

APPLICATION FOR QUALIFICATION

Dear Applicant: Per FMCSR 391.21(d) Before an application is submitted, the motor carrier shall inform the applicant that the information he/she provides for the employment history may be used, and the applicant's prior employers may be contacted, for the purpose of investigating the applicant's safety performance history information. The prospective employer must also notify the driver in writing of his/her due process rights as specified in § 391.23(i) regarding information received as a result of these investigations. You the applicant have the following rights: (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.

Driver Applicant Printed Name _____ Driver Applicant Signature _____ Date _____

Company Name DAIOR Transit, Inc.
 Street Address 6005 W. RYAN Rd. City, State, Zip FRANKLIN WI 53132

Name _____ Phone () _____

Current Address _____
 Street City State Zip

If at the above residence less than 3 years, list below all residences for the past 3 years. Attach a separate sheet if necessary.

Previous Address _____
 Street City State Zip

Previous Address _____
 Street City State Zip

Date of Birth* / / * Drivers only to complete Date of Birth Social Security No. - -

In Case Of Emergency Notify: _____ ()
 Name Phone

Contact's Address _____
 Street City State Zip

Position Applying for: _____ Rate of pay expected? _____

Temporary Part Time Full time Who referred you? _____

Have you worked for this company before? Yes No Dates: / / - / /

Where? _____ Rate of Pay? _____

Position _____ Reason for leaving? _____

Have you ever worked for this company under another name? Yes No _____

(If job requirement) Have you ever been bonded? Yes No Name of bonding company _____

List names of relatives working for this company: _____

Are you currently employed? Yes No If not, how long since leaving last employment? _____

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Last school attended _____
 Name Address

List special courses or training that will help you as a driver _____

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EMPLOYMENT RECORD Complete all data for EACH last employer COMPLETELY. The U.S. Department of Transportation requires that the driver applicants show all employment for the past three years. Effective July 1, 1987, they must also show commercial driver employment for the seven years preceding this three year period. Sec. 391.21 (b) (10) (11). Account for any gaps in employment between employers.

Last Employer:

Name _____ Phone () _____

Address _____
Street City State Zip

Position Held _____ Dates: / / - / /

Type Equip. Driven _____ Were you regulated by FMCSA during this job? Yes No

Areas Driven In _____ Was this job a FMCSA safety sensitive function position subject to DOT regulated controlled substance & alcohol testing? Yes No

Reasons for Leaving _____

Second Last Employer:

Name _____ Phone () _____

Address _____
Street City State Zip

Position Held _____ Dates: / / - / /

Type Equip. Driven _____ Were you regulated by FMCSA during this job? Yes No

Areas Driven In _____ Was this job a FMCSA safety sensitive function position subject to DOT regulated controlled substance & alcohol testing? Yes No

Reasons for Leaving _____

Third Last Employer:

Name _____ Phone () _____

Address _____
Street City State Zip

Position Held _____ Dates: / / - / /

Type Equip. Driven _____ Were you regulated by FMCSA during this job? Yes No

Areas Driven In _____ Was this job a FMCSA safety sensitive function position subject to DOT regulated controlled substance & alcohol testing? Yes No

Reasons for Leaving _____

Fourth Last Employer:

Name _____ Phone () _____

Address _____
Street City State Zip

Position Held _____ Dates: / / - / /

Type Equip. Driven _____ Were you regulated by FMCSA during this job? Yes No

Areas Driven In _____ Was this job a FMCSA safety sensitive function position subject to DOT regulated controlled substance & alcohol testing? Yes No

Reasons for Leaving _____

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DRIVER EXPERIENCE & QUALIFICATION

LICENSES List all licenses held in the last 3 years.

State	License Number	Type/Endorsements	Expiration Date
_____	_____	_____	_____

- Do you currently hold more than one valid license? Yes No
- Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
- Has any license, permit or privilege ever been suspended or revoked? Yes No
- Have you ever been disqualified for violations of the Federal Motor Carrier Safety Reg's? Yes No
- If answered Yes to any of the above questions, please give details: _____

EXPERIENCE

Class of Equipment	Type (Van, Tank, Etc.)	Dates From - To
_____	_____	_____
_____	_____	_____
_____	_____	_____

List states operated in during last five years _____

List safe driving awards held & who presented by _____

Accident Review for past 3 years:

Accident Review for past 3 years:				Nature of Accident
Date	City, State	# Fatalities	# Injuries	(Head-on, Rear-end, etc.)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Motor Vehicle Laws & Ordinances for the past 3 years other than parking violation:

Location	Date	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Applicant: Read and sign before submitting this application.

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty and reason for non-consideration or subsequent dismissal if hired or denial of authorization to drive. It is also 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/her furnishing such information. I understand that nothing contained in this application or in the granting of any interview or a road test is intended to create an employment contract between this company and myself, for either employment, authorization to driver, or for the providing of any benefits. No promises regarding employment or authorization to drive have been made to me, and no such promises exist unless specifically made by this Company in writing. It is agreed and understood that if qualified, hired or contract started, I may be on a probationary period during which time I may be disqualified without recourse. I understand employment or authorization to drive with this carrier is on an "at-will" basis that allows me to quit, be fired, or lease agreement revoked at any time with or without notice and with or without cause. 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.

Signature of Applicant _____ Date _____

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DISCLOSURE STATEMENT

Applicant: Read and sign before submitting this application.

By this document, _____ discloses to you that a consumer report, including an investigative report containing information as to your character, general reputation, personal characteristics, driving record, and mode of living may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment. Should an investigation consumer report be requested you have the right to demand a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act. Please sign below to signify receipt of the foregoing disclosure.

I agree to furnish such additional information that may be necessary and complete such examinations as may be required to complete my application file including but not limited to a pre-employment negative urine test and successful completion of a human performance evaluation including a Department of Transportation Physical.

Applicant's Printed Name

Applicant's Signature

Date

PRE-EMPLOYMENT QUESTIONNAIRE

As the employer, **Company Name** must ask whether you have tested positive or refused to be tested on any pre-employment drug or alcohol test. Applicable tests would have been administered by a motor carrier to which you applied for, but did not obtain safety-sensitive transportation work (as covered by DOT agency drug and alcohol testing rules) during the past two years.

I, APPLICANT Print Name _____, have have not tested positive or refused any such test in the past two years. If I have, then I am including below the appropriate substance abuse provider information.

SAP Name _____ Phone _____

City, State _____

Applicant Signature _____ Date _____

Requested in accordance with 49 CFR 40.25(j) for all applicants since August 1, 2001.

SAFETY PERFORMANCE HISTORY INVESTIGATION (Background Check)

Applicant Complete
One for each past employer

I, Printed Name _____, Social Security _____ - _____ - _____ hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed below, to the POTENTIAL EMPLOYER. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

I further authorize my former employer to release my safety performance history information to my prospective employer for investigation purposes as required by FMCSR 391.23, 382.405 (f) & 382.413(b) for the **3 years preceding this release**. You are released from any and all liability that may result from furnishing such information. A photocopy of this release shall be as valid as the original.

Past Employer: _____ Contact Name: _____
 Phone#: _____ Fax #: _____
 Address: _____ City, State, Zip: _____
 Applicant Signature: _____ Date: _____

Dear Previous Employer:

The above driver has made application with our Company and states that s/he worked for you from ___/___/___ until ___/___/___ . We appreciate your time completing, in confidence, the information requested below. Please update your company information above if any errors. Use another sheet if necessary. Thank you.

1 Employment dates: ___/___/___ to ___/___/___ 2 Job Title(s): _____

3 Did s/he drive a motor vehicle? Yes No If yes, what type: _____

4 **3-YR ACCIDENT HISTORY** No accidents in last 3 yrs. Tractor & Trailer

Date	City/State	# Injuries	# Fatalities	Tow	Date	City/State	# Injuries	# Fatalities	Tow
				<input type="checkbox"/> Y <input type="checkbox"/> N					<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N					<input type="checkbox"/> Y <input type="checkbox"/> N

5 Was s/he a company driver, contactor, or contractor's driver? 6 Reason for leaving your company?
 Discharged Resignation Lay-off Military Duty Other: _____

7 General areas traveled? _____ 8 Commodities transported? _____

9 Would you re-employ this person? Yes No Upon Review

In the **3 years** prior to the employee's dated signature above, for DOT regulated testing did the employee have...

10 Alcohol tests with a result of 0.04 or higher? Yes No 11 Verified positive drug tests? Yes No

12 Any refusals to be tested? Yes No 13 Other violations of DOT agency drug & alcohol testing regulations? Yes No 14 Did a previous employer report a drug and alcohol rule violation to you? Yes No

15 If you answered "YES" to any of the above items, did the employee complete the return-to-duty process?

Yes No Uncertain

16 No safety performance history exists for this driver with our Company.

If YES to 14, you must provide the previous employer's report. If you answered "YES" to 15, you must also forward the appropriate return-to-duty documentation (e.g. SAP reports(s), follow-up testing record).

Completed by: _____ Title: _____ Date: _____

Comments: _____

Please return to: _____
Company Name
Attention
Phone #
Fax #

PROSPECTIVE EMPLOYER USE: RESPONSE DOCUMENTATION (GOOD FAITH EFFORT) Employer not subject to FMCSRs

Date Contacted: ___/___/___ • 2nd Attempt: ___/___/___ • 3rd Attempt: ___/___/___ • Received back: ___/___/___

Mail Fax Mail Fax Mail Fax

To Be Read and Signed by Applicant

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

It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.

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

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

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

It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.

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

Applicant's Signature

Date

Remarks (For office use only)

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. 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 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 the 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 Name (Printed): _____

(OVER)