

Packet #1 Instructions

Packet #1

1. Driver application: Self explanatory.
2. MVR release form: Just need to sign and date.
3. Dispatch profile: This is to let us know if there are any states you prefer not to go to & how long you want to stay out or at home.
4. Contact info: So we have somebody to contact in case of emergency.
5. Annual cert of violations: Please follow instructions on form.
6. Previous employer safety: Please sign and date **in the middle of page #1**. We will fill out the previous employer information for you. **Please do not fill out anything else on this form.**
7. Required Documents List: Send in all the documents on this list when you send Packet #1 back
8. Drivers Notice of Due Process Rights and Authorization: Fill out form

Please fill this packet out and send back in for review.

Thank you

COMMERCIAL DRIVER APPLICATION

Company Baxley Holdings, Inc dba R A Baxley Transportation
Address P.O. Box 105/ 800 Eagle St.
City Scranton State Iowa Zip 51462

APPLICANT INFORMATION

DATE _____ Position applying for: Contractor Driver Contractor's Driver
NAME _____
PHONE () _____ EMERGENCY PHONE () _____
AGE _____ DATE OF BIRTH _____ SS# _____
(The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.)

PHYSICAL EXAM EXPIRATION DATE _____

CURRENT & PREVIOUS THREE YEARS ADDRESSES:

_____	FROM _____	TO _____
_____	FROM _____	TO _____
_____	FROM _____	TO _____

HAVE YOU WORKED FOR THIS COMPANY BEFORE? _____ Yes _____ No
If yes, give dates: From _____ To _____
Reason for leaving? _____

EDUCATION HISTORY:

Please circle the highest grade completed:

Grade school: 1 2 3 4 5 6 7 8 9 10 11 12
College: 1 2 3 4 Post Graduate: 1 2 3 4

EMPLOYMENT HISTORY:

Give a COMPLETE RECORD of all employment for the past three (3) years, including any unemployment or self employment periods, and all commercial driving experience for the past ten (10) years.

Mo/Yr _____ Mo/Yr _____ Present or Last Employer
From _____ To _____ Name _____

Position Held _____ Address _____

Reason for leaving _____ Company phone () _____

Were you subject to the FMCSRs while employed here? _____ Yes _____ No
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 _____ No

Mo/Yr _____ Mo/Yr _____ Present or Last Employer
From _____ To _____ Name _____

Position Held _____ Address _____

Reason for leaving _____ Company phone () _____

Were you subject to the FMCSRs while employed here? _____ Yes _____ No
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 _____ No

Mo/Yr Mo/Yr Present or Last Employer
From _____ To _____ Name _____

Position Held _____ Address _____

Reason for leaving _____ Company phone () _____

Were you subject to the FMCSRs while employed here? _____ Yes _____ No
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 _____ No

Mo/Yr Mo/Yr Present or Last Employer
From _____ To _____ Name _____

Position Held _____ Address _____

Reason for leaving _____ Company phone () _____

Were you subject to the FMCSRs while employed here? _____ Yes _____ No
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 _____ No

Mo/Yr Mo/Yr Present or Last Employer
From _____ To _____ Name _____

Position Held _____ Address _____

Reason for leaving _____ Company phone () _____

Were you subject to the FMCSRs while employed here? _____ Yes _____ No
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 _____ No

Mo/Yr Mo/Yr Present or Last Employer
From _____ To _____ Name _____

Position Held _____ Address _____

Reason for leaving _____ Company phone () _____

Were you subject to the FMCSRs while employed here? _____ Yes _____ No
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 _____ No

Mo/Yr Mo/Yr Present or Last Employer
From _____ To _____ Name _____

Position Held _____ Address _____

Reason for leaving _____ Company phone () _____

Were you subject to the FMCSRs while employed here? _____ Yes _____ No
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 _____ No
(Attach additional sheets for 10-year history, if needed.)

DRIVING EXPERIENCE

Class of Equipment	From	To	Approximate Number of Miles
Straight Truck			
Tractor & Semi-trailer			
Tractor & two trailers			
Tractor & triple trailers			
Other			

List states operated in, for the last five (5) years: _____

List special courses/training completed (PTD/DDC, HAZMAT, ETC) _____

List any Safe Driving Awards you hold and from whom: _____

Accident Record for past three (3) years: (attach sheet if more space is needed):

Date of Accident	Nature of Accidents (Head on, rear end, etc)	Location of Accident	# of Fatalities	# of People Injured

Traffic Convictions and Forfeitures for the last three (3) years (other than parking violations):

Date	Location	Charge	Penalty

Driver's License (list each driver's license held in the past three(3) years:

State	License	Type	Endorsements	Expiration Date

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

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

Have you ever been convicted of a felony? _____Yes _____No

If the answers to any questions listed above are "yes", give details _____

Job References

List three (3) persons for references, other than family members, who have knowledge of your safety habits.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

To Be Read and Signed by Applicant:

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.

It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to obtain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and person named herein from all liability for any damages on account of his furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my application file.

It is agreed and understood that this Application in no way obligates the motor carrier to employ or hire the applicant.

It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.

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.

Applicant Signature _____ **Date** _____

Remarks: (For office use only)

Authorization to Obtain Motor Vehicle Record

THE UNDERSIGNED DOES HEREBY ACKNOWLEDGE AND CERTIFY AS FOLLOWS:

1. Certifies that the undersigned is an employee, or has applied to become an employee of the below named employer in a position which involves the operation of a motor vehicle and the undersigned gives his or her consent to the release of their driving record (MVR) for review by:

Name of Employer or Potential Employer

2. That the undersigned authorizes his or her driving record to be periodically obtained and reviewed for the purpose of initial and continued employment.
3. That all information presented in this form is true and correct. The undersigned makes this certification and affirmation under penalty of perjury and understands that knowingly making a false statement or representation on this form is a criminal violation.

Name of Employee/potential employee: _____
Print name as it appears on driver's license

License Number & State: _____

Date of Birth: _____/_____/_____

Signature of employee/potential employee: _____

Date: _____

Employer Authorized Representative Name: _____

Authorized Representative Signature: _____

Date: _____

R A Baxley Transportation		P.O. Box 105	
A division of Baxley Holdings, Inc.		Scranton, IA 51462	
MC # 117628		lelandjbaxley@outlook.com	
Dispatch Profile		Date	
Company		Your Distpatcher:	
# Drivers		Phone:	
# Trucks		Email:	
# Trailers		Office Hours:	
Truck #		Truck #	
Trailer #		Trailer #	
Trailer Description		Trailer Description	
Unloaded Weight		Unloaded Weight	
Max Gross Weight		Max Gross Weight	
Driver Name(s)		Driver Name(s)	
Tarping		Tarping	
Permitted loads		Permitted loads	
Ideal trip duration		Ideal trip duration	
Max trip duration		Max trip duration	
Preferred Lanes		Preferred Lanes	
Areas or cities you		Areas or cities you	
do not want to go to,		do not want to go to,	
Comments:			
In order for us to dispatch you efficiently please fill out.			
The most important part is communication between you and your dispatcher.			
We do preplan dispatching, If the loads fall within the confines fo the dispatch profile, We will book them and send them to you when you are out on the road.			
We will dispatch accordingly to this profile and your wishes. We will not dispatch you without prior permission on anything that go against this dispatch profile			
Signed			
Date:			

Baxley Holdings Inc.

Contact Information For All Employees and Independent Contractors.

- Name:
- Phone:
- Alt Phone:
- Mailing Address:

Emergency Contact Information.

- Name:
- Phone:
- Alt Phone:

Alternative Emergency Contact Information.

- Name:
- Phone:
- Alt Phone:

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

Baxley Holdings, Inc.
Leland Baxley / Vice President
P.O. Box 105
Scranton, IA 51462

Phone: 515-865-1208 Email: lelandjbaxley@outlook.com

Driver to Complete This Section

As a Commercial Motor Vehicle (CMV) Driver, I understand that per, the Federal Motor Carrier Safety Regulations (FMCSRs) 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 the 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 the 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 its employees, officers, directors, and agents from any and all liability of any type as a result of providing information to the above-mentioned person and/or company.

Previous Employer: _____ Contact Person: _____

Mailing Address: _____ City, State, Zip: _____

Telephone Number: _____ Fax Number: _____ DOT# _____

I worked for this company from the dates of ____/____/____ to ____/____/____ & ____/____/____ to ____/____/____ & ____/____/____ to ____/____/____

Applicants Signature

SSN or ID Number

D.O.B.

Today's Date

SECTION I – Past Employer to Complete >>> DRUG AND ALCOHOL INFORMATION

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

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

- | | YES | NO |
|--|--------------------------|--------------------------|
| 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 violations 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 a SAP evaluation, prescribed treatment and return-to-duty requirements (including follow-up tests) if they remained in your employ.* | | |

* If this information is not available from the previous employer, you as a prospective employer, must get this information from the driver/applicant.

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

SECTION II – Past Employer to Complete >>> ACCIDENT INFORMATION

Please provide the following information as required by 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 within the past three years while under your employment. Previous employers may include additional detailed information on minor accidents/incidents at their discretion.

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

Date	Location	Vehicle Towed	IIHazMat Spil	# 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 ____/____/____ & ____/____/____ to ____/____/____ & ____/____/____ to ____/____/____

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

Straight Trucks Tractor/Trailer Doubles Triples Other

Explain: _____

Type of trailer(s) pulled: _____

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

General area traveled: _____ Commodities transported: _____

- While under your employment was he/she:

a. Bonded: Yes No

b. Convicted of any traffic violations: Yes No

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

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

If yes, please explain: _____

- Reason for leaving: _____

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

Please explain: _____

Additional Comments: _____

Previous Employer Representative Supplying Information:

Print Name _____ Title _____

Signature _____ Date _____

List of Required Documents you must send in

- Truck Title
- Truck Registration
- Trailer Registration
- CDL
- MVR
- Long Form Medical
- Annual Inspection for Truck
- Annual inspection for Trailer
- Any other Certification (TWIC, CARB, etc)
- Purchase Agreement or Dealership Info and Purchase price of Truck
- Please list what equipment your Trailer has. (winch, air ride, what kind of ramps, etc)

Drivers Notice of Due Process Rights and Authorization

Applicant's name----- Date of application_____

In accordance 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.

To Be Read and Signed By Applicant

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

I understand that I have the right to:

" Review information provided by previous employers;

~I have errors in the information corrected by previous employers and for those previous employers to send the corrected information to the prospective employer(s); and

~Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature. _____ Date _____