

Driver Application**MINIMUM DRIVER QUALIFICATION INFORMATION**

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

Instructions to Driver / Applicant

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

Date _____ Check position applying for: ☐ Company Driver ☐ Contract Driver

☐ Owner Operator ☐ Truck Shop Mechanic ☐ Truck Shop General Labor ☐ Other

Name _____
(First) (Middle) (Last)

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 years of age.

Physical Exam Expiration Date: _____

Current & Three Years Previous Addresses Beginning with the Current:

_____	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 circle the highest grade completed:

Grade School: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 Post-Graduate: 1 2 3 4

Employment History for the Last Ten Years

Give a complete record of all employment for the past ten years including any unemployment or self-employment and all commercial driving experience for the past ten years.

Month/Year Month/Year Present or Last Employer:
From _____ To _____ Name _____

Position Held _____ Address _____
(Street) (City) (State/Zip)

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

Month/Year Month/Year Present or Last Employer:
From _____ To _____ Name _____

Position Held _____ Address _____
(Street) (City) (State/Zip)

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

Month/Year Month/Year Present or Last Employer:
From _____ To _____ Name _____

Position Held _____ Address _____
(Street) (City) (State/Zip)

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

Month/Year Month/Year Present or Last Employer:
From _____ To _____ Name _____

Position Held _____ Address _____
(Street) (City) (State/Zip)

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

Month/Year Month/Year Present or Last Employer:
From _____ To _____ Name _____

Position Held _____ Address _____
(Street) (City) (State/Zip)

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

Month/Year From	Month/Year To	Present or Last Employer: Name

Position Held _____ Address _____
(Street) (City) (State/Zip)

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

Month/Year Month/Year Present or Last Employer:
From _____ To _____ Name _____

Position Held _____ Address _____
(Street) (City) (State/Zip)

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

Month/Year Month/Year Present or Last Employer:
From To Name

Position Held _____ Address _____
(Street) (City) (State/Zip)

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

Month/Year Month/Year Present or Last Employer:
From _____ To _____ Name _____

Position Held _____ Address _____
(Street) (City) (State/Zip)

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

Month/Year	Month/Year	Present or Last Employer:
From	To	Name

Position Held _____ Address _____
(Street) (City) (State/Zip)

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 and two trailers			
Tractor and three trailers (triples)			
Other			

List states operated in for the last five years: _____

List special courses/training competed (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 Accident (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 ☐
- D. Have you ever been convicted of a felony*?

YES ☐ NO ☐
- If the answer to A, B, C or D is “YES”, give details.

* Disclosure of this information does not automatically exclude the driver from consideration.

Personal References

List three persons for references, other than family members, who have knowledge of your Work History / Performance / Safety Record.

Name_____

Address_____

Phone_____

Name_____

Address_____

Phone_____

Name_____

Address_____

Phone_____

Wilson Brothers Employee Named for Referral Bonus_____

To Be Read and Signed by Driver

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

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

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

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

Driver Signature _____ **Date** _____

Remarks (For office use only)

CONTROLLED SUBSTANCE & ALCOHOL TESTING

INFORMATION ACKNOWLEDGEMENT/CONSENT FORM

As a condition of employment with Wilson Brothers (Motor Carrier), commercial motor vehicle (CMV) driver applicants who will perform safety-sensitive functions 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 in order 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 for 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 and referral and educational/treatment process, as described in FMCSR Part 40, Subpart O.

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 testing
(Print Name)
requirements and understand them. I understand that Wilson Brothers will provide a list of Substance Abuse
Professionals at my request.

(Applicant's Signature)

(Date)

(Employer's Representative)

(Date)

Original to be retained on file - Copy to DriverApplicant

30(043)

DRIVER APPLICANT DRUG AND ALCOHOL PRE-EMPLOYMENT STATEMENT

CFR Part 40.25 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 two 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 functions 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) Social Security Number

As an applicant applying to perform safety-sensitive functions for our company, you are required by CFR Part 40.25 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 two years?

Yes ☐ No ☐

2. If you answered yes to the above question, can you provide proof that you have successfully completed the DOT return-to-duty requirements?

Yes ☐ No ☐

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

Applicant Signature: _____ Date: _____

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(s) 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 unction 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): _____

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

Carrier Name: Wilson Brothers Milling Co., Inc. **Contact Person:** Ken Smith

Address: 20412 NC Highway 902, Bear Creek, NC 27207

Phone 919-837-2131 Extension 29

Confidential Fax #: 919-837-2133

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, 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 and 391 Subpart G, within the past three years from date shown below. I also acknowledge that this information will be used in determining my eligibility to be hired, that I have the right to review this information and rebut any errors in these statements from my prior employers, as described in the FMCSR Part 391.23.

I understand should I refuse to provide the written consent requested, the prospective motor carrier employer shall not permit me to operate a commercial motor vehicle for that motor carrier per FMCSA 391.23(f).

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.

Previous Employer: _____ Contact Person: _____

Mailing Address: _____ City, _____ State, _____ Zip: _____

Telephone Number: _____ Fax Number: _____

I worked for this company from the dates of / / to / /

Applicant's Signature

SSN or ID Number

D.O.B.

Today's Date

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

Please provide the following drug and alcohol information, as required by FMCSR Part 391.23(e) and 40.25.

If no drug and alcohol information is available on above-named applicant, check here. ☐

- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| 1. Within the previous three (3) years, has the driver violated any of the alcohol and controlled substance prohibitions under FMCSR 382, Subpart B, or 49 CFR 40? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. If the answer to number one is "yes", did the driver fail to undertake or complete a rehabilitation program prescribed by a substance abuse professional (SAP) pursuant to FMCSR 382.605, or 45 CFR 40, Subpart O? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. If the answer to number two is "yes", if the driver successfully completed the SAP rehabilitation referral and remained in your employment, did the driver have any of the following testing violations subsequent to the completion of the rehabilitation program described above? | <input type="checkbox"/> | <input type="checkbox"/> |
| (i) Any alcohol test with a result of 0.04 or higher alcohol concentration? | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) Any verified positive drug test? | <input type="checkbox"/> | <input type="checkbox"/> |
| (iii) 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 and alcohol testing regulations (Part 382 or Part 40)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If yes to any of the above questions, please provide documentation of successful completion of a SAP evaluation, prescribed treatment and return-to-duty requirements (including follow-up tests) if they remained in your employ. * | <input type="checkbox"/> | <input type="checkbox"/> |

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

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?	Haz Mat Spill?	# Of Fatalities?	# Of Injuries?

SECTION III – Past Employer to Complete - WORK HISTORY INFORMATION

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

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

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

Straight Trucks ☐ Tractor/Trailer ☐ Doubles ☐ Triples ☐ Other ☐

Explain: _____

Type of trailer(s) pulled: _____

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

Contractor's Driver? Yes ☐ No ☐ Other? Yes ☐ No ☐

General area traveled: _____ Commodities transport: _____

➤ While under your employment was he/she:

a. Bonded: Yes ☐ No ☐

b. Convicted of any traffic violations: Yes ☐ No ☐

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

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

If yes, please 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.

**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 Wilson Brothers ("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 Wilson Brothers ("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.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 12/22/2015