

NAME: _____
 (FIRST) (MIDDLE) (MAIDEN, IF ANY) (LAST)

ADDRESS: _____
 (STREET) (CITY) (STATE & ZIP CODE)

HOW LONG AT THIS ADDRESS: _____ PHONE NUMBER: _____

SOCIAL SECURITY NO: _____ DATE OF BIRTH _____

DRIVERS LICENSE: _____
 STATE LICENSE NO. TYPE EXPIRATION DATE

ADDRESS(ES) FOR PAST THREE YEARS:

 (STREET) (CITY) (STATE & ZIP CODE) (HOW LONG)

 (STREET) (CITY) (STATE & ZIP CODE) (HOW LONG)

DRIVING EXPERIENCE:

STRAIGHT TRUCK:

 TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC) DATE: FROM TO APPROX. NO OF TOTAL MILES

TRACTOR AND SEMI-TRAILER:

 TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC) DATE: FROM TO APPROX. NO OF TOTAL MILES

TRACTOR-TWO TRAILER:

 TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC) DATE: FROM TO APPROX. NO OF TOTAL MILES

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED):

LAST ACCIDENT:

 DATE NATURE OF ACCIDENT (HEAD-ON, REAR-END, ETC) FATALITIES INJURIES

NEXT PREVIOUS:

 DATE NATURE OF ACCIDENT (HEAD-ON, REAR-END, ETC) FATALITIES INJURIES

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 DATE NATURE OF ACCIDENT (HEAD-ON, REAR-END, ETC) FATALITIES INJURIES

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

1.	LOCATION	DATE	CHARGE	PENALTY
2.	LOCATION	DATE	CHARGE	PENALTY
3.	LOCATION	DATE	CHARGE	PENALTY

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 ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS.

EMPLOYMENT RECORD/ NOTE: DOT REQUIRES THAT **THE PAST 10 YEARS BE SHOWN-** ALL TIME IN THE PAST 10 YEARS MUST BE ACCOUNTED FOR! (ATTACH SHEET IF MORE SPACE IS NEEDED). All employers from the most current past three years will be contacted to obtain a work history in regards to DOT recordable accidents and DOT drug and alcohol history.

LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE NO: _____

FAX NO: _____ REASON FOR LEAVING _____

POSITION HELD _____ FROM _____ TO _____

SECOND LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE NO: _____

FAX NO: _____ REASON FOR LEAVING _____

POSITION HELD _____ FROM _____ TO _____

THIRD LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE NO: _____

FAX NO: _____ REASON FOR LEAVING _____

POSITION HELD _____ FROM _____ TO _____

TO BE READ AND SIGNED BY APPLICANT: THIS CERTIFIES THAT I COMPLETED THIS APPLICATION, AND THAT ALL ENTRIES ON IT AND INFORMAITON IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

X _____
DATE

X _____
APPLICANT'S SIGNATURE

NOTE: A MOTOR CARRIER MAY REQUIRE AN APPLICANT TO PROVIDE INFORMATION IN ADDITION TO THE

TO: _____ DATE: _____
FROM: Company Foster Brothers Wood Products, Inc.
Name & Title Greg Hudson / Logistics Manager
Street Address 6465 State Road E; P. O. Box 249 File: _____
City Auxvasse State Missouri Zip 65231

Personnel Manager:

The person named below has applied to this company for employment. Your firm is listed by the applicant as a past employer. Will you kindly reply to this inquiry respecting this applicant. As you will note from the waiver stated below, the applicant has waived any claim of liability against the company (and its agents) for information submitted in response to this inquiry. For your convenience in replying by return mail, we have enclosed a stamped, self-addressed envelope.

Very Truly Yours,



Name of applicant: _____ Social Security No. _____
Job applied for: _____

1. This applicant lists dates of employment with your firm from: _____ to: _____ Is this correct? Yes ; No

If no, please explain: _____

2. What kind(s) of work did he/she do? Driver ; Dock ; Office ; Shop ; Other (Specify) _____

3. If employed as a driver, please indicate type of equipment driven. Tractor trailer ; Straight truck ; Twin - Trailers ; Bus

Other (Specify) _____

4. Number of accidents _____; number of accidents in which applicant was ticketed _____; number in which the applicant was fault _____ (Please show dates and circumstances on a separate sheet).

5. To your knowledge, was this person's chauffeur/operator's license suspended while in your employ? _____ If so, please explain _____

6. (Respond only if checked*) Was this person bonded while with your company? _____ If so, were there any circumstances that were reported to the bonding company? _____

* Future employer - check this question only if bonding is required for this position.

7. To the extent the person handled company funds did he/she properly maintain an account for such funds.

8. Are you aware of any physical or mental limitations that could impair this individual's performance of the particular job applied for? _____ If "yes", please explain _____

9. Did the applicant pose either repeated and/or severe disciplinary problems? If so, please explain on a separate sheet.

10. Why did this employee leave your company? Resigned ; Discharged ; Laid off

11. Would you re-employ this person? Yes ; No Please explain: _____

12. Remarks: _____

By: _____ Date: _____
(Signature of person supplying information)

(Detach here for your files)

(Former Employer)

(Date)

I hereby authorize this company to release all information concerning records of employment, including oral assessments of my job performance, ability, and fitness, to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release this company from any and all liability of any type as a result of providing the above mentioned information to the above mentioned person.

X _____
(Applicant's signature)

_____ (Witness's signature)

TO: _____ DATE: _____
FROM: Company Foster Brothers Wood Products, Inc.
Name & Title Greg Hudson / Logistics Manager
Street Address 6465 State Road E; P. O. Box 249 File: _____
City Auxvasse State Missouri Zip 65231

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Very Truly Yours, *AG*

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(Detach here for your files)

(Former Employer) _____ (Date) _____

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X _____ (Applicant's signature) _____ (Witness's signature)

EMPLOYEE STATEMENT ON ALCOHOL AND CONTROLLED SUBSTANCES TESTS

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 from my previous employer, listed in Section I-B, to the employer listed in Section I-A. This release is in accordance with DOT Regulation 49 CFR Part 391. 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 tests with a result of 0.04 or higher;
- 2. Verified positive drug tests;
- 3. Refusals to be tested, including adulterated or substituted drug test results;
- 4. Other violations of DOT agency drug and alcohol testing regulations;
- 5. Information obtained from previous employers of a drug and alcohol rule violation;
- 6. Documentation, if any, of completion of the return-to-duty process following a rule violation.
- 7. Dates and verification of employment in a safety sensitive position.

X Employee Signature: _____ Date: X _____

Witness Signature: _____ Date: _____

I-A. New Employer Name: _____

Address: _____

Phone #: _____ Fax #: _____

Designated Employer Representative: _____

I-B. Previous Employer Name: _____

Address: _____

Phone #: _____ Dates of Employment: _____ to _____

Designated Employer Representative (if known): _____

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

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

- | | | |
|---|-----|--------|
| 1. Did the employee function in a safety sensitive position? | YES | NO |
| 2. Did the employee have alcohol tests with a result of 0.04 or higher? | YES | NO |
| 3. Did the employee have verified positive drug tests? | YES | NO |
| 4. Did the employee refuse to be tested? | YES | NO |
| 5. Did the employee have other violations of DOT agency drug and alcohol testing regulations? | YES | NO |
| 6. Did a previous employer report a drug and alcohol rule violation to you? | YES | NO |
| 7. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? | N/A | YES NO |

NOTE: If you answered "no" to item 1, skip to II-B. If you answered "yes" to item 6, you must provide the previous employer's report. If you answered "yes" to item 7, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

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

Title: _____ Phone #: _____ Date: _____
(The person listed in this section is the contact person for any additional information, unless otherwise noted.)

Release of information under this part may take the form of personal interviews, telephone interviews, letters, or any other method of obtaining information that ensures confidentiality. This information shall be released to the motor carrier no later than 30 calendar days after receipt of this request. Refusal to release this information is a violation of DOT regulations.

NOTIFICATION OF DRIVER'S RIGHTS

All information given by the applicant shall be used to fulfill the requirements set forth by 49 CFR Part 391. Previous employers will be contacted regarding the applicant's safety performance history within the proceeding 3 years.

(1) A Motor Carrier must give a driver written document prior to any hiring decision—that he or she has the following rights regarding the investigative information that will be provided to the prospective employer.

- (i) The right to review information provided by previous employers;
- (ii) 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;
- (iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information 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 prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when the prospective employer receives the requested safety performance history information.

If the driver has not arranged to pick up or receive the requested records within thirty (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.

Drivers wishing to request correction of erroneous information in records must send the request for the correction to the previous employer that provided the records to the prospective employer.

(3) The previous employer must either correct and forward the information to the prospective motor carrier employer, or notify the driver within 15 days of receiving a driver's request to correct the data that it does not agree to correct the data. If the previous employer corrects and forwards the data as requested, that employer must also retain the corrected information as part of the driver's safety performance history record and provide it to subsequent prospective employers when requests for this information are received. If the previous employer corrects the data and forwards it to the prospective motor carrier employer, there is no need to notify the driver.

(4) Drivers wishing to rebut information in records received from previous employers must send the rebuttal to the previous employer with instructions to include the rebuttal in that driver's safety performance history.

(5) Within five business days of receiving a rebuttal from a driver, the previous employer must:
(i) Forward a copy of the rebuttal to the prospective motor carrier employer; (ii) Append the rebuttal to the driver's information in the carrier's appropriate file, to be included as part of the response for any subsequent investigating prospective employers for the duration of the three-year data

retention requirement.

(6) The driver may submit a rebuttal initially without a request for correction, or subsequent to a request for correction.

(7) The driver may report failures of previous employers to correct information or include the driver's rebuttal as part of the safety performance information, to the FMCSA following procedures specified at § 386.12.

(8) The prospective motor carrier employer must use the information described in paragraphs (d) and (e) of Part 391.23 only as part of deciding whether to hire the driver.

(9) The prospective motor carrier employer, its agents and insurers must take all precautions reasonably necessary to protect the records from disclosure to any person not directly involved in deciding whether to hire the driver. The prospective motor carrier employer may not provide any alcohol or controlled substances information to the prospective motor carrier employer's insurer.

(10) No action or proceeding for defamation, invasion of privacy, or interference with a contract that is based on the furnishing or use of information in accordance with this section may be brought against—

- (i) A motor carrier investigating the information, described in paragraphs (d) and (e) of Part 391.23, of an individual under consideration for employment as a commercial motor vehicle driver, (ii) A person who has provided such information; or
- (iii) The agents or insurers of a person described here in this section, except insurers are not granted a limitation on liability for any alcohol and controlled substance information. The protections above do not apply to persons who knowingly furnish false information, or who are not in compliance with the procedures specified for these investigations.

Printed Name Of Driver

Signature Of Driver

Signature Of Witness

Date