

DRIVER

Application for Employment

Application for Employment

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job related medical condition or handicap

COMPANY NAME _____ **ADDRESS** _____ **CITY** _____ **STATE** _____ **ZIP** _____

DATE _____ (PLEASE USE THE DATE THAT YOU ARE FILLING OUT APPLICATION)

NAME (First, Middle, Last) _____ **Social Security #** _____

ADDRESS _____ **STREET** _____ **CITY** _____ **STATE** _____ **ZIP** _____

Is the above address the same for the preceding three years ☐ Yes ☐ No (please complete)

STREET _____ **CITY** _____ **STATE** _____ **ZIP** _____ **How long?** _____

PHONE _____ **EMAIL** _____

DATE OF BIRTH _____ Can you provide proof of age? ☐ Yes ☐ No

Have you had an accident within the last three years? ☐ Yes ☐ No

DATE (RECENT FIRST)	ACCIDENT DETAILS	FATALITIES	INJURIES

Have you had any traffic convictions/forfeitures within the last three years? ☐ Yes ☐ No

DATE (RECENT FIRST)	LOCATION	CHARGE	PENALTY/FINE

HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVLEDGE TO OPERATE A MOTOR VEHICLE? ☐ Yes ☐ No

HAS MY LICENSE, PERMIT, OR PRIVLEDGE EVER BEEN SUSPENDED OR REVOKED? ☐ Yes ☐ No
(IF YES PLEASE GIVE DETAILS BELOW)

Have you had any POSITIVE Drug/Alcohol test(s) within the last six months? ☐ Yes ☐ No
(IF YES PLEASE GIVE DETAILS BELOW)

Have you had any criminal/felony convictions in the last five years? ☐ Yes ☐ No
(IF YES PLEASE GIVE DETAILS BELOW)

All driver applicants must provide the following information for the preceding 10 YEARS

MOST RECENT EMPLOYER		FROM	TO
ADDRESS		(MO/YR)	(MO/YR)
CITY/STATE/ZIP		REASON FOR LEAVING	
PHONE	CONTACT		
SAFETY SENSITIVE FUNCTION(DRIVER) <input type="checkbox"/> YES <input type="checkbox"/> NO		SUBJECT TO PART 40 (DRUG&ALCOHOL) <input type="checkbox"/> YES <input type="checkbox"/> NO	
NEXT RECENT EMPLOYER		FROM	TO
ADDRESS		(MO/YR)	(MO/YR)
CITY/STATE/ZIP		REASON FOR LEAVING	
PHONE	CONTACT		
SAFETY SENSITIVE FUNCTION(DRIVER) <input type="checkbox"/> YES <input type="checkbox"/> NO		SUBJECT TO PART 40 (DRUG&ALCOHOL) <input type="checkbox"/> YES <input type="checkbox"/> NO	
NEXT RECENT EMPLOYER		FROM	TO
ADDRESS		(MO/YR)	(MO/YR)
CITY/STATE/ZIP		REASON FOR LEAVING	
PHONE	CONTACT		
SAFETY SENSITIVE FUNCTION(DRIVER) <input type="checkbox"/> YES <input type="checkbox"/> NO		SUBJECT TO PART 40 (DRUG&ALCOHOL) <input type="checkbox"/> YES <input type="checkbox"/> NO	
NEXT RECENT EMPLOYER		FROM	TO
ADDRESS		(MO/YR)	(MO/YR)
CITY/STATE/ZIP		REASON FOR LEAVING	
PHONE	CONTACT		
SAFETY SENSITIVE FUNCTION(DRIVER) <input type="checkbox"/> YES <input type="checkbox"/> NO		SUBJECT TO PART 40 (DRUG&ALCOHOL) <input type="checkbox"/> YES <input type="checkbox"/> NO	
NEXT RECENT EMPLOYER		FROM	TO
ADDRESS		(MO/YR)	(MO/YR)
CITY/STATE/ZIP		REASON FOR LEAVING	
PHONE	CONTACT		
SAFETY SENSITIVE FUNCTION(DRIVER) <input type="checkbox"/> YES <input type="checkbox"/> NO		SUBJECT TO PART 40 (DRUG&ALCOHOL) <input type="checkbox"/> YES <input type="checkbox"/> NO	

*******IF NEEDED PLEASE CONTINUE ON THE OTHER SIDE*******

DRIVER LICENSE INFORMATION

STATE	LICENCE NO.	CLASS/ENDORSEMENTS	EXPIRATION DATE

DRIVING EXPERIENCE

TYPE	FROM (MO/YR)	TO (MO/YR)	APPROX NO. MILES
STRAIGHT TRUCK			
TRACTOR TRAILER			
DOUBLES/TRIPLES			
OTHER			

To be read and signed by applicant (section 391.23)

(g) After October 29, 2004, previous employers must:

(1) Respond to each request for the DOT defined information in paragraphs (d) and I of this section within 30 days after the request is received. If there is no safety performance history information to report for that driver, previous motor carrier employers are nonetheless required to send a response confirming the non-existence of any such data, including the driver identification information and dates of employment.

(2) Take all precautions reasonably necessary to ensure the accuracy of the records.

(3) Provide specific contact information in case a driver chooses to contact the previous employer regarding correction or rebuttal of the data.

(4) Keep a record of each request and the response for one year, including the date, the party to whom it was released, and a summary identifying what was provided.

(5) **Exception.** Until May 1, 2006, carriers need only provide information for accidents that occurred after April 29, 2003. (h) The release of information under this section may take any form that reasonably ensures confidentiality, including letter, facsimile, or e-mail. The previous employer and its agents and insurers must take all precautions reasonably necessary to protect the driver safety performance history records from disclosure to any person not directly involved in forwarding the records, except the previous employer's insurer, except that the previous employer may not provide any alcohol or controlled substances information to the previous employer's insurer.

(i)(1) The prospective employer must expressly notify drivers with Department of Transportation regulated employment during the preceding three years—via the application form or other written document prior to any hiring decision—that he or she has the following rights regarding the investigative information that will be provided to the prospective employer pursuant to paragraphs (d) and I of this section:

(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.

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.

I authorize you to make such investigations and inquiries of 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 connections with my application.

In the event of employment, I understand that false or misleading information giving 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, as permitted by law.

APPLICANT SIGNATURE	DATE

OFFICE USE ONLY!

Date of Hire _____

First trip date _____

NOTES _____

REQUEST FOR CHECK OF DRIVING RECORD

DOTOSHA CONSULTING LLC hereby authorizes you to release the following information as stated in section 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations.

1. For employment investigations
2. For investigations at a minimal annually, for as long as I am employed for the following company

You are released from any and all liability which may result from furnishing such information.

COMPANY NAME

APPLICANT SIGNATURE

DATE

In accordance with the provision of Section 605 and 607 of the fair credit report Act, Public law 91-508, as amended by the consumer credit report act of 1996 (Title II, Subtitle D, Chapter (I), of Public Law 104-208), I hereby certify the following:

1. The applicant has authorized in writing the procurement of this report;
2. The applicant has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e. information for employment purposes) and not be used for another purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the applicant will receive a copy of the requested report and the summary of consumer rights as provided by that reporting agency.

I hereby certify that this report requested on the above applicant's release notice met the definition of "permissible uses" of state motor vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-322, Title XXX, Section 300002(a)).

Dear Sir/madam:

The following named person has made application with our company for the position of driver. Please furnish the undersigned with the applicant's driving record for the past three years.

Should our company hire the following person, a driving record must be obtained in accordance with Section 391.25 of the Federal Department of Transportation Regulations, at a minimum annually, for as long as this person is a driver for this company. Please furnish the undersigned with the applicant's driving record for the past three years.

NAME OF APPLICANT(print)

ADDRESS(street,city,state,zip)

Date of birth

SSN

LICENSE#

Requested by

DOTOSHA CONSULTING LLC
6601 Tuscan Rd Paducah, KY 42001

SIGNATURE/TITLE

DATE

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 1, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, criminal background check, 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.

This form is also notification that a driving record (MVR) will be obtained in accordance with section 391.25 of the Federal Motor Carrier Safety Regulation, at a minimum annually, for continued qualification and employment purposes as long as you are employed with **COMPANY NAME**

NAME PRINT	S.S. NUMBER
APPLICANT SIGNATURE	DATE
COMPANY SUPERVISOR SIGNATURE	DATE

As a representative of this company, I am attesting that the above information is necessary to determine that driver applicant can be employed, or remain employed as a driver of a Commercial Motor vehicle on public roadways. I also attest that the above information is true and correct.

I hereby authorize my safety director or insurance agent to obtain any or all the above information on the company's behalf.

Company Name _____ Date _____

Please Print Clearly

APPLICATION FOR EMPLOYMENT

Please Answer All Questions. Résumés Are Not A Substitute For A Completed Application.

We are an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed servicemember status, race, color, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state, or local laws.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.

Position Applied For _____ (list only one) Name _____

Telephone Number () _____ - _____ Alternate or Cellular Telephone Number () _____ - _____

Present Address _____

Street, Apartment, or Unit Number

City

State

Zip

How long have you lived there ____ / ____ Years/Months

Email Address (optional) _____

Desired Salary/Hourly Rate _____

If under the age of 18, can you produce the necessary work certificate at the time of employment? Yes ☐ No ☐

Type of employment desired? Full-time ☐ Part-time ☐ (Specify Hours) _____

Are you willing to work overtime? Yes ☐ No ☐ Date on which you can start work if hired _____

Have you previously applied for employment with this Company? Yes ☐ No ☐

If Yes, when and where did you apply? _____

Have you ever been employed by this Company? Yes ☐ No ☐ If Yes, provide dates of employment, location, and reason for separation from employment.

Do not ask these questions/use this application if the employer is a vendor to the City of Hartford, CT.

CRIMINAL HISTORY

Applicants in the City of Philadelphia, Pennsylvania and the States of Hawaii and Massachusetts must not answer either of the questions below.

Other Applicants: Only answer questions below as instructed.

All Applicants must not include convictions that were sealed, eradicated, erased, annulled or expunged, or convictions that resulted in referral to a diversion program when responding to these two questions.

Question One:

California Applicants: Do not include misdemeanor marijuana-related convictions that are more than two (2) years old or misdemeanor convictions for which probation was successfully completed or otherwise discharged and the case was judicially dismissed.

District of Columbia and Washington Applicants: Do not include misdemeanor convictions over 10 years old.

Indiana Applicants: Do not include misdemeanor convictions over one year old.

Ohio Applicants: Do not include convictions for misdemeanor possession of controlled substances.

Minnesota Applicants: Do not include misdemeanor convictions over 15 years old.

Nevada Applicants: Only include misdemeanors that resulted in imprisonment.

Utah Applicants: Do not answer this question.

1. Have you ever plead no contest, not contend, or guilty to a misdemeanor crime, or been convicted of a misdemeanor crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Question Two:

District of Columbia and Washington Applicants: Do not include felony convictions over 10 years old.

Indiana Applicants: Do not include felony convictions over one year old.

Minnesota Applicants: Do not include felony convictions over 15 years old.

2. Have you ever plead no contest, not contend, or guilty to a felony crime, or been convicted of a felony crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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NOTE: Answering "yes" to either question one or question two above does not constitute an automatic bar to employment. The Company will consider the nature of the crime, its seriousness, the substantial relation to the position's functions and qualifications, the number of occurrences, the applicant's age at the time of the crime, the time elapsed since the crime, the applicant's entire work and educational history, employment references and recommendations, and the business necessity of any exclusion when required by state, local, or federal law.

If you answered yes to either of the two preceding questions, please give dates and details for each incident.
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Have you ever initiated an act of violence in the workplace? ☐ Yes ☐ No

If Yes, please provide the date(s) and explain so that individual circumstances can be considered. (A "Yes" answer will not necessarily disqualify you from employment.)

List all special technical skills that you feel qualify you for the job for which you are applying (for example, computer programming/language, software, equipment operation, special tools or machines, etc).

Education	School Name and Location (Address, City, State)	Course of Study	Graduate?	# of Years Completed	Degree/Major
High School					
College					
Bus./Tech./Trade or Post College					

Honors Received

If applicable, list below any other names by which you have been known which may be necessary to allow us to confirm your work and educational record. For example, change of name, use of an assumed name, nickname, etc.

WORK EXPERIENCE

Please list the names of your present and/or previous employers in chronological order with present or most recent employer listed first. Provide information for at least the most recent ten (10) year period. Attach additional sheets if needed. If self-employed, supply firm name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service. Your failure to completely respond to each inquiry may disqualify you for consideration from employment. Do not answer "see resume."

Employer

Name	Address	Type of Business
Telephone () -	Dates Employed From / / To / /	
Job Title	Duties	
Supervisor's Name	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, why not?	
Wages Start	Final	Reason for Leaving
What will this employer say was the reason your employment terminated?		
How much notice did you give when resigning? If none, explain.		

Employer

Name	Address	Type of Business
Telephone () -	Dates Employed From / / To / /	
Job Title	Duties	
Supervisor's Name	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, why not?	
Wages Start	Final	Reason for Leaving
What will this employer say was the reason your employment terminated?		
How much notice did you give when resigning? If none, explain.		

Employer

Name	Address	Type of Business
Telephone () -	Dates Employed From / / To / /	
Job Title	Duties	
Supervisor's Name	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, why not?	
Wages Start	Final	Reason for Leaving
What will this employer say was the reason your employment terminated?		
How much notice did you give when resigning? If none, explain.		

Have you ever been terminated or asked to resign from any job? ☐ Yes ☐ No If Yes, how many times? _____

Has your employment ever been terminated by mutual agreement? ☐ Yes ☐ No If Yes, how many times? _____

Have you ever been given the choice to resign rather than be terminated? ☐ Yes ☐ No If Yes, how many times? _____

If you answered Yes to any of the above three questions, please explain the circumstances of each occasion.

REFERENCES

Please list the names of additional work-related references we may contact. Individuals with no prior work experience may list school or volunteer-related references.

NAME	POSITION	COMPANY	WORK RELATIONSHIP (i.e., supervisor, co-worker)	TELEPHONE

Please list the names of personal references (not previous employers or relatives) who know you well that we may contact.

NAME	OCCUPATION	ADDRESS	TELEPHONE	NUMBER OF YEARS KNOWN

APPLICANT CERTIFICATION

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that the Company may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If the Company has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to the Company's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state, and local law.

If employed by the Company, I understand and agree that the Company, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign confidentiality, restrictive covenant, and/or conflict of interest statement, as well as an agreement to arbitrate.

I certify that all the information on this application, my résumé, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT—EXPRESS OR IMPLIED—WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF THE COMPANY.

IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY, AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.

I authorize the Company or its agents to confirm all statements contained in this application and/or résumé as it relates to the position I am seeking to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation which may be permitted by federal, state and/or local law. If applicable, I will receive separate written notification regarding the Company's intent to obtain "consumer reports."

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the Company or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the Company and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information. Further, if hired, I authorize the company to provide truthful information concerning my employment to future employers and hold the company harmless for providing such information.

If hired by this Company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this Company. I also understand this Company employs only individuals who are legally eligible to work in the United States.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF SIXTY (60) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

DO NOT SIGN UNTIL YOU HAVE READ ALL OF THE INFORMATION CONTAINED IN THE APPLICATION.

Applicant Signature _____ Date ____/____/____

If the applicant is a minor, the foregoing release and consent must be signed by the applicant's parent or legal guardian. Signature by the applicant's parent or legal guardian constitutes acknowledgement by the applicant and the parent or legal guardian that the Company, to the extent permitted by federal, state, and local law, can test the applicant for illegal or controlled substances, conduct inspections of property without notice, and communicate test results to Company personnel who need to know, the applicant, and the applicant's legal guardian.

Parent/Legal Guardian _____

Witness _____

Date _____

Date _____

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR, POLYGRAPH, OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100. I have read and understand the above statement.

Applicant Signature _____ Date ____/____/____

UNDER MASSACHUSETTS LAW, IT IS UNLAWFUL FOR AN EMPLOYER TO REQUIRE OR TO ADMINISTER A LIE DETECTOR, POLYGRAPH OR SIMILAR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

FEDERAL AND/OR STATE LAW MAY PROHIBIT THE USE OF LIE DETECTOR, POLYGRAPH OR SIMILAR TEST AS WELL.

THIS APPLICATION MAY NOT BE SUFFICIENT FOR ALL INDUSTRIES OR APPROPRIATE FOR USE IN ALL LOCALITIES.

Great Lakes Petroleum Co. and Consumers Petroleum & Transport Services, LLC

DISCLOSURE AND AUTHORIZATION FORM

Great Lakes Petroleum Co. or Consumers Petroleum & Transport Services, LLC may request background information about you from a consumer reporting agency in connection with your employment application and for employment purposes. This information may be obtained in the form of consumer reports and/or investigative consumer reports. These reports may be obtained at any time after receipt of your authorization and, if you are hired by the Company, throughout your employment.

HireRight, Inc., or another consumer reporting agency, will obtain the reports for the Company. HireRight, Inc. is located at 5151 California Avenue, Irvine, CA 92617, and can be contacted at 800-490-7983. The reports may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The types of information that may be obtained include, but are not limited to: social security number verifications; credit reports; criminal records checks; public court records checks; driving records checks; educational records checks; employment verifications; personal and professional references checks; licensing and certification records checks; drug testing results; etc. The information contained in the reports will be obtained from private and public record sources, including, as appropriate, personal interviews with sources, such as neighbors, friends and associates.

You may request more information about the nature and scope of any investigative consumer reports by contacting the Company at: Kim Dial, HR Manager, Great Lakes Petroleum Co.. A summary of your rights under the Fair Credit Reporting Act is also being provided to you.

ADDITIONAL STATE LAW NOTICES

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

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

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

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

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

AUTHORIZATION

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

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

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

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

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

☐ I wish to receive a free copy of the report.

Applicant Last Name _____ First _____ Middle _____

Social Security No.* _____ Date of Birth* _____

Present Address _____

City/State/Zip _____

Prior Addresses _____ From: _____ To: _____

_____ From: _____ To: _____

_____ From: _____ To: _____

Driver's License # _____

Applicant Signature _____ Date _____

* This information will be used only for background screening purposes and will not be taken into consideration in any employment decisions.

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.
- In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For Information about your Federal rights contact:

TYPE OF BUSINESS:	CONTACT:
<p>1. a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20552</p> <p>b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center PO Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut St., Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area Supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW, 8th Floor Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357</p>

**State of Virginia
Workers' Compensation Commission**

Employee Release

I hereby authorize the Virginia Workers' Compensation Commission to search and release any and all claims information to HireRight, Inc.

Name: _____
(please print clearly)

S.S.# _____ - _____ - _____

Date of Birth _____ / _____ / _____

Signature _____

Date _____

.....

State of _____; County/City of _____, to wit:

Subscribed and sworn to before me this _____ day of _____, 20_____.

My commission expires _____, 20_____.

(Signature of Notary Public)

(Date)

PENNSYLVANIA
BUREAU OF WORKER'S COMPENSATION
EMPLOYEE RELEASE

I hereby authorize the Pennsylvania Bureau of Worker's Compensation to search and release any and all claims to HireRight with regards to the following information: Claim Number, Injury, Date of Injury, Employer, and Compensation.

Name: _____
(Please print clearly)

SS#: _____

Date of Birth: ____/____/____

Signature: _____

Date: _____

State of South Carolina Release
Workers' Compensation Commission

I, _____ hereby authorize the South Carolina
Workers' Compensation Commission to provide information in your
"Worker's
Compensation Records" concerning me to HireRight, Inc. of Irvine,
California.

(Applicants Signature)

(Date)

(Applicants Name - printed)

(Social Security Number)



Bureau of Workers'
Compensation

Authorization to Release Information

Injured worker

Name	Date of birth	Claim number	
Address			
City	State	ZIP code	Phone number

Records requestor

Name	Business name HireRight		
Address 5151 California Avenue			
City Irvine	State CA	ZIP code 92617	
Phone number 800-400-2761	Fax number 877-797-3443	E-mail address	

Specific Information Authorized

- ☒ I authorize BWC to disclose to the above-named individual and/or organization, records, information and/or data (selected below) regarding **any and all** of my BWC claims.
- ☒ I authorize BWC to disclose to the above-named individual and/or organization, records, information and/or data (selected below) regarding the following BWC claim(s):

Crest Lakes Detachment

☒ Complete claim file(s)

☒ Claim status

☒ Industrial Commission of Ohio orders

☒ Medical records

☒ Wages/payments

☒ Medical billing history

☒ Other _____

By signing below, I represent that I have the authority to sign this document, and I acknowledge the following:

- I understand the information included in my health and medical records may include sensitive information related to private health matters;
- I understand BWC does not control the use of the released information once it has been disclosed to a recipient; any disclosure of information creates the potential for an unauthorized re-disclosure by the recipient; and that BWC expressly denies any liability for any consequences arising out of such disclosure;
- I understand this authorization is only valid for one year from the date of signature;
- I further understand I have a right to revoke this authorization at any time;
- I understand I can refuse to sign this authorization, and I further acknowledge that I have executed this authorization voluntarily and by my own free will.

Signature of injured worker (or legal guardian, authorized representative, or executor, where applicable)	Date
---	------

E-Verify



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

NOTICE

Federal law requires
all employers
to verify the identity and
employment eligibility
of all persons hired to work
in the United States.

Employers may not use E-Verify to pre screen job applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national

origin or citizenship status, please call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-7688 (TDD: 1-800-237-2515).

For more information, visit www.dhs.gov/e-verify



E-Verify



Este empleador le proporcionará a la Administración del Seguro Social (SSA), y si es necesario, al Departamento de Seguridad Nacional (DHS), información obtenida del Formulario I-9 correspondiente a cada empleado recién contratado con el propósito de continuar la autorización de trabajo.

IMPORTANTE: En dado caso que el gobierno no pueda confirmar si está usted autorizado para trabajar, este empleador está obligado a proporcionarle las instrucciones por escrito y darle la oportunidad a que se ponga en contacto con la oficina del SSA y/o el DHS antes de tomar una determinación adversa en contra suya, inclusive despedido.

Los empleadores no pueden utilizar E-Verify con el propósito de realizar una prospección de aspirantes a empleo o para hacer nuevas verificaciones de los empleados actuales, y no deben

reservar, o influenciar la selección de los documentos que sean presentados para ser utilizados en el Formulario I-9.

A V I S O

La Ley Federal le exige a todos los empleadores que verifiquen la identidad y elegibilidad de empleo de toda persona contratada para trabajar en los Estados Unidos.

A fin de poder determinar si la documentación del Formulario I-9 es válida o no, este empleador utilizará la herramienta de verificación fotográfica de E-Verify para comparar la fotografía que aparece en algunos de las tarjetas de residente y autorizaciones de trabajo, con las fotografías oficiales del Servicio de Inmigración y Ciudadanía de los Estados Unidos (USCIS).

Si usted cree que su empleador ha violado sus responsabilidades bajo este programa,

o ha discriminado en contra suya durante el proceso de verificación, debido a su lugar de origen o condición de ciudadanía, favor ponerse en contacto con la Oficina de Asesoría Especial llamando al 1-800-265-7598 (TDD: 1-800-947-8943).



E-Verify



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

in order to determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo screening tool to match

the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services (USCIS) photograph.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or

citizenship status, please call the Office of Special Counsel at 1-800-255-7688 (TDD: 1-800-237-2515).

NOTICE

Federal law requires
all employers
to verify the identity and
employment eligibility
of all persons hired to work
in the United States.



IF YOU HAVE THE RIGHT TO WORK, Don't let anyone take it away.



If you have a legal right to work in the United States, there are laws to protect you against discrimination in the workplace.

You should know that—
No employer can deny you a job or fire you because of your national origin.

Unless mandated by law or government contract, employers cannot ask you to be a U.S. Citizen or permanent resident or refuse any legally acceptable documents.

If any of these things have happened to you, you may have a valid charge of discrimination that can be filed with the OSC. Contact the OSC for assistance in your own language.

Call 1-800-255-7688, TDD
for the hearing impaired
1-800-237-2575.

In the Washington, DC,
area, please call
202-616-5594, TDD
202-616-5515.

Or write to:
U.S. Department of Justice
Office of Special Counsel - HVA
550 Pennsylvania Ave., N.W.
Washington, DC 20530

U.S. Department of Justice
Civil Rights Division

Office of Special Counsel for
Immigration-Related Unfair
Employment Practices



SI USTED TIENE DERECHO A TRABAJAR, no deje que nadie se lo quite.



Si tiene derecho a trabajar
legítimo en los Estados
Unidos, existen leyes para
protegerlo contra la discrimi-
nación en el trabajo.

Debe saber que -

Algunos patronos pueden negarle
trabajo, o le pueden despedir o le
pueden quitar su condición
de inmigrante.

En la mayoría de los casos, los
patrones no pueden exigir que usted
sea ciudadano de los Estados Unidos
o resida permanentemente o que se le
acepte documentos válidos (por ley).

Si se ha encontrado en
cualquiera de estas situa-
ciones, usted puede tener una
queja válida de discriminación.
Comuníquese con DDC para
obtener ayuda en español.

Llámenos: 1-800-255-7688.

La línea telefónica para
personas con problemas
de audición, es

1-800-202-2515. En
Washington, D.C., llame al

202-615-5594. El

202-615-5594 para personas

con problemas de audición) o

escriba a la Oficina del

Corredero Especial (División de

Derechos Civiles, P.O. Box 37728

Washington, D.C. 20034-0728.

Departamento de Justicia
De los Estados Unidos
División de Derechos Civiles
Oficina del Corredero Especial



DOTOSHA CONSULTING LLC

6601 Tuscan Rd Paducah, KY 42001
Fax 419-684-1092

Check list for all new drivers:

- | | |
|---|--|
| <input type="checkbox"/> Copy of Driver's license (Correct for operation) | <input type="checkbox"/> Copy of Medical Card/long form physical |
| <input type="checkbox"/> Current MVR | <input type="checkbox"/> Verification from your insurance carrier |
| <input type="checkbox"/> Pre-employment Drug screen results (CDL only)
(not required for Non-CDL drivers) | <input type="checkbox"/> Completed Road test
(Any driver with a CDL is qualified to administer a road test) |
| <input type="checkbox"/> Date of Hire | <input type="checkbox"/> Qualification file Completed
(Dated the day the driver fills out) |

Optional Requirements:

- ☐ Hazmat Training (HM-126/HM-232, or HM225 For Propane)
- ☐ Entry Level Driver Training (For all drivers that received their original CDL after June 20 2003)
- ☐ LCV Training (for drivers that will pull doubles/triples combination vehicle)

All drivers are to complete a Qualification file.

All pages that contain a HIGHLIGHTED area are to be filled in their entirety; failure to complete will delay the completion process.

File is to be returned to DOTOSHA Consulting LLC as soon as they are completed. Due to the stringent regulations, background checks are to be completed within 30 days after hire, we must receive the file as soon as possible. Failure to complete on time could result in violations from an audit.

DOTOSHA CONSULTING LLC

6601 Tuscan Rd Paducah, KY 42001

Drivers Name _____

License Type(please check one)

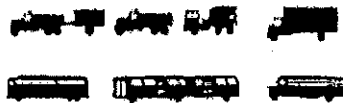
☐ **CDL Class A** Any combination of vehicles with a combined gross weight rating of 26001 lbs or more, if the gross vehicle weight rating of the trailer being towed is in the excess of 10,000 lbs.

Examples:



☐ **CDL Class B** Any single vehicle with a gross vehicle weight rating of 26001 or more or any such vehicle having a gross vehicle weight rating that is not in excess of 10001 lbs

Examples:



☐ **CDL Class C** Any single vehicle, or combination of vehicles, that is not a Class A or B, but that either is designed to transport 16 or more passengers, including the driver, or is placarded for hazardous materials and any school bus with a gross vehicle weight rating of less than 26,001 lbs, that is designed to transport fewer than 16 passengers including the driver.

Examples include but are not limited to:



☐ **Operator/Chauffer** Any combination that is over 10001 pounds up to 26000 lbs

Driver applicant, please answer the following:

Does the vehicle have air brakes?

Will you be hauling a tank over 1000 gallon capacity?

Will you be driving Doubles/Triples?

Will you be hauling propane?

Will you be carrying Passengers?

_____	Yes	_____	No
_____	Yes	_____	No
_____	Yes	_____	No
_____	Yes	_____	No
_____	Yes	_____	No

Prior to use of any new driver, you must make sure that the driver is properly qualified, and has no restrictions that may disqualify him/her.

Must an employer check on the drug and alcohol testing record of employees it is intending to use to perform safety-sensitive duties?

(a) Yes, as an employer, you must, after obtaining an employee's written consent, request the information about the employee listed in paragraph (b) of this section. This requirement applies only to employees seeking to begin performing safety-sensitive duties for you for the first time (i.e., a new hire, an employee transfers into a safety-sensitive position). If the employee refuses to provide this written consent, you must not permit the employee to perform safety-sensitive functions.

(b) You must request the information listed in this paragraph (b) from DOT-regulated employers who have employed the employee during any period during the two years before the date of the employee's application or transfer:

(1) Alcohol tests with a result of 0.04 or higher alcohol concentration;

(2) Verified positive drug tests;

(3) Refusals to be tested (including verified adulterated or substituted drug test results);

(4) Other violations of DOT agency drug and alcohol testing regulations; and

(5) With respect to any employee who violated a DOT drug and alcohol regulation, documentation of the employee's successful completion of DOT return-to-duty requirements (including follow-up tests). If the previous employer does not have information about the return-to-duty process (e.g., an employer who did not hire an employee who tested positive on a pre-employment test), you must seek to obtain this information from the employee.

Employer _____ is required to ask the following questions:

- (1) Have you ever tested positive, or refused to test, on any Pre-employment drug or alcohol test administered by a previous employer to which you applied for, but did not obtain, safety sensitive transportation work covered by a DOT agency drug and alcohol testing rules during the past (2) years

YES _____

NO _____

If YES is checked you must provide a completed return to duty process!

DRIVERS LICENSE REQUIREMENTS DRIVER CERTIFICATION

Parts 383 and 391 of the Federal Motor Carrier Safety Regulations in regards to your commercial driver's license, and you must comply with what is stated below:

1. Possess only one license:

Drivers with a CDL must only have one in possession

If you have more than one license, you must notify each corresponding state and close it; simply destroying the license will not rectify the problem.

2. Notification of license SUSPENSION, REVOCATION or CANCELLATION

Section 391.15(b) AND 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension to your driver's license. In addition, section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: your employing motor carrier, and the state that issued your license (if the violation occurs in a state other than the state that issued your license). This notification must be made in writing.

DRIVER'S LICENSE NUMBER _____	STATE _____	EXPIRATION DATE _____
WAS THE DATE OF YOUR ORIGINAL CDL ISSUED AFTER JULY 20, 2003 YES _____ NO _____ DATE _____		

I certify that I have read and understand the above requirements.

NAME (PRINTED) _____

SIGNATURE _____ **DATE** _____

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SECTION 1

AUTHORIZATION

I, (Print Name), hereby authorize:

(First, M.I., Last)

Previous Employer: _____ Email: _____

Street Address: _____ Phone: _____

City, State, Zip: _____ Fax: _____

to release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substance Testing records within the previous 3 years from _____

(Date of Employment Application)

to:

Prospective Employer: _____ Attn: _____

Street Address: _____ Phone: _____

City, State, Zip: _____

In compliance with 49 CFR §§40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's confidential fax number: _____

Prospective employer's confidential email: _____

Applicant's Signature

Date

This information is being requested in compliance with 49 CFR §§ 40.25 and 391.23.

SECTION 2

ACCIDENT HISTORIES

The applicant named above was employed by us. ☐ Yes ☐ No

Employed as _____ from (mm/yy) _____ to (mm/yy) _____

Did he/she drive motor vehicle for you? ☐ Yes ☐ No If yes, what type? ☐ Straight Truck ☐ Tractor/Semitrailer

☐ Bus ☐ Cargo Tank ☐ Doubles/Triples ☐ Other (Specify) _____

ACCIDENTS: Complete the following for any accidents included on your accident registrar (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here ☐ if there is no accident register data for this driver.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

Signature: _____

Title: _____ Date: _____

SECTION 3**DRUG AND ALCOHOL HISTORY**

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here ☐

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person refused to submit to post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person committed other violations of Subpart B or Part 382 or Part 40? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If this person has violated a DOT drug and alcohol regulation, did this person fail to undertake or or complete a program prescribed by a Substance Abuse Professional (SAP) in your employ If yes, please send documentation back with this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? | <input type="checkbox"/> | <input type="checkbox"/> |
- In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on page 1

Name: _____

Company: _____

Street: _____

City, State, Zip: _____ Phone: _____

Section 3 completed by (Signature) _____ Date: _____

SECTION 4**MODE OF COMMUNICATION**

This form was sent to previous employer via (check one) ☐ Fax ☐ Mail ☐ Email ☐ Other _____

By _____ Date: _____

SECTION 5**RECEIPT INFORMATION**

Complete the following when the requested information is obtained.

Information received from _____

Recorded by: _____ Method: ☐ Fax ☐ Mail ☐ Email ☐ Phone

Date: _____ ☐ Other _____

Instructions

Section 1 Prospective employee Complete highlighted areas, return to prospective employer

Section 2 Previous employer Complete section, Sign and Date

Section 3 Previous employer Complete section, Sign and Date

Section 4 Prospective employer Document mode of communication, make a copy & keep on file.

Section 5 Prospective employer Document receipt from previous employer, place in file & keep for 3 years after employee leaves

Previous Employer Request for information

In accordance to the regulations as stated in section 391.23, section 382 and allowed by 383.35 of the Federal Motor Carrier Safety Regulations, you are released from all liability from furnishing previous employment. The following _____
Has requested mandatory background and alcohol and drug information and is authorized by:

NAME PRINT	S.S. NUMBER
APPLICANT SIGNATURE	DATE

Previous
Employer address _____

Phone _____ Fax _____

Dear Sir or Madame;

In accordance to the regulations, we are performing the following who has made an application to _____

For a position as a driver, and states that he/she was employed to you as a _____

from _____ to _____ We appreciate your prompt answer.

Thank you.

Dotosha Consulting LLC

Driver was employed from _____ to _____ as a _____

Did driver operate a commercial motor vehicle? ____ YES ____ NO what class? _____

Reason for leaving: Discharged date _____ Resignation date _____ Other _____

How was his general conduct? _____ How was driver's history for the past 3 years _____

- | | |
|---|--|
| 1. Has the above mentioned performed and controlled substance test while at your employment | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Has driver tested positive for any controlled substance test within the last 2 years | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Has driver had an Alcohol test of .04 or greater in the last 2 years | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Has driver ever refused a Drug or alcohol test in the last 2 years | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Was the driver or company enrolled in a DOT drug/alcohol program during employment | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Were there any other violations of any DOT drug/alcohol requirements | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If you answered yes to question(s) 2,3,4, and 6, please disclose the rehabilitation drug screen(s) and SAP evaluation.

SAP Name _____ Phone _____

Address _____

Previous employer name _____ Title _____	
Phone _____ Date _____ Result _____	Phone _____ Date _____ Result _____
Fax _____ Date _____ Result _____	Fax _____ Date _____ Result _____
Mail _____ Date _____ Returned _____	
Requested by _____	

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 1, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, criminal background check, 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.

This form is also notification that a driving record (MVR) will be obtained in accordance with section 391.25 of the Federal Motor Carrier Safety Regulation, at a minimum annually, for continued qualification and employment purposes as long as you are employed with **COMPANY NAME** _____

NAME PRINT	S.S. NUMBER
APPLICANT SIGNATURE	DATE
COMPANY SUPERVISOR SIGNATURE	DATE

As a representative of this company, I am attesting that the above information is necessary to determine that driver applicant can be employed, or remain employed as a driver of a Commercial Motor vehicle on public roadways. I also attest that the above information is true and correct.

I hereby authorize my safety director or insurance agent to obtain any or all the above information on the company's behalf.

REQUEST FOR CHECK OF DRIVING RECORD

DOTOSHA CONSULTING LLC hereby authorizes you to release the following information as stated in section 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations.

1. For employment investigations

2. For investigations at a minimal annually, for as long as I am employed for the following company

You are released from any and all liability which may result from furnishing such information.

COMPANY NAME	
APPLICANT SIGNATURE	DATE

In accordance with the provision of Section 605 and 607 of the fair credit report Act, Public law 91-508, as amended by the consumer credit report act of 1996 (Title II, Subtitle D, Chapter (I), of Public Law 104-208), I hereby certify the following:

1. The applicant has authorized in writing the procurement of this report;
2. The applicant has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e. information for employment purposes) and not be used for another purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the applicant will receive a copy of the requested report and the summary of consumer rights as provided by that reporting agency.

I hereby certify that this report requested on the above applicant's release notice met the definition of "permissible uses" of state motor vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-322, Title XXX, Section 300002(a)).

Dear Sir/madam:

The following named person has made application with our company for the position of driver. Please furnish the undersigned with the applicant's driving record for the past three years.

Should our company hire the following person, a driving record must be obtained in accordance with Section 391.25 of the Federal Department of Transportation Regulations, at a minimum annually, for as long as this person is a driver for this company. Please furnish the undersigned with the applicant's driving record for the past three years.

NAME OF APPLICANT (print)		
ADDRESS (street,city,state,zip)		
Date of birth	SSN	LICENSE#

Requested by

DOTOSHA CONSULTING LLC
6601 Tuscan Rd Paducah, KY 42001

SIGNATURE/TITLE	DATE
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Certificate of Violations/Annual Review of Driving Record

Drivers Name _____

Except as provided in subpart G of this part, each motor carrier shall, at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted or on account of which he/she has forfeited bond or collateral during the preceding 12 months.

Certificate of Violations

My signature below certifies a true, accurate and complete list of traffic violations required to be listed (other than those I have provided under section 383) for which I was convicted of or forfeited bond or collateral during the past 12 months

I have had no violations within the last 12 months please check ☐

DATE	OFFENSE	LOCATION	COMM or NON COMM
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DRIVERS SIGNATURE _____

DATE _____

ANNUAL REVIEW OF DRIVING RECORD

Per section 391.25, I have deemed the driver listed above as:

___ Meets minimum requirements ___ Does not meet minimum requirements
___ Is disqualified to drive a motor vehicle in regards to section 391.15

Action taken with driver _____

CERTIFIERS NAME PRINT		DATE
CERTIFIERS SIGNATURE		TITLE
		Safety Director
COMPANY NAME	ADDRESS	CITY/STATE

NEW DRIVERS RECORD OF DUTY STATUS

PREVIOUS DAYS	YESTERDAY	2	3	4	5	6	7
MONTH/DAY	/	/	/	/	/	/	/
ON-DUTY HOURS							

Pursuant to section 395.8(i)(2) To the best of my knowledge complete my previous 7 day on duty time

TOTAL

On duty time means all time from the time a driver begins to work or is required to be in readiness to work until the time the driver is relieved from work and all responsibility for performing work. **On duty time** shall include:

- (1) All time at a plant, terminal, facility, or other property of a motor carrier or shipper, or on any public property, waiting to be dispatched, unless the driver has been relieved from duty by the motor carrier;
- (2) All time inspecting, servicing, or conditioning any commercial motor vehicle at any time;
- (3) All driving time as defined in the term **driving time**;
- (4) All time, other than **driving time**, in or upon any commercial motor vehicle except time spent resting in a **sleeper berth**;
- (5) All time loading or unloading a commercial motor vehicle, supervising, or assisting in the loading or unloading, attending a commercial motor vehicle being loaded or unloaded, remaining in readiness to operate the commercial motor vehicle, or in giving or receiving receipts for shipments loaded or unloaded;
- (6) All time repairing, obtaining assistance, or remaining in attendance upon a disabled commercial motor vehicle;
- (7) All time spent providing a breath sample or urine specimen, including travel time to and from the collection site, in order to comply with the random, reasonable suspicion, post-accident, or follow-up testing required by part 382 of this subchapter when directed by a motor carrier;
- (8) Performing any other work in the capacity, employ, or service of a motor carrier; and
- (9) Performing any compensated work for a person who is not a motor carrier

Are you being compensated by another employer?

YES NO

Do you plan to receive compensation while being employed for this employer?

YES NO

SIGNATURE _____

DATE _____

DRIVERS RECEIPT

I acknowledge receipt of this Driver's handbook, Company and Alcohol and Substance Abuse Policy. In addition I agree to familiarize myself with this company policy as required by the Federal Motor Carrier Safety Regulations.

I understand I am to acknowledge and obey the company policies and rules in this handbook, as well as the regulations of the Federal Government Department of Transportation, including section 382.601, and of all the state and local jurisdictions, as a professional driver. Included into the policies is detailed discussion of the following:

- ✓ The designated person to answer questions about the policies
- ✓ The categories of drivers subject to Part 383
- ✓ Information describing a safety sensitive function, and the proper driver conduct
- ✓ Circumstances under which a driver will be tested
- ✓ Repercussions of when a driver refuses to submit to a drug/alcohol test

My signature below certifies that I will act responsible, courteous, and safe while my employment at all times. In addition I am aware that I will accept the policies as stated in our company handbook. Non-compliance to the policies will result in disciplinary actions detailed in the policies.

SIGNATURE _____

DATE _____

COMPANY SUPERVISOR SIGNATURE _____

DATE _____

Certificate of Road Test

Instructions: If the road test is successfully completed, the person who gave it shall complete a certificate of the driver's road test. The original or copy of the certificate shall be retained in the employing motor carrier's driver qualification file of the person examined and a copy given to the person was examined. (49 CFR 391.31(e)(f)(g))

DRIVERS NAME(print) _____

SOCIAL SECURITY NUMBER _____

DRIVERS LISCENSE NUMBER _____

STATE _____

EQUIPMENT DRIVEN (CIRCLE) TRUCK TRACTOR TRAILER(S)

This is to certify that the above-named driver
was given a road test under my supervision on
_____, 20____, consisting of
approximately _____ miles of driving.

It is my considered opinion that this driver
possesses sufficient driving skill to operate the type

of commercial motor vehicle listed above.

SIGNATURE OF EXAMINER

TITLE

COMPANY NAME/ADDRESS OF EXAMINER