

DRIVER'S APPLICATION FOR EMPLOYMENT

Company: **DRIVING MOMENTUM USA, INC. ®**
1140 Empire Central Drive, Suite 565
Dallas, Texas 75247

(ANSWER ALL QUESTIONS – PLEASE PRINT)

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 non-job related disability.

Date of application _____

Position(s) Applied for _____ Phone # _____ Email _____

Name _____ Social Security No. _____

Last First Middle

Address _____ How Long? _____

Street City State Zip

Address) _____ How Long? _____

For Past) Street City State & Zip Code

Three) _____ How Long? _____

Years) Street City State & Zip Code

Do you have the legal right to work in the United States? _____

Date of Birth _____ / _____ / _____ Can you provide proof of age? _____

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for Leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected? _____

Who do we notify in case of an emergency? _____

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)? _____

If yes, explain if you wish. _____

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes_____ No_____
- B. Has any license, permit or privilege ever been suspended or revoked? Yes_____ No_____
- C. Do you have any open warrants? Yes_____ No_____
- D. Do you have any outstanding tickets? Yes_____ No_____

IF THE ANSWER TO A THROUGH D IS YES, PLEASE PROVIDE DETAILS:

EXPERIENCE AND QUALIFICATIONS - DRIVER

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
DRIVER				
LICENSES				

DRIVING EXPERIENCE

TRANSMISSIONS you can shift and operate: 7 speed___8 speed___9 speed___10 speed___13 speed___15 speed___Super10___ Auto Only:___

EQUIPMENT DRIVEN with YEARS OF EXPERIENCE: **EXAMPLE – TRACTOR TRAILER 10**

- | | | | |
|------------------------|---------------------------|---------------------|-------------|
| TRACTOR TRAILER___ | FLATBED___ | DOUBLES___ | VAN___ |
| LOWBOY___ | TANKER___ | CURTAIN SIDE___ | VACUUM___ |
| DROP DECK___ | BOBTAIL/STRAIGHT TRUCK___ | CHAIN___ | STRAP___ |
| YARD MULE / HOSTLER___ | TARP___ | LIQUID___ | BLOW OFF___ |
| ROLL OFF___ | PERMIT LOADS___ | FORK LIFT___ | REEFER___ |
| DUMP___ | HEAVY HAUL___ | SPIDER / MOFFETT___ | LOG BOOK___ |
| CONTAINERS___ | INTERSTATE___ | LTL/MULT DEL___ | |

PREFERENCES: NOT FORCED DISPATCH

- | | | | |
|--------------|--------------|---------------------|---------------|
| () LOCAL | () DAYS | () WILL UNLOAD | () NIGHTS |
| () REGIONAL | () WEEKENDS | () WILL NOT UNLOAD | () OVERNIGHT |
| () 2-3 DAYS | () 4-5 DAYS | () ANY | |

DO YOU HAVE YOUR OWN TRANSPORTATION TO ANF FROM WORK YES___ NO___

LIST STATES OPERATED IN FOR LAST FIVE YEARS

Date:_____

Applicant Signature:_____

EMPLOYMENT HISTORY PAST 10 YEARS

Applicants who drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide ten (10) years' information on those employers for whom the applicant operated such vehicle

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER		DATE	
NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		PHONE NO	REASON FOR LEAVING
WERE YOU SUBJECT TO FEDERAL MOTOR CARRIER SAFETY REGULATIONS WITH THIS JOB? (CIRCLE ONE) YES NO			
WAS THIS JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION AND SUBJECT TO DOT REGULATED ALCOHOL AND CONTROLLED SUBSTANCES TESTING AS REQUIRED BY 49 CFR PART 40? (CIRCLE ONE) YES NO			

EMPLOYER		DATE	
NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		PHONE NO	REASON FOR LEAVING
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*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicle designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

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*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicle designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST THREE (3) YEARS (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST THREE (3) YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED _____
 (NAME) (CITY)

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS -OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

TO BE READ AND SIGNED BY 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.

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 connection with my application

In the event of employment, I understand that false or misleading information given 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.

 Date

 Applicant's Signature

Have you ever been convicted of a felony or misdemeanor? Yes _____ No _____ (If "YES" complete section below)

STATE	DATE	CONVICTED OF	SENTENCE

Have you ever failed a pre-employment or random drug test? Yes _____ No _____ (If "YES" complete section below)

STATE	DATE	COMPANY

Is there any pending criminal litigation in which you are named as the defendant? Yes ___ No ___ (if "YES" complete section below)

STATE	DATE	CHARGE

Date: _____

Applicant Signature: _____

**MOTOR VEHICLE DRIVER'S
CERTIFICATION OF VIOLATIONS/ANNUAL REVIEW OF DRIVING RECORD**

MOTOR CARRIER INSTRUCTIONS: 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 (Section 391.27). Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he/she shall so certify (Section 391.27).

COMPLETED BY DRIVER – CERTIFICATION OF VIOLATIONS

NAME OF DRIVER: (PRINT)	SOCIAL SECURITY NUMBER	DATE OF EMPLOYMENT
HOME TERMINAL (CITY AND STATE)	DRIVER'S LICENSE NUMBER / STATE	EXPIRATION DATE

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED
(If you have had no violations, check the following box - <input type="checkbox"/> None.)			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

(Today's Date)

Date of Certification _____ Driver's Signature _____

COMPLETED BY MOTOR CARRIER – ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one):

- Meets minimum requirements for safe driving Is disqualified to drive a motor vehicle pursuant to Section 391.15
- Does not adequately meet satisfactory safe driving performance

Action taken with driver: _____

Reviewed by (Printed Name): _____ Date _____

Signature: _____ Title: _____

CERTIFICATION 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 materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate 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, 1987. 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 the 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.

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.

The following license is the only one I will possess:

Driver's License No. _____ State _____ Exp. Date _____

Driver's Name (Printed): _____ Date _____

Driver's Signature: _____

Notes:

DRIVING MOMENTUM USA, INC.®

1140 Empire Central Drive, Suite 565
Dallas, TX 75247

DISCLOSURE AND RELEASE

In connection with my application for employment (including contract for services) with you, I understand that consumer reports which may contain public record information may be requested from DAC Services, Tulsa, Oklahoma. These reports may include the following types of information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from DAC concerning previous driving record requests made by others from such state agencies, and state provided driving records.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY DAC TO FURNISH THE ABOVE MENTIONED INFORMATION.

I have the right to make a request of DAC, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which DAC previously furnished within the two year period preceding my request. I hereby consent to your obtaining the above information from DAC, and I agree that such information which DAC has or obtains, and my employment history with you if I am hired, will be supplied by DAC to other companies which subscribe to DAC services.

I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

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

SIGNED this _____ day of _____, 20____.

Signature of Applicant

Printed Name of Applicant

Social Security Number of Applicant

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 Sec. 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 for 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.

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

WITNESSED BY:

COMPANY REPRESENTATIVE'S SIGNATURE

MONTH DAY YEAR

DRIVING MOMENTUM USA, INC.®

1140 Empire Central Drive, Suite 565
Dallas, TX 75247

REQUEST FOR INFORMATION

Name and address of previous employer:

Dear Sir or Madam:

The individual named below has made application with this company for a position as a truck driver operating under the safety regulations noted below. This individual states he/she was employed by you as a truck driver from _____ to _____. We appreciate your time in completing, in confidence, the information requested below. Thank you for your courtesy and timely response.

Sincerely,

I hereby authorize you to release the following information to Driving Momentum, Inc. for the purposes of investigation as required by 49 CFR Sections 40, 40.25B, 40.321B, 382 and 391 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

SIGNED this _____ day of _____, 20____.

Witness

X _____
Signature of Applicant

Printed Name of Witness

X _____
Printed Name of Applicant

X _____
Social Security Number

Applicant's Name: _____

S. S. No.: _____

1. Are employment dates correct? Yes _____ No _____
If no, from _____ to _____
2. Did he/she drive tractor trailers for you? Yes _____ No _____
(Check All That Apply)
Tanker ___ Doubles ___ Straight Truck ___ Curtain Side ___ Van ___ Permit ___
Flatbed ___ Container ___ Strapping ___ Chaining ___ Haz-Mat ___ Other ___
If other please list. _____
3. If yes, was he/she a safe and efficient driver? Yes _____ No _____
4. Reason for leaving your employ: Discharge _____ Resignation _____
Layoff _____ Medical _____
5. Was his/her general conduct satisfactory? Yes _____ No _____
Comments: _____
6. Would you rehire him/her? Yes _____ No _____ Upon Review _____
Comments: _____
7. Did he/she test positive for a Non-DOT drug test? Yes _____ No _____

The federal safety regulations noted on the previous page in the release require that the following additional questions be answered if he/she was a truck driver covered by those regulations while in your employ:(Part 382,405,382.413,391.89,40.37, and 40.81(1) of 49 CFR FMCSR)

Following information covers the previous three years from date of request.

1. Did he/she test positive for a controlled substance? Yes _____ No _____
2. Did he/she refuse to be tested for controlled substance or alcohol tests required by the Federal Motor Carrier Safety Regulations? Yes _____ No _____
3. Did he/she have an alcohol test with a concentration result of 0.04 or greater or refuse to be tested in the three years preceding the date of the request? Yes _____ No _____
4. Any violations of other DOT drug/alcohol regulations? Yes _____ No _____
5. Any reported violations from previous employers to you? Yes _____ No _____
6. If you answered yes to any of the above questions, please note questions number and date. _____

ACCIDENT RECORD

Was he/she involved in one or more accidents/incidents in a commercial motor vehicle in the preceding three years as recorded in accident register Yes _____ No _____
DOT Recordable or **Non DOT Recordable** (Please circle one)
Please list the dates of accident(s) with a note about DOT recordable as well as preventable or non preventable with accident type.

Date of Accident: _____ City or Town, State: _____

Number of Injuries: _____ Number of Fatalities: _____

Was there a Hazmat Spill: YES _____ NO _____

Notes: _____

Signed this _____ day of _____, 20____.

COMPANY: _____

Signature

Printed Name / Title



TRUCKING INDUSTRY:
DOT D/A Disclosure and Authorization

Send to Fax# (800) 475-5987

HireRight Customer:	
Company Name:	_____
Company Contact Name:	_____
Fax #:	(_____) _____ - _____
HireRight Customer #:	_____ Sub-account: _____

PART I – DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES – 49 CFR PART 391.23, DOT DRUG AND ALCOHOL TESTING

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 HireRight for the purpose of HireRight transmitting such records to the HireRight customer listed above. I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous **three (3) years**: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/or substituted tests); (iv) other violations 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 violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes HireRight with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to HireRight, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results 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**.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous **three (3) years**. If necessary, attach additional pages, including the date, your name, social security number and signature.

Previous DOT-Regulated Employer	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 I disclosure and authorization for release as well as the attached FMCSA Notification of Driver Rights and any applicable state law notices; (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: _____ Social Security #: _____

Applicant Signature: _____ Date: _____



RELEASE OF CDL HOLDER'S REPORTED POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST RESULTS



Use this form to obtain the CDL holder's reported positive alcohol or controlled substance test results information.

This form should ONLY be used if you wish to inquire whether or not a prospective driver (CDL Holder) has had a positive alcohol or controlled substance test result reported to the Texas Department of Public Safety in compliance with state law.

THIS FORM IS NOT REQUIRED FOR REPORTING A POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST.

1. This form must be completed in full and include the driver's original signature.
2. Deliver, mail or FAX the completed form to:

Texas Department of Public Safety
Motor Carrier Bureau, MSC #0521
6200 Guadalupe, Building P
Austin, Texas 78752-4019 / Facsimile: 512-424-5310

<input type="checkbox"/>	Check here if CDL Holder is requesting results on self
--------------------------	--

_____ ,
 Print Name of CDL Holder Phone Number

 Print full Address, City, State and Zip of CDL Holder

Driver License Number of CDL Holder _____ State _____ Date of Birth _____

authorize release of the CDL holder's reported positive alcohol or controlled substance test results reported under state law to

_____ ,
 Print Motor Carrier's Name Phone Number

 Print full Address, City, State and Zip of Motor Carrier

Signature of Driver	Date
X	

If you wish to request and receive this information by electronic mail, submit a completed and notarized Electronic Mail Verification Form (MCS-32), available at the following web address:
<http://www.txdps.state.tx.us/forms/index.htm>.