# APPLICATION FOR EMPLOYMENT

COMPANY					STRI	EET ADDRES	SS			<i>y</i>
CITY, STATE A	ND ZIP COL	DE								
APPLICANT'S NAME(First)				(Middle) (Maiden Name, if		Name, if a	ny)	(Last)		
ADDRESS										HOW LONG?
(Street)										
DATE OF BIRTH	I		PHON	E			SOCIAL S	ECURITY	NO	
				PAST ADI	DRESSES (1	previous three	e years)			
5	STREET			CITY		STATE & ZIP CODE		HOW LONG?		
1										
2										
3										
4										
			(A1	TTACH SHI	EET IF MC	ORE SPACE I	S NEEDEI	D)		
	T		EXPER	IENCE A	ND QUA	LIFICATIO	ONSDR	IVER		
DRIVER	STATE		LICE	NSE NUME	BER		TYPE		EX	PIRATION DATE
LICENSE							×.			
DRIVING EXPI	ERIENCE									
_		TPE OF EQUIPMENT NN,TANK,FLAT,ETC.)		FROM	DATES TO		то		APPROX. # OF MILES (TOTAL)	
STRAIGHT TR	UCK									
TRACTOR/SEN TRAILER	<b>/</b> II-									
TRACTOR/2 TI	RAILERS									
OTHER:										
ACCIDENT RE	CORD FOR	PAST	3 YEARS	OR MORE	(ATTACH	SHEET IF M	IORE SPA	CE IS NE	EDED)	
DATES			NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)		FATALITIES		INJURIES			
									(Form	2 Rev. 10-2001)

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

	LOCATION	DATE	CHARGE	I	PENALTY
	200111011				
	(ATTA	CH SHEET IF MO	ORE SPACE IS NEEDED)		
	Have you ever been denied a license, per	ed a license, permit or privilege to operate a motor vehicle?			NO
	Has any license, permit, or privilege ever	ense, permit, or privilege ever been suspended or revoked?			
	IF THE ANSWER TO EITHER A	A OR B IS YES, AT	TACH A STATEMENT GIV	ING FULL DETA	ILS
ote:	EMPLOYMENT DOT requires that employment for at lesshown.	RECORD (Attact east 3 years and/or	h Sheet if More Space is Ne Commercial Driving experi	eded) ience (CDL)for th	e past 10 years be
AST E	MPLOYER NAME				
	ADDRESS				
	POSITION HELD	FROM	TO	SALAR	Υ
	REASON FOR LEAVING				
	Subject to Federal Motor Carrier Safety I	Regulations	11 - 1 C - 1 - + / A1 1 - a1 + a stin	YES	NO
CON	Performed safety sensitive function subje			ig 1E5	NO
COI					
	ADDRESS				
	POSITION HELD	FROM	TO	SALARY	
	REASON FOR LEAVING				
	Subject to Federal Motor Carrier Safety I	Regulations:			NO
mnr	Performed safety sensitive function subjection Subjecti		lled Substance/Alcohol testir	ng YES	NO
-UKL					
	ADDRESS				
	POSITION HELD	FROM	TO	SALARY	
	REASON FOR LEAVING				
	Subject to Federal Motor Carrier Safety I	Regulations:			NO
	Performed safety sensitive function subj	ect to DOT Contro	lled Substance/Alcohol testii	ng YES	NO
	T-0	DE DE LO AND O	CICNED BY A DDI ICANIT		
nis ce	rtifies that this application was completed		SIGNED BY APPLICANT  1 entries on it and informatio	n in it are true an	d complete to the
	owledge.	,			
				1. 41-6.	
TOTT	(Date)  A motor carrier may require an applicant	to morrida infance		licant's Signature) mation required b	
	: A motor carrier may require an applicant : Safety Regulations.	to provide muorin	auon in addition to the fillon	imion required b	,
				(Forn	n 2 - Rev. 1-2004)

### SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PART 1:	То	BE COMPLETE	D BY PROSPEC	TIVE EMPLOYEE		
(Print Name)	овасоватом постановать постановать состановать состановать выстановать выполняють выполняють выстановать выполняють выстранный выполняють выстранный выполняють выполнительного выполнительный выполнительный выполнительный выполнительный					
	First	M.I.	Last	Socia	al Security Number	
Hereby authorize				ASSAS OF PERSONAL AND ADDRESS	Date of Birth	
					ADDROOM STATEMENT OF THE SECRETARIOUS STARTS SHART SHA	
To release and fo Substances Testi	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(employment application date)					
To:	Prospective Employe					
10.	Attention:				THE RESIDENCE OF THE PROPERTY	
	Street:					
	City, State, Zip:					
In compliance wit	,	23(h), release of th		be made in a written	form that ensures	
Prospective empl	oyer's fax number: _	ander verselblaselbrere annabliselblaselblaselbrits annabliselblaselbritsling	e deserbereikenskens virakenskens deserbereikens deserbereikenskenskenskens deserbereikenskens deserbereikens	and desirable series		
Prospective empl	oyer's email address:			MAIN VICINITIES		
southernations, constitutional residence and accommission of constitutions and	Applica	nt's Signature	enterprise de la companya de la comp	reference configure and accommodate configure	Date	
This information is	s being requested in	compliance with §4	10.25(g) and 391.23			
PART 2:	I	O BE COMPLE	TED BY PREVIO	US EMPLOYER		
The applicant nar	ned above was emple		DENT HISTORY  No			
Employed as	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 □ Doubles/Triples □ Other (Specify)						
Reason for least there is no safe	aving your employ: E ty performance histor	Discharged □ Re y to report, check	signation □ Lay C here □, sign below	off $\square$ Military Duty $\square$ and return.		
ACCIDENTS: Complete the following for any accidents included on your 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	Loc	cation	# Injuries	# Fatalities	Hazmat Spill	
-						
2.	and the second s		manufaction solutions are the contract of the second contract of the contract			
3						
Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies:						
	name instruction and indicate angularization and analysis and			and allowing which would represent the allowing the allow		
Any other remark	s:	A dia mangana makananan mangana				
vicinimagence incompressables and appropriate incompressable and	andersales established sometiment sometiment productives by	о конциненто ученичниками починацию инсивенского пос				
annual supplies and annual		Signature:				
		-				

#### PREVIOUS EMPLOYER - COMPLETE PAGE 2 PART 3

PART 3:	TO BE COMPLETED BY	PREVIOUS EMPLOYER					
	DRUG AND ALCO	HOL HISTORY					
If driver was not sucheck here □, fill in sign, and return.	ubject to Department of Transportation testin n the dates of employment from	g requirements while employe	ed by this employer, please , complete bottom of Part 3,				
Driver was subject	to Department of Transportation testing req	uirements from	to				
YES []	son had an alcohol test with the result of 0.0						
YES []	Has this person tested positive or adulterated or substituted a test specimen for controlled substances?  VES  NO						
3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?  YES   NO   NO   O  The submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?							
4. Has this per	son committed other violations of Subpart B						
5. If this person rehabilitation documentat	n has violated a DOT drug and alcohol regul n program in your employ, including return-to ion back with this form.	-duty and follow-up tests? If	yes, please send				
6. For a driver driver subse	who successfully completed a SAP's rehabile equently have an alcohol test result of 0.04 o NO□	itation referral and remained r greater, a verified positive d	in your employ, did this rug test, or refuse to be tested?				
In answering these employers in the p	e questions, include any required DOT drug previous 3 years prior to the application date	or alcohol testing information shown on page 1.	obtained from prior previous				
Name:		THE RESIDENCE OF THE PROPERTY	CARLO CONTROL CONTROL OF THE MARKET CONTROL OF THE PARTY				
Company:	man dialekturus aktivikulus alkanonna mikindidi kulikulikul aktivikuna anaka, musinguni direkturus	or constituente carindades successos governmente enegativados unalitacidas distribuista contendente energiales					
ADMINISTRATION AND AND AND AND AND AND AND AND AND AN	CONTROL SCHOOLS MINERALES, DESCRIPTION EXPERIENCES SCHOOLS SCHOOLS SCHOOLS SCHOOLS DESCRIPTION DESCRIPTION SCHOOLS SCH	THE PARTY OF THE P	CONTROL ACCURATE ARRESTMENT EXPERIMENTAL ACCURATE ACCURATE ACCURATE ACCURATE ACCURATION				
City, State, Zip:Telephone:							
Part 3 Completed	by (Signature):	Da	типетини можения негольной макения макения сельности сел				
PART 4a:	TO BE COMPLETED	BY PROSPECTIVE EMPI	LOYER				
This form was (ch	eck one)	☐ Mailed ☐ Emailed	Other				
Ву:		Da	nte:				
PART 4b:	TO BE COMPLETED	BY PROSPECTIVE EMPI	LOYER				
Complete below v	when information is obtained.						
Information receiv	red from:	OTTAINING GEOGRAPHICS OPPOSED PROPERTY AND COMMONSTRUCTURE ADDRESS OF A COMMISSIONAL ABSORPTIONS AND	NO DESCRIPTION OF STREET OF ST				
	Recorded by: Method: ☐ Fax ☐ Mail ☐ Email ☐ Telephore						
	Date: Other						
INSTR	EUCTIONS TO COMPLETE THE SAFETY P	ERFORMANCE HISTORY R	ECORDS REQUEST				

#### PAGE 1 PART 1: Prospective Employee

- · Complete the information required in this section
- · Sign and date
- Submit to the Prospective Employer

### PAGE 2 PART 4a: Prospective Employer

- Complete the information
- Send to Previous Employer

### PAGE 1 PART 2: Previous Employer

- · Complete the information required in this section
- Sign and date
- Turn form over to complete SIDE 2 SECTION 3

### PAGE 2 PART 3: Previous Employer

- Complete the information required in this section
- Sign and date
- Return to Prospective Employer

### PAGE 2 PART 4b: Prospective Employer

- · Record receipt of the information
- Retain the form

# RECORDS REQUEST FOR DRIVER/APPLICANT SAFETY PERFORMANCE HISTORY

This request is made by the driver/applicant in compliance with the Department of Transportation regulations.

\$391.23(i)(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business-days deadline will begin when the prospective employer receives the requested safety-performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

	carrier may consider the driver to the	ave waived his/hel request to review the records.				
PART 1:	COMPLETED BY THE DRIVER/APPLICANT					
TO:	December 5 miles of					
		Telephone #				
	City, State, Zip:	Telephone #				
FROM:	Driver/Applicant:	Social Security/I.D. #				
	Street:					
		Telephone #				
preceding three	years. Tunderstand, for records re uested records within thirty (30) day rds.					
Driver/Applican	t Signature:	M U Y				
PART 2:		BY THE PROSPECTIVE EMPLOYER				
prospective em days deadline v Information su Name: Street:	ployer has not yet received the requival begin when the prospective emp	within five (5) business days of receiving the written request. If the lested information form the previous employer(s), then the five-business- loyer receives the requested safety performance history information.				
Comments:By:		Delegge Date:				
Sigr	nature/person providing information	Telephone # M D Y				

**COPY 1 PROSPECTIVE EMPLOYER**