

DATE OF APPLICATION: ____/____/____

APPLICATION

COMPANY Smith Consulting, Inc

ADDRESS 850 W Huntington St

CITY Montpelier

STATE Indiana

ZIP 47359

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 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 _____

WORK EXPERIENCE

In accordance with §391.21 & .23 of the Federal Motor Carrier Safety Regulations (FMCSR), an applicant must list all previous work experience for the three (3) years prior to the date of application shown on page one, as well as all commercial driving experience for seven (7) years prior to those three years, for a total of 10 years. If you are an owner operator, list carriers leased to.

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

CURRENT OR LAST EMPLOYER COMPANY NAME: _____
ADDRESS: _____ **CITY** _____ **STATE** _____ **ZIP** _____
PHONE: _____ **FAX:** _____ **E-MAIL:** _____
SUPERVISOR NAME: _____ **REASON FOR LEAVING?** _____
JOB DESCRIPTION: _____ **FROM:** ____/____/____ **TO:** ____/____/____

Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period? ☐ 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** _____ **ZIP** _____
PHONE: _____ **FAX:** _____ **E-MAIL:** _____
SUPERVISOR NAME: _____ **REASON FOR LEAVING?** _____
JOB DESCRIPTION: _____ **FROM:** ____/____/____ **TO:** ____/____/____

Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period? ☐ 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** _____ **ZIP** _____
PHONE: _____ **FAX:** _____ **E-MAIL:** _____
SUPERVISOR NAME: _____ **REASON FOR LEAVING?** _____
JOB DESCRIPTION: _____ **FROM:** ____/____/____ **TO:** ____/____/____

Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period? ☐ 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.

WORK EXPERIENCE (ADDENDUM PAGE 1)

Driver Applicant Name: _____

Social Security Number: _____

FOURTH LAST EMPLOYER COMPANY NAME: _____

ADDRESS: _____, CITY _____ STATE _____ ZIP _____

PHONE: _____ FAX: _____ E-MAIL: _____

SUPERVISOR NAME: _____ REASON FOR LEAVING? _____

JOB DESCRIPTION: _____ FROM: ____/____/____ TO: ____/____/____

Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period? ☐ YES ☐ NO

*Was this job subject to FMCSA Regulations? ☐ YES ☐ NO

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

FIFTH LAST EMPLOYER COMPANY NAME: _____

ADDRESS: _____, CITY _____ STATE _____ ZIP _____

PHONE: _____ FAX: _____ E-MAIL: _____

SUPERVISOR NAME: _____ REASON FOR LEAVING? _____

JOB DESCRIPTION: _____ FROM: ____/____/____ TO: ____/____/____

Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period? ☐ YES ☐ NO

*Was this job subject to FMCSA Regulations? ☐ YES ☐ NO

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

SIXTH LAST EMPLOYER COMPANY NAME: _____

ADDRESS: _____, CITY _____ STATE _____ ZIP _____

PHONE: _____ FAX: _____ E-MAIL: _____

SUPERVISOR NAME: _____ REASON FOR LEAVING? _____

JOB DESCRIPTION: _____ FROM: ____/____/____ TO: ____/____/____

Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period? ☐ 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.

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: _____ NUMBER: _____ EXPIRATION DATE: ____/____/____
STATE: _____ NUMBER: _____ EXPIRATION DATE: ____/____/____

HAS YOUR PERMIT, CDL, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE EVER BEEN DENIED, SUSPENDED, OR REVOKED OR CANCELLED? ☐ 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>STATE</u>	<u>VIOLATION</u>	<u>PENALTY</u>	<u>COMMERCIAL VEHICLE?</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
____/____/____	_____	_____	_____	<input type="checkbox"/> NO	<input type="checkbox"/> YES

DRIVING EXPERIENCE

<u>EQUIPMENT CLASS</u>	<u>TYPE OF EQUIPMENT</u> (VAN, TANK, FLAT, ETC.)	<u>DATES</u>			<u>APPROX. MILES</u> <u>DRIVEN</u>
		<u>FROM</u>	<u>TO</u>	<u>or</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 ☐ NOHAVE YOU EVER BEEN CONVICTED FOR DUI, DWI OR OUI? ☐ YES ☐ NOIN CASE OF EMERGENCY, CONTACT: _____ () _____
Name Telephone number Relationship**MUST BE READ AND SIGNED BY THE APPLICANT**

I authorize the carrier to make such inquiries and investigations of my personal, employment, driving, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I agree to abide by the rules and regulations of the carrier as well as the Federal Motor Carrier Safety Regulations. I also agree and understand that if I am selected to drive for the carrier that I will be on a probationary period during which time I may be discharged 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.

X _____
Applicant Signature

_____/_____/_____
Date

DRIVER'S RIGHTS UNDER FMCSR 391.23

As a driver you are provided with certain rights under the Federal Motor Carrier Safety Regulations in Part 391.23. These rights are:

391.23(i)(1)

- (i) The right to review information provided by previous employers;
- (ii) 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;
- (iii) 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.

391.23(i)(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which 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. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (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.

391.23(i)(1) Drivers wishing to request correction of erroneous information in records received pursuant to paragraph (i) of this section must send the request for the correction to the previous employer that provided the records to the prospective employer.

391.23(i)(2) 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 a driver's request to correct the data that it does not agree to correct the data. If the previous employer corrects and forwards the data as requested, that employer must also retain the corrected information as part of the driver's safety performance history record and provide it to subsequent prospective employers when requests for this information are received. If the previous employer corrects the data and forwards it to the prospective motor carrier employer, there is no need to notify the driver.

391.23(i)(3) Drivers wishing to rebut information in records received pursuant to paragraph (i) of this section must send the rebuttal to the previous employer with instructions to include the rebuttal in that driver's safety performance history.

391.23(i)(4) After October 29, 2004, within five business days of receiving a rebuttal from a driver, the previous employer must:

- (i) Forward a copy of the rebuttal to the prospective motor carrier employer;
- (ii) Append the rebuttal to the driver's information in the carrier's appropriate file, to be included as part of the response for any subsequent investigating prospective employers for the duration of the three-year data retention requirement.

391.23(i)(5) The driver may submit a rebuttal initially without a request for correction, or subsequent to a request for correction.

391.23(i)(6) The driver may report failures of previous employers to correct information or include the driver's rebuttal as part of the safety performance information, to the FMCSA following procedures specified at Sec. 386.12.

391.23(k)(1) The prospective motor carrier employer must use the information described in paragraphs (d) and (e) of this section only as part of deciding whether to hire the driver.

391.23(k)(2) The prospective motor carrier employer, its agents and insurers must take all precautions reasonably necessary to protect the records from disclosure to any person not directly involved in deciding whether to hire the driver. The prospective motor carrier employer may not provide any alcohol or controlled substances information to the prospective motor carrier employer's insurer.

391.23(l)(1) No action or proceeding for defamation, invasion of privacy, or interference with a contract that is based on the furnishing or use of information in accordance with this section may be brought against—

- (i) A motor carrier investigating the information, described in paragraphs (d) and (e) of this section, of an individual under consideration for employment as a commercial motor vehicle driver,
- (ii) A person who has provided such information; or
- (iii) The agents or insurers of a person described in paragraph (l)(1)(i) or (ii) of this section, except insurers are not granted a limitation on liability for any alcohol and controlled substance information.

391.23(l)(2) The protections in paragraph (l)(1) of this section do not apply to persons who knowingly furnish false information, or who are not in compliance with the procedures specified for these investigations.

I, the undersigned, have received a copy of, read, and understand the above mentioned rights.

Driver's Signature

Date

***THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY
ALL ACCOUNT HOLDERS***

**IMPORTANT DISCLOSURE
REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service***

In connection with your application for employment with Smith Consulting, Inc ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Smith Consulting, Inc ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear

on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report. I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

LAST UPDATED 12/22/2015

**SAFETY PERFORMANCE HISTORY RECORDS REQUEST
DRUG/ALCOHOL TESTING AND ACCIDENT HISTORY**

PART 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print name) _____
First Middle Last Social Security # _____ Date of Birth ____/____/____
Hereby authorize my previous employer _____ to release and forward the
information requested below concerning my alcohol and controlled substances testing and accident history records within the
previous three (3) years from the date of my employment application, which is ____/____/____. The information should
be sent to my prospective employer Smith Consulting, Inc to the address, confidential fax or confidential e-mail shown below.

Applicant's signature: _____ Date: _____

PART 2: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form is being (check one): ☐ Faxed ☐ Mailed ☐ E-mailed ☐ Completed by Phone ☐ Other _____

By: _____ Date: _____

To Previous Employer: _____ Phone No.: (____) _____

Street Address: _____ Fax No.: (____) _____

City, State, Zip: _____ E-mail: _____

Contact Name: _____ Title: _____

APPLICANT NAME: _____

Social Security Number: _____ Date of Birth: _____

Please take a moment and complete the information requested in Part 3. We would appreciate your prompt response. As you are aware, after October 29, 2004, failures to respond within 30 days to investigative requests for safety performance history will result in a complaint notification being filed with the Federal Motor Carrier Safety Administration using the complaint process specified at §386.12 of the Federal Motor Carrier Safety Regulations.
PLEASE SEND RESPONSES TO:

Company: Smith Consulting, Inc
Street Address: 850 W Huntington St
City, State, Zip: Montpelier, IN 47359

Phone No.: (765) 728-5980
Fax. No.: (765) 728-5986
Attention: _____

PART 3: TO BE COMPLETED BY PREVIOUS EMPLOYER

Did the above named applicant work for your company? ☐ YES ☐ NO

If yes, please state the actual dates of employment: FROM: ____/____/____ TO: ____/____/____

Did he/she drive a motor vehicle for your company? ☐ YES ☐ NO

If yes, please check the type(s) of vehicles operated: ☐ STRAIGHT TRUCK ☐ TRACTOR/SEMI-TRAILER
☐ CARGO TANK ☐ FLATBED ☐ DOUBLES/TRIPLES ☐ BUS ☐ OTHER (please specify) _____

Reason for leaving your company: ☐ DISCHARGE ☐ RESIGNATION ☐ LAY OFF ☐ MILITARY DUTY

Would this applicant be considered for employment with your company again? ☐ YES ☐ NO

If there is no safety performance history to report, check here ☐, sign at the bottom of Part 3 on page 2 and return.

ACCIDENT HISTORY:

Please give the following information for any accidents included on your accident register (§390.15(b)) that involved the applicant (regardless of fault) which occurred in the previous three (3) years.
Or, check here ☐ if there is no accident register data for this applicant.

Date	City, State	Description	# of Injuries	# of Fatalities	HazMat Spill
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please provide any other accident information involving the applicant which is retained under internal company policies.

Any other remarks: _____

DRUG AND ALCOHOL HISTORY

If applicant was not subject to Department of Transportation (DOT) testing requirements while employed by you, please check here ☐, and sign below and return.

APPLICANT WAS SUBJECT TO DOT TESTING REQUIREMENTS FROM ____/____/____ TO ____/____/____

- ☐ YES ☐ NO Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?
- ☐ YES ☐ NO Has this person tested positive or adulterated or substituted a test specimen for controlled substances?
- ☐ YES ☐ NO Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow up alcohol or controlled substances test?
- ☐ YES ☐ NO Has this person committed other violations of Subpart B of Part 382, or 49 CFR Part 40?
- ☐ YES ☐ NO
☐ NOT APPLICABLE If this person has violated a DOT drug and alcohol regulation, did this person complete an SAP-prescribed rehabilitation program while in your employ, including return-to-duty and follow-up tests? (If yes, please send documentation of the SAP name, address and phone number when you return this form)
- ☐ YES ☐ NO
☐ NOT APPLICABLE For a driver who successfully completed an 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 refusal to be tested (including verified adulterated or substituted drug test results)?

In answering these questions, include any required DOT drug or alcohol testing information obtained from past previous employers in the previous 3 years prior to the application date shown above. Include a supplemental sheet, if necessary.

PART 3 COMPLETED BY (signature): _____ TITLE: _____

PLEASE PRINT NAME: _____ DATE: _____

PART 4: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Information received on (date) ____/____/____ by (check one): ☐ Fax ☐ Mail ☐ E-mail ☐ Telephone
☐ Other _____

DRIVER APPLICANT PRE-EMPLOYMENT ALCOHOL AND CONTROLLED SUBSTANCES STATEMENT

Section 40.25(j) of the Federal Motor Carrier Safety Regulations, requires each motor carrier to inquire of prospective drivers and prospective drivers are required to respond to the information in the question below.

Have you, the applicant, 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

If the answer to the above question is YES, please list the motor carrier(s) below:

Name of Motor Carrier: _____

Address: _____

Telephone No.: _____

In addition, if the answer to the above question was YES, please list the name and contact information for the Substance Abuse Professional (SAP) who completed your evaluation.

Name of SAP: _____

Address: _____

Telephone No.: _____

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

Signature of Applicant

Date

CONTROLLED SUBSTANCES AND/OR ALCOHOL TEST NOTIFICATION

All drivers and/or applicants to this company must comply with Part 382 – Controlled Substances and Alcohol Use Testing of the Federal Motor Carrier Safety Regulations (FMCSR).

Section 382.113 of the FMCSR – Requirement for notice

Before performing an alcohol or controlled substances test under this part, each employer shall notify a driver that the alcohol or controlled substances test is required by this part. No employer shall falsely represent that a test is administered under this part.

Company Name: _____

Driver/Applicant Name: _____
(PRINT) (FIRST, M.I., LAST)

You are hereby notified the following test will be administered in compliance with the Federal Motor Carrier Safety Regulations.

1) The test is scheduled: Date: ____/____/____
Location: _____
Time: _____ ☐ a.m. ☐ p.m.

2) Check type of test: ☐ Alcohol ☐ Controlled Substances

3) Check reason for test: ☐ Pre-Employment ☐ Random ☐ Reasonable Suspicion
☐ Post-Accident ☐ Return-To-Duty ☐ Follow-Up

4) Appointment Instructions/Comments:

I understand as a condition of my employment with this company, the above identified test is required. I also understand that a refusal to take the above identified test or a positive test result will medically disqualify me from the operation of a commercial motor vehicle.

Driver/Applicant Signature

____/____/____
Date

Witnessed by:

Company Representative Signature

____/____/____
Date