DRIVER APPLICATION FOR EMPLOYMENT

NAME OF C	ARRIER										
ADDRESS_											
	Annlicar	STREET nts are considered without regard	d to race or	reed color sa		TY on age national (origin (STATE or disability	ZIP		
PE		ESCRIPTION	a to race, or	000, 00101, 0							
FULL NAME	E LAST	FIRST	N/1		S	OCIAL SECUR	ITY N	0			
DATE OF B	IRTH/_		IVII	IDDLE IINITI		PHONE NO. (_)	·			
CURRENT A	ADDRESS										
LAST 3 YEA	RS	STREET			CIT	I Y		STATE	ZIP		
		STREET			CIT	ΓΥ		STATE	ZIP		
IN CASE OF	EMERGENC	STREET Y NOTIFY				TY PHONE NO. (STATE	ZIP		
						·					
POSITION APPLYING FOR HAVE YOU WORKED FOR THIS COMPANY BEFORE? NO YES					PA IF`	PAY RATE EXPECTED IF YES FROM / TO /					
						M	ONTH/	YEAR I	MONTH/YEAR		
		WHEN WILL YOU					IONI C.	TATUCA NO	VEC		
		OM LAWFUL EMPLOYMENT DNVICTED OF A FELONY, MI							YES		
DR	IVER'S LIC	ENSE INFORMATION	(This in	formation	will be	e verified)					
		E NUMBER						FXPIRATIO	ON		
LICENSE T	YPE (I.E. COL	CLASS A)			CD	L ENDORSEM	ENTS				
		MIT, OR PRIVILEGE TO OPEI IF YES, EXPLAIN REAS			CLE EV	ER BEEN DENII	ED, RE	EVOKED, OR S	SUSPENDED?		
HAVE YOU E	EVER BEEN DI	SQUALIFIED UNDER §383 OF	R § 391 OF	F THE FEDE	RAL MO	OTOR CARRIER	SAFE	TY REGULAT	IONS?		
		MORE THAN ONE DRIVER									
10EKII 11 <u>E</u>	<u> </u>	MORE THAT ONE DRIVER	CO LIOLIN	OL	AP	PLICANT'S SIGI	NATUF	RE			
	UCATION										
		RADE COMPLETED: 1 2	-	6 7 8 9	10 11	12		COLLEGE	1 2 3 4		
				CARRIER	CAEET	IV DECLII ATIO	NC2	NO VE			
		OWLEDGE OF THE FEDERA	AL MOTOR	CARRIER	SAFEI	I Y REGULATIO	NO!	NO Y E	<u> </u>		
DR	IVING EXP		N	UMBER OF							
TYPE OF EQUIPMENT				YEARS		STATES YOU HAVE DRIVEN IN					
TRACTOR TRAILER/1											
STRAIGHT											
BUS OTHER (S	DECIEV)										
ì	<i>'</i>	ECORD LAST (3) YEAI	RS (This	informatio	n will h	e verified)					
AG		NATURE OF ACCIDENT		NO. C		NO. OF	CC	MMERICAL	PERSONAL		
DATE				FATALIT		INJURIES		VEHICLE	VEHICLE		
							+				
TR	AFFIC CONV	ICTIONS & FORFEITUR	RES (Othe	r than parkir	ng) LAS	ST (3) YEARS	(This	information w	ill be verified)		
STATE DATE CHARGE PENALTY COMMER					MERCIAL VEHI	CLE	PERSON	AL VEHICLE			

(CONTINUED ON NEXT PAGE)

EMPLOYMENT HISTORY

Non-CDL driver applicants must provide (3) years employment history. CDL driver applicants must provide (10) years. We are required under §391.23 to investigate our safety performance history of all Federal Motor Carrier Safety Administration regulated employers that you worked for in the preceding (3) years. We are required to investigate your participation in a U.S. DOT mandated drug and alcohol testing program, whether you violated any prohibitions under §382 subpart B, and whether you failed to undertake or complete rehabilitation as required under §382.605 or subpart O §40 of all U.S. DOT regulated employers that you worked for in the preceding (3) years. You must give written consent for these investigations in order to be considered for employment as a driver. You

have due process rights regarding the information received from these investigations under §391.23(i). All information obtained from previous employers will be kept confidential. LAST EMPLOYER: NAME PHONE NO. (_____) ___ ADDRESS STREET STATE SUPERVISOR'S NAME FROM ___/_ TO ___/ MONTH/YEAR MONTH/YEAR POSITION _ REASON FOR LEAVING ___ DID YOU PERFORM "SAFETY SENSITIVE FUNCTIONS" WHILE EMPLOYED? YES _____NO DID YOU OPERATE A CDL VEHICLE? YES___ NO WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED? WERE YOU REQUIRED TO PARTICIPATE IN A U.S. DOT MANDATED DRUG & ALCOHOL TESTING PROGRAM? YES ____ NO__ **2ND LAST EMPLOYER:** PHONE NO. (______) ___ NAME ADDRESS STREET SUPERVISOR'S NAME _ TO ___/ AR MONTH/YEAR POSITION _____ REASON FOR LEAVING ___ MONTH/YEAR DID YOU PERFORM "SAFETY SENSITIVE FUNCTIONS" WHILE EMPLOYED? YES NO DID YOU OPERATE A CDL VEHICLE? YES___ NO _ WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED? YES NO WERE YOU REQUIRED TO PARTICIPATE IN A U.S. DOT MANDATED DRUG & ALCOHOL TESTING PROGRAM? YES ___ NO___ 3RD LAST EMPLOYER: NAME_ PHONE NO. () ADDRESS STREET STATE 7IP SUPERVISOR'S NAME REASON FOR LEAVING POSITION MONTH/YEAR MONTH/YEAR DID YOU PERFORM "SAFETY SENSITIVE FUNCTIONS" WHILE EMPLOYED? YES____ NO___ DID YOU OPERATE A CDL VEHICLE? YES___ NO . WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED? WERE YOU REQUIRED TO PARTICIPATE IN A U.S. DOT MANDATED DRUG & ALCOHOL TESTING PROGRAM? YES ____ NO_ **NOTICE TO APPLICANT** Applicant- If employer has not explained or given a job description, make sure one is given to you and that you fully understand what is expected of you prior to answering the following. CAN YOU PERFORM THE FUNCTIONS DESCRIBED IN THE JOB DESCRIPTION? PLEASE EXPLAIN HOW, WITH OR WITHOUT REASONABLE ACCOMODATION, YOU WILL BE ABLE TO PERFORM THOSE FUNCTIONS. **APPLICANT MUST READ AND SIGN** I agree and understand that any misrepresentations or omissions of information or facts given on this form shall be considered an act of falsification. I agree and understand that the carrier or its agents may investigate any and all information given on this form to determine it validity. I understand that all employment history information from previous employers will be used by the carrier only as part of deciding whether I understand that under U.S. DOT regulation §391.23 (i), I cannot bring an action or proceeding for defamation, invasion of privacy, or interference with a contact against this carrier or any previous employer based on furnishing or using employment history information. I agree to furnish such additional information and complete such examinations as may be required to complete my driver qualification and employment files. If hired, I agree to abide by all the rules and policies of this carrier. APPLICANT'S SIGNATURE DATE

OFFICE USE ONLY		
APPLICATION RECEIVED / /		/ /
DATE	SIGNATURE OF COMPANY REPRESENTATIVE	DATE OF HIRE