



**Long Haul Truck Driver
REGULAR JOB DESCRIPTION**

Employer Name/Address: Leavitt's Freight Service Inc; 3855 Marcola Rd, Springfield, OR 97477-7955		
Primary Purpose: Operates a Commercial Motor Vehicle transporting material primarily consisting of lumber products, beams, poles and structured steel in compliance with all State & Federal Safety Regulations.	Hrs. Per Day: 11 hours per day driving Up to 14 per day work	Hrs. Per Week: Up to 70 in an 8-day week.
DESCRIBE JOB RESPONSIBILITIES: (complete physical requirements below)		
Essential Duties and Responsibilities:		
<ul style="list-style-type: none"> ◆ Operates an 18-wheel truck and flat-bed trailer to safely and efficiently transport a variety of materials. ◆ Responsible for the proper loading and securing of each commodity to prevent movement and allow for safe transportation of materials, including tarping when necessary. ◆ Responsible for ongoing and effective communication with Leavitt's personnel, customers, and others regarding permits, routes, fuel stops, giving and receiving information and instructions. ◆ Responsible for daily completion of all required paperwork such as freight bills, load sheets, log books, DVIR's, etc. ◆ Responsible for performing pre-trip, inter-trip and post-trip vehicle inspections and adjustments, preventive maintenance, tire chain-ups, brake adjustments, and minor on-road repairs as needed. ◆ Responsible for the cleanliness of the vehicle (interior and exterior). ◆ Performs other duties as assigned. 		
Mental and Visual Demands:		
<ul style="list-style-type: none"> ◆ Continuous concentration, alertness, and attention to detail are necessary while operating a Commercial Motor Vehicle and while performing other job duties. ◆ Good reasoning skills are necessary in order to apply established procedures safely and effectively while securing loads and operating a vehicle and to monitor continuously changing conditions and react appropriately. ◆ Must be able to deal with time constraints to product delivery in a timely and safe manner. ◆ Must be able to deal with the constant pressures of traffic and transporting oversize materials. 		
Work Conditions:		
<ul style="list-style-type: none"> ◆ Work is performed: <ul style="list-style-type: none"> i) Inside vehicle cab 60% to 70% of the time ii) Outdoors up to 30% of the time, exposed to moderate to severe weather conditions, temperature extremes, ice, rain, snow, blowing dust etc. ◆ Hazards include moving objects/vehicles, burns, toxic/caustic chemicals and petroleum products, gasoline/diesel odors, fumes and gasses, chemical/petroleum product spills, noise sometimes at levels in excess of 80 DBA, dusty environments, cramped quarters, slippery surfaces, pinch points, trip and overhead obstacles. 		
Physical Requirements:		
<ul style="list-style-type: none"> ◆ Requires occasional lifts/push/pull/carry of: <ul style="list-style-type: none"> i) Chains – weighing up to 42 lbs, ii) Binders/straps - weighing 10-50 lbs, iii) Tarps – weighing 70-125 lbs. iv) Must be able to throw straps/chains up over loads reaching up to 13 feet high and be able to winch straps/chains tight with up to 140lbs of force. 		

Frequency of Physical Activities					
ENDURANCE Number of Hrs.	Never: 0 Hrs.	Intermittent: Less than 1 Hr.	Occasional: 1 - 3 Hrs.	Frequent: 3 - 6 Hrs.	Continuous: 6 - + Hrs.
Sitting					X
Walking Level Surface			X		
Walking Uneven Surface		X			
Standing			X		
LIFT/CARRY/PUSH/PULL Number of Hrs.	Never: 0 Hrs.	Intermittent: Less than 1 Hr.	Occasional: 1 - 3 Hrs.	Frequent: 3 - 6 Hrs.	Continuous: 6 - + Hrs.
1 - 10 lbs.				X	
11 - 20 lbs.				X	
21 - 50 lbs.			X		
51 - 75 lbs.		X			
76 - 125 lbs.		X			

ACTIVITIES	Never: 0 Hrs.	Intermittent: Less than 1 Hr.	Occasional: 1 - 3 Hrs.	Frequent: 3 - 6 Hrs.	Continuous: 6 - + Hrs.
Bend				X	
Twist				X	
Crouch			X		
Kneel			X		
Crawl			X		
Climb Stairs (Steps 19",20"21")		X			
Climb Ladders		X			
Reach Above Shoulder			X		
Use of Arm					X
Use of Hand					X
(a) Grasping					X
(b) Squeezing			X		
Operate Foot Control					X

Minimum Qualifications:

- ◆ Must have CDL with appropriate endorsements.
- ◆ Must have a valid DOT Medical Card.
- ◆ Must be able to read, write and speak English at a level that would allow the communication and comprehension of job-related information, instructions, regulations, signs, maps, MSDS guidelines, required paperwork, memos, etc.
- ◆ Basic mathematical skills are required.

Employer Contact: Marsha Bour	Employee Signature:
Employer Contact Title/Date: Safety & Recruiting 11/13/06	Date:

DRIVER'S APPLICATION FOR EMPLOYMENT

Leavitt's Freight Service, Inc.

3855 Marcola Road

Springfield, OR 97477 Ph. (800) 935-4236

1.1

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. All motor carriers regulated under Federal Motor Carrier Safety Regulations must meet the requirements of Title 49 CFR Part 391 and Part 382 as they apply to qualifying the applicant for a driving position.

Answer all questions. Please print legibly.

Date of application:	/	/		
DOB (Month/Day/Year):	/	/	Social Security No.:	- -
Name:				
Addresses for past three years (Write on back if there's not enough room)				
Street address		Home Phone:		Cell Phone:
City	State	Zip		How long?
Street address				
City	State	Zip		How long?
Do you have the legal right to work in the United States?				
Have you worked for this company before?				
Dates: From:		To:		Position:
Reason for leaving?				
How did you hear about us?				

PHYSICAL HISTORY

Are you capable of performing all the duties outlined in the attached job description with or without reasonable accommodations?
Specify any medical waivers granted under FMSCR 391.51.

ALL INFORMATION MUST BE COMPLETED BEFORE AN APPLICATION CAN BE CONSIDERED.

5. EMPLOYMENT HISTORY

FMCSR 391.21

10 years of employment history must be provided.ALL INFORMATION MUST BE COMPLETE BEFORE AN APPLICATION CAN BE CONSIDERED.

1. EMPLOYER <i>Did you operate a motor vehicle weighing 26,001 pounds or more? Yes <input type="checkbox"/> No <input type="checkbox"/></i>			
NAME		<i>From</i>	<i>To</i>
ADDRESS		<i>Position</i>	
CITY	STATE	ZIP	<i>Wage</i>
CONTACT PERSON & PHONE			
REASON FOR LEAVING			
TYPE OF TRAILER		States Operated In	
Were you subject to the FMCSRs* while employed here? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>			

2. EMPLOYER <i>Did you operate a motor vehicle weighing 26,001 pounds or more? Yes <input type="checkbox"/> No <input type="checkbox"/></i>			
NAME		<i>From</i>	<i>To</i>
ADDRESS		<i>Position</i>	
CITY	STATE	ZIP	<i>Wage</i>
CONTACT PERSON & PHONE			
REASON FOR LEAVING			
TYPE OF TRAILER		States Operated In	
Were you subject to the FMCSRs* while employed here? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>			

3. EMPLOYER <i>Did you operate a motor vehicle weighing 26,001 pounds or more? Yes <input type="checkbox"/> No <input type="checkbox"/></i>			
NAME		<i>From</i>	<i>To</i>
ADDRESS		<i>Position</i>	
CITY	STATE	ZIP	<i>Wage</i>
CONTACT PERSON & PHONE			
REASON FOR LEAVING			
TYPE OF TRAILER		States Operated In	
Were you subject to the FMCSRs* while employed here? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>			

*The Federal Motor Carrier Safety Regulation (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weights 10,001 pounds or more, (2) is designed or used to transport nine or more passengers, or (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.

5. EMPLOYMENT HISTORY

FMCSR 391.21

10 years of employment history must be provided. ALL INFORMATION MUST BE COMPLETE BEFORE AN APPLICATION CAN BE CONSIDERED. USE THE BACK OF THIS PAGE IF MORE ROOM IS NEEDED

4. EMPLOYER				<i>Did you operate a motor vehicle weighing 26,001 pounds or more? Yes <input type="checkbox"/> No <input type="checkbox"/></i>			
NAME				<i>From</i>		<i>To</i>	
ADDRESS				<i>Position</i>			
CITY		STATE		ZIP		Wage	
CONTACT PERSON & PHONE							
REASON FOR LEAVING							
TYPE OF TRAILER				States Operated In			
Were you subject to the FMCSRs* while employed here? Yes <input type="checkbox"/> No <input type="checkbox"/>							
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>							

5. EMPLOYER				<i>Did you operate a motor vehicle weighing 26,001 pounds or more? Yes <input type="checkbox"/> No <input type="checkbox"/></i>			
NAME				<i>From</i>		<i>To</i>	
ADDRESS				<i>Position</i>			
CITY		STATE		ZIP		Wage	
CONTACT PERSON & PHONE							
REASON FOR LEAVING							
TYPE OF TRAILER				States Operated In			
Were you subject to the FMCSRs* while employed here? Yes <input type="checkbox"/> No <input type="checkbox"/>							
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>							

6. EMPLOYER				<i>Did you operate a motor vehicle weighing 26,001 pounds or more? Yes <input type="checkbox"/> No <input type="checkbox"/></i>			
NAME				<i>From</i>		<i>To</i>	
ADDRESS				<i>Position</i>			
CITY		STATE		ZIP		Wage	
CONTACT PERSON & PHONE							
REASON FOR LEAVING							
TYPE OF TRAILER				States Operated In			
Were you subject to the FMCSRs* while employed here? Yes <input type="checkbox"/> No <input type="checkbox"/>							
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>							

*The Federal Motor Carrier Safety Regulation (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weights 10,001 pounds or more, (2) is designed or used to transport nine or more passengers, or (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.

6. ACCIDENT RECORD FOR PAST 3 YEARS

If none, write "None."

Table with 4 columns: DATES, NATURE OF ACCIDENT, FATALITIES, INJURY

7. TRAFFIC CONVICTIONS & FORFEITURES FOR PAST 3 YEARS.

If none, write "None."

Table with 4 columns: LOCATION, DATE, CHARGE, PENALTY

8. QUALIFICATIONS - Valid license currently held.

Table with 4 columns: STATE, LICENSE NUMBER, TYPE, EXPIRATION DATE

9. OTHER LICENSE(S) HELD IN LAST 5 YEARS

Table with 3 columns: STATE, LICENSE NUMBER, TYPE

Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES ____ NO ____

Has any license, permit or privilege ever been suspended or revoked? YES ____ NO ____

10. EXPERIENCE (CHECK ALL THAT APPLY)

TYPE OF EQUIPMENT: [] FLATBED [] STEER LOGGER [] TRUCK/TRAILER [] BOOM TRUCK

AREAS OPERATED IN: [] I-5 CORRIDOR [] 11 WESTERN [] 48 STATES [] CANADA

COMMODITIES HAULED: [] STEEL [] PIPE [] COILS [] LUMBER [] OVERLENGTH [] OVERWIDTH [] POLES [] CARDBOARD

HAVE YOU DONE: [] WINTER DRIVING [] MOUNTAIN DRIVING [] TARPING [] HAZARDOUS MATERIAL

11. DRUG AND ALCOHOL PRE-EMPLOYMENT STATEMENT

In the past 3 years, have you tested positive, or refused to test, on a pre-employment drug or alcohol test administered by an employer to which you applied for a safety sensitive position and were not hired? YES ____ NO ____

If you answered yes, have you successfully completed the DOT return- to-duty requirements? YES ____ NO ____ (Proof of completion is required)

ALL INFORMATION MUST BE COMPLETED BEFORE AN APPLICATION CAN BE CONSIDERED.

I certify that this application was completed by me and that all entries and information on it are true and complete to the best of my knowledge. I understand that any misrepresentation or omission of facts on this employment application may cause the application not to be considered or be cause for termination at any time in the future.

(Applicant's signature)

(Date)

REQUEST FOR BACKGROUND CHECK/DRIVING RECORD

I authorize Leavitt's Freight Service, Inc. to make such investigations and inquiries of my personal, employment, financial or medical history and other related matter 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 inquires and releasing information in connection with my application.

I understand that information I provide regarding current and/or previous employers will be used and those employers will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and have those previous employers re-send that corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if a previous employer and I cannot agree on the accuracy of the information.

x _____
(Applicant's Signature) (Date)

PETITIONER'S STATEMENT

In accordance with the provisions of Section 604 and Section 607 of the Fair Credit Reporting Act, Public Law No. 91-508, I certify that the information requested below will be used for a "permissible purpose" as defined in the Act, and that the information received will be used for no other purposes.

I am authorized to obtain personal information from motor vehicle records. Information obtained through this report will be used solely in the normal course of business for verifying the accuracy of driving information supplied by the named individual here for the purpose of verifying eligibility to be considered as a commercial motor vehicle driver as defined in Title 49 CFR Parts 382, 383 and 391.

(Petitioner's Signature) (Date)

REQUESTED BY: **Leavitt's Freight Service, Inc.**
Marsha Bour
3855 Marcola Road
Springfield, OR 97477-

TO:	OREGON DMV RECORDS	IDAHO TRANSPORTATION DEPT.	DMV&PS	DEPART. OF MOTOR VEHICLES
	1905 Lana Avenue NE	Driver Services Section	Motor Vehicles Records Section	Information Services Branch
	Salem, OR 97314-2250	PO Box 34	555 Wright Way	PO Box 944247, G 199
		Boise, ID 837321-0034	Carson City, NV 89611-9250	Sacramento, CA 94244-2470

The following named individual has made an application with our company to be a driver of a commercial motor vehicle requiring us to obtain and review his/her motor vehicle driving record for the past 3 years, and on an annual basis thereafter, while retained by our company as a driver. FMCSR Part 391.23

NAME OF APPLICANT _____ DATE OF BIRTH _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

SOCIAL SECURITY NUMBER: _____ LICENSE NUMBER _____

25402

Account Number

Driving Record Request

You may use this form to request **your driving record**. We will mail your record to you or to the individual or company you request below. Mail this request and **\$5 for each record** in a check or money order Payable to the Department of Licensing to:

Driver Records
 Department of Licensing
 PO Box 9048
 Olympia, WA 98507-9048

FOR VALIDATION ONLY

106-060-421-0005

Please allow two weeks for processing. If you additional questions, Contact Customer Service at (360)902-3900.

Requestor name (Last, First, Middle Initial)		
Washington driver license number	Date of Birth	(Area Code) Daytime telephone number
Name of individual you want your driver record sent to: Leavitt's Freight Service, Inc. Attn: Marsha Bour		
Mailing address 3855 Marcola Rd		
City Springfield	State OR	Zip Code 97477
Type of record We offer the following types of driving records. Check the box beside the one(s) you need.		
<input type="checkbox"/> Three – year noncommercial insurance record. Available for underwriting noncommercial motor vehicle policies		
<input type="checkbox"/> Three – year commercial insurance record. Available to commercial employers' insurance companies for motor vehicle underwriting purposes only.		
<input type="checkbox"/> Three – year life insurance record. Available to the life insurance carrier providing coverage for underwriting purposes only. Contains all traffic related commercial and noncommercial convictions, violation and collisions.		
<input checked="" type="checkbox"/> Full employment/commercial report. Available to employers or prospective employers to determine employment eligibility for commercial vehicle operation. Commercial vehicle means any vehicle used primarily for the transportation of commodities, merchandise, produce, freight, animals or passengers for hire. The record shows all traffic related convictions, violations, collisions.,. Some convictions remain on record for more than five years.		
<input type="checkbox"/> Volunteer vanpool driver record. Available to transit authorities to determine insurance and risk management requirements necessary to drive a vanpool vehicle. The record shows all traffic convictions, violations and collisions. Some convictions remain on record for more than five years.		
<input type="checkbox"/> Volunteer for organization driver record. Available to volunteer organizations to determine whether the licensee should be permitted to operate a vehicle on public highways to transport individual under age 18, over age 65, or who are physically or mentally disabled. The record shows all traffic related convictions, violations, and collisions. Some convictions remain on record for more than five years.		
<input type="checkbox"/> School bus driver record. Available to school districts to determine employment eligibility for school bus operation. The record shows all traffic related convictions, violations, collisions, and suspension, revocation and disqualification actions. Some convictions remain on record for more than five years.		
If this request is to be billed and mailed to a school district:		
School district name _____ Requestor code _____		
<input type="checkbox"/> Complete record. Available to the individual named on the driving record, attorneys, law and justice agencies, and governmental agencies. The record shows all traffic related convictions, violations, collisions, and suspensions, revocation and disqualification actions.		
<i>I declare under penalty of perjury under the laws of the State of Washington that I am the individual named above.</i>		
_____	X _____	
Date and place signed (Valid for four months)	Signature	

To: Drug Records Dept/ 800-322-5298

From: Marsha Bour



Leavitt's Freight Service, Inc.

Fax #: 541-736-9356

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USE Fax # 800-267-4093 (Manual Service)

Use Fax # 800-257-8069 (If Database Retrieval)

USIS Customer # 25402

PART 1- DOT DRUG AND ALCOHOL RELEASE

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to USIS for the purpose of USIS transmitting such records to the USIS customer listed above. I understand that information/documents released pursuant to this Part 1 is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous **three (3) years**: (i) alcohol test with a result of 0.04 or higher, (ii) verified positive drug test; (iii) refusals to be tested (including verified adulterated or substituted results); (iv) other violation of DOT drug and alcohol testing regulations(i.e., violations of 49 CFR 382 Subpart B; (v) information obtained from previous employers of a drug and alcohol rule violations(s); and (vi) any documentation of completion of a return-to-duty process following a rule violation.

If any company listed below furnished USIS with information concerning items(i) through (vi) above, I also authorize such company to furnish the following information to USIS, if applicable (i) dates of my negative drug and/or alcohol test and/or tests with result below 0.04 during the previous **three (3) years**; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous **three (3) years**.

COMPANY	CITY	STATE	PHONE NUMBER
_____	_____	_____	(____)_____-_____
_____	_____	_____	(____)_____-_____
_____	_____	_____	(____)_____-_____

By signing below, I certify that (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part 1 disclosure and authorization for release; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original

Print Applicant Name: _____ Applicant Signature: _____

Social Security No: _____ Date: _____

(Attach additional forms for additional past employers. The form must also include the individual signature and social security number.)

PART II – CONSUMER REPORT AND INVESTIGATIVE CONSUMER REPORT DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION (FOR EMPLOYMENT PURPOSES)

In connection with your employment or application for employment (including contracts for services), consumer reports may be requested from USIS Commercial Services (“USIS”). These reports may include the following types of information: names and date of previous employers, reason for termination of employment, work experience, accidents, academic history, professional credentials, and drugs/alcohol use. Such reports may contain public record information concerning your driving record, worker’s compensation claims, credit, bankruptcy proceeding, criminal records, etc., from federal, state and other agencies which maintain such records, as well as information from USIS concerning previous driving record requests made by others from such state agencies and state provided driving records.

You have the right to make a request to USIS, upon proper identification, to request the nature and substance of all information in it files on you at the time of your request, including the sources of information and the recipients of any reports on you that USIS has previously furnished within the two-year period preceding your request. USIS may be contact by mail at P.O. Box 33181, Tulsa Oklahoma, 74153, or by phone at (800)382-0645.

Notice to California Applicants

Under California law, the consumer reports we order on you for employment purposes within the State of California are defined as investigative consumer reports. These reports may contain information on your character, general reputation, personal characteristics and mode of living. Under section 1786.22 of the California Civil Code, you may view the file maintained on you by USIS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of supplication services, by appearing at USIS in person or by mail. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnished proper identification.

I request to receive a free copy of any investigative consumer report ordered on me by checking this box. (California applicant)

I hereby authorize USIS to receive information and disclose such information to its customers for the purpose of making a determination as to my eligibility for employment, promotion, retention or other lawful purpose. If hired or contracted, I authorize USIS and the USIS customer named above (“Customer”) to retain this document on file to act as ongoing authorization for the procurement and possession of Reports at any time during my employment or contract period. I fully release USIS and Suppliers from all claims of damages related to the investigation of my background and the provision of information as set forth in this disclosure and authorization. I agree that information in USIS’s possession and my employment history with this Customer, if I am hired, may be supplied by USIS to other USIS customers for legally permissible proposes; provided that such information will not include the drug and alcohol information set forth in Part 1 above, unless I have given s separate specific consent for USIS to share such information.

By signing below, I certify that (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part II disclosure and authorization for release; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original

Print Applicant Name: _____ Applicant Signature: _____

DRIVERS'S RIGHTS PERTAINING TO RELEASE OF DRIVER INFORMATION UNDER REGULATION 391.23

Motor carriers have the responsibility to make the following investigations and inquiries with respect to each driver employed, other than a person who has been a regularly employed driver of the motor carrier for a continuous period which began before January 1, 1971.

- (a)(1) An inquiry into the driver's driving record during the preceding three years to the appropriate agency of every State in which the driver held a motor vehicle operator's license or permit during those three years; and
- (a)(2) An investigation of the driver's employment record during the preceding three years.
- (b) A copy of the driver record(s) obtained in response to the inquiry or inquiries to each State driver record agency as required must be placed in the Driver Qualification File within 30 days of the date of the driver's employment begins and be retained in compliance with 391.51
- (c) Replies to the investigation of the driver's safety performance history must be placed in the Driver Investigation History File within 30 days of the date the driver's employment begins. This goes into effect October 29, 2004
- (d) Prospective motor carrier must investigate the information from all previous employers of the applicant that employed the driver to operate a CMV within the previous three years. This information must cover general driver identification and employment verification information, data elements as specified in 390.15 for accident involving the driver that occurred in the three-year period preceding the date of the employment application and any other accidents the previous employer may wish to provide.
- (e) Prospective motor carrier must investigate the information from all previous DOT regulated employers that employed the driver within the previous three years from the date of the employment application in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CRF Part 40.

Drivers have the following rights:

1. The right to review the information provided by previous employers
2. The rights to have errors in the information corrected by the previous employer and to have that previous employer re-send the corrected information to the prospective employer.
3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Drivers who wish to review previous employer-provided investigative information must submit a written request to the prospective employer when applying or as late as 30 days after employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five business days after receiving the written request. If the driver has not arranged to pick up or received the requested records within 30 days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Drivers wishing to request correction of erroneous information in records must send the request for the correction to the previous employer that provided the records. After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer or notify the driver within 15 days of the receiving the driver's request to correct the data that it does not agree to correct the data. Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instruction to include the rebuttal in the driver's Safety Performance History.

I acknowledge that I have read and understand the contents of this document.

Driver's Signature: _____

Date: _____

Driver Name (Printed): _____



3855 Marcola Road, Springfield, OR 97477

Phone: (541) 747-4236 Fax: (541) 736-9356

Contact Person: Marsha Bour, Safety & Recruiting Administration

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

Driver to Complete This Section

As a Commercial Motor Vehicle (CVM) Driver, I understand that per the Federal Motor Carrier Safety Regulations (FMCSR) part 391.21, the following information will be requested from all previous employers for which I operated a CMV, subject to the FMCSR parts 390 and/or 40, 382 & 383, **within the past three years**, from date shown below. I also acknowledge that this information will be used in determining my eligibility to be hired, that I have the right to review this information and rebut any errors in these statements from my prior employers, as described in FMCSR part 391.23.

I, _____, hereby authorize this company to release all records of employment, including assessments of my job performance, ability and fitness, including dates of any and all alcohol or drug tests, those confirmed results and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of SAP/MRO to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release this company, and it employees, officers, directors, and agents from any and all liability of any type as a result of providing information to the above named person and/or company.

Applicant's Signature	SSN or ID Number	D.O.B.	Today's
Date			

For office use only

Previous Employer: _____	Contact Person: _____
Mailing Address: _____	City, State, Zip: _____
Telephone Number: _____	Fax Number: _____
Applicant indicated they worked for this company from: ____/____/____ to ____/____/____	

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

Please provide the following drug and alcohol information as required by FMCSR Parts 391.23 & 40.25

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

- | | <u>YES</u> | <u>NO</u> |
|---|--------------------------|--------------------------|
| 1. Any alcohol test with a result of 0.04 or higher alcohol concentration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Any verified positive drug test? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Any refusals to be tested (including verified adulterated or substituted drug test results)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Any other violation of DOT agency drug and alcohol testing regulations (Part 382 or Part 40)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If this driver did successfully complete a SAP rehabilitation referral and remained in your employ, did he/she have any subsequent violations for: an alcohol test result of 0.04 or greater, a verified positive drug test, or a refusal to test (including a verified adulterated/substituted drug test result)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. If yes to any of the above questions, please provide documentation of successful completion of SAP evaluation, prescribed treatment and return-to-duty requirements (including follow-up tests) if they remained in your employ. | <input type="checkbox"/> | <input type="checkbox"/> |

Completed by: _____

Title: _____ Date: _____

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

Driver's Name: _____

Past Employer: _____

Section II – Past Employer to Complete >> ACCIDENT INFORMATION

Please provide the following information as required by FMCSR 391.23(d)(1)(2) on any accidents, as defined by 390.5 and/or from your Accident Register (FMCSR 391.15) which the above-named driver applicant was involved in within the past three years while in your employ.

If there is no accident information for this driver, please check here.

Date	Location (city/town or most near and state)	Any Vehicles Towed?	HazMat Spill?	# of Fatalities ?	# of Injuries ?

Section III – Past Employer to Complete >> WORK HISTORY INFORMATION

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

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

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

Straight Truck Tractor/Trailer Doubles Triples Other

Explain: _____

Type of trailer(s) pulled: _____

Was he/she a: Company Driver? Yes No Contractor? Yes No
 Contractor's Driver? Yes No Other? Yes No

General area traveled: _____ Commodities transported: _____

- While under your employment was he/she:

○ Bonded: Yes No

○ Convicted of any traffic violations: Yes No

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

○ License(s) suspended, revoked or denied: Yes No

If yes, please explain: _____

- Reason for leaving: Termination Resigned w/Notice Resigned w/o Notice

- Would you re-employ this person: Yes No Upon Review

Please explain: _____

Previous Employer Representative Supplying Information:

_____ Title: _____
 Print Name: _____

_____ Date: _____
 Signature: _____

Please remember to retain a copy for your records. **YOUR TIMELY RESPONSE IS APPRECIATED.**