

Simpkins & Wilcox LLC

Driver Application for Employment

(You must sign each area that is highlighted in Yellow)

Simpkins & Wilcox LLC  
1824 Roane State Highway, Suite 165  
Harriman, Tn 37748

(865)770-5885  
WWW.SWENTERPRISES.US

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_ SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Date of Birth (MM/DD/YY) \_\_\_\_/\_\_\_\_/\_\_\_\_ (Drivers Only) (The U.S. Department of Transportation requires that driver applicants state their date of birth - 391.21(b)(2).)

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_

List any other addresses at which you have resided during the past 3 years:

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_ From \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_ From \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_ From \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_ From \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ County of Residence \_\_\_\_\_ School District \_\_\_\_\_ (Ohio Only)

Position Applying For \_\_\_\_\_ Temporary \_\_\_\_ Part Time \_\_\_\_ Full Time \_\_\_\_

Are you applying as an employee or owner operator? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of Pay Expected \_\_\_\_\_

Have you worked for SWE before? \_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_ Position \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Names of Relatives Working for SWE \_\_\_\_\_

Are you currently employed? \_\_\_\_ If not, how long since leaving last employment? \_\_\_\_ Yr(s) \_\_\_\_ (Mos.)

Education

Highest Grade Completed \_\_\_\_\_ College \_\_\_\_\_ Trade School \_\_\_\_\_

Last School Attended \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Driving School Attended \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Completion Date \_\_\_\_\_

General

Have you ever been bonded? \_\_\_\_\_ Name of Bonding Company \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ (If yes, please explain fully in the comments section in the back of this application. Conviction of a crime is not an automatic bar to employment, all circumstances will be considered.)

Have you ever been convicted of/or have a pending DWI/DUI? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Are you authorized to work in the United States? \_\_\_\_\_

Have you ever worked for SWE under another name? \_\_\_\_\_ If so, what name? \_\_\_\_\_

### Employment Record

The U.S. Department of Transportation requires that driver applicants show all employment for the past three years. Effective July, 1987 driver's applicants must also show commercial driver employment for the seven years immediately preceding this three-year period. 391.21(b)(10), (11).

Start with the current or most recent position, including military experience.

Employer \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Position Held \_\_\_\_\_ From \_\_\_\_ to \_\_\_\_ Rate of Pay \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Position Held \_\_\_\_\_ From \_\_\_\_ to \_\_\_\_ Rate of Pay \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Position Held \_\_\_\_\_ From \_\_\_\_ to \_\_\_\_ Rate of Pay \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Driver Experience and Qualification

State	License Number	Type	Expiration Date

Driver licenses held in the past 3 years must be shown.

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes \_\_\_ No \_\_\_
2. Has any license, permit or privilege ever been suspended or revoked? Yes \_\_\_ No \_\_\_
3. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes \_\_\_ No \_\_\_

If you answered "Yes" to any of the above, give details in the comments section in the back of this application.

Driving Experience

Class of Equipment	Types of Equipment (Van, Flat, Tank, etc)	From	To	Approximate Miles
Straight Truck				
Tractor & Semi Trailer				
Twin Trailers				
Other				

List states operated in during the last 5 years \_\_\_\_\_

List special courses or training that will help you as a driver \_\_\_\_\_

List safe driving awards held and who presented the awards \_\_\_\_\_

Accident Review for Past 3 Years

Dates (Most Recent First)	Nature of Accident (Head-On, Rear-End, Upset, etc.)	Fatalities	Injuries

Traffic Convictions and Forfeitures for the Past 3 Years Other than Parking Violations

Location	Date	Charge	Penalty

Note: If you need additional space for the accident portion or traffic violations, please note them in the other comments section in the back of this application.

Drug and Alcohol Testing

Pursuant to changes effective August 1, 2001, in Part 40 of the Federal Motor Carrier Safety Regulations, this section is being added to the driver application and should be completed by each applicant. These changes require each motor carrier to inquire of prospective drivers the information in the question below.

Have you, the applicant, had a positive alcohol or drug test result or refused to take a DOT drug or alcohol pre-employment test within the past three years from a motor carrier who did not hire you? Yes \_\_\_ No \_\_\_

Name of Motor Carrier \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ ZIP \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

In addition, if the answer to the above question was "Yes", please list the name and contact information for the Substance Abuse Professional (SAP) who completed your evaluation.

Name of SAP \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ ZIP \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Other comments that you would like to add that you think would help in our decision:

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Applicant must read and sign.

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or its agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not. I hereby release JAT, its officers, employees, agents, directors, affiliates and attorneys and any other persons named herein from all liability for any damages on account of furnishing such information. I understand that as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks that are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

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 Investigative Consumer Report, including information regarding my character, general reputation, personal characteristics and mode.

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

I also understand that misrepresentation or omission of information of facts may result in my rejection or dismissal. It is agreed and understood that this application for employment in no way obligates the employer to employ the applicant.

If hired, I agree to abide by all the results and policies of my employer.

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. This also certifies that I have received a copy of the job description and company policies and all questions have been answered to my satisfaction.

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

SWE Use Only

Comments:

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PART I – DOT DRUG AND ALCOHOL RELEASE

I authorize, per 49 CFR Part 40, the release of information from my DOT regulated drug and alcohol testing records by the carriers (company/school) listed below to DAC for the sole purpose of transmitting such records to the above listed employer. I authorize release of the following information concerning drug and alcohol tests: DOT drug and alcohol testing violations including pre-employment tests during the past three years; (i) Alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including verified adulterated or substituted results); (iv) other violations of DOT drug and alcohol testing regulations; (v) information obtained from previous employers of a drug and alcohol rule violation(s) and (vi) documents, if any, of completion of a return-to-duty process following a rule violation.

The information that I have authorized DAC to review involves tests required by DOT. If any carrier (company/school) listed below furnishes DAC with information concerning items (i) through (vi) above, I also authorize that carrier (company/school) to release and furnish the dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the two-year period and the name and phone number of any substance abuse professional who evaluated me during the past three years.

Company	City	State	Phone Number
_____	_____	_____	( ) _____ - _____
_____	_____	_____	( ) _____ - _____
_____	_____	_____	( ) _____ - _____
_____	_____	_____	( ) _____ - _____

(Attach additional forms for additional past employers. That form must also include the individual's signature.)

Print Name: \_\_\_\_\_  
(Applicant Name)

Signed: \_\_\_\_\_  
(Applicant Signature Required)

Social Security No: \_\_\_\_\_

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

PART II – CONSUMER REPORT DISCLOSURE AND RELEASE

In connection with my application for employment (including contract for services) with the employer named above, 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: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record 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. THIS AUTHORIZATION DOES NOT APPLY TO DRUG AND ALCOHOL INFORMATION OBTAINED UNDER PART I.

I have the right to request from DAC, upon presentation of proper identification, 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 has previously furnished within the three 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 (not DOT Drug and Alcohol information without a specific consent by me) 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, for Part II reports only, 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.

Print Name: \_\_\_\_\_ Signed: \_\_\_\_\_  
(Applicant Name) (Applicant Signature Required)

Social Security No: \_\_\_\_\_ Date: \_\_\_\_\_

**PART III – INVESTIGATIVE CONSUMER REPORT RELEASE**

In connection with my application for employment (including contract for services) with the employer named above, I hereby fully release and discharge you and DAC services, their respective affiliates, subsidiaries, directors, officers, employees, agents and attorneys thereof, and each of them, and any individual, organization, entity, agency, or other source providing information to above named employer and/or DAC Services from all claims and damages arising out of or relating to any investigation of my background for employment purposes. I have been provided a copy of the summary of rights of the consumer pursuant to the Fair Credit Reporting Act (FCRA), and have also been provided a disclosure that an investigative consumer report will be sought pursuant to the FCRA.

By signing below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired. I further certify that all of the information that I have furnished on this form is true and complete.

I hereby authorize and give my consent to the above company 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. THIS AUTHORIZATION DOES NOT APPLY TO DRUG AND ALCOHOL INFORMATION OBTAINED UNDER PART I.

Print Applicant Name \_\_\_\_\_ Applicant Signature 

For purposes of gathering this information, I agree to supply the following information, which may be required by law enforcement agencies and other entities for positive identification purposes when checking records. It is confidential and will not be used for any other purpose.

Print other last names you have used \_\_\_\_\_

List States & Counties of Residence for the past:  3 years  5 years  7 years  10 years (Attach a separate sheet if more space is needed.)

State \_\_\_\_\_ City/County \_\_\_\_\_ From 19 \_\_\_\_ to 19 \_\_\_\_

State \_\_\_\_\_ City/County \_\_\_\_\_ From 19 \_\_\_\_ to 19 \_\_\_\_


Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex (circle one): Male Female

Driver's License No. \_\_\_\_\_ State Issuing License \_\_\_\_\_

**PAST EMPLOYMENT INFORMATION REQUEST FORM**

I hereby authorize you to release the following information to SWE of Harriman Tennessee for purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

\_\_\_\_/\_\_\_\_/\_\_\_\_ x 



Date	Applicant's Signature
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**ISSUED TO:**

COMPANY \_\_\_\_\_

NAME/TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

Dear Sir/Madam:

\_\_\_\_\_, Social Security # \_\_\_\_-\_\_\_\_-\_\_\_\_ has submitted an application to our company for a position as a DRIVER, and states that he/she previously worked for your company from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ . Would you please take a moment and complete the information requested below? Your reply will be held in strict confidence and we appreciate your prompt response.

Sincerely,

\_\_\_\_\_

\_\_\_\_\_

- 
- 
1. Did the above named applicant work for your company?  YES  NO  
If YES, please state the actual dates of employment: FROM \_\_\_/\_\_\_/\_\_\_ TO \_\_\_/\_\_\_/\_\_\_
  2. Did he/she drive a motor vehicle for your company?  YES  NO  
If YES, please check the appropriate type of vehicle  Straight Truck  Tractor/Semi-trailer  
 Bus  Other (specify) \_\_\_\_\_  
If NO, please state what kind of work he/she performed \_\_\_\_\_
  3. Was he/she a safe efficient driver?  YES  NO Other \_\_\_\_\_
  4. Was the above individual ever involved in a preventable collision(s)?  YES  NO  
How Many? \_\_\_\_\_  
Please give a brief driving history if available for the past three years \_\_\_\_\_
  5. Was his/her general conduct satisfactory?  YES  NO Other \_\_\_\_\_
  6. Would you permit this driver to drive for you again?  YES  NO OTHER \_\_\_\_\_
  7. Why did this driver leave your company: Discharge  Lay Off  Resigned  Military Duty
  8. Do you have any further comments concerning the named individual's driving history? \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_

**DRUG/ALCOHOL TESTING HISTORY INQUIRY**

I hereby authorize you to release the information below to SWE of Harriman Tennessee  
(Prospective Carrier)  
for purposes of investigation as required by Section 382.413 and 40.25 of the Federal Motor  
Carrier Safety Regulations. You are released from any an all liability which may result from  
furnishing such information.

X \_\_\_\_\_ / /  
Applicant Signature Date

**ISSUED TO: (Previous Employer)**

COMPANY \_\_\_\_\_  
NAME/TITLE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/STATE \_\_\_\_\_

Dear Sir/Madam:

Pursuant to Part 382.413 and 40.25 of the Federal Motor Carrier Safety Regulations, I hereby request any available  
information on your former commercial vehicle driver \_\_\_\_\_ regarding the following during the  
past three years:

Applicant Name  
Sincerely,

\_\_\_\_\_  
Signature of Prospective Employer

A. Has this person ever tested positive for a controlled substance in the last three (3) years?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

B. Has this person ever had an alcohol test with a Breath Alcohol Concentration of 0.04 or  
Greater in the last two (3) years? \_\_\_\_\_ YES \_\_\_\_\_ NO.

C. Has this person refused a required test for drugs or alcohol in the last three (3) years?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

D. Has this person committed other violations of DOT agency drug and alcohol testing regulations?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

\* If the answer to any of the above questions was **YES**, please provide the name and contact information for the  
Substance Abuse Professional that the listed applicant was referred to:

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

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

Telephone No: \_\_\_\_\_

Signature of person furnishing information: \_\_\_\_\_

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

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