



DRIVER'S APPLICATION FOR EMPLOYMENT

STD, Inc
dba: Standard Transportation Services
P.O. Box 2725
Joplin, Missouri 64803
Phone: (417) 782-1990 Fax: (417) 782-0122

Applicant Name: _____ Date: _____
(PRINT)

Minimum Employment Requirements: *Class A Commercial Driver's License, Clear MVR (no critical violations), 2 years recent verifiable tractor/trailer experience (not to include school), clear drug/alcohol history, ability to pass a DOT physical as well as an additional Physical Capacity Profile test and submit a completed application containing true and accurate information.*

TO BE READ AND SIGNED BY APPLICANT

I authorize Standard Transportation Services to make such investigations and inquiries of my personal, employment, financial, 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 after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability regarding responses to inquiries and the release of information in connection with my application.

I understand that information I provide as well as information obtained from current 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.

If I request to review information provided by a previous employer(s), I will contact the prospective employer within 30 (thirty) days of notification of any decision made in response to my application for employment. I understand that in order to protect my privacy concerning this matter that only personal contact with the prospective employer will be considered i.e.: certified mail or in person. Absolutely no information will be provided by the prospective employer to any person other than me.

In the event of employment, I agree that I am required to abide by all company policies, as well as all rules and regulations of the Federal Motor Carrier Safety Administration. I understand that false or misleading information given in my application or interview(s) may result in discharge. I agree if I am discharged or resign before my 90-day probation period is complete, I may be liable for a prorated portion of the cost associated for pre-employment processes (currently \$200).

Applicants Signature

Date

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all available 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.

APPLICANT TO COMPLETE

The purpose of this document is to determine whether the driver applicant meets the required qualifications to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and STD, Inc. d/b/a Standard Transportations Services, Inc.

Please answer all questions. If the answer to any question is "No" or "None," do not leave the item blank, but instead write in "No" or "None."

Position(s) Applied for: Local Driver OTR Driver Full Time Part Time Owner Operator

Name _____ Social Security Number _____ - _____ - _____
Last First Middle

List your addresses of residency for the past 3 years:

Current Address _____
Street City State Zip

Home phone #: _____ Alternate phone #: _____ How Long? _____
yr./mo.

Previous Address:

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

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

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

Date of Birth _____ / _____ / _____ Can you provide proof of age? YES NO
(Required for Commercial Drivers)

Do you have legal right to work in the United States? YES NO

Highest grade completed in school: 1 2 3 4 5 6 7 8 9 10 11 12 GED College: 1 2 3 4 5+
(Circle one)

Last school attended: _____

Have you worked for STD / Standard before? YES NO Where? _____

Dates: From _____ To _____ Rate of pay _____ Position _____

Reason for leaving: _____

Are you now employed? YES NO If not, how long since leaving last employment? _____

May we contact your current employer? YES NO If NO, please explain _____

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? YES NO Name of bonding company _____
(Answer only if it's a job requirement)

Have you ever been convicted of a felony? YES NO If yes, please explain fully below or 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 driving job for which you have applied for?

YES NO If yes, explain if you wish: _____

EMPLOYMENT HISTORY

All driver applicants to drive a commercial motor vehicle* 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 year's** information on those employers for whom the applicant operated such vehicle. (Note: List employers in reverse order starting with the most recent and working back.) You must account for 10 years including any unemployment or self-employment periods. Add another sheet as necessary.)

*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 placards.

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

CURRENT/MOST RECENT			
EMPLOYER NAME _____	FROM _____	TO _____	
	<small>(MO/YR.)</small>	<small>(MO/YR.)</small>	
ADDRESS _____	REASON FOR LEAVING _____		
CITY _____	STATE _____	ZIP _____	SALARY/WAGE _____
CONTACT PERSON _____	PHONE _____	POSITION HELD _____	
WERE YOU SUBJECT TO THE FMCSR's † 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 CONTROLLED SUBSTANCE AND ALCOHOL TESTING REQUIREMENT OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER NAME _____	FROM _____	TO _____	
	<small>(MO/YR.)</small>	<small>(MO/YR.)</small>	
ADDRESS _____	REASON FOR LEAVING _____		
CITY _____	STATE _____	ZIP _____	SALARY/WAGE _____
CONTACT PERSON _____	PHONE _____	POSITION HELD _____	
WERE YOU SUBJECT TO THE FMCSR's † 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 CONTROLLED SUBSTANCE AND ALCOHOL TESTING REQUIREMENT OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER NAME _____	FROM _____	TO _____	
	<small>(MO/YR.)</small>	<small>(MO/YR.)</small>	
ADDRESS _____	REASON FOR LEAVING _____		
CITY _____	STATE _____	ZIP _____	SALARY/WAGE _____
CONTACT PERSON _____	PHONE _____	POSITION HELD _____	
WERE YOU SUBJECT TO THE FMCSR's † 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 CONTROLLED SUBSTANCE AND ALCOHOL TESTING REQUIREMENT OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER NAME _____	FROM _____	TO _____	
	<small>(MO/YR.)</small>	<small>(MO/YR.)</small>	
ADDRESS _____	REASON FOR LEAVING _____		
CITY _____	STATE _____	ZIP _____	SALARY/WAGE _____
CONTACT PERSON _____	PHONE _____	POSITION HELD _____	
WERE YOU SUBJECT TO THE FMCSR's † 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 CONTROLLED SUBSTANCE AND ALCOHOL TESTING REQUIREMENT OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

**EMPLOYMENT HISTORY
(CONTINUED)**

EMPLOYER NAME _____ FROM _____ TO _____
(MO/YR.) (MO/YR.)

ADDRESS _____ REASON FOR LEAVING _____

CITY _____ STATE _____ ZIP _____ SALARY/WAGE _____

CONTACT PERSON _____ PHONE _____ POSITION HELD _____

WERE YOU SUBJECT TO THE FMCSR's † WHILE EMPLOYED? YES NO

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO CONTROLLED SUBSTANCE AND ALCOHOL TESTING REQUIREMENT OF 49 CFR PART 40? YES NO

EMPLOYER NAME _____ FROM _____ TO _____
(MO/YR.) (MO/YR.)

ADDRESS _____ REASON FOR LEAVING _____

CITY _____ STATE _____ ZIP _____ SALARY/WAGE _____

CONTACT PERSON _____ PHONE _____ POSITION HELD _____

WERE YOU SUBJECT TO THE FMCSR's † WHILE EMPLOYED? YES NO

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO CONTROLLED SUBSTANCE AND ALCOHOL TESTING REQUIREMENT OF 49 CFR PART 40? YES NO

EMPLOYER NAME _____ FROM _____ TO _____
(MO/YR.) (MO/YR.)

ADDRESS _____ REASON FOR LEAVING _____

CITY _____ STATE _____ ZIP _____ SALARY/WAGE _____

CONTACT PERSON _____ PHONE _____ POSITION HELD _____

WERE YOU SUBJECT TO THE FMCSR's † WHILE EMPLOYED? YES NO

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO CONTROLLED SUBSTANCE AND ALCOHOL TESTING REQUIREMENT OF 49 CFR PART 40? YES NO

EMPLOYER NAME _____ FROM _____ TO _____
(MO/YR.) (MO/YR.)

ADDRESS _____ REASON FOR LEAVING _____

CITY _____ STATE _____ ZIP _____ SALARY/WAGE _____

CONTACT PERSON _____ PHONE _____ POSITION HELD _____

WERE YOU SUBJECT TO THE FMCSR's † WHILE EMPLOYED? YES NO

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO CONTROLLED SUBSTANCE AND ALCOHOL TESTING REQUIREMENT OF 49 CFR PART 40? YES NO

EMPLOYER NAME _____ FROM _____ TO _____
(MO/YR.) (MO/YR.)

ADDRESS _____ REASON FOR LEAVING _____

CITY _____ STATE _____ ZIP _____ SALARY/WAGE _____

CONTACT PERSON _____ PHONE _____ POSITION HELD _____

WERE YOU SUBJECT TO THE FMCSR's † WHILE EMPLOYED? YES NO

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO CONTROLLED SUBSTANCE AND ALCOHOL TESTING REQUIREMENT OF 49 CFR PART 40? YES NO

EXPERIENCE AND QUALIFICATION

Attach a separate sheet if more space is needed

Driving Experience

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Circle all that apply)	DATES		or	APPROXIMATE NUMBER OF MILES
		FROM	TO		
Straight Truck	Van, Reefer, Tank, Flat	_____	_____		_____
Tractor & Semi-Trailer	Van, Reefer, Tank, Flat	_____	_____		_____
Tractor – Two Trailers	Van, Reefer, Tank, Flat	_____	_____		_____
Tractor – Three Trailers	Van, Reefer, Tank, Flat	_____	_____		_____
Other: _____	Van, Reefer, Tank, Flat	_____	_____		_____

Accident History (3 Years)

If no accidents within the last 3 Years - check here

DATE (Month/year)	NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.)	NUMBER OF FATALITIES	NUMBER OF INJURIES	HAZARDOUS MATERIAL SPILL	
_____	_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Traffic Convictions and Forfeitures (3 Years)

If no convictions and/or forfeitures in the last 3 years - check here

DATE CONVICTED (Month/year)	VIOLATION (Other than violations involving parking only)	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral and/or points)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

License Information

List all driver licenses or permits held in the past 3 years. If none – check here

	State	License No.	Type	Expiration Date
Driver Licenses	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

List all states operated in the last 5 years _____

List any special equipment or materials you can work with (other than those already shown) _____

List all types of freight you have transported _____

List safe driving awards you hold and from whom _____

List any transportation or other experience not listed _____

List courses and training not listed elsewhere on the application _____

Section 383.21 FMCSR state "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I possess only one motor vehicle license, the information for which is listed below.

_____	_____	_____
State	License Number	Expiration Date

Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO

If yes, explain _____

Has any license, permit or privilege ever been suspended or revoked? YES NO

If yes, explain _____

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.

Date

Applicants Signature

Return completed application to any of the following:

By Mail: Standard Transportation Services, Inc.
 Attention: Jennifer Kirby
 1801 Roosevelt Ave.
 Joplin, MO 64801

By Fax: 417-782-0122

By E-mail: jkirby@stdtrans.com

FOR COMPANY USE ONLY			
Application Date		Applicant Hired	
Rejected Date		Summary of Rights	
Note: If applicant has been rejected, Summary of Rights must be sent under the following circumstances:			
• Application submitted in person		Immediately	
• Other methods (mail, computer, etc....)		Within 3 business days of taking adverse action	
• By request		Within 3 business of receiving request	



**DRIVER APPLICANT DRUG AND ALCOHOL
PRE-EMPLOYMENT STATEMENT**

CFR Part 40.25(j) requires the employer to ask any driver 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, employers 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 CFR 40.25(b) (5) and (e)).

Potential Employee / Contractor _____
(Print Name)

Social Security Number _____

Since you are applying to perform safety-sensitive functions for our company, CFR Part 40.25 (j) requires us, to ask the following questions:

1. Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by any employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT drug and alcohol testing rules during the past two years?
 YES NO

2. If you answered YES, can you provide / obtain proof that you have successfully completed the DOT return-to-duty process under Sec 40.25(b) (5) and (e)?
 YES NO

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

Potential Employee / Contractor _____
Signature Date

Company Representative _____
Signature Date



FOR CHECK OF BACKGROUND REPORT

This is to notify you that in connection with your employment application with Standard Transportation Services, background reports regarding your driving and safety inspection history may be requested from USIS Commercial Services (“USIS”)/HireRight. Such reports may contain public records concerning your driving record and employment history from federal, state and other agencies which maintain such records.

Standard Transportation Services cannot obtain background reports unless you consent in writing. If you agree to allow the company to obtain such background reports, please read the following and sign below.

You have the right to make a request to USIS/HireRight, 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.

By signing below, I authorize USIS/HireRight, and any party or agency contracted by USIS to furnish the above- mentioned records to Standard Transportation Services. I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my application for employment.

Print Name

Signature

Social Security Number

Date

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

**IMPORTANT DISCLOSURE
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

In connection with your application for employment with Standard Transportation Services, Inc., Prospective Employer, its employees agents, or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, 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.

When the application for employment is submitted by mail, telephone, computer, or other similar means, 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 must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

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. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

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 Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Standard Transportation Services, Inc. ("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 authorizing 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.

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 challenge 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.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes

were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 385.5.

LAST UPDATED 12/22/2015

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

I, _____
(Print Name) First MI Last Social Security Number Date of Birth

hereby authorize

FOR OFFICE USE ONLY

Previous Employer _____	E-mail _____
Address _____	Phone _____
City, State, Zip _____	Fax No. _____

to release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____
Date of Employment Application

To: Upon completion please fax to the number indicated below

Prospective Employer	STD, Inc. dba Standard Transportation Services	Attention	Jennifer L. Kirby – Human Resource Manager
Address	1801 Roosevelt Ave. / P.O. Box 2725	Phone	417-782-1990 Ext. 109
City, State, Zip	Joplin, MO 64803	Fax No.	417-782-0122

In compliance with §40.25(g) and §391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, e-mail, or letter.

This information is being requested in compliance with §40.25(g) and §391.23(h)

_____ **Date**

_____ **Applicants Signature**

Section 2: To be completed by previous employer

The applicant named above was employed by us Yes No

Employed As _____ From (m/y) _____ To (m/y) _____

Did he/she drive motor vehicle for you? Yes No If yes, what type? Straight Truck Tractor-Semitrailer Bus

Cargo Tank Double/Triples Other (Specify) _____

Operating Area _____

Reason for leaving your employ Discharged Resignation Lay Off Military Duty

If resignation, was notice given and how much? _____

If discharged, why? _____

Eligible for rehire? Yes No Upon Review

If there is no safety performance history to report, check here , sign below and return.

ACCIDENTS: Complete the following for any accidents included on you accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here if there is no accident register data for this driver.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

Any other remarks: _____

Information provided by _____ **Title** _____

Date _____

PREVIOUS EMPLOYER COMPLETE SIDE 2 SECTION 3

Applicants Name: _____

Section 3: To be completed by previous employer – Drug and Alcohol History

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here; fill in the dates of employment _____ to _____, complete, sign and return.

Driver was subject to Department of Transportation testing requirements from _____ to _____

	YES	NO	N/A
1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?			
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?			
3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?			
4. Has this person committed other violation of Subpart B of Part 382 or Part 40?			
5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form.			
6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?			
7. Did a previous employer report a drug and/or alcohol violation to you?			

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on side 1

Name _____
 Company _____
 Street _____ Telephone _____
 City, State, Zip _____ Date _____

Section 3 Completed by _____ **Title** _____
Date _____

Section 4a: To be completed by prospective employer

This form was (check one) Faxed to previous employer Mailed E-mailed Other

By (Name) _____ Title _____ Date _____

Section 4b: To be completed by prospective employer

Complete below when information is obtained

Information received from _____

Method Faxed Mail E-mail Telephone Other

Recorded by _____ Date _____