

**Team One Transport, Inc.**  
**460 Jonesville Rd.**  
**Columbus, IN 47201**  
**(812) 376-7726**

**Note: Please print or type all information**

Qualified applicants are considered for all positions without regard to race, color, religion, gender, national origin, age, marital status or non-job related disability.

## Driver Qualification

Date: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

APPLICATION MUST BE RENEWED AFTER 90 DAYS.

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

FIRST

MIDDLE

LAST

AREA CODE

Current Address\* \_\_\_\_\_

STREET

CITY

STATE

ZIP CODE

*\*If at the above residence for less than three years, list below all residences for the past three years. Attach a separate sheet if necessary.*

YOU MUST LIST A STREET ADDRESS IN ADDITION TO ANY P.O. BOX ADDRESS

\_\_\_\_\_  
STREET CITY STATE ZIP CODE

\_\_\_\_\_  
STREET CITY STATE ZIP CODE

Position Applying for: \_\_\_\_\_ Part Time  Full Time

Who referred you? \_\_\_\_\_ Rate of pay expected? \_\_\_\_\_

Have you worked for this company before?  Yes  No Dates: From \_\_\_\_\_ To \_\_\_\_\_ Where? \_\_\_\_\_

MONTH/YEAR

MONTH/YEAR

Reason for leaving \_\_\_\_\_

Names of any relatives employed by this company \_\_\_\_\_

Are you currently employed?  Yes  No If not, how long since leaving last employment? \_\_\_\_\_

## EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Last school attended: \_\_\_\_\_

NAME

ADDRESS

## GENERAL

Have you ever been bonded?  Yes  No Name of bonding company \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No If yes, please explain fully on a separate piece of paper. Conviction of a crime is not an automatic bar to employment--all circumstances will be considered.

Have you ever worked for this company under another name?  Yes  No If so, under what name? \_\_\_\_\_

## DRIVING EXPERIENCE AND QUALIFICATION

**Date of Birth** (month/day/year) \_\_\_\_\_ **Social Security No.** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

The Federal Motor Carrier Safety Regulations require that driver applicants state their date of birth (§391.21(b)(2))

### Licenses

Drivers Licenses held in the past three years must be shown. (Attach separate sheet if more space is needed.) **If none, write NONE** \_\_\_\_\_

STATE	LICENSE NO.	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> _____	<input type="checkbox"/> Hazardous <input type="checkbox"/> Tank <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Passenger <input type="checkbox"/> Air Brake	EXPIRATION DATE
<small>CLASS (check one)</small>		<small>ENDORSEMENTS (Check those you now have)</small>		

STATE	LICENSE NO.	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> _____	<input type="checkbox"/> Hazardous <input type="checkbox"/> Tank <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Passenger <input type="checkbox"/> Air Brake	EXPIRATION DATE
<small>CLASS (check one)</small>		<small>ENDORSEMENTS (Check those you now have)</small>		

**~IMPORTANT: APPLICANT MUST READ AND ANSWER THE FOLLOWING QUESTIONS~**

- 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
- C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes  No
- D. Have you ever refused any drug or alcohol test or tested positive for same within the last two years? Yes  No

If you answered "yes" to A, B, C, explain here. If "yes" to D, list the company name, telephone # and date(s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Driving Experience

<input type="checkbox"/> Straight Truck				
<small>CLASS OF EQUIPMENT</small>	<small>TYPE OF EQUIPMENT (van, tank, flat, yard, etc.)</small>	<small>DATES From</small>	<small>To</small>	<small>APPROXIMATE TOTAL MILES</small>
<input type="checkbox"/> Tractor/Semi-Trailer				
<small>CLASS OF EQUIPMENT</small>	<small>TYPE OF EQUIPMENT (van, tank, flat, yard, etc.)</small>	<small>DATES From</small>	<small>To</small>	<small>APPROXIMATE TOTAL MILES</small>
<input type="checkbox"/> Twin Trailer-LVC's				
<small>CLASS OF EQUIPMENT</small>	<small>TYPE OF EQUIPMENT (van, tank, flat, yard, etc.)</small>	<small>DATES From</small>	<small>To</small>	<small>APPROXIMATE TOTAL MILES</small>
<input type="checkbox"/> Other				
<small>CLASS OF EQUIPMENT</small>	<small>TYPE OF EQUIPMENT (van, tank, flat, yard, etc.)</small>	<small>DATES From</small>	<small>To</small>	<small>APPROXIMATE TOTAL MILES</small>

List states operated in during last five years \_\_\_\_\_

List special courses or training that will help you as a driver (include any T-T driving schools) \_\_\_\_\_

List driving awards held and who awards were presented by? \_\_\_\_\_

### Accident Review for Past 5 Years (Attach separate sheet of paper if more space is needed) **If none, write NONE** \_\_\_\_\_

Last Accident	DATE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, OVERTURN, ETC.)	FATALITIES	INJURIES
Next Previous	DATE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, OVERTURN, ETC.)	FATALITIES	INJURIES
Next Previous	DATE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, OVERTURN, ETC.)	FATALITIES	INJURIES

### Traffic Convictions and Forfeitures for the past 3 years other than parking violations. **If none, write NONE** \_\_\_\_\_

LOCATION	DATE	CHARGE	PENALTY
LOCATION	DATE	CHARGE	PENALTY
LOCATION	DATE	CHARGE	PENALTY

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## EMPLOYMENT RECORD

List all employers for last **ten (10) years**. Start with last or current position, including military experience, and work back. If unemployed more than 1 month, list as separate item as "unemployed." (Attach a separate sheet of paper if necessary)

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Check here if you do **NOT** wish us to contact your current employer at this time.

**1.** Current Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City/State: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
Position Held: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Were you subject to the FMCRs† while employed? Yes  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? Yes  No

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**2.** Company: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City/State: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
Position Held: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Were you subject to the FMCRs† while employed? Yes  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? Yes  No

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**3.** Company: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City/State: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
Position Held: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Were you subject to the FMCRs† while employed? Yes  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? Yes  No

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**4.** Company: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City/State: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
Position Held: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Were you subject to the FMCRs† while employed? Yes  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? Yes  No

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**5.** Company: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City/State: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
Position Held: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Were you subject to the FMCRs† while employed? Yes  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? Yes  No

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## EMPLOYMENT RECORD CONTINUED

List all employers for last **ten (10) years**. Start with last or current position, including military experience, and work back. If unemployed more than 1 month, list as separate item as "unemployed."

**6.** Current Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City/State: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
Position Held: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Were you subject to the FMCRs† while employed? Yes  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? Yes  No

**7.** Company: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City/State: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
Position Held: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Were you subject to the FMCRs† while employed? Yes  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? Yes  No

**8.** Company: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City/State: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
Position Held: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Were you subject to the FMCRs† while employed? Yes  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? Yes  No

**9.** Company: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City/State: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
Position Held: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Were you subject to the FMCRs† while employed? Yes  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? Yes  No

**10.** Company: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City/State: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
Position Held: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Were you subject to the FMCRs† while employed? Yes  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? Yes  No

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## WAREHOUSE/PLATFORM EXPERIENCE AND QUALIFICATIONS

List types of platform experience and number of years each \_\_\_\_\_  
\_\_\_\_\_

List platform equipment you can operate (lift truck, etc.) \_\_\_\_\_  
\_\_\_\_\_

List courses or training in platform work \_\_\_\_\_  
\_\_\_\_\_

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### APPLICANT MUST READ AND SIGN

I certify that I have read and understand all of the employment application. It is agreed and understood that the employer or his agents may investigate my background, including criminal record checks, to ascertain any and all information of concern to my employment history, whether same is of record or not. I release employers, supervisors, personal references and all other persons from any liability for providing truthful and accurate responses to any such inquiry. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks that are pertinent to the job. I also understand that if offered a job, the offer may be conditioned on the results of a physical examination and drug/alcohol tests.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigative Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file. I also understand that misrepresentation or omission of information or facts may result in the rejection of my application for employment.

If hired, I agree to abide by all the rules and policies of the employer.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

**This certifies that I completed this application and that all of the information I have supplied or will supply in this application and associated documents to Team One Transport, Inc., its affiliates or its agents is a full and complete statement of facts. It is understood that if any falsification is discovered, it will constitute grounds for dismissal from employment upon discovery thereof. I also understand that this application is not a contract of employment. I understand that if I am employed I will be an at-will employee and I may voluntarily leave my employment or my employment may be terminated at any time for any reason. I acknowledge that no written or oral statements have been made to or relied upon by me regarding the length of employment or the reasons for which my employment can be terminated.**

### AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

**In consideration of this application for employment and during any future employment with this company, I hereby authorize any physician, dentist, hospital, clinic, pharmacy, medical provider, insurance company, or other entity to provide to this company or any representative or agent thereof any and all information which may be requested regarding my physical and/or mental condition. If requested, I authorize same to provide this company or its representative or agent with a photocopy of any and all medical records, bills, and other documentation or materials in their possession pertaining to examination, evaluation, treatment, therapy or rehabilitation rendered by them and to allow this company or any representative or agent thereof or any physician appointed by them to examine any and all records, reports, slides, radiographs, test results or other materials in their possession. I agree that a photocopy of this authorization is as valid as the original.**

Date \_\_\_\_\_ Applicant Signature \_\_\_\_\_ Rev. (11/03)

**REQUESTED INFORMATION FROM PREVIOUS EMPLOYER**

Please fax this form to 317-536-3838

From: **Team One Transport, Inc.** To: **Previous Employer**  
Company: Team One Transport Company: \_\_\_\_\_ Attn: \_\_\_\_\_  
Individual: Christopher P. Nelson Telephone: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Telephone: (812) 376-7726 Fax: (317) 536-3838 Street: \_\_\_\_\_  
C/S/Z: Columbus, IN 47201 C/S/Z: \_\_\_\_\_

**Personnel Manager:**

The person named below has made application to the above named firm for a Safety Clearance. Your company is listed by the applicant as a past employer. Please reply to this inquiry regarding this applicant. As you will note from the waiver stated below, the applicant has waived any claim of liability against your company (and its agents) for information submitted in response to this inquiry. Federal regulations as of October 29, 2004 in 49CFR part 391.23 states that the prospective (hiring) employer must contact each DOT-regulated employer with the questions below who employed the driver applicant during the preceding 3 years. The previous employer must respond to the request and keep a record of the response for one year. Past employers that choose not to respond by providing this requested information will be reported to the Federal Motor Carrier Safety Administration (FMCSA) as required by the regulations. For your convenience, we have enclosed a self-addressed envelope. Thank you for your response.

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Position Applied For: \_\_\_\_\_

1. Exact Dates of Employment From: \_\_\_\_\_ To: \_\_\_\_\_
2. Did he/she drive a commercial vehicle for your company? Yes  No
3. Other responsibilities Dock  Office  Shop  Other (Specify)  \_\_\_\_\_
4. If employed as a driver, please indicate the type of equipment driven. Tractor-Trailer  Straight Truck   
 Dry Van  Tanker  Flat Bed  Doubles/Triples  Other (Specify)  \_\_\_\_\_
5. Did he/she drive Local  Over-The-Road  Both
6. What Commodity did he/she Transport? \_\_\_\_\_
7. Number of Accidents that occurred while employed by your company? \_\_\_\_\_  
 Date \_\_\_\_\_ Description \_\_\_\_\_ Preventable  Non-Preventable   
 Date \_\_\_\_\_ Description \_\_\_\_\_ Preventable  Non-Preventable
8. Has this driver refused an alcohol test or tested with a concentration of 0.04 or greater within the preceding 3 years? Yes  No
9. Has the driver refused a controlled substance test or tested positive within the preceding 3 years? Yes  No
10. Was the driver terminated for failure to test or tested positive for alcohol or drugs? Yes  No
11. If driver remained employed, did the driver successfully complete the SAP rehabilitation program? Yes  No
12. Did the applicant pose repeated and/or disciplinary problems? Yes  No
13. Reason for leaving Resigned  Discharged  Laid Off
14. Would you re-employ this individual? Yes  No  If no, explain: \_\_\_\_\_
15. Person Supplying this Information: \_\_\_\_\_ Title: \_\_\_\_\_  
REQUIRED PLEASE PRINT REQUIRED

**APPLICANT WAIVER**

Former Employer \_\_\_\_\_ Date: \_\_\_\_\_  
I hereby authorize you to release all information in accordance with 49CFR part 391.23 (10/29/2004) concerning employment, accidents and information on alcohol tests with a concentration result of 0.04 or greater, positive controlled substance test and refusals to be tested within the preceding three years, SAP rehabilitation programs, 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 a Safety Clearance with the above said company. I hereby release you from any and all liability of any type as a result of providing the above-mentioned information to the above-mentioned person.

Applicant's Signature \_\_\_\_\_ Witness' Signature \_\_\_\_\_

Please fax this form to 317-536-3838

**FOR Team One Transport, Inc. USE:** THIS FORM WAS  FAXED  MAILED TO THE ADDRESSEE ON \_\_\_\_\_  
Complete when reply is received: Information received from: \_\_\_\_\_  
**REQUIRED TO BE COMPLETED** Recorded by: \_\_\_\_\_ Date \_\_\_\_\_  
Method:  Fax  Mail  Telephone  Personal Interview

## INVESTIGATIVE CONSUMER REPORT DISCLOSURE

In connection with your employment or application for employment (including contract for services), an investigative consumer report and consumer reports, which may contain public record information, may be requested from USIS Commercial Services ("USIS"). These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, academic history, professional credentials, drugs/alcohol use, information relating to your character, general reputation, personal characteristics, mode of living, educational background, or other information about you which may reflect upon your potential for employment gathered from any individual, organization, entity, agency, or other source which may have knowledge concerning any such items of information. Such reports may contain public record information concerning your driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from USIS concerning previous driving record requests made by others from such state agencies.

You have the right to receive, upon your written request within a reasonable period of time, (not to exceed 30 days) a complete and accurate disclosure of the nature and scope of the investigation requested. You have the right to make a request to USIS, upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the sources of information and the recipients of any reports on you that USIS has previously furnished within the two-year period preceding your request. USIS may be contacted by mail at P. O. Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800) 381-0645.

Attached to this disclosure is a written summary of your rights under the Fair Credit Reporting Act (FCRA) as prepared by the Federal Trade Commission.

\_\_\_\_\_  
**Print Applicant/Employee Full Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant/Employee Signature**

### Notice to California Applicants

Under California law, the consumer reports we order on you for employment purposes within the State of California are defined as investigative consumer reports. These reports may contain information on your character, general reputation, personal characteristics and mode of living.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by USIS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at USIS in person, by mail, or by telephone. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

**I request to receive a free copy of any investigative consumer report ordered on me by checking this box.**  
 **(California applicants only)**

# TO BE COMPLETED IF YOU CURRENTLY HAVE A HAZ MAT ENDORSEMENT ON YOUR CDL

## HAZMAT DRIVER CERTIFICATION

*I hereby certify that:*

- A. I am a United States citizen or a legal permanent resident of the United States;
- B. I have not been convicted, or found not guilty by reason of insanity, in any jurisdiction, civilian or military, during the prior 7 years, of any of the crimes listed below;
- C. I have not been released from jail or prison for any of the crimes listed below in the past 5 years; and
- D. I am not wanted or under indictment in any jurisdiction, civilian or military, for any of the crimes listed below; and
- E. I have not been adjudicated a mental defective or committed to a mental institution.

The crimes applicable to this certification are the following felonies (*not misdemeanors*):

- 1. Terrorism;
- 2. Murder;
- 3. Assault with intent to murder;
- 4. Espionage;
- 5. Sedition;
- 6. Kidnapping or hostage taking;
- 7. Treason;
- 8. Rape or aggravated sexual abuse;
- 9. Unlawful possession, use, sale, distribution or manufacture of an explosive, explosive device, firearm or other weapon;
- 10. Extortion;
- 11. Robbery;
- 12. Arson;
- 13. Distribution of, intent to distribute, possession, or importation of a controlled substance;
- 14. Dishonesty, fraud or misrepresentation, including identity fraud;
- 15. A crime involving a severe transportation security incident;
- 16. Improper transportation of a hazardous material;
- 17. Bribery;
- 18. Smuggling;
- 19. Immigration violations;
- 20. Violations of the Racketeer Influenced and Corrupt Organizations (RICO) act; and
- 21. Conspiracy or attempt to commit any of the above crimes.

**I understand that if I am unable to truthfully make the above certifications that I am no longer legally eligible to possess a hazardous materials endorsement for my Commercial Driver's License, and that I must immediately surrender that hazmat endorsement to my state licensing agency.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Driver's Name

\_\_\_\_\_  
Date

## DRIVER APPLICANT PRE-EMPLOYMENT ALCOHOL AND CONTROLLED SUBSTANCES STATEMENT

**Section 40.25(j)** of the Federal Motor Carrier Safety Regulations, requires each motor carrier to inquire of prospective drivers and prospective drivers are required to respond to the information in the question below.

Have you, the applicant, 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**

If the answer to the above question is YES, please list the motor carrier(s) below:

Name of Motor Carrier: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

In addition, if the answer to the above question was YES, please list the name and contact information for the Substance Abuse Professional (SAP) who completed your evaluation.

Name of SAP: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## APPLICANT'S AUTHORIZATION TO OBTAIN PAST DRUG AND ALCOHOL TEST RESULTS

I, \_\_\_\_\_, understand as a condition of hire with The Company I must give The Company written authorization to obtain the results of all DOT-required drug and/or alcohol tests (including refusals to be tested) from all of the companies for which I worked for as a driver, or for which I took a pre-employment drug and/or alcohol test, during the past three (3) years. I have also been advised and understand that my signing of this authorization does not guarantee me a job or guarantee that I will be offered a position with The Company.

Below I have listed all of the companies for which I worked as a driver, or to which I have applied as a driver during the past three years. I hereby authorize The Company to obtain from those companies and I hereby authorize those companies to furnish to The Company the following information concerning my drug and alcohol tests; (1) all positive drug test results during the past three years; (2) all alcohol test results of 0.04 or greater during the past three years; (3) all alcohol test results of 0.02 or greater but less than 0.04 during the past three years; (4) all instances in which I refused to submit to a DOT-required drug and/or alcohol test during the past three years.

The following is a list of all the companies for which I worked as a driver, or to which I applied for work as a driver, during the past (3) three years.

<u>Company Name</u>	<u>Phone Number</u>	<u>Dates worked for/applied to</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**APPLICANT CERTIFICATION:**

I have carefully read and understand this authorization to release my past drug and alcohol test results. In signing below, I certify that all of the information, which I have furnished, on this form is true and complete, and that I have identified all of the companies for which I have either worked, or applied for work, as a driver during the past three years.

\_\_\_\_\_                     
  \_\_\_\_\_                     
  \_\_\_\_\_  
**Signature of applicant**                     
 **Print Name**                     
 **Date**

# PREVIOUS EMPLOYER BACKGROUND EX-CHANGE INFORMATION

- If desired, the driver/applicant can request to review the information provided by his/her previous employer(s) and can contest the information, as follows:
- A written request must be made to the prospective employer within 30 days after the date of hire or the date employment was denied.
- The information must be provided to the applicant driver within 5 business days after the request is received (or within 5 days after the information is received from previous employers, if it has not been received by the time of the request).
- The applicant has 30 days to pick up the information from the office, we do not mail to person.
- If the applicant wishes to contest the information, he/she must contact the previous employer and either request the correction or submit a rebuttal.
- In response to a request for correction, the previous employer must either submit corrected information to the prospective employer or notify the driver within 15 days that it does not agree with his/her request.
- Within 5 days of receiving a rebuttal, the previous employer must send a copy to the prospective employer and add the rebuttal to the driver's file, to be sent to future investigating employers.
- Drivers can report to the FMCSA any previous employers who refuse to correct erroneous information or include the driver's rebuttal in information sent to other employers.
- An applicant intending to operate a vehicle requiring a commercial driver's license (CDL) must provide a total of 10 years of employment history for which he/she operated a commercial motor vehicle (383.35, 391.21(b)(11)). However, there is no regulation requiring the carrier to check back beyond the 3-year period mentioned above.

I have read and understand my rights as a commercial driver per federal regulations outlined in (FMCSR 49CFR part 391.23) effective October 29, 2004.

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Applicant name (first, middle, last) (print only)

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Applicant Signature

Date

FMCSR 49cfr, part 391.23h the release of information under this section may take any form that reasonably ensures confidentiality, including letter, facsimile, or e-mail. The previous employer and its agents and insurers must take all precautions reasonably necessary to protect the driver safety performance history records from disclosure to any person not directly involved in forwarding the records, except the previous employer's insurer, except that the previous employer may not provide any alcohol or controlled substances information to the previous employer's insurer.