

MINIMUM DRIVER QUALIFICATION INFORMATION

BARNSTORMER EXPRESS

20101 Elm Road • Joplin, MO 64801

Phone: (417) 673-8877 • Fax: (417) 673-3317

The purpose of this document is to determine whether or not the driver is qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and Barnstormer Express.

Instructions to Driver

Driver License#: _____

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

Date: _____ Position applying for; check one: Contractor Driver Contractor's Driver

Printed Name: _____
(First) (Middle) (Last)

Cell Number (_____) _____ Home Phone Number (_____) _____

Age* _____ Date of Birth _____ Social Security Number _____ - _____ - _____

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

Physical Exam Expiration Date: _____ Years of Experience: _____

Emergency Contact Name: _____ Phone: (_____) _____

Current Address and Three (3) Previous Addresses:

1. _____ From: _____ To: _____

2. _____ From: _____ To: _____

3. _____ From: _____ To: _____

4. _____ From: _____ To: _____

Have you ever worked for Barnstormer Express before? Yes No

If yes, what were the dates: From _____ To _____

Reason for leaving _____

Education 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

Driving Experience

Class of Equipment	Dates		Approximate Number of Miles (Total)
	From	To	
Straight Truck			
Tractor and Semi-trailer			
Tractor - two trailers			
Tractor - three trailers (triples)			
Other			

List states operated in, for the last five (5) years: _____

List special courses / training completed (PTD/DDC, HazMat, etc.): _____

List any Safe Driving Awards you hold and from whom: _____

Accident Record for past three (3) years (*attach separate sheet if more space is needed*)

Date of Accident	Nature of Accidents (Head-on, rear-end, upset, etc.)	Location of Accident	# Fatalities	# People Injured

Traffic Convictions and Forfeitures for the last three (3) years (other than parking violations)

Date	Location	Charge	Penalty

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 job description) Yes No

D. Have you ever been convicted of a felony *? Yes No

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

Personal References

List three (3) persons for references, other than family members, that have knowledge of your safety habits.

Name: _____ Address: _____ Phone: (____) _____

Name: _____ Address: _____ Phone: (____) _____

Name: _____ Address: _____ Phone: (____) _____

DRIVER'S RIGHTS PERTAINING TO RELEASE OF DRIVER INFORMATION UNDER REGULATION 391.23

Motor carriers have the responsibility to make the following investigations and inquiries with respect to each driver employed, other than a person who has been a regularly employed driver of the motor carrier for a continuous period which began before January 1, 1971.

- (a)(1) An inquiry into the driver's driving record during the preceding three years to the appropriate agency of every State in which the driver held a motor vehicle operator's license or permit during those three years; and,
- (a)(2) An investigation of the driver's employment record during the preceding three years
- (b) A copy of the driver record(s) obtained in response to the inquiry or inquiries to each State driver record agency as required must be placed in the Driver Qualification File within 30 days of the date the driver's employment begins and be retained in compliance with 391.51.
- (c) Replies to the investigations of the driver's safety performance history must be placed in the Driver Investigation History File within 30 days of the date the driver's employment begins. This goes into effect after October 29, 2004.
- (d) Prospective motor carrier must investigate the information from all previous employers of the applicant that employed the driver to operate a CMV within the previous three years. This information must cover general driver identification and employment verification information, data elements as specified in 390.15 for accident involving the driver that occurred in the three-year period preceding the date of the employment application and any accidents the previous employer may wish to provide.
- (e) Prospective motor carrier must investigate the information from all previous DOT regulated employers that employed the driver within the previous three years from the date of the employment application in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40.

Drivers have the following rights:

1. The right to review information provided by previous employers.
2. 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 the prospective employer.
3. 3. 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.

Drivers who wish to review previous employer-provided investigative information must submit a written request to the prospective employer when applying or as late as 30 days after employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five business days of receiving the written request. If the driver has not arranged to pick up or receive the request records within 30 days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Drivers wishing to request correction of erroneous information in records must send the request for correction to the previous employer that provided the records. After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer or notify the driver within 15 days of receiving the driver's request to correct the data that it does not agree to correct the data. Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instruction to include the rebuttal in the driver's Safety Performance History.

To Be Read and Signed by Driver Applicant

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

It is agreed and understood that BARNSTORMER EXPRESS or its agent may investigate my background to ascertain any and all information of concern to my commercial driving record, whether this information is of record or not.

And I release the employers and persons named herein from all liability for any damages on account of their 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.

This certifies that the above information was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Driver Signature: _____ Date: _____

Printed Name: _____

Remarks (For office use only)

DRIVER APPLICANT DRUG AND ALCOHOL PRE-EMPLOYMENT STATEMENT

CFR Part 40.25(j) requires the employer to ask any driver applicant, 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 rules during the past two years. If the potential employee admits that he or she had a positive test or refusal to test, employers must not use the employee, if hired, to perform safety-sensitive functions, until and unless the potential employee provides documentation of successful completion of the return-to-duty process. (See CFR 40.25 (b)(5) and (e)).

Applicant Name: _____ Social Security # or ID Number: _____

Since you are applying to perform safety-sensitive functions for our company, we are required by CFR Part 40.25 (j), to ask the following questions;

1. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by any 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? Yes No

2. If you answered yes, to the above question, can you provide proof that you have successfully completed the DOT return-to-duty requirements? Yes No

My signature below certifies that the information provided is true and correct.

Applicant Signature: _____ Date: _____

Request for Driver's Safety Performance History Information from DOT Regulated Previous Employer(s)

Carrier Name: Barnstormer Express
Address: 20101 Elm Road
Phone #: (417) 673-8877

Contact Person: Melanie Miner
City/State/Zip: Joplin, MO 64801
Confidential Fax#: (417) 673-3317

<<< DRIVER: Please ONLY Fill In the Printed Name, Signature Line, SSN, D.O.B., and Today's Date areas >>>

As a Commercial Motor Vehicle (CMV) Driver, I understand that per, the Federal Motor Carrier Safety Regulations (FMCSRs) Part 391.21, the following information will be requested from all previous employers for which I operated a CMV, subject to the FMCSR Parts 390 and/or 40, 382 & 383, within the past three years, from date shown below. I also acknowledge that this information will be used in determining my eligibility to be hired, that I have the right to review this information and rebut any errors in these statements from my prior employers, as described in the FMCSR Part 391.23. **(DRIVER: Only complete the line at the END of this section.)**

I _____, hereby authorize this company to release all records of employment, including
Printed Name

assessments of my job performance, ability and fitness, including dates of any and all alcohol or drug tests. Those confirmed results and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of (SAP/MRO) 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, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing information to the above-mentioned person and/or company.

Previous Employer: _____ Contact Person: _____

Mailing Address: _____ City/State/Zip: _____

Phone Number: _____ Fax Number: _____

I worked for this company from the dates: ____ / ____ / ____ to ____ / ____ / ____

Applicant's (Driver's) Signature SSN or ID Number D.O.B. Today's Date

SECTION I - Past Employer to Complete >> DRUG & ALCOHOL INFORMATION

Please provide the following drug and alcohol information as required by FMCSR Part 391.23 & 40.25.

If no drug and alcohol information is available on the above-named applicant, check here. **YES** **NO**

1. Any alcohol test with a result of 0.04 or higher alcohol concentration?
2. Any verified positive drug test?
3. Any refusals to be tested (including verified adulterated or substituted drug test results)?
4. Any violation of DOT agency drug and alcohol testing regulations (Part 382 or Part 40)?
5. If this driver did successfully complete a SAP rehabilitation referral and remained in your employ, did he/she have any subsequent violation for: an alcohol test result of 0.04 or greater, a verified positive drug test, or a refusal to test (including a verified adulterated/substituted drug test result)?

If yes to any of the above questions, please provide documentation of successful completion of a SAP evaluation, prescribed treatment and return-to-duty requirements (including follow-up tests) if they remained in your employ.*

*If this information is not available from the previous employer, you as a prospective employer must get this information from the applicant.

<< Drug and alcohol information needs to be kept in a separate personnel and/or confidential company file. >>

Request for Driver's Safety Performance History Information from DOT Regulated Previous Employer(s)

SECTION II - Past Employer to Complete >> ACCIDENT INFORMATION

Please provide the following information as required by 391.23(d)(1)(2) on any accidents, as defined by 390.5 and/or from your Accident Register (FMCSR 3913.15) which the above-names driver/applicant was involved within the past three years while under your employment. Previous employers may include additional detailed information on minor accidents/incidents at their discretion.

If there is no accident information for this driver, please check here.

Date	Location (please give city/town, or most near and state)	Any Vehicles Towed?	HazMat. Spill?	# of Fatalities?	# of Injuries?

SECTION II - Past Employer to Complete >> WORK HISTORY INFORMATION

Please provide the following information on the above-name driver/applicant:

He/She was employed for you as a: _____ from ____/____/____ to ____/____/____

➤ If employed as a driver, what type of equipment did he/she operate?

Straight Trucks Tractor/Trailer Doubles Triples Other

Explain: _____

Type of trailer(s) pulled: _____

Was he/she a: Company Driver? Yes No Contractor? Yes No

Contractor's Driver? Yes No Other? Yes No

General area traveled: _____ Commodities transport: _____

➤ While under your employment was he/she:

a. Bonded: Yes No

b. Convicted of any traffic violations: Yes No

If yes, please list all, including date and type: _____

c. License(s) suspended, revoked or denied: Yes No

If yes, please list all, including date and type: _____

➤ Reason for leaving: _____

➤ Would you re-employ this person: Yes No Upon Review

Please explain: _____

Additional Comments: _____

Previous Employer Representative Supplying Information:

Print Name: _____ Title: _____

Signature: _____ Date: _____

Please remember to retain a copy for your records; your timely response is appreciated.