

PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Sec.40.25(j) As the employer, you must also ask the employee 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 testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b)(5) and (e))

Prospective Employee Name: _____ SS Number _____
(print)

The prospective employee is required by Sec. 40.25(j) to respond to the following questions.

1) Have you ever 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

2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one: Yes No

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

Prospective Employee Signature: _____ Date: _____

Witnessed By: _____ Date: _____
(signature)

CERTIFICATION OF 30 DAY GAPS IN EMPLOYMENT

(This is to be completed to explain any gaps in employment in the past three years)

FROM	To	Reason for Gap

Applicants Signature: _____ Date: _____

Driver Resource Inc: _____ Date: _____

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain requirements specific to a drivers license that as a commercial driver you must comply with. They are as follows:

1. You, as a commercial vehicle driver, may not posses more than one license.

If you currently have more than one license, you should keep the license from your state of residence and return the additional licenses to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, you should close your record by notifying the state of issuance that you no longer want to be licensed by that state.

2. Part 392.42 and Part 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Part 383.31 requires that any time you violate a state or local traffic law (other than parking) in a state other than the one in which your license is issued, you must report it to your employer and the state that issued your license within 30 days.

DRIVER CERTIFICATION: I certify that I have read and understand the above requirements.
The following license is the only one I will possess:

Print Exact Name On License: _____

Driver's License Number: _____ Issuing State _____

License Type (Class): _____ Expiration Date: _____

Social Security Number: _____

Driver's Signature _____ Date _____

Driver Resource Incorporated
877-229-2343
Return Fax 866-215-3784

Date: _____ Company: _____ Phone# _____

Fax#: _____ Attention: _____

Drivers Name: _____ SS# _____

In accordance with Section 382.413 and 40.25 of the Federal Motor Carrier Safety Regulations. I hereby authorize you, my previous employer, to release all employment information of my job performance, Drug and Alcohol results, safety performance & other information as may be requested from the above listed company. I release you from any liability related to the release of this information.

Applicant's Signature: X _____ **Date:** _____ **Signature Only**

Date of Employment: from _____ to _____ Type of work performed: _____

Areas operated in _____ Specify Equipment Driven _____

Reason for leaving your employment: _____

Eligible for Rehire? _____ Number of moving violations during employment _____

Number of DOT Chargeable Accidents _____ Number of non-Chargeable accidents _____

Accidents:

Date _____ Type of Accident _____ Approx Cost _____

Date _____ Type of Accident _____ Approx Cost _____

Date _____ Type of Accident _____ Approx Cost _____

A. Has this person ever tested positive for a controlled substance in the past three (3) years? ___ YES ___ NO

B. Has this person ever had any alcohol test with a Breath Alcohol Concentration of 0.04 or greater in the last three (3) years? ___ YES ___ NO

C. Has this person refused a required test for drugs or alcohol in the last three (3) years? ___ YES ___ NO

D. Has this person committed other violations of DOT agency drug and alcohol testing Regulations? ___ YES ___ NO

E. Did a Previous employer report a drug and alcohol rule violation to you? ___ YES ___ NO

If the answer to any of the above questions is YES, please provide the name and contact information for the Substance Abuse Professional that the listed applicant was referred to:

SAP Name: _____ Address: _____

Telephone No. _____ Date: _____

Signature & Title of person furnishing information: **X** _____

Applicant Notification, Disclosure and Authorization

In connection with my application for employment with Driver Resource Inc, I understand that a consumer report which may contain public record information is being requested from DAC Services, Tulsa, Oklahoma in addition to requests for employment history from my previous employers and driving history from State Motor Vehicle records. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accident record, etc. I further understand that such report(s) may contain public record information concerning my driving record, credit, bankruptcy proceedings, etc. from federal, state, and other agencies which maintain such records as well as information from DAC and previous employers concerning: (1) previous driving requests made from such state agencies; (2) state provided driving records; (3) claims involving me in the files of insurance companies; (4) NIDA/SAMHSA drug test results; (5) breath alcohol test results; and (6) other related information.

I hereby consent to Driver Resource Inc, obtaining the above information from DAC, State MVR's and my previous employers. I agree that such information which DAC or previous employers has or obtains, and my employment history with Driver Resource Inc, if I am hired, will be supplied by DAC and Driver Resource Inc, to other companies which subscribe to DAC Services and/or request such information from Driver Resource Inc,.

I also understand and consent that Driver Resource Inc, may request for employment screening purposes, any public record information on me from any federal, state, county, or city office or agency; and that any public information obtained on me will be considered and included in my Driver Resource Inc, records.

I am aware and understand that the information obtained on me may enhance or adversely affect my opportunity for employment with Driver Resource Inc,. If Driver Resource Inc, is unable to offer me employment, based in whole or part, on information supplied by DAC Services, Driver Resource Inc, will notify me by mail as to how to obtain the information supplied by DAC Services.

I AUTHORIZE, WITHOUT RESERVATION, THE PROCUREMENT OF CONSUMER REPORT(S), AND ANY PARTY OR AGENCY CONTACTED BY DRIVER RESOURCE, INC AND/OR DAC SERVICES TO FURNISH THE ABOVE MENTIONED INFORMATION.

If hired, this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment period.

I understand that I have the right to make a request to DAC Services, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request; the source of the information; the recipients of any reports on me which DAC has previously furnished within the two year period preceding my request.

Print Name

Social Security Number

Applicant's Signature

Date

ANNUAL REVIEW OF DRIVING RECORD

Section 1: Driver's Certification Of Driving Violations –

Driver Name: _____ Social Security #: _____ - _____ - _____

(Please Print)

DRIVER REQUIREMENTS: Section 391.27 of the FMCSR requires each driver to furnish, at least every 12 months, a list of all violations of motor vehicle laws and ordinances (other than violations involving only parking) for which the driver has been convicted, or on account of which has forfeited bond or collateral during the preceding 12 months. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he shall so certify.

I certify that the following is a true and complete list of all traffic violations required to be listed in accordance with the above for which I have been convicted or forfeited bond or collateral during the preceding 12 months from date of this certification.

Date	Offense (violations)	Location (City, County, State)	Type of Vehicle Operated (ex: Tractor/Trailer, Automobile, etc.)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed for the 12 months preceding this certification.

Driver License Number _____ State _____ Expiration Date _____

Date Of Certification _____ Driver Signature _____

Section 2: Drive Resource Inc. Certification of Annual Review -

DRIVER RESOURCE, INC., REQUIREMENTS: Section 391.25 of the FMCSR requires Driver Resource Inc, at least once every 12 months, to review the driving record of each driver it employs to determine whether that driver meets the minimum requirements of safe driving or is disqualified to drive a motor vehicle pursuant to Section 391.15 of the FMCSR. Consideration must be given to violations exhibiting disregard for the safety of the public, violations of the FMCSR and Hazardous Materials Regulations, accident record and giving great weight to serious driving violations and operating a motor vehicle while under the influence of alcohol or drugs.

I certify that I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 of the FMCSR and find that the driver – (check one)

Meets minimum requirements for safe driving _____

Is disqualified to drive a motor vehicle pursuant to Section 391.15 _____

Signature of Reviewer _____ Date _____

Home Office No.: 877-229-2343 Driver Resource, Inc. Fax: 866-215-3784



EMPLOYMENT APPLICATION PROFESSIONAL DRIVER

Thank you for your interest in Driver Resource, Inc.!
We appreciate your time and look forward to receiving your application.
Responding to you quickly is important to us, so please read carefully,
print clearly and answer all questions completely.
If you have any questions, please call us at: 877-229-2343.

****REMINDER UPON COMPLETION****

Before you submit your application, please go over the following list to ensure your application is complete and will be processed in a timely manner.

- Make sure your application is legible, especially employment dates, **all phone numbers**, etc.
- Make sure you have listed **all** traffic convictions and accidents
- Answer **all** background questions. Unanswered questions will be considered a “yes” answer
- For **gaps** of employment due to Unemployment, Self-Employment and Employment by a company no longer in business, be sure you have completed and submitted the Declaration of Employment Status, which must be signed by two non-family members and/or notarized
- Copy of your military form DD214, if applicable

Full Name: _____				Other names used: _____			
(Last)	(First)	(Middle)	(Suffix)	(Last)	(First)	(Middle)	(Suffix)
Phone Number: _____				Alternate Phone Number: _____		Email: _____	
Social Security No: _____				Date of Birth: _____ (Required by FMCSA)			
If hired, are you able to provide proof that you are legally permitted to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Have you ever been employed by Driver Resource, Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Dates: From _____ To _____							
Have you ever previously applied at Driver Resource, Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Dates: _____							
Are you related to anyone at Driver Resource, Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Name: _____ Relationship: _____							

I AM APPLYING FOR: **OTR Work** **Regional Work** **Local City Work**

Position Type:

- Company Driver
- Owner Operator*
- Lease Operator*
- * Driver Resource Driver

Driving Style:

- Solo
- Team*
- Husband/Wife*
- *Please complete a second **Application** for your partner.

Work Wanted:

- Flatbed
- Drop-N-Hook
- Dry Van
- Heavy Haul/ Specialized
- Reefer
- P & D / LTL

Equipment Qualified to Operate

- CDL Class A equipment
- CDL Class B equipment
- CDL Class B bus driver
- Other _____

How did you hear about Driver Resource, Inc.?

- | | | |
|---|---|--|
| <input type="checkbox"/> Driver Resource Web Site | <input type="checkbox"/> Newspaper: _____ | <input type="checkbox"/> Trade Show: _____ |
| <input type="checkbox"/> Employee Referral: _____ | <input type="checkbox"/> Radio: _____ | <input type="checkbox"/> Walk In _____ |
| <input type="checkbox"/> Internet Site: _____ | <input type="checkbox"/> School: _____ | <input type="checkbox"/> Other: _____ |

ADDRESS

List all addresses for past three years, beginning with your present address.

<u>Street</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>	<u>How Long?</u>

LICENSES/PERMITS

List all licenses/permits held for past three years, beginning with your most current license.

<u>License No</u>	<u>State</u>	<u>Class</u>	<u>Endorsements</u>	<u>Expiration Date</u>

TRAFFIC CONVICTIONS/FORFEITURES

List all motor vehicle convictions and forfeitures for the past three years, excluding parking violations. None

<u>Date</u>	<u>Vehicle Type</u>	<u>City</u>	<u>State</u>	<u>Charge</u>	<u>Penalty</u>

ACCIDENT RECORD List all accidents in the past ten years. Include preventable and non-preventable. None

<u>Date</u> (Mo/Yr)	<u>Vehicle Type</u>	<u>Commercial Vehicle</u>	<u>Nature of Accident</u>	<u>Preventable</u>	<u>Fatalities</u>	<u>Injuries</u>	<u>Property Loss Amount</u>
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

BACKGROUND QUESTIONS

Please answer all questions listed below. Unanswered questions will be considered a “Yes” answer.

Note: A “Yes” answer is not an automatic bar to employment.

- Yes No Are there any restrictions on your license?
- Yes No Have you **ever** been convicted of an alcohol/drug related driving offense, or have a current charge pending?
- Yes No Have you **ever** been convicted for possession, sale or use of a narcotic drug, amphetamine, or other controlled substance, or have a current charge pending?
- Yes No Have you **ever** tested positive or refused a test for drugs or alcohol as prescribed by Government regulation or company policy?
- Yes No Have you **ever** been convicted of a crime or have any charges pending?
- Yes No Have you **ever** been denied a license, permit or privilege to operate a motor vehicle?
- Yes No Have you **ever** abandoned equipment? Have you **ever** been in an unauthorized location?
- Yes No Is there any reason that would prohibit you from entering Canada in a Commercial Vehicle?
- Yes No Have you **ever** had a license, permit or privilege to operate a motor vehicle suspended or revoked?

If you answered “Yes” to any of the questions above, please explain in full, indicating date, charge, location, under what name and action taken. Please use additional paper if necessary: _____

EDUCATION

Truck Driving School Attended: _____ City: _____ State: _____ Graduation Date: _____

List special courses, seminars or training that will help you as a driver: _____

List any professional, trade or service organizations of which you are a member: _____

Which safe driving awards do you hold and from whom: _____

MILITARY

Have you ever served in the Armed Forces? Yes No Branch: _____ Dates: From _____ To _____

If Yes, are you able to provide a copy of your DD214? Yes No

Briefly describe any duties performed that are applicable to this position: _____

PHYSICAL REQUIREMENTS

Pursuant to Section 391.41, all applicants must be able to meet D.O.T. physical qualification requirements to perform essential job functions. Please indicate whether you are able to perform the following physical requirements (with or without reasonable accommodation):

- Yes No **STANDING** - May be required to be on your feet for periods of time up to 3 or 4 hours
- Yes No **WALKING** - May be required for short periods of time
- Yes No **SITTING** - Required for prolonged periods of time
- Yes No **LIFTING** - Occasional heavy lifting may be required, with overhead lifting up to a maximum of 80 to 100 pounds
- Yes No **CARRYING** - Weights will coincide as described in lifting and may have to be carried during loading-unloading procedure, etc.
- Yes No **PUSHING/PULLING** - Pushing/pulling from moderate to maximum effort, mainly restricted to tarping and/or moving cargo
- Yes No **CLIMBING** - Adequate body balance is required to climb onto, around, and over cargo and vehicle while performing securement
- Yes No **KNEELING** - Kneeling may be required to perform certain functions such as checking tire pressure, brakes, and pre-trip inspections
- Yes No **BENDING** - Repeated bending at the waist may be required for loading-unloading duties as well as working in confined spaces
- Yes No **CRAWLING** - In conjunction with pushing/pulling, climbing, kneeling, and bending
- Yes No **REACHING/TWISTING** - Reaching to heights of trailer level to possible maximum heights of 14-16 feet may be required
- Yes No **WRIST & HANDS** - Free movement of the wrist and hands
- Yes No **COORDINATION** - Average to excellent body coordination
- Yes No **HEARING** - Adequate hearing capabilities as set forth by D.O.T. requirements
- Yes No **DEPTH PERCEPTION** - Better than average depth perception
- Yes No **VISION** - Vision as set forth by D.O.T. requirements with at least 20/40 (Snellen) with or without corrective lenses in both eyes

Is there any reason you may be unable to perform the essential functions of this position in a safe manner? Yes No

If Yes, you may explain, if you wish: _____

NOTE: The company is willing to make reasonable accommodations whenever possible to accommodate those drivers with disabilities unless to do so would cause undue hardship to the company.

ADDITIONAL DRIVING EXPERIENCE

Please list any additional professional driving experience not listed in your work history.

<u>Equipment Type</u>	<u>Trailer Length</u>	<u>From</u> (Month/Year)	<u>To</u> (Month/Year)	<u>States Driven In</u>	<u>Approximate # of miles (total)</u>	<u>Solo/Team</u>
						<input type="checkbox"/> Solo <input type="checkbox"/> Team
						<input type="checkbox"/> Solo <input type="checkbox"/> Team

Please list states you have driven in _____

Have you ever driven in caves? _____ how long? _____ Pulled Containers ? _____ how long? _____ Willing to touch freight? _____

****REMINDER UPON COMPLETION****

Before you submit your application, please go over the checklist at the beginning again to ensure your application is complete. This will allow us to process it in a timely manner.

IMPORTANT – PLEASE READ AND SIGN BEFORE SUBMITTING THIS APPLICATION

I hereby declare the above information is complete and accurate to the best of my knowledge and belief. I agree that my employment is based on the facts that I have given and any intentional misrepresentation on my part will constitute a release to the employer for any liability that may be encountered by having acted on such facts. I hereby certify that the answers to the foregoing questions are true and correct. I understand that any material omission, wholly or in part, including failure to reveal prior employment, and/or furnishing any false or misleading information will be grounds to cease consideration for employment, or grounds for termination after hire. I hereby authorize Driver Resource, Inc., to investigate and verify the facts claimed by me on this application.

AS A VEHICLE DRIVER, I UNDERSTAND THAT I WILL BE SUBJECT TO IMMEDIATE TERMINATION IF I AM OR BECOME UNINSURABLE AS A DRIVER DUE TO TRAFFIC VIOLATIONS OR ACCIDENTS, REGARDLESS OF FAULT.

I agree that in the event I am granted a conditional offer of employment, I will be required to submit to and pass a drug/alcohol test and physical examination on a pre-employment, periodic, reasonable cause, and random basis, as well as drug/alcohol testing after any reportable accident or otherwise as may be required or permitted by law or company policy. I hereby authorize Driver Resource, Inc., and its medical review officers to release any such drug/alcohol test results to the Company, its attorneys, government and law enforcement agencies and personnel, future prospective employers and any other person or agency having a legitimate interest therein, and I release the Company and its medical review officers from any liability as a result of the release of such information.

I hereby further acknowledge that I am expected to abide by all Company rules and regulations, written or unwritten, promulgated by the Company or my supervisor, but that such rules and regulations do not create a contract between me and the Company or otherwise restrict the right of either me or the Company to terminate the employment relationship. This at-will employment relationship may not be modified by any oral or implied agreement or by the provisions of any Company policy or handbook. It is understood that this application for employment in no way obligates the employer to employ me. By signing this document, I certify 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.

I have read, understand, and agree to the above conditions. **X** _____

Please Print Name Here...

Applicant's Signature

Application Date

Driver Resource, Inc., is an Equal Opportunity and Affirmative Action Employer

IT IS THE POLICY OF Driver Resource, Inc., TO RECRUIT AND HIRE EMPLOYEES ON THE BASIS OF INDIVIDUAL QUALIFICATIONS AND COMPETENCIES AS RELATED TO THE SPECIFICATIONS OF THE POSITION NEEDED BY ITS CLIENTS. Driver Resource, Inc., DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL STATUS, NON-JOB RELATED DISABILITY OR ANY OTHER BASIS PROHIBITED BY LAW.

Do you know of another experienced professional driver you would like to refer to Driver Resource, Inc.? If so, please list your referral's name and a contact number where a Recruiter may reach them. Thank you!

Name: _____

Contact Number: () _____