

## APPLICATION FOR EMPLOYMENT

COMPANY				STREE	T ADDRES	SS				
CITY, STATE AND 2										
NAME(FIR										
(FIR	ST)		(MIDD	LE)	(	Maiden N	Vame, if any)		(LAST)	
ADDRESS(ST							-,		*SSC (10080)   D. #0.	
(S1	REET)		(CITY	<b>(</b> )	(STA	TE & ZIF	CODE)	IOW LO	/NG:	
DATE OF BIRTH		SC	CIAL SE	CURITY NO				IRE DA	TE	
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(STREET)								#	YEARS	
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		(ATTA	CH SHE	ET IF MORE	SPACE IS	NEED	ED)			
Continu 202 24 FM 00	· · · · · · · · · · · · · · · · · · ·		LIC	ENSE INFOR	RMATION					
Section 383.21 FMCS driver's license". I cer	R states "	No person	who opera	ates a comm	ercial moto	or vehic	le shall at any ti	me have	e more than	one
driver's license". I cer	The trial is	io not nave	more tha	n one motor	vehicle lice	ense, th	e information fo	r which	is listed belo	W.
STATE		LI	CENSE N	NO.		TYP	E	F)	(PIRATION	DATE
									u iivarion	DATE
			DD	N/INO EVDE	DIELLOS					
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			(VAIV,	, TAINN, I'LA	1, [10.)	FROI	VI I	0	MILES (T	OTAL)
STRAIGHT TRUCK										
TRACTOR AND SEMI	-TRAILER									
TRACTOR - TWO TRA	AILERS									
OTHER										
ACCIDENT R	ECORD E	OD DAST 2	VEADO	OR MORE /						****
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	***								YES 🗆	NO [
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TRAFFIC CONVICT	IONS AND	FORFEIT	URES FO	R THE PAS	T 3 YEAR	S (OTH	ER THAN PAR	KING V	IOLATIONS	)
DATE CONVICTED	,	VIOLATION	1		F VIOLAT			PENA		/
(month/year)				LOCATIO		1011	(forfeited bo			points)
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		/ A TOTAL -	011 01:=	- IN 1- 1-			<u> </u>			
Have you over har-	donical - 1			T IF MORE SE						
. Have you ever been	uerned a l	icense, per	mit or priv	vilege to oper	rate a moto	or vehic	le? YES	NO	D	
yes, explain										
. Has any license, per		lege ever b	een susp	ended or rev	oked?		YES	NC	)	
yes, explain								Water-Ali		

# EMPLOYMENT RECORD (ATTACH SHEET IF MORE SPACE IS NEEDED)

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

Must list the complete mailing address: street number and name, city, state and zip code. LAST EMPLOYER: NAME \_ ADDRESS \_\_\_ PHONE \_\_\_ \_\_\_\_\_\_FROM \_\_\_\_\_TO \_\_\_\_\_SALARY \_\_\_\_\_ POSITION HELD REASONS FOR LEAVING \_\_\_ ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes □ No □ Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes□ No□ SECOND LAST EMPLOYER: NAME \_\_\_\_ ADDRESS \_\_\_ \_\_\_\_\_ PHONE \_\_\_\_\_ \_\_\_\_\_\_FROM \_\_\_\_\_\_TO \_\_\_\_\_SALARY \_\_\_\_\_ POSITION HELD REASONS FOR LEAVING \_\_\_ ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes  $\Box$  No  $\Box$ Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? THIRD LAST EMPLOYER: NAME \_\_\_\_\_ PHONE \_\_\_\_ POSITION HELD \_\_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_SALARY \_\_\_\_ REASONS FOR LEAVING \_\_ ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes  $\Box$  No  $\Box$ Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? TO BE READ AND SIGNED BY APPLICANT I authorize you to make sure investigations and inquiries to my personal, employment, 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 In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company. "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 understand that I Review information provided by current/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'S SIGNATURE This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. APPLICANT'S SIGNATURE

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

### SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PART 1: TO B	E COMPLETE	D BY PROSPEC	TIVE EMPLOYEE	
I, (Print Name)				
First	M.I.	Last	Soc	ial Security Number
Hereby authorize:				
Previous Employer:			Email:	Date of Birth
Street:			Telephone:	
City, State, Zip:			Fax No.:	
To release and forward the information re Substances Testing records within the pro-	auested by section	on 3 of this docume	ent concerning my Al	cohol and Controlled
		(employme	ent application date)	
To: Prospective Employer:				
Attention:			Telephone:	
Street:				
City, State, Zip:				
In compliance with §40.25(g) and 391.23( confidentiality, such as fax, email, or lette	r.			form that ensures
Prospective employer's fax number:				
Prospective employer's email address: _				
Applicant's	Signature	- Market 1997		Date
This information is being requested in con	•	.25(g) and 391.23.		Date
				~
PART 2: 10		D BY PREVIOU NT HISTORY	IS EMPLOYER	
The applicant named above was employe	d by us. Yes □	No □		
Employed as	from (m/y) _		to (m/y)	
<ol> <li>Did he/she drive motor vehicle for you Bus ☐ Cargo Tank ☐ Doubles/Triples [</li> </ol>	? Yes□ No□ □ Other (Specif	If yes, what type'	? Straight Truck	Tractor-Semitrailer □
2. Reason for leaving your employ: Disc If there is no safety performance history to	harged ☐ Resigner Re	gnation □ Lay Off re□, sign below a	f ☐ Military Duty ☐ nd return.	
<b>ACCIDENTS:</b> Complete the following for applicant in the 3 years prior to the applicathis driver.	any accidents inc ation date shown	luded on your acci above, or check ☐	dent register (§390.1 here if there is no ad	5(b)) that involved the coldent register data for
Date Location 1.	on	# Injuries	# Fatalities	Hazmat Spill
2				
3				
Please provide information concerning any agencies or insurers or retained under inte	other accidents rnal company po	involving the applic	cant that were reporte	ed to government
Any other remarks:				
	Signature:			
	ride.		Date:	

#### PREVIOUS EMPLOYER - COMPLETE PAGE 2 PART 3

PART 3:	TO BE COMPLETED BY PREVIOUS EMPLOYER
	DRUG AND ALCOHOL HISTORY
If driver was not subject to Depar check here □, fill in the dates of a sign, and return.	tment of Transportation testing requirements while employed by this employer, please employment from to, complete bottom of Part 3,
Driver was subject to Departmen	t of Transportation testing requirements from to
Has this person had an alc     YES □ NO □	ohol test with the result of 0.04 or higher alcohol concentration?
, 20 110 1	itive or adulterated or substituted a test specimen for controlled substances?
YES NO D	submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or
I E S LI NO LI	other violations of Subpart B of Part 382, or Part 40?
<ol> <li>If this person has violated a rehabilitation program in yo documentation back with th YES □ NO □</li> </ol>	DOT drug and alcohol regulation, did this person complete a SAP-prescribed ur employ, including return-to-duty and follow-up tests? If yes, please send is form.
<ol><li>For a driver who successful</li></ol>	lly completed a SAP's rehabilitation referral and remained in your employ, did this n alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?
In answering these questions, incl employers in the previous 3 years	ude any required DOT drug or alcohol testing information obtained from prior previous prior to the application date shown on page 1.
Name:	
Company:	
	Telephone:
Part 3 Completed by (Signature):	Date:
PART 4a:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
This form was (check one) ☐ Fax	ked to previous employer
Ву:	Date:
PART 4b:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
Complete below when information	is obtained.
Information received from:	
	Method: ☐ Fax ☐ Mail ☐ Email ☐ Telephone
Date:	Other
	DMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

#### PAGE 1 PART 1: Prospective Employee

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

#### PAGE 2 PART 4a: Prospective Employer

- Complete the information
- Send to Previous Employer

#### PAGE 1 PART 2: Previous Employer

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

#### PAGE 2 PART 3: Previous Employer

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

#### PAGE 2 PART 4b: Prospective Employer

- Record receipt of the information
- Retain the form

# SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PART 1:	TO E	BE COMPLETE	D BY PROSPI	ECTIVE EMPLOYEE	
I, (Print Name)			D D T T KOOT L	TOTIVE EMPLOYEE	
F Hereby authorize:	First	M.I.	Last	Soc	ial Security Number
				-	Date of Birth
Street:				Email: _	
City, State, Zip:				Telephone:Fax No.:	
Substances Testing	records within the pr	evious 3 years from	om	ment concerning my A ment application date)	Icohol and Controlled
Го: Рг	ospectivo Employes		(employ	ment application date)	<del></del> '
	tention:				
	reet:			Telephone:	
	y, State, Zip:				
	NO. 10 P. 10	'b) roloon of H:			
-	, , , , , , , , , , , ,	•		st be made in a written	form that ensures
rospective employe	er's fax number:				
rospective employe	r's email address: _				
his information is be	Applicant's				Date
iis in orridator is be	eing requested in con	ipliance with §40	.25(g) and 391.2	3.	
ART 2:	TO	BE COMPLETI	ED BY PREVIO	US EMPLOYER	
ne applicant named	above was employed	ACCIDE	MT HICTORY		
mployed as		from (m/y) _		to (m/y)	
ıs ☐ Cargo Tank [	notor vehicle for you' ☐ Doubles/Triples ☐	? Yes□ No□ 1 Other (Specif	If yes, what typ	e? Straight Truck □	Tractor-Semitrailer □
Reason for leavin	g your employ: Discherformance history to	argod Desi-		Off   Military Duty	
CCIDENTS: Compl	ete the following for a	any accidente inc	luded as	cident register (§390.1 here if there is no ac	5(b)) that involved the cident register data for
Date	Locatio	n	# Injuries	# Fatalities	Hazmat Spill
			-		
encies or insurers o	ation concerning any r retained under inter	other accidents i nal company pol	nvolving the applicies:	licant that were reporte	d to government
y other remarks:					
		Signature:			
				Date:	
				Date	

## PREVIOUS EMPLOYER – COMPLETE PAGE 2 PART 3

PART 3:	IOBE COMPLETED BY DDEVIOUS EMPLOYED
	TO BE COMPLETED BY PREVIOUS EMPLOYER  DRUG AND ALCOHOL HISTORY
If driver was not subject check here □, fill in the sign, and return.	ct to Department of Transportation testing requirements while employed by this employer, please e dates of employment from to, complete bottom of Part 3,
	Department of Transportation testing requirements from to to
1. Has this person YES \( \simega \) NC 2. Has this person if YES \( \simega \) NC 3. Has this person if controlled substation YES \( \simega \) NO 4. Has this person of YES \( \simega \) NO 5. If this person has rehabilitation producementation be YES \( \simega \) NC	had an alcohol test with the result of 0.04 or higher alcohol concentration?  tested positive or adulterated or substituted a test specimen for controlled substances?  refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or ince test?  Committed other violations of Subpart B of Part 382, or Part 40?  Sivolated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed gram in your employ, including return-to-duty and follow-up tests? If yes, please send
For a driver who services a driver subsequen     YES □ NO  In answering these guests.	successfully completed a SAP's rehabilitation referral and remained in your employ, did this tly have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested stions, include any required DOT drug or alcohol testing information obtained from prior previous as 3 years prior to the application date shown on page 1.
6. For a driver who some driver subsequen YES □ NO answering these quest mployers in the previous	stions, include any required DOT drug or alcohol testing information obtained from prior previous us 3 years prior to the application date shown on page 1.
6. For a driver who so driver subsequen YES □ NO In answering these questemployers in the previous Name:	stions, include any required DOT drug or alcohol testing information obtained from prior previous us 3 years prior to the application date shown on page 1.
6. For a driver who a driver subsequen YES □ NO In answering these quest employers in the previous Name: □	stions, include any required DOT drug or alcohol testing information obtained from prior previous us 3 years prior to the application date shown on page 1.
6. For a driver who sometimes are driver subsequentable. No service of the previous streets are driver who sometimes are driver when the previous streets are d	stions, include any required DOT drug or alcohol testing information obtained from prior previous us 3 years prior to the application date shown on page 1.
6. For a driver who so driver subsequen YES □ NO in answering these questemployers in the previous Name:  Company:  Street:  City, State, Zip:	stions, include any required DOT drug or alcohol testing information obtained from prior previous us 3 years prior to the application date shown on page 1.
6. For a driver who a driver subsequen YES I NO In answering these quest employers in the previous Name: Company: City, State, Zip: Part 3 Completed by (Signatus Subsequence)	stions, include any required DOT drug or alcohol testing information obtained from prior previous us 3 years prior to the application date shown on page 1.
6. For a driver who a driver subsequen YES I NO In answering these quesemployers in the previous Name: Company: Street: City, State, Zip: Part 3 Completed by (Signary 2)	stions, include any required DOT drug or alcohol testing information obtained from prior previous as 3 years prior to the application date shown on page 1.  To be completed by processor of the state o
6. For a driver who so driver subsequen YES \( \square \) NO  In answering these questemployers in the previous Name:  Company:  City, State, Zip:  Part 3 Completed by (Signart 3 Completed by (Signart 4a:  This form was (check one	stions, include any required DOT drug or alcohol testing information obtained from prior previous as 3 years prior to the application date shown on page 1.  Telephone:
6. For a driver who a driver subsequen YES \( \square \) NO  In answering these quesemployers in the previous Name:  Company:  City, State, Zip:  Part 3 Completed by (Signart 3 Completed by (Signart 4a:  This form was (check one	stions, include any required DOT drug or alcohol testing information obtained from prior previous as 3 years prior to the application date shown on page 1.  Telephone:
6. For a driver who a driver subsequen YES \( \Boxed{1} \) NO  In answering these questemployers in the previous Name:  Company:  City, State, Zip:  Part 3 Completed by (Signat 3 Completed by (Signat 4 Completed by (Signat 5 Comp	stions, include any required DOT drug or alcohol testing information obtained from prior previous as 3 years prior to the application date shown on page 1.  Telephone:  Date:  TO BE COMPLETED BY PROSPECTIVE EMPLOYER  Paxed to previous employer    Mailed
6. For a driver who so driver subsequen YES I NO In answering these questemployers in the previous Name:  Company:  City, State, Zip:  Cart 3 Completed by (Signart 3 Completed by (Signart 4a:  his form was (check only):  ART 4b:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER  Date:  Date:  Date:  Date:  Date:
6. For a driver who a driver subsequen YES  NO In answering these quest employers in the previous Name: Company: City, State, Zip: Part 3 Completed by (Signart 3 Completed by (Signart 3 Completed by (Signart 3 Completed by (Signart 4 Completed by	stions, include any required DOT drug or alcohol testing information obtained from prior previous as 3 years prior to the application date shown on page 1.  Telephone:  Date:  TO BE COMPLETED BY PROSPECTIVE EMPLOYER  Paxed to previous employer   Mailed   Emailed   Other   Date:  TO BE COMPLETED BY PROSPECTIVE EMPLOYER  To rormation is obtained.
6. For a driver who so driver subsequen YES \( \subseteq \) NO  In answering these questemployers in the previous Name:  Company:  City, State, Zip:  Part 3 Completed by (Signat 3 Com	stions, include any required DOT drug or alcohol testing information obtained from prior previous as 3 years prior to the application date shown on page 1.  Telephone:  Date:  TO BE COMPLETED BY PROSPECTIVE EMPLOYER  Pare:  Date:  TO BE COMPLETED BY PROSPECTIVE EMPLOYER
6. For a driver who shall driver subsequen YES \( \subseteq \) NO  In answering these questemployers in the previous Name:  Company:  City, State, Zip:  Part 3 Completed by (Signat 3	TO BE COMPLETED BY PROSPECTIVE EMPLOYER  Date:  Date:  Date:  Date:  Date:

## PAGE 1 PART 1: Prospective Employee

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

### PAGE 2 PART 4a: Prospective Employer

- Complete the information
- Send to Previous Employer

#### PAGE 1 PART 2: Previous Employer

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

## PAGE 2 PART 3: Previous Employer

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

## PAGE 2 PART 4b: Prospective Employer

- Record receipt of the information
- Retain the form

# SAFETY PERFORMANCE HISTORY RECORDS REQUEST

		L COMPLETEL	DI PRUSPE	CTIVE EMPLOYEE	
I, (Print Name)				STIVE LIVII LOTEE	
Fi Hereby authorize:	irst	M.I.	Last	Soc	ial Security Number
Previous Employer:				-	Date of Birth
Street:				Email: _	
City, State, Zip:	ard the informati			l elephone: _	
To release and forwa	ard the information rec records within the pre	Juested by section	n 3 of this docum	Fax No.:	
Substances Testing r	records within the pre	vious 3 years from	n	ent concerning my Al	cohol and Controlled
To: Pro	Spective Employer		(employm	ent application date)	
Atto	ospective Employer: _ ention:				
	eet:			Telephone:	
City	, State, Zip:				
n compliance with §4	40.25(g) and 391.23(h is fax, email, or letter.	), release of this i	information must	be made in a written	form that ensures
Prospective employer	's fax number:				
Prospective employer	's email address:				
This information is had	Applicant's S				Date
	ing requested in comp	mance with §40.2	5(g) and 391.23.	24500.00	
PART 2:	TO B	E COMPLETE	BY PREVIOL	IS EMPLOYER	
he applicant named :	above was employed	ACCIDEN	THICTORY		
mployed as		from (m/y)		to (m/y)	
	notor vehicle for you? ] Doubles/Triples □	Other (Specify)			Tractor-Semitrailer □
<ul> <li>Reason for leaving there is no safety per</li> </ul>	your employ: Dischar formance history to re	arged ☐ Resign eport, check here	ation ☐ Lay Off	☐ Military Duty ☐	
CCIDENTS: Comple	te the following for an	v accidente inclu	4-4	140 N 0 N 100 N 100 N	
oplicant in the 3 years is driver.	s prior to the application	on date shown ab	ove, or check □	here if there is no acc	(b)) that involved the cident register data for
is driver. Date	s prior to the application	orr date shown at	lnjuries	nere ir there is no acc	cident register data fo
is driver. Date	т при	orr date shown at	love, or check	here if there is no accommodate # Fatalities	(b)) that involved the cident register data for Hazmat Spill
is driver.  Date	Location	orr date shown at	love, or check	nere ir there is no acc	cident register data for
Date	Location	#	love, or check	nere ir there is no acc	cident register data for
Date  Date  ease provide informa	Location Location	#	Injuries ————————————————————————————————————	# Fatalities	Hazmat Spill
is driver.  Date  Date  ease provide information or insurers or	Location Location	#	Injuries ————————————————————————————————————	# Fatalities	Hazmat Spill
Date  Date  Date  Date	Location Location	#	Injuries ————————————————————————————————————	# Fatalities	Hazmat Spill
Date	Location tion concerning any o retained under intern	#  wither accidents invalid all company polici	Injuries  volving the applicies:	# Fatalities	Hazmat Spill

# PREVIOUS EMPLOYER - COMPLETE PAGE 2 PART 3

PART 3:	TO BE COMPLETED BY PREVIOUS EMPLOYER
	DRUG AND ALCOHOL HISTORY
If driver was not su check here □, fill in sign, and return.	bject to Department of Transportation testing requirements while employed by this employer, please the dates of employment from to, complete bottom of Part 3,
	to Department of Transportation testing requirements fromtoto
1. Has this pers	son had an alcohol test with the result of 0.04 or higher alcohol concentration?
YES 🗆	NO   NO   NO   NO   NO   NO   NO   NO
YES	NO □  NO □
<ol> <li>Has this pers controlled su YES □</li> </ol>	on refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or
<ol> <li>Has this pers YES □</li> </ol>	on committed other violations of Subpart B of Part 382, or Part 40?
<ol><li>If this person rehabilitation documentatio</li></ol>	has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed program in your employ, including return-to-duty and follow-up tests? If yes, please send in back with this form.
VECD	
6. For a driver w driver subseq YES	ho successfully completed a SAP's rehabilitation referral and remained in your employ, did this uently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? NO□
6. For a driver w driver subseq YES   n answering these comployers in the pre	ho successfully completed a SAP's rehabilitation referral and remained in your employ, did this uently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? NO   questions, include any required DOT drug or alcohol testing information obtained from prior previous vious 3 years prior to the application date shown on page 1.
6. For a driver w driver subseq YES  In answering these comployers in the pre	ho successfully completed a SAP's rehabilitation referral and remained in your employ, did this uently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? NO  questions, include any required DOT drug or alcohol testing information obtained from prior previous vious 3 years prior to the application date shown on page 1.
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6. For a driver we driver subseq YES   n answering these comployers in the present the pre	ho successfully completed a SAP's rehabilitation referral and remained in your employ, did this uently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? NO  questions, include any required DOT drug or alcohol testing information obtained from prior previous vious 3 years prior to the application date shown on page 1.
6. For a driver we driver subseq YES   n answering these comployers in the present subseq YES   company:  Company:  City, State, Zip:  Lart 3 Completed by  CART 4a:	ho successfully completed a SAP's rehabilitation referral and remained in your employ, did this uently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?  Juestions, include any required DOT drug or alcohol testing information obtained from prior previous vious 3 years prior to the application date shown on page 1.  Telephone:  Telephone:  Date:
6. For a driver we driver subseq YES   In answering these comployers in the present of the prese	ho successfully completed a SAP's rehabilitation referral and remained in your employ, did this uently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?    NO
6. For a driver we driver subseq YES   In answering these comployers in the present of the prese	ho successfully completed a SAP's rehabilitation referral and remained in your employ, did this uently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?    NO
6. For a driver w driver subseq YES   n answering these cemployers in the present the present of	ho successfully completed a SAP's rehabilitation referral and remained in your employ, did this uently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?  NO   Juestions, include any required DOT drug or alcohol testing information obtained from prior previous vious 3 years prior to the application date shown on page 1.  Telephone:  Date:  TO BE COMPLETED BY PROSPECTIVE EMPLOYER  one)   Faxed to previous employer   Mailed   Emailed  Other  Date:
6. For a driver w driver subseq YES   n answering these cemployers in the present the present of	ho successfully completed a SAP's rehabilitation referral and remained in your employ, did this uently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?    NO
6. For a driver we driver subseq YES   In answering these comployers in the present of the prese	ho successfully completed a SAP's rehabilitation referral and remained in your employ, did this uently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?    NO
6. For a driver w driver subseq YES   In answering these cemployers in the pre  Name: Company: City, State, Zip: Part 3 Completed by  PART 4a: This form was (check y:  Omplete below wher formation received fi	ho successfully completed a SAP's rehabilitation referral and remained in your employ, did this uently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?    NO
6. For a driver w driver subseq YES   1. For a driver w driver subseq YES   In answering these cemployers in the pre many:  Company:  Street:  City, State, Zip:  Part 3 Completed by  PART 4a:  This form was (check by:  Complete below when decorded by:	ho successfully completed a SAP's rehabilitation referral and remained in your employ, did this uently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?    NO

## PAGE 1 PART 1: Prospective Employee

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

# PAGE 2 PART 4a: Prospective Employer

- Complete the information
- Send to Previous Employer

#### PAGE 1 PART 2: Previous Employer

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

## PAGE 2 PART 3: Previous Employer

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

## PAGE 2 PART 4b: Prospective Employer

- Record receipt of the information
- Retain the form