



DRIVER'S APPLICATION FOR EMPLOYMENT

APPLICANT NAME

DATE OF APPLICATION

COMPANY

ADDRESS

CITY

STATE

ZIP

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

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or 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 if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

"I understand that information I provide regarding current and/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 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."

SIGNATURE

DATE

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED

REJECTED

DATE EMPLOYED

POINT EMPLOYED

DEPARTMENT

CLASSIFICATION

(If rejected, summary of report reasons should be placed on file.)

SIGNATURE OF INTERVIEWING OFFICER

TERMINATION OF EMPLOYMENT

DATE TERMINATED

DEPARTMENT RELEASED FROM

DISMISSED

VOLUNTARILY QUIT

OTHER

TERMINATION REPORT PLACED IN FILE

SUPERVISOR

This form is made available with the understanding that J. J. Keller & Associates, Inc.® is not engaged in rendering legal, accounting, or other professional services. J. J. Keller & Associates, Inc.® assumes no responsibility for the use of this form or any decision made by an employer which may violate local, state or federal law.

APPLICANT FOR EMPLOYMENT

COMPANY _____ STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

FIRST NAME _____ MIDDLE NAME _____ LAST NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____ HOW LONG? _____

DATE OF BIRTH _____ SOCIAL SECURITY NO. _____ HIRE DATE _____

PHONE NUMBER _____ EMAIL ADDRESS _____

PREVIOUS THREE YEARS RESIDENCY

STREET _____ CITY _____ STATE _____ ZIP _____ # YEARS _____

STREET _____ CITY _____ STATE _____ ZIP _____ # YEARS _____

STREET _____ CITY _____ STATE _____ ZIP _____ # YEARS _____

(Attach sheet if more space is needed.)

LICENSE INFORMATION

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

State	License Number	Type	Expiration Date

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approximate No. of Miles (total)
		From	To	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR - TWO TRAILERS				
OTHER				

ACCIDENT RECORD

For past 3 years or more (attach sheet if more space is needed).

Dates	Nature of Accident (Head-on, Rear-end, Upset, etc.)	Number Fatalities	Number Injuries	Chemical Spills	
				YES	NO
				YES	NO
				YES	NO

TRAFFIC CONVICTIONS AND FORFEITURES

For the past 3 years (other than parking violations). (Attach sheet if more space is needed).

Date Convicted (month/year)	Violation	State of Violation Location	Penalty (forfeited bond, collateral and/or points)

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

If yes, explain:

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

If yes, explain:

EMPLOYMENT HISTORY

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

Must list the complete mailing address: street number and name, city, state, and zip code.

LAST EMPLOYER: NAME

ADDRESS

PHONE NUMBER

POSITION HELD

FROM

TO

SALARY

REASONS FOR LEAVING

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. Include dates (month/year) and reason.

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?

YES

NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?

YES

NO

SECOND LAST EMPLOYER: NAME

ADDRESS

PHONE NUMBER

POSITION HELD

FROM

TO

SALARY

REASONS FOR LEAVING

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. Include dates (month/year) and reason.

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?

YES

NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?

YES

NO

THIRD LAST EMPLOYER: NAME

ADDRESS

PHONE NUMBER

POSITION HELD

FROM

TO

SALARY

REASONS FOR LEAVING

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. Include dates (month/year) and reason.

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?

YES

NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?

YES

NO

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or 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 if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

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DATE

APPLICANT'S SIGNATURE

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.

DATE

APPLICANT'S SIGNATURE

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PART 1:	TO BE COMPLETED BY PROSPECTIVE EMPLOYEE		
I, (print name)	FIRST	M.I.	LAST
	SOCIAL SECURITY NO.		DATE OF BIRTH
Hereby authorize:			
PREVIOUS EMPLOYER			EMAIL
STREET			PHONE
CITY	STATE	ZIP	FAX
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 EMPLOYER			
ATTENTION			PHONE
STREET			
CITY	STATE		ZIP
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, email, or letter.			
PROSPECTIVE EMPLOYER'S FAX			
PROSPECTIVE EMPLOYER'S EMAIL			
APPLICANT'S SIGNATURE			DATE
This information is being requested in compliance with §40.25 and 391.23			

PREVIOUS EMPLOYER - COMPLETE PAGE 2 PART 3

PART 3:	TO BE COMPLETED BY PREVIOUS EMPLOYER
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Drug and Alcohol History

If driver was not subject to Department of Transportation testing requirements while employed by his employer, please check here _____, fill in the dates of employment from _____ to _____, complete bottom of Part 3, sign, and return.

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

- | | | |
|---|-----|----|
| 1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration? | YES | NO |
| 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? | YES | 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 |
| 4. Has this person committed other violations of Subpart B of Part 382, or Part 40? | YES | NO |
| 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. | YES | NO |
| 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? | YES | NO |

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 page 1.

NAME	COMPANY		
STREET	STATE	ZIP	PHONE
PART 3 COMPLETED BY (SIGNATURE)	DATE		

PART 4A:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
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This form was (check one) FAXED TO PREVIOUS EMPLOYER MAILED EMAILED OTHER: _____

BY _____ DATE _____

PART 4B:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER Complete below when information is obtained.
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Information received from _____ by _____ DATE _____

Method FAX MAIL EMAIL PHONE OTHER: _____

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

- PAGE 1 PART 1:** Prospective Employee
1. Complete the information required in this section
 2. Sign and Date
 3. Submit to the Prospective Employer

- PAGE 2 PART 4A:** Prospective Employer
1. Complete the information
 2. Send to Previous Employer

- PAGE 1 PART 2:** Previous Employer
1. Complete the information required in this section
 2. Sign and Date
 3. Turn form over to complete SIDE 2 SECTION 3

- PAGE 2 PART 3:** Previous Employer
1. Complete the information required in this section
 2. Sign and Date
 3. Submit to the Prospective Employer

- PAGE 2 PART 4B:** Prospective Employer
1. Record receipt of the information
 2. Retain the form

D&D FREIGHT SYSTEMS
Federal Drivers Privacy Protection Act
Authorization to Obtain Motor Vehicle Report

For the sole purpose of the determination and evaluation of my motor vehicle operating record and pursuant to the State and Federal regulation of compliance, I (Name of Employee) _____ authorize D&D Freight Systems to obtain my Motor Vehicle Record. I understand that this record may contain personal information* in addition to any/all driver violations and/or accidents, which may be on record through the _____ State Department of Motor Vehicles.
(name of state)

I also authorize release of this information to my employer (or proposed employer).

SIGNATURE OF EMPLOYEE

SOCIAL SECURITY NUMBER

DRIVERS LICENSE NUMBER

STATE

DATE OF BIRTH

STREET ADDRESS & MAILING ADDRESS

CITY

STATE

ZIP

DATE SIGNED

* Personal information means information that identifies an individual including an individual's photograph, social security number, driver identification number, address and telephone number. It does not include information on vehicular accidents, driving violations and driver status.

D&D FREIGHT SYSTEMS
Drug and Alcohol Testing Program
Employee Handbook

Acknowledgment Form

I acknowledge that I have received, reviewed, and understand D&D Freight Systems, Inc.'s policy regarding Drug and Alcohol Testing including the following:

- Introduction
- D&D Freight Systems Inc. – Policy Statement
- D&D Freight Systems Inc. – Drug and Alcohol Policy
- Covered Employees
- Safety-Sensitive Functions
- Restrictions On the Use and Possession of Alcohol
- Restrictions On the Use and Possession of Illegal Drugs
- Required Tests and Circumstances for Testing
- Breath Alcohol Testing Procedures
- Urine Drug Testing Procedures
- Costs
- Effects of Illegal Drugs and Alcohol on the Body
- Where to Get Assistance and Information About Drugs and Alcohol Abuse

I acknowledge and certify that I have received, reviewed, and understand D&D Freight Systems, Inc.'s policy regarding Drug and Alcohol Testing and agree to fully comply and cooperate. I also acknowledge that I am fully responsible for the cost of the drug/alcohol test if I do not meet the 90-day introductory time period.

EMPLOYEE NAME

EMPLOYEE SIGNATURE

EMPLOYER SIGNATURE

DATE