DRIVER APPLICATION

Advertising Source:			Driver Referral:			
CIRCLE ONE OF THE FOLLOWING:			Company Driver	Owner Operator		
Name:						
(First)	(Middle)	(L	east)		
Date of Birth: _		SSN:	Phone	:		
How many year	rs of Tractor/7	Trailer experience?				
Please list all re	sidences for t	he past three (3) ye	ears.			
Current Addres	s:		•			
City:	Sta	ate: Zip Code	: How Long:	Years Months		
Previous Addre	ess:					
City:	Sta	ate: Zip Code	: How Long:	Years Months		
Previous Addre	ess:	***************************************				
City:	St	ate:Zip Code	:: How Long:	Years Months		
Emergency Con	ntact Name: _		Relations	ship:		
Emergency Con	ntact Phone N	Iumber:				
Circle the Mal	ke of tractors	s driven:	Circle the typ	e of trailers pulled:		
IHC/Navistar	Cab Over	Conventional	Van	Reefer		
Kenworth	Cab Over	Conventional	Livestock	Flatbed		
Freightliner	Cab Over	Conventional	Hopper	Grain		
Peterbilt	Cab Over	Conventional	Bulk Tanker	Liquid Bulk Tanker		
Ford	Cab Over	Conventional	Drop Deck/ S	tep Deck		
Other	Cah Over	Conventional				

Circle commodities transported:

LTL freight Dairy products Lumber		Petroleum Livestock Grain/Feed		Haz. Mat. Heavy Equipment Sand/Gravel		Reefer Products Steel Household Goods						
Circle	e States	s opera	ted in:									
AL	AR	AZ	CA	CO	CT	DE	FL	GA	IA	ID	IL	IN
KS	KY	LA	MA	ME	MD	ΜΠ	MN	MO	MS	MT	NE	NC
ND	NH	NJ	NM	NV	NY	OH	OK	OR	PA	RI	SC	SD
TN	TX	UT	VA	VT	WA	WI	WV	WY				

DRIVER SELECTION STANDARDS

Premium Best Transport, Inc. selection standards and requirements for hiring drivers include:

- 1. Must be at least 23 years old and have at least 24 months verifiable experience.
- 2. Must have CDL license.
- 3. Must be able to meet all applicable D.O.T. and company regulations.
- 4. Must have current D.O.T. physical or a physical will be scheduled for you.
- 5. Must pass pre-employment drug test.
- 6. Must have and maintain a neat, clean appearance.
- 7. Must have NO license suspensions for moving violations in the past 3 years.

The following tasks are required to perform the essential responsibilities of this position. Are you able to perform the following tasks:

Get in and out of a semi truck?

Get in/out or on/off a semi trailer?

Get under units to perform duties, such as checking brakes and visual inspection of equipment?

Raise and lower trailer dollies when under a load?

Apply enough pressure to release the fifth wheel pin?

Sit stationary in a driver's seat for long periods of time?

Be on duty the maximum hours allowed by D.O.T. Hours of Service regulations?

Discontinuation of the qualification process will be enforced if you fail the drug screen or falsify this application. I have read and agree to the statements presented above.

Signature	Date

Are you	23 years or oldei	? 🗌 Yes 🗌 No	Do you ha	ave a legal	right to liv	e and	work in the U.S.?	☐ Yes ☐ N
Are you a	a US Citizen?	☐ Yes ☐ No	Have you	ever been	convicted	of a Fe	elony?	☐ Yes ☐ N
Are you t	familiar with the	Motor Carrier Safety F	Regulation	i? 🔲 Y	es 🗌 No			
road exp		tal of 2 years of over t leted driving school wi ience?		□ Y	es 🗌 No			
Have you	ı ever had your o	driver's license suspen	ded?	□ Y	es 🗌 No	If ye	s, when?	
Have you	u ever had your o	driver's license revoke	d?	□ Y	es 🗌 No	If ye	s, when?	
Have you	u ever tested pos	sitive on a drug or alco	hol test?	ΩΥ	es 🗌 No	If ye	s, when?	
Have you	u ever refused a	drug or alcohol test?		□ Y	es 🗌 No	If ye	s, when?	
Have you	u worked 争み 🏌	25773		Ţ	es 🗌 No	If ye	s, when?	
Have you	ı previously appl		es 🗌 No	If ye	s, when?			
	u ever been deni a motor vehicle?	ed a license, permit, o	r privilege		es 🗌 No	If ye	s, when?	
Have you driving o		victed of any alcohol re	elated	□ Y	es 🗌 No	If ye	s, when?	
or use of		ricted for possession, s , amphetamine, or oth		☐ Y	es 🗌 No	If ye	s, when?	
the state of the s		list all dainers		CENSE	2 a b b u = 2 /	2)		
9	STATE	<u>List all drivers l</u> LICENSE NUMBER		CLASS/END		- 1	EXPIRATIO	N DATE
	Preventable a	T and Non-preventable t Truck and Car (other	raffic conv		forfeiture			years
	DATE	LOCATION (STATE		CHARG		,	PENALTY	
							· · · · · · · · · · · · · · · · · · ·	
Motor	Vehicle Accident	Record for last 3 year	rs. List all	ICLE ACC involvement It (if none,	nt with tru	ck and	car including pro	perty damage
DATE	TYPE VEHICLE	NATURE OF ACCIDE		it (ii none,	WHO WA	AS AT	FATALITIE S	INJURIES
01.400				EXPERI			1	
	OF EQUIPMENT	TYPE OF EQUII (Van, Tank, Fla		 Fr	DATES om / 1	то	APPROX. NO.	OF MILES otal)
	raight Truck							
	and Semi-Traile	r						
Tract	or Two-Trailers							•
	Other							

Driver_Application Revision Number: 2
Revision Date: 5/25/2006 5:10:00 PM Owner: V.P. Human Resources

To submit an application, you will need to account for the last ten (10) years of your activities.

You will need:

- 1. Company names, addresses, phone numbers, and name of person to contact.
- 2. All motor vehicle accidents or incidents listed that you have been involved in for the last three (3) years.
- 3. All tickets listed in all states and in all vehicles in the last three (3) years.
- 4. Beginning and ending dates of employment, self-employment or unemployment (month/year).

EMPLOYMENT RECORD

Begin with your present or most recent job and work backward in order, listing your employers for the last ten (10) years including all driving and non-driving full- and part-time employment, self-employment, military service, and any periods of unemployment. Use another sheet of paper if necessary. Are you presently employed? Yes 🗌 No 🗍 May we call your current employer? Yes 🗍 No 🗍 Current/Most Recent Work History: Name: ______ Phone: (____)____ Address: _____ State: _____ Zip Code: _____ City: ___ Reason For Leaving: Were you subject to the FMCSR's? Yes \(\Boxed{1} \) No \(\Boxed{1} \) Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes ☐ No ☐ Work History: Name: ______Phone: (____)_____ Address: _____ City: ______ State: ____ Zip Code: _____ Position Held: _______To: _____To: ______ Reason For Leaving: _____ Were you subject to the FMCSR's? Yes ☐ No ☐ Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes \(\square\) No \(\square\) Work History: Name: ______ Phone: (____)_____ City: _____ State: _____ Zip Code: _____ Position Held: _______To: ______To: ______ Reason For Leaving: _____ Were you subject to the FMCSR's? Yes \(\bigcap \) No \(\Boxed{\omega}

Work History:

required by 49 CFR part 40? Yes No

Driver_Application Revision Number: 2

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as

Revision Date: 5/25/2006 5:10:00 PM Owner: V.P. Human Resources

Name:		Phone: (
Address:			
City:			
Position Held:		From:	To:
Reason For Leaving:			
Were you subject to the FMCSR's			
required by 49 CFR part 40? Yes	□ No □		ject to drug and alcohol testing a
Work History:			
Name:		Phone: ()
Address:			
City:			
Position Held:		From:	To:
Reason For Leaving:			
Were you subject to the FMCSR's			
Was Job Designated as a Safety required by 49 CFR part 40? Yes	∶ No		ject to drug and alcohol testing a
Work History:			
Name:		Phone: ()
Address:			
City:	State:	Zip Code:	
Position Held:		From:	To:
Reason For Leaving:			
Were you subject to the FMCSR'			
Was Job Designated as a Safety required by 49 CFR part 40? Yes		DOT regulated mode sub	ject to drug and alcohol testing a
Work History:			
Name:		Phone: ()
Address:			
City:			
Position Held:		From:	To:
Reason For Leaving:			
Were you subject to the FMCSR'	s? Yes 🗌 No 🗍		
Was Job Designated as a Safety required by 49 CFR part 40? Yes		DOT regulated mode sub	ject to drug and alcohol testing a

. Driver_Application Revision Number: 2
Revision Date: 5/25/2006 5:10:00 PM Owner: V.P. Human Resources

<u>Work History:</u>			
Name:		Phone: (
Address:			
City:	State:	Zip Code:	
Position Held:		From:	To:
Reason For Leaving:		al-line and a second a second and a second a	
Were you subject to the FMCSR's?	Yes 🗌 No 🗌		
Was Job Designated as a Safety Se required by 49 CFR part 40? Yes	nsitive function in any ${ t I}$	DOT regulated mode s	ubject to drug and alcohol testing as
*If you need a	dditional space for prev	ious employers please	ask any ACT employee for assistance.
	EDUC	CATION	
High School: 1 ☐ 2 ☐ 3 ☐ 4	☐ College:	1 🗌 2 🗌 3 🗌 4	
List any other training or schools:			
Truck Driving School:			
Did you graduate? ☐ Yes ☐ No			
Did you graduate: Thes Tho			
I CERTIFY that all information per that any false information or omay result in my dismissal if did I UNDERSTAND that the emproper Reporting Agency. This reporting Agency. I understate the disclosure of the name at complete disclosure of the name at a complete disclosure of the name at a AUTHORIZE the investigation any person, school, current emany legal liability in making such I UNDERSTAND that if I am expassing a complete pre-employinformation as may be deemed I UNDERSTAND I may be required a pre and/or post employment. I UNDERSTAND THAT THIS CONTRACT OF EMPLOYMENT I EMPLOYED, I UNDERSTAND	emission may disqualistic scovered at a later day longer may request ort may include inform it and I have a right to and address of the Cure and scope of the information of any or all statements. It is to successfully pay and screen as a contract of the contract of the information of the informati	oyment application if y me from further ate. an investigative content of the comment of the consumer reporting investigation. The consumer reporting investigation. The consument it may be a consument of the consumer reporting in the consument of the consumen	is true and complete. I understand consideration for employment and onsumer report from a Consumer y character, reputation, personal phors, friends, former employers, quest within a reasonable time for a Agency so that I may obtain a this application and also authorize the employers and organizations from the conditioned upon my successfully to the release of any or all medical the work for which I am applying. I hereby consent to

Signature:

Date:

DRIVER APPLICANT DRUG AND ALCOHOL PRE-EMPLOYMENT STATEMENT

CFR Part 40.25(j) requires the employer to ask any applicant, 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 rules during the past two years. If the potential employee admits that he or she had a positive test or refusal to test, we must not use the employee to perform safety-sensitive functions, until and unless the potential employee provides documentation of successful completion of the return-to-duty process. (See Section 40.25(b)(5) and (e).

Applican	Name: D Number:
1.2	(Please Print)
As an ap 40.25(j)	olicant, applying to perform safety-sensitive functions for our company, you are required by CFR Part o respond to the following questions.
е	ave you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an imployer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT gency drug and alcohol testing rules during the past two years? Yes No No
2. I	Yes No. \(\square\) you answered yes, to the above question, can you provide proof that you have successfully completed the Yes \(\square\) No. \(\square\)
	My signature below certifies that the information provided is true and correct.
	Applicant Signature: Date:
	This form is courtesy of:
7	
	GREAT WEST CASUALTY COMPANY The Difference is Service

Company Name	
FAIR CREDIT REPORTING ACT DISCLO	SURE STATEMENT
In accordance with the provisions of Section 604(b)(2)(A) Public Law 91-508, as amended by the Consumer Credit Subtitle D, Chapter I, of Public Law 104-208), you are being verifying your previous employment, previous drug and a driving record may be obtained on you for employment prequired by Sections 382.413, 391.23, and 391.25 of the FRegulations.	Reporting Act of 1996 (1111e 11, ing informed that reports alcohol test results, and your urposes. These reports are
Applicant's signature	Date
Print name	ID number

MANDATORY USE FOR ALL MONTHLY ACCOUNT HOLDERS

IMPORTANT NOTICE REGARDING BACKGROUND REFORTS FROM THE PSP Online Service

- 1. In connection with your application for employment with Premium Best Transport ("Prospective Employer"), it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). If the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report. The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:
- 2. I authorize Prospective Employer to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.
- 3. I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to https://dataqs.fmcsa.dot.gov. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.
- 4. Please note: Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background understand that if I sign this consent form, Prospective history. I hereby authorize Prospective Employer and information authorized above.	d Reports provided to me by Prospective Employer and I e Employer may obtain a report of my crash and inspection is employees, authorized agents, and/or affiliates to obtain the
Date:	Signature Name (Please Print)

NOTICE: This form is made available to monthly account holders by NICT on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain a driver's written or electronic consent prior to accessing the driver's PSP report. Further, account holders are required by FMCSA to use the language provided in paragraphs 1-4 of this document to obtain a prospective driver's consent. The language must be used in whole, exactly as provided. The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.

C_{ℓ}	arrier Name:	Contact Person:	Contact Person:					
A	ddress:	City, State, Zip:						
P	hone #:	Confidential Fax #:			-			
CN acl inf I of and eacl for	MCSRs) Part 391.21, the following MV, subject to the FMCSR Parts 39 knowledge that this information will formation and rebut any errors in the Print Name my job performance, ability and fit d/or my refusal to submit to any alceh and every company (or their auther employment with said company. I	Driver to Complete This Section (IV) Driver, I understand that per, the Federal Motor of information will be requested from all previous employers and/or 40, 382 & 383, within the past three years to be used in determining my eligibility to be hired, the esse statements from my prior employers, as described by authorize this company to release all records of expenses, including dates of any and all alcohol or drug to cohol or drug tests and any rehabilitation completion horized agents) which may request such information. I hereby release this company, and its employees, of essult of providing information to the above-mentione	ployers for which I operates, from date shown believes, from date shown believes, from date shown believes, the FMCSR Part 39 comployment, including assess. Those confirmed resunder direction of (SAP) in connection with my afficers, directors, and ageing	ated a ow. I al view this 1.23. ssessme esults /MRO) applicationts from	ents to			
		Contact Person:						
		City, State, Zip:						
		Fax Number:						
		ates of/to/						
	Applicant's Signature	SSN or ID Number D.O	D.B. Today's I	Date				
Ple	ase provide the following drug and no drug and alcohol information is a	yer to Complete >> DRUG & ALCO alcohol information as required by FMCSR Part 39 available on above-named applicant check here.	OHOL INFORM. 1.23 & 40.25.	ATIO	N N			
2.	Any verified positive drug test?							
۷.	Any verified positive drug test?							
3.	Any refusals to be tested (including	ng verified adulterated or substituted drug test result	s)?					
4.	Any other violations of DOT ager	ncy drug and alcohol testing regulations (Part 382 or	Part 40)?					
5.	did he/she have any subsequent vi	applete a SAP rehabilitation referral and remained in y iolations for: an alcohol test result of 0.04 or greater, est (including a verified adulterated/substituted drug	a verified					
6.	If yes to any of the above question prescribed treatment and return-to	ns, please provide documentation of successful compoduty requirements (including follow-up tests) if the	oletion of a SAP evaluati	on, loy.*				
* If		evious employer, you as a prospective employer, must get this inf	· -	-				

Drug and alcohol information needs to be kept in a separate personnel and/or confidential file.

C_4	arrier Name:	Contact Persoi	n.		
A	ldress:	City, State, Zip.	s		
P	none #:	Confidential Fax #			•
(F) CN acl inf I_ of	a Commercial Motor Vehicle (CMV) Driver MCSRs) Part 391.21, the following information AV, subject to the FMCSR Parts 390 and/or 4 knowledge that this information will be used formation and rebut any errors in these statements.	ion will be requested from all pre- 40, 382 & 383, within the past in determining my eligibility to linents from my prior employers, a rize this company to release all reading dates of any and all alcoho	ral Motor Carrier Safevious employers for three years, from debt hired, that I have to see described in the Factorial of employment or drug tests. Those	fety Regulations which I operated a ate shown below. I the right to review the MCSR Part 391.23. ht, including assessn	his nents
for an	ch and every company (or their authorized ag employment with said company. I hereby re y and all liability of any type as a result of pro	ents) which may request such in elease this company, and its emp oviding information to the above	formation in connect loyees, officers, direct inentioned person a	ion with my applica ctors, and agents fro nd/or company.	ation om
	evious Employer:				
	Allenhone Number:				
	lephone Number:				
	Applicant's Signature	SSN or ID Number	D.O.B.	Today's Date	
Ple	ECTION I — Past Employer to ease provide the following drug and alcohol in drug and alcohol information is available of	nformation as required by FMCS	SR Part 391.23 & 40.3	INFORMATI 25.	ON
1.	Any alcohol test with a result of 0.04 or high	gher alcohol concentration?		YES	NO I
2.	Any verified positive drug test?				
3.	Any refusals to be tested (including verified	d adulterated or substituted drug	test results)?		
4.	Any other violations of DOT agency drug a	and alcohol testing regulations (F	Part 382 or Part 40)?		
5.	If this driver did successfully complete a Sa did he/she have any subsequent violations to positive drug test or a refusal to test (include	for: an alcohol test result of 0.04	or greater, a verified		
6.	If yes to any of the above questions, please prescribed treatment and return-to-duty req	provide documentation of succe uirements (including follow-up t	ssful completion of a ests) if they remained	SAP evaluation, d in your employ.*	
* If	this information is not available from the previous empl-	oyer, you as a prospective employer, mu:	st get this information fror	л the driver/applicant.	

Drug and alcohol information needs to be kept in a separate personnel and/or confidential file.

Ce	rrier Name:	Contact Person	n;		
Αι	ldress:	City, State, Zip.	°		****
P	one #:	Confidential Fax #	ş.,		
(FI CM ack info	a Commercial Motor Vehicle (CMV) Driver, I un MCSRs) Part 391.21, the following information wiff it, subject to the FMCSR Parts 390 and/or 40, 38 mowledge that this information will be used in detormation and rebut any errors in these statements in the print Name my job performance, ability and fitness, including	ill be requested from all property as 383, within the past termining my eligibility to be from my prior employers, and is company to release all reductes of any and all alcohologically as the soft any and all alcohologically as the requestion of a second of the requestion of the request	ral Motor Carrier Safe evious employers for wathree years, from dat be hired, that I have the described in the FM ecords of employment of or drug tests. Those of	which I operated a te shown below. I te right to review t CSR Part 391.23. , including assessing confirmed results	also his nents
and eac for any	Vor my refusal to submit to any alcohol or drug tes h and every company (or their authorized agents) employment with said company. I hereby release and all liability of any type as a result of providing	sts and any rehabilitation or which may request such in this company, and its emp ag information to the above	ompletion under direct formation in connection loyees, officers, direct connectioned person and	tion of (SAP/MRC on with my applicators, and agents fro d/or company.	ation om
	vious Employer:				
	iling Address:				
	ephone Number:				
Ìw	orked for this company from the dates of/_	to	_		
	Applicant's Signature	SSN or ID Number	D.O.B.	Today's Date	
Ple	ECTION I — Past Employer to Con ase provide the following drug and alcohol inform to drug and alcohol information is available on about	ation as required by FMCS	SR Part 391.23 & 40.25	NFORMATI 5.	ON
1.	Any alcohol test with a result of 0.04 or higher a	lcohol concentration?		$\frac{\text{YES}}{\Box}$	<u>NO</u>
2.	Any verified positive drug test?				
3.	Any refusals to be tested (including verified adul	lterated or substituted drug	test results)?		
4.	Any other violations of DOT agency drug and ale	cohol testing regulations (F	Part 382 or Part 40)?		
5.	If this driver did successfully complete a SAP red did he/she have any subsequent violations for: an positive drug test or a refusal to test (including a	alcohol test result of 0.04	or greater, a verified	_	
6.	If yes to any of the above questions, please provi prescribed treatment and return-to-duty requirem	de documentation of succe ents (including follow-up t	essful completion of a states. if they remained	SAP evaluation, in your employ.*	
* If	his information is not available from the previous employer, yo	ou as a prospective employer, mus	st get this information from	the driver/applicant.	

Drug and alcohol information needs to be kept in a separate personnel and/or confidential file.

Co	rrier Name:	Contact Person	0		_
Ad	drzes:	City, State, Zip:			
	one #:				
(FN CIV ack	a Commercial Motor Vehicle (CMV) Down ACSRs) Part 391.21, the following information will be upormation and rebut any errors in these statements.	mation will be requested from all prevolence /or 40, 382 & 383, within the past to sed in determining my eligibility to be	al Motor Carrier Safet vious employers for w hree years, from date hired, that I have the	which I operated a e shown below. I e right to review th	also his
of r and eac for	Print Name ny job performance, ability and fitness, illor my refusal to submit to any alcohol of and every company (or their authorize employment with said company. I herely and all liability of any type as a result of	or drug tests and any rehabilitation co d agents) which may request such info by release this company, and its empl	or drug tests. Those ompletion under direct ormation in connection oyees, officers, direct	confirmed results ion of (SAP/MRO on with my applica ors, and agents fro) to tion
Pre	vious Employer:	Contact Person:			
Ma	iling Address:	City, State, Zip:			
Tel	ephone Number:	Fax Number:			
I w	orked for this company from the dates of	f/to/			
	Applicant's Signature	SSN or ID Number	D.O.B.	Today's Date	
Ple	ECTION I — Past Employer ase provide the following drug and alcohol information is available	nol information as required by FMCS	R Part 391.23 & 40.25	NFORMATI 5.	ON
1.	Any alcohol test with a result of 0.04 of	or higher alcohol concentration?		$\frac{\text{YES}}{\Box}$	<u>NO</u>
2.	Any verified positive drug test?				
3.	Any refusals to be tested (including ve	rified adulterated or substituted drug	est results)?		
4.	Any other violations of DOT agency d	rug and alcohol testing regulations (P	art 382 or Part 40)?		
5.	If this driver did successfully complete did he/she have any subsequent violation positive drug test or a refusal to test (in	ons for: an alcohol test result of 0.04	or greater, a verified		
6.	If yes to any of the above questions, ple prescribed treatment and return-to-duty	ease provide documentation of succes requirements (including follow-up to	sful completion of a sests) if they remained	SAP evaluation, in your employ.*	

Drug and alcohol information needs to be kept in a separate personnel and/or confidential file.

* If this information is not available from the previous employer, you as a prospective employer, must get this information from the driver/applicant.

Ca	rrier Name:	Coniect Person	D		
Αö	di°ess:	City, Siate, Zip:			
Ph	one #:	Confidential Fax #:			
(FN ack info	MCSRs) Part 391.21, the following in IV, subject to the FMCSR Parts 390 mowledge that this information will be	Driver to Complete This Section of the Peders of the Peder	al Motor Carrier Sa vious employers for three years, from the hired, that I have so described in the Foods of employme or drug tests. Those impletion under directory or drug tests, directory or drug tests, directory or drug tests, directory or directory of the three tests.	fety Regulations rewhich I operated late shown below. the right to review MCSR Part 391.23 nt, including assesse confirmed result ection of (SAP/MR tion with my appliectors, and agents of the confirmed agents of the confir	I also this 3. sments s RO) to ication
Pre	vious Employer:	Contact Person: City, State, Zip:			
		Fax Number:			
		tes of/ to/			
	Applicant's Signature	SSN or ID Number	D.O.B.	Today's Date	 3
Ple	ase provide the following drug and	yer to Complete >> DRUG & alcohol information as required by FMCS vailable on above-named applicant check	R Part 391.23 & 40	<i>INFORMAT</i> 1.25.	TION
Ι.	Any alcohol test with a result of 0	0.04 or higher alcohol concentration?		YES	NO D
2.	Any verified positive drug test?				
3.	Any refusals to be tested (including	ng verified adulterated or substituted drug	test results)?		
4.	Any other violations of DOT ager	ncy drug and alcohol testing regulations (P	art 382 or Part 40)?	? 🗖	
5.	did he/she have any subsequent vi	aplete a SAP rehabilitation referral and rentiolations for: an alcohol test result of 0.04 est (including a verified adulterated/substit	or greater, a verifie	d 👝	
6.	If yes to any of the above question prescribed treatment and return-to	ns, please provide documentation of succe oduty requirements (including follow-up t	ssful completion of ests) if they remain	a SAP evaluation, ed in your employ	, .*

Drug and alcohol information needs to be kept in a separate personnel and/or confidential file.

* If this information is not available from the previous employer, you as a prospective employer, must get this information from the driver/applicant.

U O	rrer nome:	Coniact Ferson			
Ao	dress:	City, State, Zip:			_
Ph	one #:	-			_
(FN CM ack info	a Commercial Motor Vehicle (CMV) Driv MCSRs) Part 391.21, the following informative informative informative informative information will be use or and rebut any errors in these state	ation will be requested from all pre r 40, 382 & 383, within the past to d in determining my eligibility to be ements from my prior employers, as	tion al Motor Carrier Safety vious employers for w hree years, from date e hired, that I have the s described in the FMC	hich I operated a e shown below. I e right to review to CSR Part 391.23.	his
of r and eac for	Print Name ny job performance, ability and fitness, income for my refusal to submit to any alcohol or and every company (or their authorized a semployment with said company. I hereby and all liability of any type as a result of preserved.	cluding dates of any and all alcohol drug tests and any rehabilitation co agents) which may request such inf release this company, and its empl	or drug tests. Those c mpletion under direction formation in connection oyees, officers, directo	onfirmed results on of (SAP/MRC n with my applicators, and agents from)) to
Pre	vious Employer:	Contact Person:			
Ma	ling Address:	City, State, Zip:			-
Tel	ephone Number:	Fax Number:			
I w	orked for this company from the dates of _				
	Applicant's Signature	SSN or ID Number	D.O.B.	Today's Date	
Plea	ECTION I — Past Employer to ase provide the following drug and alcohol or drug and alcohol information is available.	information as required by FMCS	R Part 391.23 & 40.25	VFORMATI i.	ON
1.	Any alcohol test with a result of 0.04 or h	nigher alcohol concentration?		$\underline{\underline{YES}}$	$\frac{NO}{\Box}$
2.	Any verified positive drug test?				
3.	Any refusals to be tested (including verif	ied adulterated or substituted drug	test results)?		
4.	Any other violations of DOT agency drug	g and alcohol testing regulations (P	art 382 or Part 40)?		
5.	If this driver did successfully complete a did he/she have any subsequent violation positive drug test or a refusal to test (incl	s for: an alcohol test result of 0.04	or greater, a verified	,	
6.	If yes to any of the above questions, plear prescribed treatment and return-to-duty re	se provide documentation of succes equirements (including follow-up to	ssful completion of a Sests) if they remained	SAP evaluation, in your employ.*	

Drug and alcohol information needs to be kept in a separate personnel and/or confidential file.

* If this information is not available from the previous employer, you as a prospective employer, must get this information from the driver/applicant.

ALCOHOL AND/OR DRUG EST NOTIFICATION

Part 382 - Controlled Substances and Alcohol Use Testing applies to drivers of this company.

§382.113 Requirement for notice.

Before performing an alcohol or controlled substances test under this part, each employer shall notify a driver that the alcohol or controlled substances test is required by this part. No employer shall falsely represent that a test is administered under this part.

river/Applicant Name: _	(Print) (Fir	1 BAI Lock	
	` ' ' '		
You are h	ereby notified the following te Federal Motor Car	st will be administered rier Safety Regulations	in compliance with the 3.
. The test is scheduled:	Date:		
-	Location:		
	Time:		
2. Check type of test:	☐ Alcohol	☐ Controlled	Substance
3. Check reason for test:	☐ Pre-employment	Random	☐ Reasonable suspicion
4. Appointment instructior	Post-accident		☐ Follow-up
4. Appointment instruction	Post-accident		
4. Appointment instruction I understand as a	Post-accident		
4. Appointment instruction I understand as a	Post-accident as/comments: condition of my employment		above identified test is required