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TRAF	FIC CONVICTION	ONS AND FORFEITURE	ES (Other th	an parking) l	AST THREE	YEARS (This i	nformat	ion will be v	erified)
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(CONTINUED ON NEXT PAGE)

on-CDL driver applicants must provide 3 years employment history. CDL driver applicants must provide 10 years. We are required under 31.23 to investigate your safety performance history of all Federal Motor Carrier Safety Administration regulated employers that you worked in the preceding 3 years. We are required to investigate your participation in a U.S. DOT mandated drug and alcohol testing program, nether you violated any prohibitions under §382 subpart B, and whether you failed to undertake or complete rehabilitation as required under \$2.605 or subpart O §40 of all U.S. DOT regulated employers that you worked for in the preceding 3 years. You must give written consent for ese investigations in order to be considered for employment as a driver. You have due process rights regarding the information received from ese investigations under §391.23(i). All information obtained from previous employers will be kept confidential. LAST EMPLOYER: NAME ADDRESS STREET SUPERVISOR'S NAME **POSITION** REASON FOR LEAVING DID YOU OPERATE A CDL VEHICLE? YES DID YOU PERFORM "SAFETY SENSITIVE FUNCTIONS" WHILE EMPLOYED? YES NO WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED? WERE YOU REQUIRED TO PARTICIPATE IN A U.S. DOT MANDATED DRUG AND ALCOHOL TESTING PROGRAM? 2ND LAST EMPLOYER: NAME ADDRESS SUPERVISOR'S NAME REASON FOR LEAVING MONTH / YEAR MONTH/YEAR DID YOU OPERATE A CDL VEHICLE? YES DID YOU PERFORM "SAFETY SENSITIVE FUNCTIONS" WHILE EMPLOYED? YES WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED? WERE YOU REQUIRED TO PARTICIPATE IN A U.S. DOT MANDATED DRUG AND ALCOHOL TESTING PROGRAM? NAME_ **ADDRESS** STREET CITY SUPERVISOR'S NAME _ REASON FOR LEAVING **POSITION** MONTH / YEAR MONTH / YEAR DID YOU PERFORM "SAFETY SENSITIVE FUNCTIONS" WHILE EMPLOYED? YES DID YOU OPERATE A CDL VEHICLE? YES WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED? WERE YOU REQUIRED TO PARTICIPATE IN A U.S. DOT MANDATED DRUG AND ALCOHOL TESTING PROGRAM? NOTICE TO APPLICANT Applicant - If employer has not explained or given a job description, make sure one is given to you and that you fully understand what is expected of you prior to answering the following two questions. AN YOU PERFORM THE FUNCTIONS DESCRIBED IN THE JOB DESCRIPTION? EASE EXPLAIN HOW, WITH OR WITHOUT REASONABLE ACCOMMODATION, YOU WILL BE ABLE TO PERFORM THOSE FUNCTIONS. APPLICANT MUST READ AND SIGN agree and understand that any misrepresentations or omissions of information or facts given on this form shall be considered an act of agree and understand that the carrier or its agents may investigate any and all information given on this form to determine its validity. understand that all employment history information from previous employers will be used by the carrier only as part of deciding whether to hire I understand that under U.S. DOT regulation §391.23(i), I cannot bring an action or proceeding for defamation, invasion of privacy, or interference ith a contract against this carrier or any previous employer based on furnishing or using employment history information.

I agree to furnish such additional information and complete such examinations as may be required to complete my driver qualification and nployment files. If hired, I agree to abide by all the rules and policies of this carrier. APPLICANT'S SIGNATURE SIGNATURE OF COMPANY REPRESENTATIVE DATE OF HIRE PO Box 898 Milford, DE 19963 Copyright © 1/05 Reorder from Trans Products 1-800-367-9100 No. 1012