

APPLICATION FOR QUALIFICATION

Company FMC Transport Fax # 636-600-5457

Address P.O. Box 218

City Willow Springs State MO ZIP Code 65793

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.

Date _____

Position applying for - Check One: Contractor Driver. Contractor's Driver

Name _____

Phone Number

Emergency 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 but less than 70 years of age

Physical Exam Expiration Date: _____

Current and 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 History

Please check 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

Employment History

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.

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

Position Held _____ Address _____

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

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

Position Held _____ Address _____

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

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

Position Held _____ Address _____

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

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

Position Held _____ Address _____

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

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

Position Held _____ Address _____

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

**The Federal Motor Carrier Safety regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weighs 10,001 pounds or more, (2) is designed or used to transport nine or more passengers, or (3) is of any size, used to transport hazardous materials in a quantity requiring placarding*

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 years: _____

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

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

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

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

Traffic Convictions and Forfeitures for the last three 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 the job description)?..... YES NO

If any answers to A, B, or C are "YES", give details: _____

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.

Is it 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.

Applicant Signature _____ **Date** _____

Remarks (For office use only)

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

Carrier Name: FMC Transport, Inc. **Contact Person:** Gary Picard

Address: P.O. Box 218 **City, State, ZIP:** Willow Springs, MO 65775

Phone #: 1 (417) 469-2777 **Confidential Fax #:** 1 (417) 469-4497

Driver to complete this section

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 the 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.

I _____, hereby authorize this Company to release all records of employment, including assessments
(Print Name)
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.

Applicant's Signature

SSN or ID Number

D.O.B

Today's Date

FOR OFFICE USE ONLY:

Previous Employer: _____ Contact Person: _____

Mailing Address: _____ City, State, ZIP: _____

Telephone Number: _____ Fax Number: _____

Applicant worked for this Company from the dates of // To // _____

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

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 above named applicant, please check here.

- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| 1. Any alcohol test with a result of 0.04 or higher alcohol concentration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Any verified positive drug test? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Any refusals to be tested (including verified adulterated or substituted drug test results)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Any other violations of DOT agency drug & alcohol testing regulations (Part 382 or Part 40)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If this driver successfully completed an SAP rehabilitation referral and remained in your employ, did he/she have any subsequent violations 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 drugtest result)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. If yes to any of the above questions, please provide documentation of successful completion of an SAP evaluation, prescribed treatment and return-to-duty requirements (including follow-up tests) if driver 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 driver applicant.

Drug and alcohol information must be kept in a separate and/or confidential personnel file.

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 391.15) which the above-named 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?

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

SECTION III – Past Employer to Complete >> WORK HISTORY INFORMATION

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

He/she was employed by 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 transported: _____

- 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 explain: _____

➤ 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.

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 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. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and 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 requested 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.

I acknowledge that I have read and understand the contents of this document.

Driver's Signature: _____ Date: _____

Driver's Name (Printed): _____

DRIVER APPLICANT DRUG AND ALCOHOL PRE-EMPLOYMENT STATEMENT

CFR Part 40.25(j) requires the employer to ask any 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 three years. If the potential employee admits that he or she had a positive test or refusal to test, we must not use the employee to perform safety-sensitive function, until and unless, the potential employee provides documentation of successful completion of the return-to-duty process. (See Section 40.25(b)(5) and (e))

Applicant Name: _____ ID Number: _____
(Please Print)

As an applicant, applying to perform safety-sensitive functions for our company, you are required by CFR Part 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 three years?
Yes No

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

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

Applicant Signature: _____ Date: _____

CONTROLLED SUBSTANCE & ALCOHOL TESTING INFORMATION ACKNOWLEDGEMENT AND CONSENT FORM

As a condition of employment with FMC TRANSPORT, INC. (Motor Carrier), Commercial Motor Vehicle (CMV) Driver Applicants must submit to a pre-employment controlled substances test as required by the Federal Motor Carrier Safety Regulations (FMCSR) Section 382.301. A motor carrier must receive verified negative test results for the applicant driver for the applicant to be eligible for employment.

If you are hired, you will be subject to laws requiring additional controlled substances and alcohol testing on you under numerous situations including, but not limited to, the following:

Post-Accident – Section 382.303	Random – Section 382.305	Reasonable Suspicion – Section 382.307
Return to Duty – Section 382.309		Follow-up – Section 382.311

A Driver who tests positive to a controlled substance(s) and/or alcohol test, will be immediately removed from a safety-sensitive position as required by Part 382 of the FMCSR. Federal law prohibits a Driver from returning to a safety-sensitive position for any motor carrier until and unless the Driver completes the Substance Abuse Professionals (SAP) evaluation, referral and education/treatment process, as described in FMCSR Part 40, Subpart O.

The following is a referral list of Substance Abuse Professionals: (to be completed by the Carrier)

NAME	LABCORP	LABCORP	LABCORP
ADDRESS	4860 College Blvd. Overland Park, KS 66211	35 Doctors Park Cape Girardeau, MO 63703	1310 E Kingsley, Ste A Springfield, MO 65804
PHONE #	913-469-8120	573-651-3534	417-882-2900

All controlled substances and alcohol testing will be conducted in accordance with Parts 40 and 382 of the FMCSR.

I _____ have read the above controlled substances and alcohol
(Print Name)

testing requirements and understand them. I acknowledge receipt of the referral list of Substance Abuse Professionals.

(Applicant's Signature)

(Date)

(Employer Representative)

Original to be retained on file – Copy to Driver Applicant



FMC Transport
PO Box 218 • 1 Coastal Drive
Willow Springs, MO 65793
Ph. (417) 469-2777 • Fax (417) 469-4497

www.coastal-fmc.com
safety@coastal-fmc.com

DISCLOSURE AND AUTHORIZATION FORM

FMC Transport Inc. (the "Company") may request background information about you from a consumer reporting agency in connection with your employment application and for employment purposes. This information may be obtained in the form of consumer reports and/or investigative reports. These reports may be obtained at any time after receipt of your authorization and, if you are hired by the Company, throughout your employment.

HireRight, Inc., or another consumer reporting agency, will obtain the reports for the Company. HireRight, Inc. is located at 5151 California, Irvine, CA 92617, and can be contacted at 800-400-2761. The reports may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The types of information that may be obtained include, but are not limited to: social security number verifications; credit reports; criminal records checks; public court records checks; driving records checks; education records checks; employment verifications; personal and professional references checks; licensing and certifications records checks; drug testing results; etc. The information contained in the reports will be obtained from private and public record sources, including, as appropriate, personal interviews with sources, such as neighbors, friends and associates.

You may request more information about the nature and scope of any investigative consumer reports by contacting the Company. A summary of your rights under the Fair Credit Reporting Act is also being provided to you.

ADDITIONAL STATE LAW NOTICES

If you are a California, Maine, New York, or Washington applicant, please also note:

CALIFORNIA: Under section 1786.22 of the California Civil Code, you may view the file maintained on you by HireRight during normal business hours. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at HireRight's offices in person, during normal business hours and on reasonable notice, or by mail. You may also receive a summary of the file by telephone, upon submitting proper identification. HireRight has trained personnel available to explain your file to you, including any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification.

NEW YORK: You have the right, upon request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting that agency.

MAINE: You have the right, upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from the Company, within five business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies' copies of any such reports.

WASHINGTON STATE: If we request an investigative consumer report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from us a complete and accurate disclosure of the nature and scope of the investigation we requested. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

AUTHORIZATION

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to the release of consumer reports and investigative consumer reports prepared by a consumer reporting agency, such as HireRight, Inc., to the Company and its designated representatives and agents. I understand that if the Company hires me, my consent will apply, and the Company may obtain reports, throughout my employment.

I also understand that information contained in my job application or otherwise disclosed by me before or during my employment, if any, may be used for the purpose of obtaining consumer reports and/or investigative consumer reports.

By my signature below, I authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature below, I certify the information I provided on this form is true and correct. I agree that this Disclosure and Authorization form in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any reports that may be requested by or on behalf of the Company.

California, Minnesota or Oklahoma applicants only – You will be provided with a free copy of any consumer reports or investigative consumer reports obtained on you if you check the box below.

I wish to receive a free copy of the report.

Applicant Last Name _____ First _____ Middle _____

Applicant Signature _____ Date _____



HireRight Customer:
Company Name: _____
Company Contact Name: _____
Fax #: (_____) _____ - _____
HireRight Account Code: _____

TRUCKING INDUSTRY:
DOT D/A Disclosure and Authorization

Send to Fax# (800) 257-8069

PART I – DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES – 49 CFR PART 391.23. DOT DRUG AND ALCOHOL TESTING

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to HireRight for the purpose of HireRight transmitting such records to the HireRight customer listed above. I understand that information/documents released pursuant to the Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous **three (3) years**: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes HireRight with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to HireRight, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous **three (3) years**; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous **three (3) years**.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous **three (3) years**. If necessary, attach additional pages, including the date, your name, social security number and signature.

Previous DOT-Regulated Employer	City	State	Phone Number
_____	_____	_____	(_____) _____ - _____
_____	_____	_____	(_____) _____ - _____
_____	_____	_____	(_____) _____ - _____
_____	_____	_____	(_____) _____ - _____
_____	_____	_____	(_____) _____ - _____
_____	_____	_____	(_____) _____ - _____

By signing below, I certify that (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I disclosure and authorization for release as well as the attached FMCSA Notification of Driver Rights and any applicable state law notices; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original.

Print Applicant Name: _____ Social Security Number: _____

Applicant Signature: _____ Date: _____

DOT Drug/Alcohol Disclosure/Authorization
 Trucking Industry – Employment Purpose

Part 2 -FMCSA Notification of Driver Rights

In compliance with 49 CFR Part 40 §391.23 you have certain rights regarding the safety performance history information that will be provided to prospective employers. I) You have the right to review information provided by previous employers. II) You have the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to prospective employers. III) You have the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information. (2) Drivers who have previous DOT regulated employment history in the preceding three years and wish to review previous employer-provided investigative information must submit a written request to prospective employers. This may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. Prospective employers must provide this information within five business days of receiving the written request. If prospective employers have not yet received the requested information from the previous employer, then the five day deadline will begin when the requested safety performance history information is received. If you have not arranged to pick up or receive the requested records within 30 days of prospective employers making them available, the prospective employers may consider you to have waived your request to review the record.