



DRIVER APPLICATION PROCEDURES

PLEASE READ EACH PAGE CAREFULLY AND COMPLETE ALL REQUESTED INFORMATION. SIGN AND DATE WHERE APPLICABLE.

- A. APPLICATION – Pages 1-5. **10 years** of employment history required.
- B. AFFIDAVIT – Page 6. To be completed only if there was a gap in employment 30 days or more or were self employed CDL driver.
- C. GENERAL RELEASE FORM – Page 7. Consent to perform background investigation regarding past employment and drug/alcohol testing.
- D. PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL & DRUG TESTING STATEMENT – Page 8. Statement regarding past drug/alcohol testing.
- E. CERTIFICATE OF COMPLIANCE WITH DRIVERS LICENSE REQUIREMENTS. Page 9. States applicant possesses only one driver's license.
- F. CERTIFICATE OF VIOLATIONS – Page 10. Driver states traffic violations for the past 12 months.
- G. PRE-EMPLOYMENT URINALYSIS NOTIFICATION – Page 11. Notifies Driver of intent to collect urine sample for purpose of DOT drug screen.
- H. I-9 – Page 12. Employment Eligibility Verification for employment in the U.S.
- I. COPY OF VALID DRIVERS LICENSE AND SOCIAL SECURITY CARD.

THE GENERAL RELEASE WILL BE SENT TO THE APPLICANTS PREVIOUS EMPLOYERS.

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name _____ Date of Application _____
(print)

Company Eagle Redi-Mix Concrete, LLC

Address 2761 E. Skelly Dr. Ste. 300

City Tulsa State OK ZIP 74105

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, veteran status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

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.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature _____ Date _____

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

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

SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

This form is made available with the understanding that J. J. Keller & Associates, Inc. is not engaged in rendering legal, accounting, or other professional services. J. J. Keller & Associates, Inc. assumes no responsibility for the use of this form, or any decision made by an employer which may violate local, state, or federal law.

APPLICANT TO COMPLETE

(answer all questions - please print)

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? _____
yr./mo.

Previous
Addresses

Street City State & Zip Code How Long? _____
yr./mo.

Street City State & Zip Code How Long? _____
yr./mo.

Street City State & Zip Code How Long? _____
yr./mo.

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? _____

Have you ever been bonded? _____ Name of bonding company _____
(Answer only if a job requirement)

Have you ever been convicted of a felony? _____

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

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
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYMENT HISTORY (continued)

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS	POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER			
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS	POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER			
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS	POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER			
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
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EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS	POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE	
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*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

†The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

EMPLOYMENT HISTORY (continued)

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
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WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
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WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
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EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
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WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

†The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT _____				
NEXT PREVIOUS _____				
NEXT PREVIOUS _____				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS – DRIVER

List all driver licenses or permits held in the past 3 years

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____
- B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____
- IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS _____
- _____

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO	More than 8 passengers —			
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO	More than 15 passengers —			
OTHER _____				

LIST STATES OPERATED IN FOR LAST FIVE YEARS: _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

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)

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) _____

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.

Signature: _____ Date: _____

AFFIDAVIT

TO BE COMPLETED IF YOU WERE NOT EMPLOYED AS A CDL DRIVER FOR A PERIOD OF 30 CONTINUOUS DAYS OR MORE – OR IF YOU WERE A SELF-EMPLOYED CDL DRIVER.

I, _____ WAS NOT WORKING AS A CDL DRIVER OR I
WAS A SELF EMPLOYED CDL DRIVER FROM _____ TO _____

FOR THE FOLLOWING REASONS:

PLEASE PROVIDE NAMES AND PHONE NUMBERS FOR TWO PEOPLE WHO CAN VERIFY THE ABOVE INFORMATION:

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NOTICE – BACKGROUND INVESTIGATION

In connection with your employment with Eagle Redi-Mix Concrete, LLC (the “Company”), notice is hereby given that a consumer report and/or investigative consumer report may be obtained from a consumer reporting agency for employment purposes. These reports may contain information about your character, general reputation, personal characteristics and mode of living, whichever are applicable. They may involve personal interviews with sources such as your neighbors, friends or associates. The reports may also contain information about you relating to your criminal history, credit history, driving and/or motor vehicle records, education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report prepared by contacting the Company and Shield Screening 6810 East 121st St South, Bixby, OK 74008; Phone: 1-800-260-3738. For information about Shield Screening’s privacy practices, see www.shieldscreening.com. The scope of this notice and below authorization is not limited to the present and, if you are hired, will continue throughout the course of your employment and allow the Company to conduct future screenings for retention, promotion or reassignment, as permitted by law and unless revoked by you in writing.

ACKNOWLEDGEMENT AND AUTHORIZATION

By signing below 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 the course of my employment, if applicable.

Signature: _____

Date: _____

Print Name: _____

Last Four Digits of SSN: _____

STATE LAW NOTICES AND DISCLOSURES – BACKGROUND INVESTIGATION

Pursuant to state law, the following disclosures are provided to state residents.

CALIFORNIA applicants or employees only: By signing below, you acknowledge receipt of the NOTICE – BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check the box if you would like to receive a copy of the investigative consumer report or consumer credit report, free of charge, if one is obtained by the Company.

Check box to receive report

NEW YORK applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting Shield Screening, 6810 East 121st St South, Bixby, OK, 74008 Phone: 1-800-260-3738

NEW YORK applicants or employees only: By signing below, you acknowledge receipt of a copy of [Article 23-A](#) of the New York Correction Law.

WASHINGTON applicants or employees only: You have the right to request from Shield Screening a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

MASSACHUSETTS, MINNESOTA and OKLAHOMA applicants or employees only: Please check the box if you would like to receive a copy of your consumer report, free of charge, if one is obtained by the Company.

Check box to receive report

Signature: _____

Date: _____

Print Name: _____



Release of Information Form – 49 CFR Part 40 Drug and Alcohol Testing

Section I. To be completed by the new employer, signed by the employee and transmitted to the previous employer:

Employee Printed or Typed Name: _____

Employee SS or ID Number: _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in Section 1-B, to the employer listed in Section 1-A. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in Section II-A by my previous employer, is limited to the following DOT-Regulated testing items:

1. Alcohol test with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: _____ **Date:** _____

I-A.

New Employer Name: _____

As Requested By: _____

Address: _____

Phone #: _____ **Fax #:** _____

I-B.

Previous Employer Name: _____

Address: _____

Phone #: _____ **Fax #:** _____



Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:

II-A. In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing-

1. Did the employee have alcohol tests with a result of 0.04 higher? **YES__ NO__**
2. Did the employee have verified positive drug tests? **YES__ NO__**
3. Did the employee refuse to be tested? **YES__ NO__**
4. Did the employee have other violations of DOT Agency
drug and alcohol testing regulations? **YES__ NO__**
5. Did a previous employer report a drug and alcohol
rule violation to you? **YES__ NO__**
6. If you answered "yes" to any of the above items,
did the employee complete the return-to-duty process? **YES__ NO__**

II-B.

Name of person providing information in Section II-A: _____

Title: _____

Phone#: _____

Date: _____



Application Authorization to Release Safety Performance History (Per 49 CFR Parts 40.25 and 391.23)



Name of Applicant: _____ SSN/ID Number: _____ Date of Birth: _____

Applicant Name: I, _____, do hereby authorize you to release the following information to Shield Screening, for the purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations.

Check this box if you have performed DOT Functions in the past 3 years.

Check this box if you have tested positive, or refused a test, on any DOT pre-employment drug or alcohol test administered by an employer who did not hire you during the past two years.

Applicant Signature: _____ Date: _____

To be completed by Previous Employer

Previous Employer: _____ Phone Number: _____

Address: _____ Fax Number: _____

City, State Zip: _____ Job title of the above name person: _____

From: _____ To: _____

In accordance with Section 391.23, we are obligated to request the information below from all previous employers of the applicant the employed him/her to operate a commercial motor vehicle within the 3 years preceding the date above. Please complete the information below and return to us within 30 days, as required by Section 391.23(g). Please phone/fax/mail the following information to:

Shield Screening
6810 E. 121st St
Bixby, OK
Ph: 800-260-3738 F: 800-737-5184

Safety Performance History: To be completed by Previous Employer

Did he/she driver a commercial motor vehicle for you? YES__ NO__

If yes, what type? __Straight Truck __Tractor-Semi Trailer __Doubles/Triples __Cargo Tank __Bus
__Other(specify) _____ Reason for leaving your company: __Discharged __Resignation __Lay Off
__Military Duty

Check here if NO safety performance History to report, sign below and return.

Accidents:

Date: Location: # of Injuries: HAZMAT:

1.

2.

3.

Any other remarks:

Signature: _____ Title: _____ Date: _____

PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Section 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 _____ SSN _____

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.

Applicant Signature

Date

Witnessed By

Date

Motor Vehicle Driver's

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. They are as follows:

- 1) **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.

- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (If the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

The following license is the only one I possess:

Driver's License No. _____ State _____ Exp. Date _____

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.

Driver's Name (Printed): _____

Driver's Signature: _____ Date: _____

Notes: _____



DRIVERS CERTIFICATION OF VIOLATIONS

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

(If you have had no violations check the following box: None)

DATE:	OFFENSE:	LOCATION:	TYPE OF VEHICLE:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

Date of Certification

Drivers Signature

Reviewed By: Signature

Title

PRE-EMPLOYMENT URINALYSIS NOTIFICATION

The Federal Motor Carrier Safety Regulations, Section 391.103—pre-employment testing requirements, apply to driver-applicants of this company.

391.103 Pre-employment testing requirements.

- (a) A motor carrier shall require a driver-applicant who the motor carrier intends to hire or use to be tested for the use of controlled substances as a pre-qualification condition.***
- (b) A driver-applicant shall submit to controlled substance testing as a pre-qualification condition.***
- (c) Prior to collection of a urine sample under section 391.107 of this sub-part, 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 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.

Applicants Name

Applicants Signature

Date

Witnessed by:

Company Representative Signature

Date