

APPLICATION FOR QUALIFICATION

(A) Company _____

Address _____

City _____ State _____ Zip Code _____

The purpose of this application is to determine whether or not the applicant is qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and the Company named above.

Instructions to Applicant

Please answer all questions. If the answer to any question is "No" or "None", do not leave the item blank, but write "No" or "None". This is important!

*The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

Date _____ Position applying for; Check One: Contractor Driver
 Contractor's Driver

(B) Name _____
(First) (Middle) (Last)

Phone Number (____) _____ Emergency Phone Number (____) _____

*Age _____ Date of Birth _____ Social Security Number _____

Physical Exam Expiration Date: _____

Current & Three Years Previous Addresses:

_____ From _____ To _____
_____ From _____ To _____
_____ From _____ To _____
_____ From _____ To _____

Have you worked for this company before? Yes No If yes, give dates: From _____
To _____
Reason for leaving? _____

Education and Employment History

Please circle the highest grade completed:

Grade School: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 Post-Graduate: 1 2 3 4

(C) Give a Complete Record of all employment for the past three years, including any unemployment or self employment, and all commercial driving experience for the past ten years.

Mo/Yr Mo/Yr Present or Last Employer:
From _____ To _____ Name _____

Position Held _____ Address _____
(Street) (City) (State/Zip)

Reason For Leaving _____ Phone # (_____) _____

Were you subject to the FMCSRs* while employed here? Yes No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Page 1 of 4

Mo/Yr Mo/Yr Present or Last Employer:
From _____ To _____ Name _____

Position Held _____ Address _____
(Street) (City) (State/Zip)

Reason For Leaving _____ Phone # (_____) _____

Were you subject to the FMCSRs* while employed here? Yes No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Mo/Yr Mo/Yr Present or Last Employer:
From _____ To _____ Name _____

Position Held _____ Address _____
(Street) (City) (State/Zip)

Reason For Leaving _____ Phone # (_____) _____

Were you subject to the FMCSRs* while employed here? Yes No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Mo/Yr Mo/Yr Present or Last Employer:
From _____ To _____ Name _____

Position Held _____ Address _____
(Street) (City) (State/Zip)

Reason For Leaving _____ Phone # (_____) _____

Were you subject to the FMCSRs* while employed here? Yes No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Mo/Yr Mo/Yr Present or Last Employer:
From _____ To _____ Name _____

Position Held _____ Address _____
(Street) (City) (State/Zip)

Reason For Leaving _____ Phone # (_____) _____

Were you subject to the FMCSRs* while employed here? Yes No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

(J) Driver's License (list each driver's license held in the past three years)

| State | License # | Type | Endorsements | Expiration Date |
|-------|-----------|------|--------------|-----------------|
| | | | | |
| | | | | |
| | | | | |

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

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

C. Is there any reason you might be unable to perform the functions of the job for
which you have applied (as described in the job description)?
YES NO

D. Have you ever been convicted of a felony?
YES NO

E.

(K) If the answers to A, B, C or D is "YES", give details _____

(L) Personal References

List three persons for references, other than family members, who have knowledge of your safety habits.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

To Be Read and Signed by Applicant

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.

It is agreed and understood that the motor carrier or his 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 furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my application file.

It is agreed and understood that this Application for Qualification in no way obligates the motor carrier to employ or hire the applicant.

It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified 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.

(M) _____

Applicant's Signature

_____ *Date*

Remarks (for office use only)

This form is courtesy of:



The Difference Is Service®

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SECTION 1:

TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) _____
First, M.I., Last _____ Social Security Number _____
_____ hereby authorize: _____
Date of Birth _____

Previous Employer: _____ Email: _____
Street: _____ Telephone: _____
City, State, Zip: _____ Fax No.: _____

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 _____
(date of employment application)

To:
Prospective Employer: _____
Attention: _____ Telephone: _____
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 confidential fax number: _____
Prospective employer's confidential email address: _____

Applicant's Signature _____ Date _____

This information is being requested in compliance with §40.25 and §391.23.

SECTION 2:

TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY

The applicant named above was employed by us. Yes No
Employed as _____ from (m/y) _____ to (m/y) _____

1. 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) _____

If there is no safety performance history to report, check here , sign below 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 | Location | No. of Injuries | No. of Fatalities | Hazmat Spill |
|----------|----------|-----------------|-------------------|--------------|
| 1. _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ |
| 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: _____

Signature: _____
Title: _____ Date: _____

SECTION 3:

TO BE COMPLETED BY PREVIOUS EMPLOYER

DRUG AND ALCOHOL HISTORY

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

Driver was subject to Department of Transportation testing requirements from _____ to _____ . **YES** **NO**

- | | | |
|---|--------------------------|--------------------------|
| 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person committed other violations of Subpart B of Part 382, or Part 40? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If this person has violated a DOT drug and alcohol regulation, did this person fail to undertake or complete a program prescribed by a Substance Abuse Professional (SAP) in your employ? If yes, please send documentation back with this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> |

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 side 1.

Name: _____

Company: _____

Street: _____

City, State, Zip: _____ Telephone: _____

Section 3 Completed by (Signature): _____ Date: _____

SECTION 4a:

TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) Faxed to previous employer Mailed Emailed Other _____

By: _____ Date: _____

SECTION 4b:

TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when information is obtained.

Information received from: _____

Recorded by: _____ Method: Fax Mail Email Telephone

Date: _____ Other _____

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SIDE 1 SECTION 1: Prospective Employee

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

SIDE 2 SECTION 3: Previous Employer

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

SIDE 2 SECTION 4a: Prospective Employer

- Complete the information required in this section
- Send to Previous Employer

SIDE 2 SECTION 4b: Prospective Employer

- Record receipt of the information
- Retain the form

SIDE 1 SECTION 2: Previous Employer

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

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SECTION 1:

TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) _____
 First, M.I., Last _____ Social Security Number _____

 _____ hereby authorize: _____
 _____ Date of Birth _____

Previous Employer: _____ Email: _____

Street: _____ Telephone: _____

City, State, Zip: _____ Fax No.: _____

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 _____
 (date of employment application)

To:
 Prospective Employer: _____

Attention: _____ Telephone: _____

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 confidential fax number: _____

Prospective employer's confidential email address: _____

 Applicant's Signature _____ Date _____

This information is being requested in compliance with §40.25 and §391.23.

SECTION 2:

TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY

The applicant named above was employed by us. Yes No

Employed as _____ from (m/y) _____ to (m/y) _____

1. 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) _____

If there is no safety performance history to report, check here , sign below 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 | Location | No. of Injuries | No. of Fatalities | Hazmat Spill |
|----------|----------|-----------------|-------------------|--------------|
| 1. _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ |
| 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: _____

Signature: _____

Title: _____ Date: _____

SECTION 3:

TO BE COMPLETED BY PREVIOUS EMPLOYER

DRUG AND ALCOHOL HISTORY

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

Driver was subject to Department of Transportation testing requirements from _____ to _____ . **YES** **NO**

- | | | |
|---|--------------------------|--------------------------|
| 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person committed other violations of Subpart B of Part 382, or Part 40? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If this person has violated a DOT drug and alcohol regulation, did this person fail to undertake or complete a program prescribed by a Substance Abuse Professional (SAP) in your employ? If yes, please send documentation back with this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> |

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 side 1.

Name: _____
 Company: _____
 Street: _____
 City, State, Zip: _____ Telephone: _____

Section 3 Completed by (Signature): _____ Date: _____

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TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) Faxed to previous employer Mailed Emailed Other _____

By: _____ Date: _____

SECTION 4b:

TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when information is obtained.

Information received from: _____

Recorded by: _____ Method: Fax Mail Email Telephone

Date: _____ Other _____

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

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- Complete the information required in this section
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- Submit to the Prospective Employer

SIDE 2 SECTION 3: Previous Employer

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

SIDE 2 SECTION 4a: Prospective Employer

- Complete the information required in this section
- Send to Previous Employer

SIDE 2 SECTION 4b: Prospective Employer

- Record receipt of the information
- Retain the form

SIDE 1 SECTION 2: Previous Employer

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

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SECTION 1:

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I, (Print Name) _____
 First, M.I., Last _____ Social Security Number _____
 _____ hereby authorize: _____
 _____ Date of Birth _____

Previous Employer: _____ Email: _____
 Street: _____ Telephone: _____
 City, State, Zip: _____ Fax No.: _____

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| Date | Location | No. of Injuries | No. of Fatalities | Hazmat Spill |
|----------|----------|-----------------|-------------------|--------------|
| 1. _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ |
| 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: _____

Signature: _____
 Title: _____ Date: _____

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

Driver was subject to Department of Transportation testing requirements from _____ to _____ . **YES** **NO**

- | | | |
|---|--------------------------|--------------------------|
| 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person committed other violations of Subpart B of Part 382, or Part 40? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If this person has violated a DOT drug and alcohol regulation, did this person fail to undertake or complete a program prescribed by a Substance Abuse Professional (SAP) in your employ? If yes, please send documentation back with this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> |

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 side 1.

Name: _____

Company: _____

Street: _____

City, State, Zip: _____ Telephone: _____

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SIDE 2 SECTION 3: Previous Employer

- Complete the information required in this section
- Sign and date
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SIDE 2 SECTION 4a: Prospective Employer

- Complete the information required in this section
- Send to Previous Employer

SIDE 2 SECTION 4b: Prospective Employer

- Record receipt of the information
- Retain the form

SIDE 1 SECTION 2: Previous Employer

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

KROLL

DISCLOSURE AND AUTHORIZATION TO OBTAIN INFORMATION

In connection with my suitability for employment with Sanderfoot Wind & Excavating, Inc. ("Company"), I authorize Company to request a consumer and/or investigative consumer report on me for employment purposes from **KROLL BACKGROUND AMERICA, INC.** ("Kroll") and JJ Keller & Associates. Such reports may include, my driving history, including any traffic citations.

I authorize any person, business entity or governmental agency that may have information relevant to the above to disclose the same to Company and Kroll, including, but not limited to, any and all courts, public agencies, law enforcement agencies. I authorize Company to share such information only with parties in interest who have a "need to know" such information to protect them and their employees. Kroll does not sell or otherwise provide any of the information found in its background investigations to any party other than the Company.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject upon my written request to Kroll, if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681 et. seq. I agree that this authorization shall remain valid for the duration of my employment with Company. I certify that the information contained on this Authorization form is true and correct and that my application or employment may be terminated based on any false, omitted or fraudulent information.

Signature: _____ Date: _____

IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY

Last Name: _____ First Name: _____ Middle: _____

Other Names Used _____ Years Used _____

Social Security Number: _____ Daytime Phone Number: _____

Driver's License Number: _____ State of Issuance: _____

*Date of Birth: _____ *Gender _____

For CA, MN & OK Residents Only: Please provide me with a copy of my background report YES: NO

For California residents: Under § 1786.22 of the California Civil Code, you may view the file maintained on you by Kroll. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by submitting a request by mail, by appearing at Kroll's offices in person during normal business hours and on reasonable notice, or you may also receive a summary of the file by telephone after submitting a written request. Kroll has trained personnel available to explain your file to you and will provide a written explanation of any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification. Kroll is located at 1900 Church St., Suite 300, Nashville, TN 37203 and may be contacted at 800-697-7189.

*Providing year of birth and gender is strictly voluntary. This information will enable us to properly identify you in the event we find adverse information during the course of a background search.

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, 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, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant's signature

Date

Print name

Social Security number

DRIVER STATEMENT OF ON-DUTY HOURS (For Newly Hired Drivers)

INSTRUCTIONS: Motor carriers when using a driver for the first time 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(j)(2) Federal Motor Carrier Safety Regulations. NOTE: Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

Driver Name (Print) _____

Social Security Number _____

Driver's License: State _____ Number _____ Class _____ Endorsement(s) _____ Restriction(s) _____

Type of License _____ Issuing State _____

| | | | | | | | | |
|--------------|---------------------------------|---|---|---|---|---|---|-------------|
| DAY | 1 <small>(yesterday)</small> | 2 | 3 | 4 | 5 | 6 | 7 | |
| DATE | | | | | | | | |
| HOURS WORKED | | | | | | | | TOTAL HOURS |

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

A.M.
_____ P.M. On _____ Day _____ Month _____ Year

Driver's Signature _____ Date

DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

INSTRUCTIONS: When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in Section 395.2 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ or service of, a common, contract or private motor carrier, also performing any compensated work for any nonmotor carrier entity.

(check one)

Are you currently working for another employer? Yes No

At this time do you intend to work for another employer while still employed by this company? Yes No

I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

Driver's Signature _____ Date

Witness: _____
Company Representative _____ Date

Motor Vehicle Driver's

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

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

- 1) **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.
- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15(b)(2) 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 are convicted of violating 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.
- 3) **CDL DOMICILE REQUIREMENT:** Section 383.23(a)(2) requires that your commercial driver's license be issued by your legal state of domicile, where you have your true, fixed, and permanent home and principal residence and to which you have the intention of returning whenever you are absent. If you establish a new domicile in another state, you must apply to transfer your CDL within 30 days.

The following license is the only one I possess:

Driver's License No. _____ State _____ Exp. Date _____

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.

Driver's Name (Printed): _____

Driver's Signature: _____ Date: _____

Notes: _____

(This form is not required for DOT compliance.)

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: _____ ID Number: _____
(print)

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

- 1) Have you 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)