

INTERNATIONAL EXPRESS, LLC

# Application

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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## SURVEY

Thank you for applying at International Express, LLC. In order for us to determine if you are a qualified driver for our company, we need to perform several checks and need your assistance in this process, so please fill out and sign all of the appropriate forms in this packet.

International Express, LLC also values being a great place to work and strive to maintain a safe and drug-free workplace. We may condition an offer of employment on the satisfactory completion of a drug screen and background check. All prospective employees will be required to take a drug screen.

### Please complete the following questions:

1) How did you hear about this position?

Oregon Employment     Online     Newspaper     Walk in     Employee Referral     Other (please explain) \_\_\_\_\_

## CONSENT TO RELEASE INFORMATION AND CONSENT OF DRUG/PHYSICAL SCREEN & RELEASE

I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information.

I hereby authorize International Express, LLC to contact their agent to release any past knowledge of my Workman's Compensation claims, Motor Vehicle Operation history, and/or Criminal History

I hereby acknowledge and agree to give a sample of my urine, blood and/or saliva for an alcohol/drug-screening test at the request of International Express, LLC with the results provided to the same. I understand the results will remain confidential and will be used only for the purpose of determining my suitability for employment or fitness for duty with the Company. I further understand that determining such suitability or fitness is within the sole discretion of the company and that a positive test result may result in disqualification from further consideration for employment.

I hereby release the Company and its officers, contractors, agents and employees from any and all claims or actions or potential claims or actions arising out of this testing, including but not limited to those relating to rights of privacy or confidentiality.

## 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 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 Section 382.413.391.23 and 391.23 of the Federal Motor Carrier Safety Regulations.

My signature below acknowledges that I have read and understand the foregoing statements and understand that I have the right to receive a copy of this acknowledgement.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Print Name: \_\_\_\_\_

## PERSONAL DETAILS

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Last Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_\_ SSN \_\_\_\_\_ Are you authorized to work in the US? \_\_\_\_\_

Drivers License # \_\_\_\_\_ State Issued \_\_\_\_\_ Class \_\_\_\_\_

Have you worked for this company before? \_\_\_\_\_ If yes what year? \_\_\_\_\_

Is there any reason you may not be able to fully perform the duties of the position you are applying for? \_\_\_\_\_

If yes please explain. \_\_\_\_\_

**Legal Questions** Please note that a conviction is not an automatic bar to employment. All circumstances will be considered.

Do you have or have you ever had any Felony/Misdemeanor Convictions? \_\_\_\_\_

If yes, please list convictions and year of convictions.

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Have you ever violated any of the DOT rules and or regulations on drug or alcohol use? \_\_\_\_\_

If yes, please list violation and year of violations: \_\_\_\_\_

## ACCIDENT/TICKET HISTORY

How many traffic violations in the past 3 years? \_\_\_\_\_

How many accidents and/or incidents in the past 3 years? \_\_\_\_\_

Do you have any DWI's, DUI's or any alcohol related incidents? \_\_\_\_\_

Has any license or permit privilege ever been suspended or revoked? \_\_\_\_\_

Have you ever been denied a license or permit to operate a motor vehicle? \_\_\_\_\_

If applicable, list all traffic violations, tickets and accidents:

<b>Nature of accident or ticket</b>	<b>Year</b>	<b>Nature of accident or ticket</b>	<b>Year</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### EDUCATION/EXPERIENCE/QUALIFICATION

**Highest grade completed** \_\_\_\_\_ **School Name** \_\_\_\_\_

**Driving school attended** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_

**What year did you graduate driving school?** \_\_\_\_\_

**List States driven in last 5 years** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**List States that you have held a license for the last 10 yrs.**

**State** \_\_\_\_\_ **Lic#** \_\_\_\_\_ **Type** \_\_\_\_\_ **Expiration date** \_\_\_\_\_

**What type of equipment have you driven?** Circle all that applies

**Straight Truck**    **Tractor & Semi Trailer**    **Tractor-Two Trailers**    **Van**    **Tank**    **Reefer**  
**Tow**    **Bus**    **Flat**    **40'**    **42'**    **45'**    **48'**    **53'**    **57'**    **Other** \_\_\_\_\_

**How many years have you been driving?** \_\_\_\_\_

**What endorsements do you have on your license?** \_\_\_\_\_

### EMPLOYMENT HISTORY

You must provide the following information on all employers for the past 10 years. Application may be considered incomplete if you do not list complete addresses and phone numbers. Ask for use of a phone book or call information if necessary.

1

From - To Month/Year	Employer	Full Mailing Address
_____	_____	_____
_____	_____	_____
<b>Position Held</b>	<b>If Driver, Type of vehicle driven</b>	<b>Supervisor</b>
_____	_____	_____
<b>Phone #</b>	<b>Salary/Wage</b>	<b>Reason for leaving</b>
_____	_____	_____

2

<b>From - To Month/Year</b>	<b>Employer</b>	<b>Full Mailing Address</b>
_____	_____	_____ _____
<b>Position Held</b>	<b>If Driver, Type of vehicle driven</b>	<b>Supervisor</b>
_____	_____	_____
<b>Phone #</b>	<b>Salary/Wage</b>	<b>Reason for leaving</b>
_____	_____	_____

3

<b>From - To Month/Year</b>	<b>Employer</b>	<b>Full Mailing Address</b>
_____	_____	_____ _____
<b>Position Held</b>	<b>If Driver, Type of vehicle driven</b>	<b>Supervisor</b>
_____	_____	_____
<b>Phone #</b>	<b>Salary/Wage</b>	<b>Reason for leaving</b>
_____	_____	_____

4

<b>From - To Month/Year</b>	<b>Employer</b>	<b>Full Mailing Address</b>
_____	_____	_____ _____
<b>Position Held</b>	<b>If Driver, Type of vehicle driven</b>	<b>Supervisor</b>
_____	_____	_____
<b>Phone #</b>	<b>Salary/Wage</b>	<b>Reason for leaving</b>
_____	_____	_____

5

<b>From - To Month/Year</b>	<b>Employer</b>	<b>Full Mailing Address</b>
_____	_____	_____ _____
<b>Position Held</b>	<b>If Driver, Type of vehicle driven</b>	<b>Supervisor</b>
_____	_____	_____
<b>Phone #</b>	<b>Salary/Wage</b>	<b>Reason for leaving</b>
_____	_____	_____

6

<b>From - To Month/Year</b>	<b>Employer</b>	<b>Full Mailing Address</b>
_____	_____	_____ _____
<b>Position Held</b>	<b>If Driver, Type of vehicle driven</b>	<b>Supervisor</b>
_____	_____	_____
<b>Phone #</b>	<b>Salary/Wage</b>	<b>Reason for leaving</b>
_____	_____	_____

7

<b>From - To Month/Year</b>	<b>Employer</b>	<b>Full Mailing Address</b>
_____	_____	_____ _____
<b>Position Held</b>	<b>If Driver, Type of vehicle driven</b>	<b>Supervisor</b>
_____	_____	_____
<b>Phone #</b>	<b>Salary/Wage</b>	<b>Reason for leaving</b>
_____	_____	_____

8

<b>From - To Month/Year</b>	<b>Employer</b>	<b>Full Mailing Address</b>
_____	_____	_____ _____
<b>Position Held</b>	<b>If Driver, Type of vehicle driven</b>	<b>Supervisor</b>
_____	_____	_____
<b>Phone #</b>	<b>Salary/Wage</b>	<b>Reason for leaving</b>
_____	_____	_____

9

<b>From - To Month/Year</b>	<b>Employer</b>	<b>Full Mailing Address</b>
_____	_____	_____ _____
<b>Position Held</b>	<b>If Driver, Type of vehicle driven</b>	<b>Supervisor</b>
_____	_____	_____
<b>Phone #</b>	<b>Salary/Wage</b>	<b>Reason for leaving</b>
_____	_____	_____

# PREVIOUS EMPLOYMENT SAFETY HISTORY

Pursuant to a request for Previous Employee Safety Performance History, Dated \_\_\_\_\_ this response is being provided to the prospective Employer noted below in compliance with the Department of Transportation regulations, §391.23(g)(1) and §40.321(b).

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicants  
sign and  
date.**

Corrected Copy, replaces Response Dated: \_\_\_\_\_

## TO BE COMPLETED BY THE PREVIOUS EMPLOYEE DRIVER IDENTIFICATION

Name of Previous Employee: \_\_\_\_\_  DOT Regulated Driver  
Social Security No. \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  Non-DOT Regulated Driver  
Employed from \_\_\_\_\_ to \_\_\_\_\_ as \_\_\_\_\_

## PREVIOUS EMPLOYER INFORMATION

Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Address: \_\_\_\_\_

## PROSPECTIVE EMPLOYER INFORMATION

### THIS FORM WAS (check appropriate box)

Company Name: International Express, LLC  Mailed, Date: \_\_\_\_\_  
Attention: Human Resources  Faxed, Date: \_\_\_\_\_  
Street: PO Box 830  E-mailed, Date: \_\_\_\_\_  
City, State, Zip: Merrill, OR 97633  Relayed by Phone, Date: \_\_\_\_\_  
Phone Number: 541-723-2600 E-mail: [neciaaws@golddustfarms.com](mailto:neciaaws@golddustfarms.com) Contact: Necia Phillips

## SAFETY PERFORMANCE HISTORY

There is no safety performance history to report.  
Driver operated a:  Straight Truck  Tractor-Semitrailer  Bus  Cargo Tank  Doubles/Triples  Other (Specify)  
 Driver did not operate a motor vehicle.  
Reason for leaving employ:  Discharged  Resignation  Lay Off  Military Duty

## ACCIDENTS:

	Date	Location	# of Injuries	# of Fatalities	Hazmat Material
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

No accident registered for this driver.  
 Enclosed is other accident information pursuant to the employer's internal policies for retaining minor accident information (§391.23(d)(2)(ii))

## DRUG/ACOHOL TESTING:

Prospective employer did not provide signed release from driver (§40.321(b)). Therefore, drug/alcohol information cannot be provided.

### Under DOT drug and Alcohol testing requirements for the past 3 years:

1. This person was employed in a safety-sensitive function that required alcohol and controlled substances testing specified by 49 CFR Part 40 (if NO, skip this section).  YES  NO

2. This person had an alcohol test with a result of 0.04 or higher alcohol concentration.  YES  NO
3. This person tested positive or adulterated or substituted a test specimen for a controlled substance.  YES  NO
4. This person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test.  YES  NO
5. This person committed other violations of Subpart B of Part 382, of Part 40.  YES  NO
6. This person violated a DOT drug and alcohol regulation and completed a SAP-prescribed rehabilitation program in our employ, including return-to-duty and follow-up tests. If yes, documentation is enclosed.  YES  NO
7. This person, after successfully completing a SAP's rehabilitation referral, remained in our employ but subsequently had an alcohol test result of 0.04 or greater, a verified positive drug test, or refused to be tested.  YES  NO

In providing this information, any drug or alcohol testing information obtained from previous employers under §40.25 or other DOT regulations is included.

Any other remarks:

\_\_\_\_\_

\_\_\_\_\_

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

**Title:** \_\_\_\_\_

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

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



**ALCOHOL & CONTROLLED SUBSTANCE TESTING  
REQUEST/CONSENT FOR INFORMATION FROM PREVIOUS  
EMPLOYER(S)**

**Applicants  
sign and  
date.**

Date: \_\_\_\_\_

\_\_\_\_\_  
**Print Name**

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

**I, the above mentioned signed, hereby authorize that my previous employer(s) within the past two years from above date may release and forward all information on my Alcohol and Controlled Substances Testing/Training Records to International Express, LLC, P.O Box 830 Merrill, Oregon 97633/30203 Micka Rd, Malin, Oregon 97632**

**Regulations - Part 382**

**Controlled Substances And Alcohol Use And Testing**

**§382.413 Inquiries for alcohol and controlled substances information from previous employers.**

(a)(1) An employer shall, pursuant to the driver's written authorization, inquire about the following information on a driver from the driver's previous employers, during the preceding two years from the date of application, which are maintained by the driver's previous employers under §382.401(b)(1)(i) through (iii) of this subpart:

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

(a)(1)(ii) Verified positive controlled substances test results; and

(a)(1)(iii) Refusals to be tested.

(a)(2) The information obtained from a previous employer may contain any alcohol and drug information the previous employer obtained from other previous employers under paragraph (a)(1) of this section.

(b) If feasible, the information in paragraph (a) of this section must be obtained and reviewed by the employer prior to the first time a driver performs safety-sensitive functions for the employer. If not feasible, the information must be obtained and reviewed as soon as possible, but no later than 14-calendar days after the first time a driver performs safety-sensitive functions for the employer. An employer may not permit a driver to perform safety-sensitive functions after 14 days without having made a good faith effort to obtain the information as soon as possible. If a driver hired or used by

the employer ceases performing safety-sensitive functions for the employer before expiration of the 14-day period or before the employer has obtained the information in paragraph (a) of this section, the employer must still make a good faith effort to obtain the information.

(c) An employer must maintain a written, confidential record of the information obtained under paragraph (a) or (f) of this section. If, after making a good faith effort, an employer is unable to obtain the information from a previous employer, a record must be made of the efforts to obtain the information and retained in the driver's qualification file.

(d) The prospective employer must provide to each of the driver's previous employers the driver's specific, written authorization for release of the information in paragraph (a) of this section.

(e) The release of any information under this section may take the form of personal interviews, telephone interviews, letters, or any other method of transmitting information that ensures confidentiality.

(f) The information in paragraph (a) of this section may be provided directly to the prospective employer by the driver, provided the employer assures itself that the information is true and accurate.

(g) An employer may not use a driver to perform safety-sensitive functions if the employer obtains information on a violation of the prohibitions in subpart B of this part by the driver, without obtaining information on subsequent compliance with the referral and rehabilitation requirements of 382.605 of this part.

(h) Employers need not obtain information under paragraph (a) of this section generated by previous employers prior to the starting dates in 382.115 of this part.

## REFERENCES

**Include only individuals familiar with your work ability. Do not include relatives.**

NAME	PHONE & YEARS KNOWN

### TO BE READ AND SIGNED BY THE APPLICANT

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 and belief. I understand that any false information, omissions, or misrepresentations of the facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to investigate and inquiry of my personal, employment, financial or medial history and other related matters as may be necessary in arriving at an employment decision. I authorize all former employers, persons, schools, companies, health care providers and law enforcement authorities to release any information concerning my background and hereby release any said person, schools, companies, health care providers and law enforcement authorities from any liability for any damage whatsoever for issuing this information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### YOUR COMPLETED APPLICATION WILL REMAIN ACTIVE FOR 60 DAYS.

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, veteran status, non-job related disability, or any other protected group status.

# INVITATION TO SELF-IDENTIFY FORM

**This is completely voluntary.  
Failure to fill out will NOT affect any hiring decision.**

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An informational base is needed for Federal Government reporting purposes. This information, furnished at your discretion, will be kept confidential and will not be used in any personnel action. Applicants and employees who wish to benefit under the Affirmative Action Program of International Express, LLC are invited to identify themselves. Refusal to provide it will not subject any applicant or employee to any adverse treatment. Nothing shall preclude employees from informing the company, at a future time, of a desire to benefit under this program.

I identify myself as follows:

1. GENDER CLASSIFICATION: **Please check ONE.**

Female       Male

2. ETHNIC CLASSIFICATION: **Please check ONE.**

HISPANIC – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

BLACK – (not of Hispanic Origin). All persons having origins in any of the Black racial groups of Africa.

NATIVE AMERICAN – All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

ASIAN/PACIFIC ISLANDER – All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for ex: China, India, Japan, Korea, the Philippine Islands, and Samoa.

WHITE – (not of Hispanic Origin) – All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

## PRE-EMPLOYMENT URINALYSIS NOTIFICATION

The Federal Motor Carrier Safety Regulations, Section 391.103 - - pre-employment testing requirements, apply to driver-applicants of this company.

### 391.103 Pre-employment testing requirements.

- a) A motor carrier shall require a driver-applicant who the motor carrier intends to hire or use to be tested for the use of controlled substances as a prequalification condition.
- b) A driver-applicant shall submit to controlled substance testing as a prequalification condition.
- c) Prior to collection of a urine sample under §391.107 of this subpart, a driver-applicant shall be notified that the sample will be tested for the presence of controlled substances.

As a condition of my employment, I agree to the urine sample collection and controlled substance testing.

I understand a positive test of controlled substances based on the Urinalysis Test will medically disqualify me from the operation of a commercial motor vehicle for this company.

The Medical Review Officer will maintain the results of the Urinalysis Test. Negative and positive results will be reported to the company.

My written authorization is required for the Urinalysis Test results to be given to other parties.

I have read and understand the above conditions for the Pre-Employment Urinalysis Notification.

\_\_\_\_\_  
APPLICANT'S NAME (Type or Print)

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
MONTH DAY YEAR

\_\_\_\_\_  
COMPANY REPRESENTATIVES SIGNATURE

\_\_\_\_\_  
MONTH DAY YEAR

# ALCOHOL AND/OR DRUG TEST NOTIFICATION

Part 382 – Controlled Substances and Alcohol Use Testing applies to drivers of this company.

§382.113 Requirement for notice.

Before performing an alcohol or controlled substances test under this part, each employer shall notify a driver that the alcohol or controlled substances test is required by this part. No employer shall falsely represent that a test is administered under this part.

Company Name: International Express, LLC

Driver/Applicant Name: \_\_\_\_\_  
(Print) (First,M.I., Last)

You are hereby notified the following test will be administered in compliance with the Federal Motor Carrier Safety Regulations.

1. The test is scheduled: Date: \_\_\_\_\_  
Location: \_\_\_\_\_  
Time: \_\_\_\_\_

2. Check type of test:  Alcohol  Controlled Substance

3. Check reason for test:  Pre-employment  Random  Reasonable Suspicion  
 Post-Accident  Return to Duty  Follow-up

4. Appointment instructions/comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand as a condition of my employment with this company, the above identified test is required.

\_\_\_\_\_  
Driver/Applicant's Signature Date

Witnessed by: \_\_\_\_\_  
Company Representative Date

## ANNUAL MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS

In accordance with 49 CFR 391.27, I, \_\_\_\_\_, certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date	Offense	Location (City/State)	Type of Vehicle Operated

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ANNUAL REVIEW OF DRIVING RECORD

In accordance with 49 CFR 391.25, I certify that I have carefully reviewed the driving record of \_\_\_\_\_ to determine whether or not he/she meets the minimum requirements for safe driving specified in 49 CFR 391.15.

In reviewing this driver's record, I certify that I have considered any evidence that the driver has violated any applicable Federal Motor Carrier Safety Regulations or Hazardous Materials Regulations; and considered the driver's operations of motor vehicles, and I have given great weight to violations, such as speeding, reckless driving, and operating while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard of the safety of the public.

A copy of the response from each State agency to the inquiry required by 49 CFR 391.25(b) is attached. This form shall be maintained in the driver's qualification file, as required by 49 CFR 391.51.

Motor Carrier's Name: \_\_\_\_\_ Review Date: \_\_\_\_\_

Motor Carrier's Address: \_\_\_\_\_

Reviewed by (Signature): \_\_\_\_\_

## REQUEST FOR CHECK OF DRIVING RECORD

I hereby release the following information to International Express, LLC for purposes of investigation as required by sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In accordance with the provisions of Sections 604 and 607 of the Fair Credit reporting Act, public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title 11, Subtitle D, Chapter 1 of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report.
2. The consumer (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 will be used for no other 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 consumer (applicant) will receive a copy of the requested report and summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report and the above applicants release notice meet the definition of "permissible uses" of state motor vehicle records under the provision of the **Driver's Privacy Protection Act of 1994** (Public Law 103-322, title XXX, Section 300002(a)).

Signature of Requester: \_\_\_\_\_ Date: \_\_\_\_\_

To: Joe Morton Insurance                      P 800-764-0094                      F 503-678-2918  
PO Box 1550                                      Email: mkerr@joemorten.com  
Wilsonville, OR 97070

Dear Sir/Madam:

The following named person has made application with our company for the position of OTR Driver. In accordance with section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past 3 years.

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Former Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ License #: \_\_\_\_\_ State: \_\_\_\_\_

Requested by:

International Express, LLC

PO Box 830

Merrill, OR 97633

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

# CDL SUPPLEMENTAL APPLICATION FORM

## Certificate of Compliance with Driver License Requirements

Motor Carrier Instructions: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous material that require placarding.

The requirements in Part 391 apply to every driver who operates commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

**Driver Requirements:** Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1997. They are as follows:

1. **Possess Only One License:** You as a commercial vehicle driver may not possess more than one motor vehicle operator's license. If you have more than one license, keep the license from your state of residence and return the additional licenses to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify that state. If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by that state.
2. **Notification of License Suspension, Revocation or Cancellation:** Sections 391.15 (b)(2) 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 of 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: (1) your employing motor carrier, and (2) the state that issued your license. (If the violation occurs in a state other than the one which issued your license.) The notification to both the employer and state must be in writing.

The following license is the only one I will possess:

Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Driver Certification: I certify that I have read and understand the above requirements.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## ALCOHOL & DRUG RECORDKEEPING LOG

**Previous Employer Information** (use Form #849-FS-C3 or 850-F/FS-C3):

Requested From	Date Requested	Date Received	Reviewed By	Retain Until

Comments: \_\_\_\_\_  
 \_\_\_\_\_

**Drug and Alcohol Records** (use Form #847-FS-C3)

Requested From	Date Requested	Date Received	Reviewed By	Retain Until

Comments: \_\_\_\_\_  
 \_\_\_\_\_

Employee's alcohol and drug statement regarding pre-employment tests: \_\_\_\_\_  
Date Completed

Employee's signed receipt for drug/alcohol educational materials: \_\_\_\_\_  
Date Completed

The company intends to use the exception to pre-employment drug testing contained in Sec. 382.301:  Yes  No. If yes, the company has retained the following documents to satisfy Sec. 382.301: \_\_\_\_\_  
 \_\_\_\_\_

The company has found this employee has, within the last three years, violated Part 382:  Yes  No  
 If yes, the company has retained the following documents regarding the employee's completion of the return-to-duty process: \_\_\_\_\_  
 \_\_\_\_\_

**Instructions for completing Drug and Alcohol Test Documentation**

1. Record type of test (pre-employment, random, reasonable suspicion, etc.), date test was conducted, and date results were received.
2. Document the records being retained related to each test. These would include, but are not limited to: Federal Drug Testing Custody and Control Form (CCF), U.S. Department of Transportation Alcohol Testing Form (ATF), Medical Review Officer (MRO) reports; driver evaluations and referrals; documents related to reasonable suspicion; documents regarding decisions on post-accidents tests; documents related to a driver's refusal to test; and documents presented by a driver to dispute the results of an alcohol/drug test.
3. Refer to requirements in Section 382.401 and Section 40.333 for complete retention requirements. Record the date in the "Retain Until" portion of the form.