

**COPY**

**DRIVERS LICENSE**

**AND**

**SOCIAL SECURITY CARD**

**OR**

**BIRTH CERTIFICATE**

**COPY**

**OF**

**LONG FORM PHYSICAL**

**WITH CARD.**

**IF ONLY HAVE CARD THAT WILL  
GET APPROVAL. WILL HAVE TO  
GO IN FOR A PHYSICAL.**

## DRIVER PRE-QUALIFICATION FORM

Thank you for applying for a driving position with our company. We are committed to providing the highest quality of service to our customers. In order to do this we are seeking the most qualified individuals. The following is a list of minimum qualifications required by our company. Please read carefully and sign in the space provided if you meet these qualifications. If you do not meet these qualifications, return this to the person you received it from and explain the reason. If you meet these qualifications, an in-depth background investigation will be conducted and a hiring decision will be made.

1. Must be at least twenty-three (23) years of age.
2. Must have at least one (1) year of recent verifiable all weather tractor-trailer experience in the past three (3) years if applying for a tractor-trailer position. Must have at least one (1) year of verifiable all weather straight-truck experience in the past three (3) years if applying for a straight truck position. Must have at least (2) years of flat-bed experience in the past (3) years if applying for a flat bed position.
3. Must not have had a D.W.I or D.U.I. conviction in the past (5) years. There can be no current pending D.W.I. or D.U.I. charges.
4. No major chargeable accidents in the past three (3) years while driving a commercial motor vehicle.
5. No more than three (3) minor moving violations or two (2) major moving violations in the last three (3) years.
6. No more than three (3) minor accidents in the last five (5) years.
7. Possesses only one (1) driver's license and it must be from the state of residence.
8. Fill out the application completely to include ten (10) years of employment history. If you do not have the information at this time return the application and come back when you have the information. We do not allow applications to be removed from the office area.
9. You will be required to pass a D.O.T. physical. Premium will only accept an applicant's existing physical if there is at least 12 months remaining before expiration. Premium will not accept any physicals issued for less than a one (1) year period. Note: All new employees are responsible for payment of their initial DOT physical.
10. You will be required to provide a urine sample to be used for our Federally Mandated Drug Screening program. All new and re-hire applicants must pass this drug screen before being employed.

I, \_\_\_\_\_ the undersigned, meet the above qualifications and further agree to abide by all company policies. Misrepresentation on the application will result in immediate termination.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## Job Description

**Job Title:** Driver of Semi Tractor / Trailer

**Department / Terminal** \_\_\_\_\_

**Report To:** Terminal Manager/Dispatcher/Operations Supervisor

**General Purpose:** Pick up and deliver to assigned locations in compliance with applicable rules and regulations.

**This job description may be revised at any time as dictated by customer needs and management decision.**

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### Essential Functions

1. Receive and follow dispatch orders. Call in daily if on the Casual Board and not working.
2. Pre-trip vehicle inspection.
3. Hook up to correct trailer as directed by dispatcher.
4. Drive vehicle on specified route observing DOT and Premium safe driving rules and regulations.
5. Communicate with dispatch as directed.
6. Sleep in sleeper bunk when team driver is driving or during overnight stops.
7. Deliver product and assist in loading and unloading as assigned.
8. Backhaul product or return to domicile location as directed.
9. Communicate with client for direction on breakdowns, accidents, product spills, emergencies, and other problems.
10. Fuel vehicle as needed at approved locations.
11. Prepare trip record and DOT logs daily.
12. Be responsible for advance from company by obtaining receipts for expenses.
13. Participate in safety programs.
14. Comply with all DOT and FMCSR regulations.

### Physical and mental requirements:

1. Demonstrate sound judgment in operation of vehicle.
2. Work 60 -70 hours per week, within federal guidelines, including nights and weekends.
3. Pull, twist, bend, and lift 75 pounds to shoulder height as required to perform essential functions.
4. Climb in and out of tractor and to top of trailer for inspection.
5. Sit for up to 11 hours per day.
6. Drive vehicle and load/unload in extreme winter and summer temperatures and conditions.
7. Communicate, read, understand, and write as required to perform essential functions.

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

**Signature:** \_\_\_\_\_

DATE OF APPLICATION: \_\_\_/\_\_\_/\_\_\_

## APPLICATION

COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

In compliance with Federal and State equal opportunity laws, qualified applicants are considered for all positions without regard to race, religion, sex, national origin, age, marital status, or non-job related disability.

### TO BE READ AND SIGNED BY APPLICANT

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 also understand that I have the right under 49 CFR 391.23(i) (1) 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

Applicant Signature: X \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

DRIVER NAME _____		
(LAST)	(FIRST)	(MIDDLE)
ADDRESS _____		
CITY _____, STATE _____, ZIP _____		
TELEPHONE NUMBER (____) _____ - _____ CELL PHONE NUMBER (____) _____ - _____		
DATE OF BIRTH ___/___/___ SOCIAL SECURITY NUMBER _____ - _____ - _____		

### PREVIOUS ADDRESSES FOR THE PAST THREE (3) YEARS

1) ADDRESS _____
CITY _____, STATE _____, ZIP _____ FROM _____ TO _____
2) ADDRESS _____
CITY _____, STATE _____, ZIP _____ FROM _____ TO _____
3) ADDRESS _____
CITY _____, STATE _____, ZIP _____ FROM _____ TO _____

**NOTE:** COMPANY POLICY STATES THAT THE APPLICANT MUST PROVIDE A COMPLETE 10 YEAR WORK HISTORY AND ACCOUNT FOR ALL GAPS BETWEEN JOBS PRIOR TO BEING CONSIDERED FOR EMPLOYMENT.

## EMPLOYMENT HISTORY

**PLEASE LIST STARTING WITH THE MOST RECENT EMPLOYER, USE ADDITIONAL SHEET IF NEEDED.**

CURRENT OR LAST EMPLOYER COMPANY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_, CITY \_\_\_\_\_ STATE \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
SUPERVISOR NAME: \_\_\_\_\_ REASON FOR LEAVING? \_\_\_\_\_  
JOB DESCRIPTION: \_\_\_\_\_ FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40?  YES  NO      \*Was this job subject to FMCSA Regulations?  YES  NO

\*\*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason \_\_\_\_\_

SECOND LAST EMPLOYER COMPANY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_, CITY \_\_\_\_\_ STATE \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
SUPERVISOR NAME: \_\_\_\_\_ REASON FOR LEAVING? \_\_\_\_\_  
JOB DESCRIPTION: \_\_\_\_\_ FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40?  YES  NO      \*Was this job subject to FMCSA Regulations?  YES  NO

\*\*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason \_\_\_\_\_

THIRD LAST EMPLOYER COMPANY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_, CITY \_\_\_\_\_ STATE \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
SUPERVISOR NAME: \_\_\_\_\_ REASON FOR LEAVING? \_\_\_\_\_  
JOB DESCRIPTION: \_\_\_\_\_ FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40?  YES  NO      \*Was this job subject to FMCSA Regulations?  YES  NO

\*\*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason \_\_\_\_\_

\* The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: 1) weighs or has a GVWR of 10,001 pounds or more, 2) is designed or used to transport 9 or more passengers, or 3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

\*\*Any gaps in employment and/or unemployment must be explained.

## EMPLOYMENT HISTORY (ADDENDUM PAGE 1)

Driver Applicant Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

FOURTH LAST EMPLOYER COMPANY NAME: _____	
ADDRESS: _____	CITY _____ STATE _____
PHONE: _____	FAX: _____ E-MAIL: _____
SUPERVISOR NAME: _____	REASON FOR LEAVING? _____
JOB DESCRIPTION: _____	FROM: ____ / ____ / ____ TO: ____ / ____ / ____
Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO      *Was this job subject to FMCSA Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO	
**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason _____	

FIFTH LAST EMPLOYER COMPANY NAME: _____	
ADDRESS: _____	CITY _____ STATE _____
PHONE: _____	FAX: _____ E-MAIL: _____
SUPERVISOR NAME: _____	REASON FOR LEAVING? _____
JOB DESCRIPTION: _____	FROM: ____ / ____ / ____ TO: ____ / ____ / ____
Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO      *Was this job subject to FMCSA Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO	
**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason _____	

SIXTH LAST EMPLOYER COMPANY NAME: _____	
ADDRESS: _____	CITY _____ STATE _____
PHONE: _____	FAX: _____ E-MAIL: _____
SUPERVISOR NAME: _____	REASON FOR LEAVING? _____
JOB DESCRIPTION: _____	FROM: ____ / ____ / ____ TO: ____ / ____ / ____
Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO      *Was this job subject to FMCSA Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO	
**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason _____	

\* The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: 1) weighs or has a GVWR of 10,001 pounds or more, 2) is designed or used to transport 9 or more passengers, or 3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

\*\*Any gaps in employment and/or unemployment must be explained.

**WORK EXPERIENCE (ADDENDUM PAGE 2)**

Driver Applicant Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

SEVENTH LAST EMPLOYER COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_, CITY \_\_\_\_\_ STATE \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SUPERVISOR NAME: \_\_\_\_\_ REASON FOR LEAVING? \_\_\_\_\_

JOB DESCRIPTION: \_\_\_\_\_ FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40?  YES  NO \*Was this job subject to FMCSA Regulations?  YES  NO

\*\*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason \_\_\_\_\_

EIGHTH LAST EMPLOYER COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_, CITY \_\_\_\_\_ STATE \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SUPERVISOR NAME: \_\_\_\_\_ REASON FOR LEAVING? \_\_\_\_\_

JOB DESCRIPTION: \_\_\_\_\_ FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40?  YES  NO \*Was this job subject to FMCSA Regulations?  YES  NO

\*\*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason \_\_\_\_\_

NINTH LAST EMPLOYER COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_, CITY \_\_\_\_\_ STATE \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SUPERVISOR NAME: \_\_\_\_\_ REASON FOR LEAVING? \_\_\_\_\_

JOB DESCRIPTION: \_\_\_\_\_ FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40?  YES  NO \*Was this job subject to FMCSA Regulations?  YES  NO

\*\*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason \_\_\_\_\_

\* The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: 1) weighs or has a GVWR of 10,001 pounds or more, 2) is designed or used to transport 9 or more passengers, or 3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

\*\*Any gaps in employment and/or unemployment must be explained.

**ATTACH EXTRA SHEETS IF NEEDED**

**COMMERCIAL DRIVER'S LICENSE INFORMATION**

LICENSE # \_\_\_\_\_ TYPE \_\_\_\_\_ STATE \_\_\_\_\_ EXP. DATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (A,B, OR C)

ENDORSEMENTS (check all that apply):  DOUBLE/TRIPLE TRAILERS  TANK VEHICLES  
 PASSENGER VEHICLES  HAZARDOUS MATERIALS

LIST ANY ADDITIONAL LICENSE(S) HELD IN THE PAST 3 YEARS:  
 STATE \_\_\_\_\_ TYPE \_\_\_\_\_ LICENSE # \_\_\_\_\_ EXP. DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 STATE \_\_\_\_\_ TYPE \_\_\_\_\_ LICENSE # \_\_\_\_\_ EXP. DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

HAS YOUR PERMIT, CDL, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE EVER BEEN DENIED, SUSPENDED, OR REVOKED?  NO  YES IF YES, EXPLAIN \_\_\_\_\_

**COLLISIONS**

PLEASE LIST ALL MOTOR VEHICLE COLLISIONS IN WHICH YOU WERE INVOLVED (BOTH COMMERCIAL AND PRIVATE VEHICLE) DURING THE PAST THREE YEARS PRIOR TO THE APPLICATION DATE. IF NONE, WRITE "NONE"

<u>DATE</u>	<u>DESCRIPTION</u>	<u>STATE</u>	<u># OF INJURIES</u>	<u># OF FATALITIES</u>	<u>HAZ.MAT.SPILL</u>
____/____/____	_____	_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES
____/____/____	_____	_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES
____/____/____	_____	_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES

**TRAFFIC CONVICTIONS AND FORFEITURES**

PLEASE LIST ALL TRAFFIC CONVICTIONS AND/OR FORFEITURES (BOTH COMMERCIAL AND PRIVATE VEHICLE) FOR THE PAST THREE YEARS (OTHER THAN PARKING). IF NONE, WRITE "NONE"

<u>DATE</u>	<u>LOCATION</u>	<u>CHARGE</u>	<u>PENALTY</u>
____/____/____	_____	_____	_____
____/____/____	_____	_____	_____
____/____/____	_____	_____	_____
____/____/____	_____	_____	_____

**DRIVING EXPERIENCE**

<u>EQUIPMENT CLASS</u>	<u>TYPE OF EQUIPMENT</u> (VAN, TANK, FLAT, ETC.)	<u>DATES</u> FROM TO or	<u>APPROX. MILES</u> <u>DRIVEN</u>
STRAIGHT TRUCK	_____	_____	_____
TRACTOR & SEMI TRAILER	_____	_____	_____
OTHER	_____	_____	_____
LIST COMMODITIES HAULED: _____			

EDUCATION

PLEASE CIRCLE THE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE: 1 2 3 4

OTHER TRAINING : \_\_\_\_\_

HAVE YOU RECEIVED ANY SAFETY AWARDS OR SPECIAL TRAINING? \_\_\_\_\_

DO YOU HAVE FULL KNOWLEDGE OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS?  YES  NO

GENERAL

HAVE YOU BEEN A DRIVER FOR THIS COMPANY BEFORE?  YES  NO

IF SO, WHEN? \_\_\_\_ / \_\_\_\_ WHERE? \_\_\_\_\_

IS THERE ANY REASON YOU MIGHT BE UNABLE TO PERFORM THE FUNCTIONS OF THE JOB FOR WHICH YOU HAVE APPLIED?  YES  NO

HAVE YOU EVER BEEN CONVICTED FOR DUI, DWI OR OUI?  YES  NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY?  YES  NO

IF YES, PLEASE EXPLAIN \_\_\_\_\_

IN CASE OF EMERGENCY, CONTACT: \_\_\_\_\_ ( ) \_\_\_\_\_  
Name Telephone number Relationship

MUST BE READ AND SIGNED BY THE APPLICANT

- It is agreed and understood that the employer or 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 furnishing such information.
- In accordance with the provision so Section 604(b)(2)(a) of the Fair Credit Reporting Act Public Law 9F-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, and 391.25 of the Federal Motor Carrier Safety Regulations.
- The applicant agrees to furnish such additional information and complete such examinations as necessary to complete applicant's employment file.
- It is agreed and understood that this application for employment in no way obligates the employer to employ the applicant.
- It is agreed and understood that if hired, the applicant may be on a probationary period during which time applicant may be discharged without recourse. Further, any false statement herein submitted will be deemed sufficient reason for rejection or termination of the applicant's employment, irrespective of time lapsed before discovery.
- In connection with my application for employment with you, I understand that an investigative consumer report is being requested from DAC Services, Tulsa, Oklahoma, that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment obtained from previous employers. Further, I understand that you will be requesting information concerning my driving record and/or information from various state agencies which maintain records concerning traffic offenses, accidents, etc., as well as information from DAC concerning (1) previous driving record requests made by others from such state agencies and (2) claims involving me in the files of insurance companies. I have a right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I hereby consent to your obtaining the above described information from DAC, and agree that such information which DAC has or obtains, and my employment history with you, if I am hired, will be supplied by DAC to other companies which subscribe to DAC's services.
- IF HIRED BY YOU, I FURTHER CONSENT TO YOUR FURNISHING TO DAC INFORMATION CONCERNING MY CHARACTER, WORK HABITS, PERFORMANCE DRIVING RECORD AND EXPERIENCE, AS WELL AS ANY REASONS FOR TERMINATION OF MY EMPLOYMENT, AND FURTHER CONSENT TO DAC'S FURNISHING SUCH INFORMATION IN THE FUTURE TO OTHER COMPANIES WHICH SUBSCRIBE TO DAC'S SERVICES FROM WHICH I MAY BE SEEKING EMPLOYMENT, AND TO INSURANCE COMPANIES OR THEIR AGENTS IN CONNECTION WITH ISSUANCE OR MAINTENANCE OF INSURANCE COVERAGE.
- The applicant agrees to conform to the rules and regulations of the Company, and understands that employment and compensation can be terminated with or without cause, at any time, at the option or either the Company or the individual.
- The applicant further understands that no personnel recruiter or interviewer or other representative of the Company other than the President, has any authority to enter into any agreement for employment for any specified period of time.
- If requested to do so, I agree to submit to physical and psychological testing prior to employment, or at any time during my employment, including but not limited to a polygraph and/or urine analysis to test for drugs or alcohol. It is agreed and understood that the answers to the foregoing questions are true and correct, and that any misrepresentations of information given above shall be considered an act of dishonesty. Further, 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.

X \_\_\_\_\_  
Applicant Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

## Premium Transportation Staffing

### Request for Information from Previous Employer

615 Commerce Road • Richmond, IN 47374 • Phone (800) 367-2875

**Fax: 765-966-6279**

Company: \_\_\_\_\_ Attn: \_\_\_\_\_ Fax: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

Dates Worked From: \_\_\_\_\_ to \_\_\_\_\_ Correct?  Yes  No If Not \_\_\_\_\_ to \_\_\_\_\_

Eligible for rehire?  Yes  No  Upon Review

<u>Type of Work</u>	<u>Equipment Operated</u>	<u>Areas Driven</u>	<u>Commodities Hauled</u>
<input type="checkbox"/> Owner/Operator	<input type="checkbox"/> Dry Van	<input type="checkbox"/> 48 State	<input type="checkbox"/> General
<input type="checkbox"/> Driver for O/O	<input type="checkbox"/> Reefer	<input type="checkbox"/> Local	<input type="checkbox"/> Oversized Loads
<input type="checkbox"/> Company Driver	<input type="checkbox"/> Containers	<input type="checkbox"/> Interstate Driving	<input type="checkbox"/> Other _____
<input type="checkbox"/> Other	<input type="checkbox"/> Flat Bed	<input type="checkbox"/> Mountain Driving	
	<input type="checkbox"/> Specialized Trailer		
	<input type="checkbox"/> Other _____		

Did the applicant have any accidents while driver for you?  Yes  No If yes, please list below.

<u>Dates</u>	<u>DOT Recordable</u>	<u>Preventable</u>	<u>Description</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	_____

Pursuant to §382.409 of FMCSR, please provide information concerning the following questions. Within the last 3 years has this driver ever:

- Had an alcohol test with a concentration level result of .04 or greater?  Yes  No
- Tested positive, adulterated or substituted test specimen for controlled substances?  Yes  No
- Refused to submit to any mandated alcohol or controlled substance test?  Yes  No
- Have you ever received information from a previous employer that this person Violated DOT drug or alcohol regulations?  Yes  No
- Violated any DOT Drug & Alcohol Return-To-Duty requirements (including follow-up testing) requiring successful completion from a SAP rehabilitation referral?  Yes  No

If answering yes to any of the above questions, please give the following SAP information further reference.

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

<u>Reason for Leaving</u>	<u>Performance</u>	
<input type="checkbox"/> Resigned with notice	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Cargo Loss
<input type="checkbox"/> Resigned without notice	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Excessive Complaints
<input type="checkbox"/> No Show	<input type="checkbox"/> Superior	<input type="checkbox"/> Equipment Loss
<input type="checkbox"/> Terminated/Disqualified	<input type="checkbox"/> Falsified Empl. Application	<input type="checkbox"/> Late Pickup/Delivery
<input type="checkbox"/> Abandonment	<input type="checkbox"/> Log Violations	<input type="checkbox"/> Unauthorized Equipment Use
<input type="checkbox"/> Quit under dispatch	<input type="checkbox"/> Unsatisfactory Safety Records	<input type="checkbox"/> Other _____ )

**Completed By:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

#### Authorization/Liability Release

I hereby authorize the above stated company to release all record of employment, including assessments of my job performance, ability and fitness to include drug and alcohol test results and accidents to each and every company (or their authorized agents), which may request such information in connection with my application for employment with said company. I hereby release this company from any and all liability of any type as a result of providing this information to the company requesting this information. This information is being requested in compliance with §40.25 and §391.23.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)**

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #
<p>I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.</p>		<p>I attest, under penalty of perjury, that I am (check one of the following):</p> <input type="checkbox"/> A citizen of the United States <input type="checkbox"/> A noncitizen national of the United States (see instructions) <input type="checkbox"/> A lawful permanent resident (Alien #) _____ <input type="checkbox"/> An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year) _____	
Employee's Signature		Date (month/day/year)	

**Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.**

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

**Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)**

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_\_\_ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)
Premium of Tennessee 615 Commerce Rd, Richmond, IN 47374		

**Section 3. Updating and Reverification (To be completed and signed by employer.)**

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.		
Document Title: _____	Document #: _____	Expiration Date (if any): _____
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.		
Signature of Employer or Authorized Representative		Date (month/day/year)