

\*\* APPLICATION FOR INDEPENDENT CONTRACTORS \*\*

INSTRUCTIONS (Read Carefully)

This application must be completed in full. Leave no spaces blank.

In the "PAST EMPLOYMENT" section, you must go back ten (10) years. Account for all time. Be sure to list phone numbers and complete addresses for each past employer. If an employer listed is no longer in business, you must be able to furnish First Star Logistics LLC with proof of employment with that employer. If you need more space for past employment listings, extra sheets are available.

THE INFORMATION HEREIN REQUESTED IS PURSUANT TO THE REGULATIONS OF THE U.S.  
DEPARTMENT OF TRANSPORTATION

DATE: \_\_\_\_\_

1. TO BE QUALIFIED AS A DRIVER FOR: (Independent Contractor) \_\_\_\_\_
2. FULLNAME: \_\_\_\_\_  
(Last) (First) (Middle)
3. SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
4. FED. ID. NUMBER: \_\_\_\_\_ - \_\_\_\_\_
5. DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Month) (Day) (Year)
6. PRESENT ADDRESS: \_\_\_\_\_  
(Street or route) (City) (State) (Zip)
7. HOW LONG AT THE ABOVE ADDRESS? YEARS \_\_\_\_\_ MONTHS \_\_\_\_\_
8. PHONE NUMBER (including area code): \_\_\_\_\_ - \_\_\_\_\_  
(Area Code) (Number)
9. IN CASE OF EMERGENCY PLEASE NOTIFY: \_\_\_\_\_  
(Name)
10. RELATION TO YOU? \_\_\_\_\_
11. PHONE NUMBER OF RELATION: \_\_\_\_\_ - \_\_\_\_\_  
(Area Code) (Number)
12. IF YOU HAVE BEEN AT THE ABOVE ADDRESS **LESS THAN THREE (3) YEARS**, PLEASE LIST ALL PREVIOUS ADDRESSES YOU HAVE LIVED AT FOR THE **LAST THREE (3) YEARS**:  
\_\_\_\_\_  
(Street or route) (City) (State) (Zip) HOW LONG? YEARS \_\_\_\_\_ MONTHS \_\_\_\_\_  
\_\_\_\_\_  
(Street or route) (City) (State) (Zip) HOW LONG? YEARS \_\_\_\_\_ MONTHS \_\_\_\_\_
13. LAST GRADE COMPLETED IN SCHOOL: \_\_\_\_\_  
(Grade) (School) (Year)
14. LIST YOUR CURRENT DRIVERS LICENSE: \_\_\_\_\_  
(State) (Type/Class) (Number) (Expiration Date)

**REQUIRED DOCUMENTS FOR DRIVER APPLICATIONS**

COPY OF CDL  
COPY OF SOCIAL SECURITY CARD  
COPY OF LONG FORM PHYSICAL  
COPY OF MEDICAL CARD

15. LENGTH OF TIME DRIVING ANY TYPE **MOTOR VEHICLE** YEARS \_\_\_\_\_ MONTHS \_\_\_\_\_
16. LENGTH OF TIME DRIVING ANY **COMMERCIAL VEHICLE** YEARS \_\_\_\_\_ MONTHS \_\_\_\_\_
17. LENGTH OF TIME DRIVING **TRACTOR-TRAILERS** YEARS \_\_\_\_\_ MONTHS \_\_\_\_\_
18. LENGTH OF TIME DRIVING **OVER THE ROAD** YEARS \_\_\_\_\_ MONTHS \_\_\_\_\_
19. LENGTH OF TIME **CITY DRIVING** YEARS \_\_\_\_\_ MONTHS \_\_\_\_\_
20. LENGTH OF TIME **SPOTTING** YEARS \_\_\_\_\_ MONTHS \_\_\_\_\_
21. LIST THE MAKES OF TRACTORS DRIVEN: \_\_\_\_\_
22. TWIN SCREW: SINGLE AXLE: CONVENTIONAL: \_\_\_\_\_
23. LIST THE TYPES OF TRANSMISSIONS: \_\_\_\_\_
24. TYPES OF TRAILERS: 35' \_\_\_\_\_ 40' \_\_\_\_\_ OTHER: \_\_\_\_\_
25. KIND OF FREIGHT HAULED: GENERAL \_\_\_\_\_ REFRIGERATED \_\_\_\_\_ STEEL \_\_\_\_\_
26. HAZARDOUS \_\_\_\_\_ TANKER \_\_\_\_\_ OTHER: \_\_\_\_\_

\*PAST EMPLOYMENT RECORD\*

ACCOUNT FOR ALL TIME IN **PAST TEN (10) YEARS (NO GAPS)** & WHETHER YOU WERE SUBJECT TO FMCSR'S & DRUG & ALCOHOL TESTING **2 YEAR MINIMUM OF OVER-THE-ROAD TRACTOR TRAILER VERIFIABLE EXPERIENCE**  
*(List present job first and past jobs following in chronological order)*

Company Name \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Address *City State Zip* \_\_\_\_\_  
 Position held \_\_\_\_\_ From: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_ to: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_ Total Years & Months Spent at This Job \_\_\_\_\_  
**DID THIS JOB REQUIRE A CLASS A CDL?**  YES  NO  
 WERE YOU UNDER THE RULES OF THE **FMCSR** AT THIS JOB?  YES  NO  
 DID YOU HAVE TO DRUG AND/OR ALCOHOL TEST AT THIS JOB?  YES  NO

Company Name \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Address *City State Zip* \_\_\_\_\_  
 Position held \_\_\_\_\_ From: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_ to: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_ Total Years & Months Spent at This Job \_\_\_\_\_  
**DID THIS JOB REQUIRE A CLASS A CDL?**  YES  NO  
 WERE YOU UNDER THE RULES OF THE **FMCSR** AT THIS JOB?  YES  NO  
 DID YOU HAVE TO DRUG AND/OR ALCOHOL TEST AT THIS JOB?  YES  NO

Company Name \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Address *City State Zip* \_\_\_\_\_  
 Position held \_\_\_\_\_ From: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_ to: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_ Total Years & Months Spent at This Job \_\_\_\_\_  
**DID THIS JOB REQUIRE A CLASS A CDL?**  YES  NO  
 WERE YOU UNDER THE RULES OF THE **FMCSR** AT THIS JOB?  YES  NO  
 DID YOU HAVE TO DRUG AND/OR ALCOHOL TEST AT THIS JOB?  YES  NO

Company Name \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Address *City State Zip* \_\_\_\_\_  
 Position held \_\_\_\_\_ From: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_ to: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_ Total Years & Months Spent at This Job \_\_\_\_\_  
**DID THIS JOB REQUIRE A CLASS A CDL?**  YES  NO  
 WERE YOU UNDER THE RULES OF THE **FMCSR** AT THIS JOB?  YES  NO  
 DID YOU HAVE TO DRUG AND/OR ALCOHOL TEST AT THIS JOB?  YES  NO

Company Name \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Address *City State Zip* \_\_\_\_\_  
 Position held \_\_\_\_\_ From: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_ to: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_ Total Years & Months Spent at This Job \_\_\_\_\_  
**DID THIS JOB REQUIRE A CLASS A CDL?**  YES  NO  
 WERE YOU UNDER THE RULES OF THE **FMCSR** AT THIS JOB?  YES  NO  
 DID YOU HAVE TO DRUG AND/OR ALCOHOL TEST AT THIS JOB?  YES  NO

Company Name \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Address *City State Zip* \_\_\_\_\_  
 Position held \_\_\_\_\_ From: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_ to: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_ Total Years & Months Spent at This Job \_\_\_\_\_  
**DID THIS JOB REQUIRE A CLASS A CDL?**  YES  NO  
 WERE YOU UNDER THE RULES OF THE **FMCSR** AT THIS JOB?  YES  NO  
 DID YOU HAVE TO DRUG AND/OR ALCOHOL TEST AT THIS JOB?  YES  NO

**THE FOLLOWING QUESTIONS PLEASE ANSWER YES OR NO IF; YES PLEASE GIVE EXPLANATION BELOW WITH THE CORRESPONDING NUMBER:**

27. DO YOU POSSESS A VALID U.S. DEPARTMENT OF TRANSPORTATION LONG FORM PHYSICAL?  Yes  No
28. HAVE YOU EVER RECEIVED A SAFE DRIVING AWARD?  Yes  No
29. HAVE YOU EVER RECEIVED WORKER'S COMPENSATION?  Yes  No
30. HAVE YOU ANY DEFECTS IN HEARING?  Yes  No
31. HAVE YOU ANY DEFECTS IN VISION?  Yes  No
32. HAVE YOU ANY DEFECTS IN SPEECH?  Yes  No
33. HAVE YOU EVER HAD ANY PHYSICAL OR MENTAL DISORDERS THAT WOULD DISQUALIFY YOU FROM DRIVING UNDER DOT REGULATIONS?  Yes  No
34. WERE YOU EVER DISCHARGED BY AN EMPLOYER BECAUSE OF AN ACCIDENT?  Yes  No
35. HAVE YOU EVER BEEN CONVICTED OF ANY CRIME OR FELONY?  Yes  No
36. HAVE YOU EVER BEEN KNOWN BY ANY NAME OTHER THAN THE ONE ON THIS APPLICATION?  Yes  No
37. HAVE YOU TESTED POSITIVE OR REFUSED TO TEST ON ANY PRE-EMPLOYMENT ALCOHOL AND DRUG TEST ADMINISTERED BY AN EMPLOYER TO WHICH YOU APPLIED BUT WERE NOT HIRED DURING THE PAST TWO YEARS?  Yes  No
38. HAS YOUR LICENSE EVER BEEN REVOKED, SUSPENDED OR DENIED IN ANY STATE?  Yes  No
39. IF, YOU ANSWERED YES TO ANY OF THE ABOVE QUESTION PLEASE GIVE AN EXPLANATION BELOW. (If more space is needed for explanation, write it on a separate piece of paper.) (Question #) (IE: EXAMPLE 16 - Safe driving award ABC, inc. for 00, 01, 02)
40. LIST CONVICTIONS OR FORFEITURE OF BOND, IF ANY, FOR VIOLATION OF ANY CRIMINAL LAW:

Offense	Date	City/State	Disposition
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41. LIST ALL VEHICULAR ACCIDENTS FOR THE PAST THREE (3) YEARS, PREVENTABLE OR NON-PREVENTABLE, IN WHICH YOU WERE INVOLVED:

Date	City/State	Description	Type of Vehicle	Injuries/Fatalities
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42. LIST ANY AND ALL TICKETS OR ARRESTS FOR ANY MOTOR VEHICLE LAW VIOLATIONS FOR THE PAST THREE (3) YEARS:

Violation Date	City/State	Fine/Bond	Disposition
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**\* TO BE READ AND SIGNED BY APPLICANT \***

It is agreed and understood that any misrepresentations of information given in this application shall be considered an act of dishonesty. It is agreed and understood that and its agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his/her furnishing such information. The applicant agrees to furnish such additional information and complete such examinations as may be required to complete his/her file. It is agreed and understood that this application in no way obligates to approve the application.

However, it is agreed and understood that if approved, the applicant may be on a probationary period during which time he/she may be released without recourse. 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 \_\_\_\_\_ SIGNATURE OF APPLICANT \_\_\_\_\_

WITNESSED BY: (Employee/Agent) \_\_\_\_\_

**Motor Vehicle Driver's  
CERTIFICATION OF VIOLATIONS**

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall, at least once every 12 months, require each driver to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than Violations involving only parking) of which the driver has been convicted, or an account of which he has forfeited bond or collateral during the preceding 12 months. (Section 391.27)

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. 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 (Section 391.27).

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral **during the past 12 months.**

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED

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 during the past 12 months.

Driver's License No. _____	State _____	Expiration Date _____
_____ (Driver's Signature)		_____ (Date)
_____ (Driver's Printed Name)		

\_\_\_\_\_  
(Motor Carrier's Name)

\_\_\_\_\_  
(Motor Carrier's Address)

\_\_\_\_\_  
(Reviewed by: Signature of Company Official)

\_\_\_\_\_  
(Title)

**A. 7-DAY PREVIOUS LOG**

Instructions: Motor carriers using a driver for the first time or intermittently shall obtain from the driver a signed statement giving the total time on duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier. Rule 395.8(r) Federal Motor Carrier Safety Regulations.

DAY	1	2	3	4	5	6	7	TOTAL
_____ DATES								
_____ HOURS WORKED								

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at \_\_\_\_\_ on \_\_\_\_\_  
(Time) (Day) (Month) (Year)

(Signature) \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

**POLICY AGREEMENT**

I, the undersigned, certify that I have read and understand the Company's Statement of Policy on Drug and Alcohol Abuse and have received a copy of that policy.

By accepting employment or qualification or contractual agreement with the Company, I also consent to submit to screening for drugs and/or alcohol and controlled substances and I agree to comply with all of the requirements of the Company, the Federal Motor Carrier Safety Regulations and any federal, state or local laws and rules governing the use or abuse of alcohol, drugs and controlled substances.

I understand that my failure to honor the terms of this agreement will be grounds for termination of my qualification, and/or my contractual agreement with the Company.

**Driver's Initials** \_\_\_\_\_

**FMCSA Notification of Driver Rights**

In compliance with 49 CFR Part 39 I .23, you have certain rights regarding the performance history information that will be provided to prospective employers. I) You have the right to review information provided by previous employers. II) You have the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to prospective employers. III) You have the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information. (2) Drivers who have previous DOT regulated employment history in the preceding three years and wish to review previous employer-provided investigative information must submit a written request to prospective employers. This may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. Prospective employers must provide this information within five business days of receiving the written request. If prospective employers have not yet received the requested information from the previous employer, then the five day deadline will begin when the requested safety performance history information is received. If you have not arranged to pick up or receive the requested records within 30 days of prospective employers making them available, prospective employers may consider you to have waived your request to review the record.

**Driver's Initials** \_\_\_\_\_

**Rules and Procedures**

This is to certify that I have been through orientation on the following rules, regulations and procedures and that I have received EAP training on controlled substances:

- DRUG AND ALCOHOL ABUSE POLICY AND EDUCATION
- UNAUTHORIZED PASSENGERS
- LOG AND HOURS OF SERVICE REGULATION
- VEHICLE INSPECTION PROCEDURES
- HAZARDOUS MATERIALS AND REGULATIONS

This is to certify that I have received and do fully understand the rules and procedures for Independent Contractors. I have also had compensation procedures explained and I understand them.

I acknowledge receipt of the Federal Motor Carrier Safety Regulations, and I agree to familiarize myself with parts 325, 382, 383, 386,387 and 390-399 Subchapter 3, Chapter 3, Title 49 of the Code of Federal Regulations.

According to the D.O.T. interpretations, every carrier must adopt and enforce a MEAL STOP POLICY in accordance with Line # I, OFF-Duty, and maintain a copy of this policy with the drivers signature in his/her personnel file. One (1) hour off-duty is allowed for a meal stop in ten (10) hour driving period. This may be taken in two (2) one-half (112) hour segments.

I DO ACKNOWLEDGE THAT I HAVE READ AND DO UNDERSTAND THE ABOVE POLICIES AND PROCEDURES. I FURTHER UNDERSTAND THAT NON-COMPLIANCE AND/OR VIOLATIONS OF ANY OF THE ABOVE RULES WILL RESULT IN IMMEDIATE CORRECTIVE ACTION.

**Driver's Initials** \_\_\_\_\_

**Log Policies**

In our ongoing attempt to keep our company's safety standards, we are asking for your support. Please be aware that the safety department audits roadside inspections and logs to improve standards and have set new goals for us to meet. When completing a driver log, please make sure that:

Drivers are logging fuel stops, logging "fuel" and the city  
Driver are logging DOT roadside inspections, logging "dot inspections" and the city  
Drivers are logging Random Drug Screen time  
Drivers are logging in and out gate times and the city  
These are being logged as "on duty not driving"

We feel that keeping logs up to date and accurate is a major step toward reducing out-of-service violations on roadside inspections. We are monitoring for major violators and repeat offenders, and if deemed necessary, we will spend a day training said violators. **Also, a trend has been noticed: Many drivers are not taking the 10 consecutive hours off duty to reset the 14-hour clock.** This leads to hours of service violations. Understand that this is to reduce the likelihood of being inspected by a DOT official. Also be advised that drivers need to turn a copy of the roadside into corporate. Otherwise, we order the reports from the state for a fee. The fee will be charged back to the driver. Please have all drivers sign and return this form, acknowledging our goals and expectations.

Driver's Initials \_\_\_\_\_

### Safety Policy

The efficiency of any operation can be measured directly by its ability to control loss. Accidents resulting in personal injury, damage to property and equipment represents needless suffering and waste. It is the responsibility of the management of this company to assure the safest conditions and equipment for all employees. The company policy on safety is:

- 1) The safety of the employees, the public and the operations is paramount. Every effort will be made to eliminate hazards and reduce the possibility of accidents and injuries.
- 2) Safety will be given priority over expediency and shortcuts.
- 3) The company, its' managers, employees, and owner/operators will comply with all safety laws and regulations.
- 4) **No passengers or ride-alongs are permitted while under dispatch.**

Every manager, employee and owner/operator will be expected to demonstrate attitudes and actions which reflect this policy for their own safety and for the safety of others. I understand and agree to the Safety Policy.

Driver's Initials \_\_\_\_\_

### Accident Procedures

In the event you are involved in any accident, on private property or public roads you must call the company at 800-901-1922 and ask for **Safety**. They can be reached at this number 24-7. It is imperative that they are contacted at the scene of the accident to guide you through the proper steps to insure safety of all parties and lessen the liability for you, and the company. Enclosed is a complete accident procedure, accident report, and witness cards. In case accident requires you to be drug and alcohol tested, enclosed are instructions for the collection site, a chain of custody, mailing label, and an airborne express lab pack. Please keep this in your truck at all times. If you use or lose this packet, please ask your terminal manager for another.

**CALL IMMEDIATELY FROM THE SCENE 800-901-1922**

**DRIVER MUST ALWAYS PERFORM A POST ACCIDENT AND DRUG AND BREATH ALCOHOL TEST WITHIN TWO HOURS OF THE ACCIDENT.**

I have read and understand the Accident Policy.

Driver's Initials \_\_\_\_\_

### No Hazmat Policy

This is to certify that I, \_\_\_\_\_ understand and acknowledge that while I am leased to \_\_\_\_\_ I will, under no circumstances, transport any HAZARDOUS MATERIALS.

Driver's Initials \_\_\_\_\_

**Your tractor must be properly registered for "IRP" to enter each state.**

It is your responsibility to make sure all permits, licenses, and authorities are properly displayed, maintained, and not expired. If you are dispatched into any other state, call immediately for instructions, temporary permits may be needed. You are responsible to make sure you are legally permitted at all times.

Driver's Initials \_\_\_\_\_

**One License Rule**

ALL DRIVERS: PLEASE READ THE FOLLOWING STATEMENT. IF IT IS CORRECT AS IT APPLIES TO YOU, PLEASE INITIAL ON THE LINE.

**Verified Statement**

I certify, under penalty of the laws of the United States of America, that I do not hold any driver's licenses other than the one from my state of domicile. Further, I certify that I know that any false, fictitious or fraudulent statement or representation may be punishable under 18 U.S.C. 1001, which provides for fines up to \$10,000.00, imprisonment up to 5 years, or both.

**Notification of License Suspension, Revocation, or Cancellation:**

Sections 392.42 and 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, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (If the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

**Driver's Initials** \_\_\_\_\_

I have received the above and understand my responsibilities.

Tractor Unit # \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Signed Name: \_\_\_\_\_

**\*\* REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER \*\***

TO: \_\_\_\_\_ DATE: \_\_\_\_\_  
\_\_\_\_\_  
APPLICANT'S NAME: \_\_\_\_\_  
\_\_\_\_\_  
SS#: \_\_\_\_\_

**RETURN TO FAX#:** \_\_\_\_\_

The above named individual is being considered for qualification as a driver with this company and states that he/she was previously employed by you. We would appreciate any information you are able to give regarding his/her services in compliance with the Federal Motor Carrier Safety Regulations. Below is an authorization to release information to us. Thank you for your courtesy.

Sincerely \_\_\_\_\_  
Safety Department

- 
- 1) Dates of service: From: \_\_\_\_\_ To: \_\_\_\_\_
  - 2) Position: \_\_\_\_\_ If driver, indicate type of equipment: \_\_\_\_\_  
Basic areas driven: \_\_\_\_\_
  - 3) Was applicant involved in any accidents? \_\_\_\_\_ How many? \_\_\_\_\_ Number of preventable? \_\_\_\_\_  
Please explain: \_\_\_\_\_  
\_\_\_\_\_
  - 4) Was applicant a safe and efficient driver? \_\_\_\_\_
  - 5) Was applicant's general conduct satisfactory? \_\_\_\_\_
  - 6) Did applicant have any license suspensions? \_\_\_\_\_
  - 7) Was applicant involved in any cargo claims, shortages or damages? \_\_\_\_\_
  - 8) Reason for termination: \_\_\_\_\_
  - 9) Would you re-employ? If not, please explain: \_\_\_\_\_  
\_\_\_\_\_
  - 10) Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DID HE/SHE PARTICIPATE IN A DRUG AND ALCOHOL TESTING PROGRAM? YES\_\_\_ NO\_\_\_

IN THE PRECEDING THREE (3) YEARS:

- A. WAS ANY OF THE ALCOHOL TEST CONCENTRATION RESULTS 0.04 OR GREATER? YES\_\_\_ NO\_\_\_
- B. WAS ANY OF THE CONTROLLED SUBSTANCES TEST RESULTS A POSITIVE? YES\_\_\_ NO\_\_\_
- C. DID HE/SHE REFUSE TO BE TESTED? YES\_\_\_ NO\_\_\_
- D. DID YOU RECEIVE POSITIVE DRUG RESULTS FROM ANY OF YOUR BACKGROUND CHECKS?  
YES\_\_\_ NO\_\_\_
- E. ANY VIOLATIONS OF OTHER DOT DRUG/ALCOHOL REGULATIONS? YES\_\_\_ NO\_\_\_

IF YES TO ANY OF ABOVE: ADVICE S.A.P. (SUBSTANCE ABUSE PROGRAM) ATTENDED:

S.A.P. NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE NO.: \_\_\_\_\_



PERSON RELEASING INFORMATION \_\_\_\_\_ DATE \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF EMPLOYMENT RECORDS**

I hereby authorize you to release the above information for the purpose of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability that may result from furnishing such information. I hereby authorize any person or firm to furnish any information concerning the release of alcohol and controlled substances test information by my previous employers as to FMCSR 382.413 (b). I agree that a photo static copy of this authorization shall be considered as effective and valid as the original.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_