of, each employer; (b)(11) For those drivers applying to operate a commercial motor vehicle as defined by Part 383 of this subchapter, a list of the names and addresses of the applicant's employers during the 7 year period preceding the 3 years contained in paragraph (b)(10) of this section for which the applicant was an operator of a commercial motor vehicle, together with the dates of employment and the reasons for leaving such employment. *(Attach another sheet if more space is needed)*

Next previous employer

Business Name	Employment Dates	Start Date:	End Date:
Address	Position	Salary	
City State Zip	Were you ever employed in a safety sensitive function subject to DOT Drug & Alcohol Testing? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Phone No. May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to Federal Motor Carrier Safety Regulations? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Name of Supervisor	Reason for leaving		

Next previous employer

Business Name	Employment Dates	Start Date:	End Date:
Address	Position	Salary	
City State Zip	Were you ever employed in a safety sensitive function subject to DOT Drug & Alcohol Testing? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Phone No. May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to Federal Motor Carrier Safety Regulations? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Name of Supervisor	Reason for leaving		

Next previous employer

Business Name	Employment Dates	Start Date:	End Date:
Address	Position	Salary	
City State Zip	Were you ever employed in a safety sensitive function subject to DOT Drug & Alcohol Testing? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Phone No. May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to Federal Motor Carrier Safety Regulations? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Name of Supervisor	Reason for leaving		

Next previous employer

Business Name	Employment Dates	Start Date:	End Date:
Address	Position	Salary	
City State Zip	Were you ever employed in a safety sensitive function subject to DOT Drug & Alcohol Testing? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Phone No. May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to Federal Motor Carrier Safety Regulations? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Name of Supervisor	Reason for leaving		

PREVIOUS EMPLOYEE PRE-EMPLOYMENT DRUG & ALCOHOL TESTING STATEMENT

1. Have you ever failed a D.O.T. Drug and/or Alcohol Test? Yes No
2. Have you ever refused to take a D.O.T. Drug and/or Alcohol Test? Yes No
3. Have you ever violated any other D.O.T. Drug and/or Alcohol Regulations? Yes No
4. If the answer is yes to the above questions, provide details (attach second sheet if necessary)
5. In the past two years have you tested positive, or refused to test, on any pre-employment drug or alcohol test, but did not get hired for a safety sensitive position as a result of the refusal or failure?
Yes No
6. If yes to any of the above questions, please provide proof that you have successfully completed the SAP Evaluation, recommended treatment, return to duty testing and follow up testing. (*attach another sheet if necessary*)

Signature Date

Accident record for past 3 years or more (attach sheet if more space is needed)

Last Accident:	Date	Nature of Accident	Fatalities	Injuries
Next Previous:	Date	Nature of Accident	Fatalities	Injuries
Next Previous:	Date	Nature of Accident	Fatalities	Injuries

Traffic convictions and license forfeitures for the last 3 years (*other than parking violations*)

Location	Date	Charge	Penalty

Drivers License _____
State License (Number, Type, Endorsements) Expiration Date

Have you ever been denied a license, permit or privileges to operate a motor vehicle?

No Yes ... explain _____

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

No Yes ... explain _____

Have you ever been disqualified from driving subject to CFR49 Section 391 of the Federal Motor Carrier Regulations?

No Yes ... explain _____

Driving Experience: (Class of Equipment)

Straight Truck: _____
Type of Equipment (Van, Tanker, Flatbed, Reefer etc.) Dates -- From To # of Miles (Total)

Tractor Trailer: _____
Type of Equipment (Van, Tanker, Flatbed, Reefer etc.) Dates -- From To # of Miles (Total)

Other: _____
Type of Equipment (Van, Tanker, Flatbed, Reefer etc.) Dates -- From To # of Miles (Total)

List states operated in for the last five years: _____

Special courses of training that will help you as a driver: _____

Safe driving awards held and from whom: _____

Show any trucking, transportation, or other experiences that may help in your work for this company: _____

List courses and training other than shown elsewhere in the application: _____

List special equipment or technical materials you can work with: _____

Education

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4

Last school attended: _____
Name City/State

APPLICANT'S STATEMENT

In connection with my application to the company, I understand that the Fair Credit Reporting Act, Public Law 91-508 & 104-208 requires that I be advised that routine inquiry may be made during the company's initial or subsequent processing which will provide applicable information concerning character and general reputation. I also understand that investigative background inquiries as required by the Federal Motor Carrier Safety Regulations 391.23 may be made on me including previous employers, along with schools, consumer credit, criminal convictions, motor vehicle records, and other reports.

These reports will include information as to my character, work habits, performance, education, compensation, and experience along with reasons for termination of employment from previous employers. Furthermore, I understand that the company may be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences as well as claims involving me in the files of insurance companies. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. This authorization and consent shall be valid in original, fax, email, other electronic form, or copy form.

I release and agree to hold harmless any individual, company, business institution or government agency from all liability with regard to furnishing information to this company. I agree to release and hold harmless this company from all liability with respect to the receipt of such information.

I certify that this application was only completed by me, and that all entries on it and the information I have furnished on this application form is true and complete. I authorize you to make such investigations and inquiries of my personal, employment, financial, or medical history, (Generally, inquiries regarding medical history will be made only and if 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 false or misleading information given in my application or in interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the Company if a conditional offer of employment is made.

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 49CFR 391.23. I understand that pursuant to 49CFR 391.23 I have a right to: Review information provided by current previous employers; have errors in the information corrected by previous employers and those previous employers to resend 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.

Applicant's Signature _____

Date _____

Pre-Employment Urinalysis Notification

The Federal Motor Carrier Safety Regulations, Part 382.301, pre-employment testing requirements apply to driver applicants of our company.

382.301 Pre-Employment testing requirements include the following:

- a) A motor carrier shall require a driver applicant, who the motor carrier intends to hire, to be tested for the use of controlled substances as a pre-qualification condition.
- b) A driver applicant shall submit to a controlled substance test as a pre-qualification process.
- c) Prior to collection of a urine sample under 382.113 of this subpart, a driver applicant shall be notified that the sample will be tested for the presence of controlled substances.

As a condition of my employment, I agree to the urine sample collection and controlled substance testing. I understand a positive test for controlled substances based on the urinalysis test will medically disqualify me from the operation of a commercial motor vehicle for this company. The Medical Review Officer will maintain the results of the urinalysis test. Negative and positive test results will be reported to the company.

My written authorization is required for the urinalysis test results to be given to other parties. I have read and understand the above conditions for the Pre-Employment Urinalysis Notification.

Applicant Name (PRINTED)

Applicant Signature

Date of Signature

Manager Signature

Date of Signature

Driver Notification of Rebuttal

As a driver with DOT Regulated employment, we are required to notify you of the following rights regarding the investigative information that will be provided to the prospective employer pursuant to 391.23 (d)(e).

You have:

- a) The right to review information provided by previous employers;
- b) The right to have errors in the information corrected by the previous employer, and for that previous employer to re-send the corrected information to the prospective employer;
- c) The right to have rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information;

Please refer to 391.23(j) for further information regarding rebuttals.

You must submit a written request to the prospective employer, which may be done at any time, including when applying or as late as 30-days after being employed or being notified of denial of employment.

The employer has 5 business days of receiving the written request or receiving the previous employment information. If the driver does not arrange pick up or receive the requested record within 30-days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Applicant Name (PRINTED)

Applicant Signature

Date of Signature

Manager Signature

Date of Signature

NOTICE OF AUTHORIZATION

[IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

NOTICE REGARDING BACKGROUND INVESTIGATION

("the Company" or "Employer") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, driving record, verification of your education or employment history and other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Compu-Fact Research, Inc. 1236 Jungerman Rd., Ste H1, St. Peters, MO 63376, (888) 258-0216. The scope of this notice and authorization is all-encompassing, however, allowing Employer to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGEMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested, (including Department of Transportation regulated drug/alcohol reports per 49CFR Part 40) by Compu-Fact Research, Inc. 1236 Jungerman Rd., Ste H1, St. Peters, MO 63376, (888) 258-0216, or Employer itself. I agree that a facsimile ("fax"), electronic or photocopy of this Authorization shall be as valid as the original.

The following is for identification purposes only to perform the background check and will not be used for any other purpose:

Print Legal Name:

(First) (Middle) (Last)

Please print other names you have used (alias, maiden, etc.):

(First) (Middle) (Last)

Social Security Number Date of Birth Driver's License Number State

PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS (Mo./Yr. / Mo./Yr.)

Current Address: _____
Street City State Zip Code From/ To

Former Address: _____
Street City State Zip Code From/ To

Former Address: _____
Street City State Zip Code From/ To

Former Address: _____
Street City State Zip Code From/ To

Signature

Today's Date

Certificate of Compliance

Notice To Drivers

The commercial Motor Vehicle Safety Act of 1986 provides a set of controls over the drivers of commercial motor vehicles. Generally, the law applies to all drivers operating vehicles and combinations of vehicles with a Gross Vehicle Weight Rating or Gross Combination Weight Rating over 26,001 pounds, vehicles designed to transport 16 or more passengers, and any vehicle, regardless of weight, transporting hazardous materials. The following provisions became effective July 1, 1987:

- 1) No driver may possess 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 carrier in writing within 30 days.
- 3) Any person applying for a job as a driver of a commercial motor vehicle must inform the prospective employer of all previous employment as the driver of a commercial vehicle for the past 10 years, in addition to any other required information about the applicant's employment history.
- 4) In addition, the Federal Motor Carrier Safety Regulations require that a driver who loses any privilege to operate a commercial vehicle or who is disqualified from operating a commercial vehicle must advise the motor carrier in writing the next business day after receiving such notice or action.
- 5) Any violation is punishable by a fine not to exceed \$2,500, and any willful violation is subject to criminal fine not to exceed \$5,000 or imprisonment up to 90 days, or both.

Certification by Driver

I hereby certify that I have read and understand the summarized driver provisions of the Commercial Motor Vehicle Safety Act of 1986 and its regulations which became effective on July 1, 1987. I further understand that any falsification or negligence to state all required information on this form may lead to my termination of employment or contract.

Driver's Full Name:	Last	First	Middle Initial	Social Security Number
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Driver's Address:	Street	City	State	Zip Code
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Driver's License Number	Type / Class / Endorsements	State Issued
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I further certify that the above commercial vehicle license is the only one I hold Yes No
 I have surrendered the following license(s) to the state(s) indicated.
 (write NA if not applicable)

License: State	Type / Class	Identification Number
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License: State	Type / Class	Identification Number
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 Driver's Signature

 Date

PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Sec. 40.25(j) As the employer, you must also ask the employee whether he or 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 or she had a positive test or a refusal 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. (see Sec. 40.25(b)(5) and (e))

Prospective Employee Name: (print) _____ ID Number: _____

The prospective employee is required by Sec. 40.25(j) to respond to the following questions:

- 1) Have you tested positive, or 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 during the past two years?

Check One: Yes No

- 2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return – to – duty requirements?

Check One: Yes No

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

Prospective Employee Signature: _____ Date: _____

Witnessed By Signature: _____ Date: _____

Fair Credit Reporting Act - Disclosure

To Be Completed By Driver

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), You are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record will be obtained on you for employment purposes with this company.

These reports are required by sections 382.413, 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations.

Driver's Full Name:	Last	First	Middle Initial	Social Security Number

Driver's Signature

Date