



Revised 4.11.08pk

## Driver Class "A" Employment Application

**Please provide: Current MVR, copy of CDL and Medical Certificate**

**Applied on Line**

Notice to the Applicant: We appreciate your interest in **Speedy Heavy Hauling, Inc (Speedy)**. A clear understanding of your background and work history will assist us with your possible placement or future advancement in our organization. **Speedy** is an equal opportunity employer, you will be considered for employment without regard to race, color, religion, sex, national origin, age, marital status or non-job related disabilities.

**Please complete this application accurately and print legibly and answer ALL questions. If the answer to any question is "No" or "None", do not leave blank, write "No" or "None".**

<b><u>Position applied for:</u></b>  Driver _____	<b><u>Type of Employment:</u></b>  Full Time _____	<b>Date of Application:</b>
Class 'A' license Year Obtained _____	Part Time _____	<b>Date Available:</b>

<b>Name:</b>		<b>Date of Birth – Required for Commercial Drivers:</b>		
<b>Home Phone:</b>	<b>Cell:</b>	<b>Social Security Number:</b>		
<b>Current &amp; Three Years Previous Addresses:</b>		<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Previous Address:</b>	<b>City &amp; State:</b>	<b>From:</b>	<b>To:</b>	
<b>Previous Address:</b>	<b>City &amp; State:</b>	<b>From:</b>	<b>To:</b>	
<b>Previous Address:</b>	<b>City &amp; State:</b>	<b>From:</b>	<b>To:</b>	
<b>Do you have any condition(s) that could affect your performance in this position?    ___ Yes    ___ No</b>				
<b>If yes, please explain:</b>				

Some positions at <b>Speedy</b> are safety sensitive; employment in one of these positions is conditional on the results of mandatory drug and alcohol testing as described in the company's drug and alcohol policy.	
<b>Are you willing to be tested for drug and/or alcohol before and while employed at Speedy Heavy Hauling?</b>	<b>___ Yes    ___ No</b>
<b>Do you have reliable transportation to and from work?</b>	<b>___ Yes    ___ No</b>
<b>Are you legally eligible to be employed in the USA? Please provide proof.</b>	<b>___ Yes    ___ No</b>

**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. List reasons for any gaps in employment over 3 months. Use separate sheet if necessary.

<b>Company:</b>	<b>Position:</b>	<b>Start Date:</b>
<b>Address:</b>	<b>Salary:</b>	<b>End Date:</b>
<b>Describe your duties:</b>		<b>Reason for leaving:</b>
<b>Contact Person:</b>	<b>Phone:</b>	<b>Fax:</b>
<p>Were you subject to the FMCSRs* while employed here?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Was your job designated as a safety-sensitive function in and DOT- Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>		

<b>Company:</b>	<b>Position:</b>	<b>Start Date:</b>
<b>Address:</b>	<b>Salary:</b>	<b>End Date:</b>
<b>Describe your duties:</b>		<b>Reason for leaving:</b>
<b>Contact Person:</b>	<b>Phone:</b>	<b>Fax:</b>
<p>Were you subject to the FMCSRs* while employed here?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Was your job designated as a safety-sensitive function in and DOT- Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>		

<b>Company:</b>	<b>Position:</b>	<b>Start Date:</b>
<b>Address:</b>	<b>Salary:</b>	<b>End Date:</b>
<b>Describe your duties:</b>		<b>Reason for leaving:</b>
<b>Contact Person:</b>	<b>Phone:</b>	<b>Fax:</b>
<p>Were you subject to the FMCSRs* while employed here?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Was your job designated as a safety-sensitive function in and DOT- Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>		

<b>Company:</b>	<b>Position:</b>	<b>Start Date:</b>
<b>Address:</b>	<b>Salary:</b>	<b>End Date:</b>
<b>Describe your duties:</b>		<b>Reason for leaving:</b>
<b>Contact Person:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>Were you subject to the FMCSRs* while employed here?</b> _____ <b>Yes</b> _____ <b>No</b> <b>Was your job designated as a safety-sensitive function in and DOT- Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?</b> _____ <b>Yes</b> _____ <b>No</b>		

<b>Company:</b>	<b>Position:</b>	<b>Start Date:</b>
<b>Address:</b>	<b>Salary:</b>	<b>End Date:</b>
<b>Describe your duties:</b>		<b>Reason for leaving:</b>
<b>Contact Person:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>Were you subject to the FMCSRs* while employed here?</b> _____ <b>Yes</b> _____ <b>No</b> <b>Was your job designated as a safety-sensitive function in and DOT- Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?</b> _____ <b>Yes</b> _____ <b>No</b>		

*\*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 I a quantity requiring placarding.*

Notice: **Speedy** reserves the right to contact previous employers to gather employment related information only. Present employers may also be contacted unless a notation of **DO NOT CONTACT** is made in the end date section of the present employer. Information collected will be used for screening, selection and employment purposes only.

## Education and Training

Name and Location of High School:	Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Technical School	Area of Study	Certificate Received
College or University	Area of Study	Diploma received
What Certifications do you currently have? Check all that apply:		
<input type="checkbox"/> WHMIS	<input type="checkbox"/> Hazmat	<input type="checkbox"/> H2S
<input type="checkbox"/> FIRST AID	<input type="checkbox"/> GODI	<input type="checkbox"/> OTHER: _____
<input type="checkbox"/> PDIC	<input type="checkbox"/> OHC	<input type="checkbox"/> OTHER: _____

Drivers License #	State/Class:	Exp. Date:
Previous License and State	From:	To:
Previous License and State	From:	To:
Previous License and State	From:	To:

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle?  Yes  No
2. Has any license, permit or privilege ever been suspended or revoked?  Yes  No
3. Is there any reason you might be unable to perform the functions of the job for which you have applied?  Yes  No
4. Have you ever been convicted of a felony?  Yes  No

If you answered "Yes" to any of the above, give details \_\_\_\_\_

## Driving Experience

EQUIPMENT TYPE	SIZE AND DESCRIPTION	LENGTH OF TIME
Bed Truck		
Picker Truck		
Winch Tractor		
Winch-less Truck & Trailer(s)		
Pilot Vehicle		
Other		

List states operated in, for the last five years: \_\_\_\_\_

**Accident Record** List all vehicle accidents you have had for the last three years, use back of this page if necessary.

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

**Traffic Convictions and Forfeitures** for the last three years (other than parking violations).

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

**Personal References**

<b>Name:</b>	<b>How are you acquainted:</b>	<b>Phone:</b>
<b>Name:</b>	<b>How are you acquainted:</b>	<b>Phone:</b>
<b>Name:</b>	<b>How are you acquainted:</b>	<b>Phone:</b>

**Notice:** For driving positions, a recent copy of your MVR (Motor Vehicle Record) must accompany this application. Employment is conditional upon having and maintaining an acceptable driving record and license.

I hereby certify that to the best of my knowledge and belief that all of the answers given by me to the foregoing questions and that all statements made by me in this application are true and correct. I further certify that I have read and that I do understand all of the Notice to the Applicants contained in this application. I hereby authorize **Speedy** to make an investigation of me as deemed necessary so far as such investigations are conducted within the legal limits established by the law. If employed, I agree to comply with the policies, rules and regulations of **Speedy Heavy Hauling, Inc.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

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

Carrier Name: Speedy Heavy Hauling Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

## Driver to Complete This Section

As a Commercial Motor Vehicle (CMV) Driver, I understand that per, the Federal Motor Carrier Safety Regulation (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 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  
Printed Name

assessments 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 and any all liability of any type as a result of providing information to the above mentioned person and/or company.

Previous Employer: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

I worked for this company from: \_\_\_\_\_ To: \_\_\_\_\_

\_\_\_\_\_  
Signature SSN 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 & 40.25  
If no drug and alcohol information is available on above named applicant check here \_\_\_\_\_

1. Any alcohol test with a result of 0.04 or higher alcohol concentration? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. Any verified positive drug test? \_\_\_\_\_ Yes \_\_\_\_\_ No
3. Any refusals to be tested (including verified adulterated or substituted drug test results)? \_\_\_\_\_ Yes \_\_\_\_\_ No
4. Any other violations of DOT agency drug and alcohol testing regulations (Part 382 or Part 40)? \_\_\_\_\_ Yes \_\_\_\_\_ No
5. If this driver did successfully complete a 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 drug test result)? \_\_\_\_\_ Yes \_\_\_\_\_ No
6. If yes to any of the above, 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.\*

\* 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 needs to be kept in a separate personnel and/or confidential file.**



# DRIVER APPLICANT DRUG AND ALCOHOL PRE-EMPLOYMENT STATEMENT

CFR Part 40.25 (j) requires the employer to ask any applicant whether he/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/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: \_\_\_\_\_ SSN \_\_\_\_\_  
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 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: \_\_\_\_\_

# **CONTROLLED SUBSTANCE & ALCOHOL TESTING INFORMATION ACKNOWLEDGEMENT/CONSENT FORM**

As a condition of employment with Speedy Heavy Hauling, Inc., Commercial Motor Vehicle 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 results 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		

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 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.

For a referral to the nearest Abuse Professional nearest you contact:  
**National Substance Abuse Professionals: 800-879-6428**  
 1615 Orange Tree Lane, Ste. 101, Redlands, CA 92374

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  
 (Print Name)

Alcohol testing requirements and understand them. I acknowledge receipt of the referral contact information for Substance Abuse Professionals.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 (Applicants Signature) (Date)

\_\_\_\_\_  
 (Employer Representative)

**To Be Read and Signed by Applicant**



**CONFIDENTIAL FAXED INQUIRY RECORD**

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**Company Name:** \_\_\_\_\_

**Date Faxed:** \_\_\_\_/\_\_\_\_/\_\_\_\_      **2<sup>nd</sup> Notice:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Contact unwilling to provide information:**

**Contact Name** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Reason given for refusal to provide information:** \_\_\_\_\_

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**Company Name:** \_\_\_\_\_

**Date Faxed:** \_\_\_\_/\_\_\_\_/\_\_\_\_      **2<sup>nd</sup> Notice:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Contact unwilling to provide information:**

**Contact Name** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Reason given for refusal to provide information:** \_\_\_\_\_

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**Company Name:** \_\_\_\_\_

**Date Faxed:** \_\_\_\_/\_\_\_\_/\_\_\_\_      **2<sup>nd</sup> Notice:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Contact unwilling to provide information:**

**Contact Name** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Reason given for refusal to provide information:** \_\_\_\_\_

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# **SPEEDY HEAVY HAULING**

Inc.

6.5.07 pk

## **FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT**

**In accordance with the provisions of Section 604(b) (2) (A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Applicants Printed Name** **Social Security #**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Applicants Signature** **Date**

# **SPEEDY HEAVY HAULING**

Inc.

## **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): \_\_\_\_\_