

DRIVER APPLICATION / APLICACIÓN DE CHOFER

Name / Nombre : _____ Date / Fecha : _____

Company applying to / Compañía a que aplica : _____

Per FMCSA's 391.23 (investigation and inquiries), subpart (J): (Driver) I understand that I have the right to: Review information provided by current/previous employers: Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and cannot agree on the accuracy of the information.

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. / En cumplimiento con las leyes federales y estatales de igualdad de empleo, aplicantes calificados son considerados para empleo sin distinción de raza, color, religión, sexo, origen, edad, estado civil, o la presencia de salud física no relacionada con este empleo.

Position(s) applied for / Posición a que aplica : _____ Referred by / Referido por : _____

Social Security / Seguro Social : _____ Date of Birth / Fecha de Nacimiento : _____

Address / Dirección : _____

City / Ciudad : _____ State / Estado : _____ Zip / Código Postal : _____

CDL / CDL : _____ CDL Expiration / Expiración de CDL : _____

Home / Hogar : _____ Work / Trabajo : _____

Cell / Celular : _____ Email / Email : _____

Emergency Contact / Contacto de Emergencia : _____ Tel. / Tel. : _____

ADDRESS FOR PAST 3 YEARS / DIRECCIÓN PASADOS 3 AÑOS

1. Address / Dirección : _____
_____ How long / Tiempo : _____

2. Address / Dirección : _____
_____ How long / Tiempo : _____

Do you have the legal right to work in the U.S. / Usted esta autorizado para trabajar en EU? Yes / Si No

Are you presently working / Usted esta actualmente trabajando? Yes / Si No

If not, how long since last job / Si no , que tiempo hace desde su ultimo trabajo? _____

PHYSICAL HISTORY HISTORIA FISICA

Do you have any physical condition which may limit your ability to perform the job applied for
 Tiene usted alguna condición física que limite su capacidad de cumplir con su trabajo?

Yes / Si No

Have you ever tested positive for drugs or alcohol as a commercial driver /
 Usted ha salido positivo en una prueba de drogas o alcohol como un chofer comercial?

Yes / Si No

If yes, when / Si, cuando : _____

Please explain / Por favor explique : _____

EXPERIENCE AND QUALIFICATIONS - DRIVER / EXPERIENCIA Y CALIFICACIONES - CHOFER

	STATE / ESTADO	LICENSE NO. / NO. DE LICENSIA	TYPE / TIPO	EXPIRES / EX IRA
DRIVER'S LICENSES / LICENCIAS				

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle /
 alguna vez le han cancelado su licencia, permiso de manejar?

Yes / Si No

B. Has any license, permit or privilege ever been suspended or revoked /
 alguna vez le han suspendido o revocado su permiso de manejar?

Yes / Si No

(If YES to either A or B, attach statement giving details / Si ha contestado "SI" a la pregunta "A" o "B" explique las razones)

Commercial Motor Vehicle Driver Since : _____

Years of Commercial Motor Vehicle experience : _____

Below, please list the type of Commercial Motor Vehicle experience you have had:

- | | | |
|---|--|--|
| <input type="checkbox"/> Dry Van Truck | <input type="checkbox"/> Car Carrier Truck | <input type="checkbox"/> Off-Highway |
| <input type="checkbox"/> Tractor-Semi Trailer | <input type="checkbox"/> Crane Truck | <input type="checkbox"/> Passenger Bus |
| <input type="checkbox"/> Reefer | <input type="checkbox"/> Transfer Truck | <input type="checkbox"/> Plow Truck |
| <input type="checkbox"/> Flatbed Truck | <input type="checkbox"/> Expeditor/Hot Shot | <input type="checkbox"/> Refuse Hauler |
| <input type="checkbox"/> Dump Truck | <input type="checkbox"/> Farm/Grain Truck | <input type="checkbox"/> Roll-back Tow Truck |
| <input type="checkbox"/> Tank Truck | <input type="checkbox"/> Fire Truck | <input type="checkbox"/> Salvage Truck |
| <input type="checkbox"/> Beverage Truck | <input type="checkbox"/> Fuel/Lube Truck | <input type="checkbox"/> Service: Utility/Mechanic Truck |
| <input type="checkbox"/> Bucket/Boom Truck | <input type="checkbox"/> Logging Truck | <input type="checkbox"/> Toter Truck |
| <input type="checkbox"/> Cab & Chassis Truck | <input type="checkbox"/> Low Boy | <input type="checkbox"/> Tractor |
| <input type="checkbox"/> Cabover Truck | <input type="checkbox"/> Mixer: Asphalt/Concrete | <input type="checkbox"/> Wrecker Tow Truck |

ACCIDENT RECORD / LISTA DE ACCIDENTES

Accident record for past 3 years. Attach sheet if more space is needed / Lista de accidentes en que se haya visto envuelto en los últimos 3 años :

	DATE / FECHA	TYPE OF ACCIDENT / TIPO DE ACCIDENTE	FATALITIES / MUERTOS	INJURIES / HERIDAS
ACCIDENT / ACCIDENTE 1				
ACCIDENT / ACCIDENTE 2				
ACCIDENT / ACCIDENTE 3				

Traffic convictions and forfeitures for the past 3 years (other than parking violations) /
Violaciones de transito en los últimos 3 años (violaciones que no sean de parqueo) :

LOCATION / LUGAR	DATE / FECHA	CHARGE / TIPO DE MULTA	PENALTY / PENALIDAD

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. As a commercial CDL driver I hereby release employers, schools or persons from all liability in responding to inquiries 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, as permitted by Law.

PARA SER LEIDO Y FIRMADO POR EL APLICANTE

Esto certifica que esta aplicación a sido completada por mí, y que toda la información dada aquí a mi entender es correcta. Yo autorizo a que se investigue mipasado medico, de empleado, historia de manejo y violaciones y otras cosas que sean relacionadas a este empleo que estoy siendo considerado como chofer omercial CDL. Si soy contratado entiendo que puedo ser despedido sí yo e proveido información falsa en esta aplicación. Tambien entiendo que estoy requerido a obedecer las regulaciones de esta compañía permitidas por la Ley.



Signature / Firma : _____

Date / Fecha : _____

DRIVER WORK HISTORY / HISTORIA DE TRABAJO DE CHOFER

Name / Nombre : _____ Date / Fecha : _____

Company applying to / Compañía a que aplica : _____

WORK HISTORY / HISTORIA DE TRABAJO

All drivers' applicants to drive in intra or interstate commerce must provide the following information on all work during the preceding 10 years. Please complete the following, by date order including those date periods in which you were not working, or worked as a sole proprietor. / Todos los chóferes que aplican a manejar vehículos comerciales en el estado o fuera del estado, tienen que proveer la siguiente información relacionada a sus trabajos anteriores. Por favor complete la siguiente información en orden cronológico incluyendo los periodos de tiempo en que usted estuvo desempleado, o trabajo por cuenta propia.

Which is the exact date of your first job in the US / Cual es la fecha exacta en que comenzó a trabajar en EE.UU.?

Date / Fecha : _____

Please list your work history beginning with the most recent / Por favor indique su historia de trabajo comenzando por el más reciente.

Date / Fecha : From / Desde : _____ To / Hasta : _____

Unemployed / Desempleado Worked for Company / Trabajo Para Una Compañía Self-Employed / Trabajo por Cuenta Propia

Were you subject to Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? / Estuvo sujeto a las Regulaciones del Departamento Federal de Seguridad de Transporte mientras trabajo con su previo empleador? YES / SI NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? / Su previa posición como conductor bajo alguno de los modos regulados por el DOT estuvo sujeto al requerimiento de exámenes de alcohol y drogas como es requerido en 49 CFR part 40? YES / SI NO

Company / Compañía : _____ Position Held / Posición : _____

Address / Dirección : _____ Reason for Leaving / Razón de Renuncia : _____

Contact Person / Supervisor : _____

Phone / Teléfono : _____ Fax / Fax : _____

 Signature / Firma : _____ Date / Fecha : _____

Date / Fecha : From / Desde : _____ To / Hasta : _____

Unemployed / Desempleado Worked for Company / Trabajo Para Una Compañía Self-Employed / Trabajo por Cuenta Propia

Were you subject to Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? / Estuvo sujeto a las Regulaciones del Departamento Federal de Seguridad de Transporte mientras trabajo con su previo empleador? YES / SI NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? / Su previa posición como conductor bajo alguno de los modos regulados por el DOT estuvo sujeto al requerimiento de exámenes de alcohol y drogas como es requerido en 49 CFR part 40? YES / SI NO

Company / Compañía : _____ Position Held / Posición : _____

Address / Dirección : _____ Reason for Leaving / Razón de Renuncia : _____

Contact Person / Supervisor : _____

Phone / Teléfono : _____ Fax / Fax : _____

Date / Fecha : From / Desde : _____ To / Hasta : _____

Unemployed / Desempleado Worked for Company / Trabajo P ra Una Compañía Self-Employed / Trabajo por Cuenta Propia

Were you subject to Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? / Estuvo sujeto a las Regulaciones del Departamento Federal de Seguridad de Transporte mientras trabajo con su previo empleador? YES / SI NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? / Su previa posición como conductor bajo alguno de los modos regulados por el DOT estuvo sujeto al requerimiento de exámenes de alcohol y drogas como es requerido en 49 CFR part 40? YES / SI NO

Company / Compañía : _____ Position Held / Posición : _____

Address / Dirección : _____ Reason for Leaving / Razón de Renuncia : _____

Contact Person / Supervisor : _____

Phone / Teléfono : _____ Fax / Fax : _____

 Signature / Firm : _____ Date / Fecha : _____

DOT MANDATED DRIVER'S ACKNOWLEDGMENT OF LOGS PROGRAM

This internal rule applies to all Owner Operators, and Drivers operating under the below mentioned carrier. This company rule mandates the following:

1. All logs MUST be turned in to the carrier company; including off duty date logs.
2. Logs MUST be totally completed as per DOT requirements including compliance with driving and on duty hours.
3. Copies of all supportive documentation such as fuel and toll receipts MUST also be turned in to the carrier for false log verification.

As per company rule any violation of this mandated regulation could represent grounds for disciplinary actions including the termination of our services within the company.

Driver's Name: _____ CDL No: _____

Carrier Name: _____



Signature: _____

Date: _____

PROGRAMA DOT MANDATORIO DE LOGS – RECONOCIMIENTO DEL CHOFER

Esta regla interna de la compañía aplica a todos los Dueños Operadores y Chóferes operando bajo esta compañía. Esta regulación dicta lo siguiente:

1. Todos los logs TIENEN que ser entregados a la compañía; incluyendo aquellos por los días en que usted no a trabajado.
2. Los logs TIENEN que ser completados como lo dicta las regulaciones del DOT teniendo en cuenta las horas permitidas de manejo y trabajo.
3. Copias de recibos de petróleo y peaje TIENEN que ser entregados como parte de la documentación de sus logs.

Como regla de la compañía cualquier violación de este reglamento podría representar motivo de acciones disciplinarias, incluyendo la terminación de nuestro servicios dentro de la compañía.

Nombre del Chofer: _____ No de CDL: _____

Compañía: _____



Firma: _____

Fecha: _____

COMPANY POLICY ON HAND-HELD COMMUNICATIONS DEVICES

The Federal Motor Carrier Safety Administration has implemented a strict policy that prohibits the use of hand held communications devices. In response to this regulation, the company is implementing the following policies:

- 1) Cell phone use while operating a company vehicle is expressly prohibited. This prohibition includes the use of the following:
 - * Cell Phones
 - * *PDA's*
 - * Texting
 - * Qualcomm or similar devices
- 2) If you are required to make or receive a call, find a safe location (not the shoulder of the highway) and park your vehicle before using a communication device.
- 3) If you receive an incoming call while driving, allow it go to voice mail and, if necessary, respond after finding a safe place to stop your vehicle.
- 4) Although not prohibited by federal regulation, the company believes that blue - tooth devices create a distraction for the driver and is therefore prohibiting the use of such devices while driving.
- 5) If making an emergency call to 911 or other authorities, find a safe location to park your vehicle prior to using the phone.

The company is dedicated to both compliance with state and federal laws and is committed to operating safely. Distracted driving represents an unacceptable risk to the public. Drivers who violate the rules governing hand-held communication devices shall be subject to disciplinary action up to and including termination.

I have received and read the above policy on hand held communication devices and agree to comply with it.

Signed _____

Dated _____

**MOTOR VEHICLE DRIVER'S
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: Part 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 392.42 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 employ ing 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.

The following license is the only one I will possess:

Driver's License No.: _____ State: _____ Expiration Date: _____

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

Driver's Name: _____

Driver's Signature: _____ Date: _____

Notes:

CERTIFICATION OF VIOLATIONS / ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall at least once every 12 months, require each driver to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding parking) 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

Driver's Name: _____ Social Security No. : _____ Date of Service: _____

License No. : _____ State: _____ Expiration: _____ Home Terminal: _____

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.

If you have had no violations, check this box - None

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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.

**SIGN
HERE** ▶

Driver's Signature: _____ Date: _____

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 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: _____ Title: _____

Signature: _____ Date: _____

Motor Carrier: _____

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT /
REGULACIÓN DE INFORMACIÓN SOBRE LA IGUALDAD DE REPORTES DE CRÉDITO

Driver / Chofer : _____

Social Security / Seguro Social : _____

Company / Compañía : _____

Date / Fecha : _____

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 drug and alcohol test results, your driving record, a background check and a credit check may be obtained for employment evaluation purposes.

**SIGN
HERE** ▶

Signature : _____

De acuerdo con las reglas de la sección 604 (b)(2)(a) de la ley de Crédito al Consumidor, Ley Publica 91-508, y amendada por la Ley de Reportes de Crédito del Consumidor de 1996 (Titulo II, Subtitulo D, Capitulo I Ley Publica 104-208), usted esta siendo informado que la verificación por parte nuestra de su historial de resultados de drogas y alcohol a los cuales usted se ha sometido, historial de violaciones de trafico en su licencia de conduccion, historial criminal y reporte de historial de credito es solamente con fines de su aplicación para trabajar con la compañía de transporte mencionada en este documento.

**SIGN
HERE** ▶

Firma : _____

REQUEST FOR INFORMATION FROM PREVIOUS MOTOR CARRIER

COMPLETED BY PREVIOUS EMPLOYER

Dear Sir/Madam:

The below named individual has made an application to _____ for a position as driver, and states that he/she was employed by you as _____ from _____ to _____.

We appreciate your time in completing, in confidence, the requested information. Please fax back to : _____

Thank you for replying.

COMPLETED BY PREVIOUS EMPLOYER

Driver's Name : _____ Social Security No. : _____

1. Employed from _____ to _____ as _____ at a wage or salary of _____.
2. Did he/she drive a motor vehicle for you? Yes No
3. Was he/she a safe and efficient driver? _____
4. Reason for leaving: Discharged Resignation Laid Off Military Duty
5. Was his/her general conduct satisfactory? _____
6. Please advise history of past driving record if available for past three years (please include any accidents) :

Under Department of Transportation testing requirements: YES NO

7. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? YES NO
8. Has this person had a verified positive drug test? YES NO
9. Has this person refused to be tested (including verified adulterated or substituted drug test results)? YES NO
10. Has this person committed other violations of DOT agency drug and alcohol testing regulations? YES NO
11. If this person has violated a DOT drug and alcohol regulation, do you have documentation of the employee's successful completion of DOT return-to-duty requirements, including follow-up visits? YES NO
(Please send this documentation back with this form, if applicable.)

PLEASE COMPLETE AND SIGN THIS FORM AND FAX BACK TO :

Name : _____ Title : _____

 Signature : _____ Date : _____

AUTHORIZATION TO OBTAIN BACKGROUND INFORMATION

For as long as I am operating for the under named carrier company, I the undersigned, have authorized The Simplex Group, its agents and representatives, to obtain the following information:

- Past Employment References (skills, behavior, experience, drug & alcohol tests) (as per Section 391.23)
- Driving Record History
- Criminal Background Records

I understand that any information obtained as a result of this release will be provided to the under named carrier company for hiring eligibility based on DOT regulation under part 391 of 49CFR.

Driver : _____ Company : _____

Social Security # : _____ CDL # : _____

Address : _____ City : _____ State: _____ Zip : _____

 Signature : _____ Date: _____

AUTORIZACION PARA OBTENER INFORMACION DE RECORDS

Yo el abajo firmante autorizo a The Simplex Group, sus agentes, representantes, como también a la compañía de transporte la siguiente información. Esta autorización estará vigente mientras yo este operando para la compañía de transporte mencionada en esta forma:

- Past Employment References (skills, behavior, experience, drug & alcohol tests) (as per Section 391.23)
- Driving Record History
- Criminal Background Records

Yo entiendo que cualquier información obtenida como resultado de esta autorización será dada a la compañía transportista para la cual yo estoy aplicando. El resultado será usado para determinar la aprobación de su aplicación basada en la regulación de DOT bajo parte 391 de 49CFR.

Chofer : _____ Compañía : _____

Seguro Social : _____ CDL : _____

Dirección : _____ Ciudad : _____ Estado: _____ Zip : _____

 Firma : _____ Fecha: _____

ACKNOWLEDGEMENT OF PAST ON-DUTY HOURS / DECLARACION DE PASADAS HORAS DE TRABAJO

Driver / Chofer : _____ Date / Fecha : _____

Social Security / Seguro Social : _____ CDL# / CDL : _____

Company / Compañía : _____

I, the undersigned; certify that over the last (7) days, I have worked the following hours:
Yo, el abajo firmante, certifico que en los últimos (7) días he estado trabajando las siguientes horas:

DAY Día	1 YESTERDAY Ayer	2 DAYS AGO Días Atras	3 DAYS AGO Días Atras	4 DAYS AGO Días Atras	5 DAYS AGO Días Atras	6 DAYS AGO Días Atras	7 DAYS AGO Días Atras	TOTAL Total
HOURS WORKED Horas de Trabajo								

Are you currently working for another company? YES NO

Will you be engaged in work activities prior to being dispatched by this company? YES NO

I hereby certify that the information given above is correct to the best of my knowledge and that I was last relieved from my past employer at:

Time : _____ Date : _____  Signature : _____

En estos momentos usted esta trabajando para otra compañía? SI NO

Mientras que usted espera a ser despachado de viaje por esta compañía usted va a trabajar en otro lugar? SI NO

Yo certifico que la información que he brindado en este documento es correcta y que refleja cuando fue la última vez que trabaje:

Hora : _____ Fecha : _____  Firma : _____

**DRIVER ACKNOWLEDGMENT OF SUBSTANCE ABUSE TESTING POLICY /
RECONOCIMIENTO POR PARTE DEL CHOFER POLÍTICA DE PRUEBAS DE ALCOHOL Y DROGAS**

By DOT regulations no one is permitted to drive a commercial motor vehicle until they have signed, dated and returned this form.

Substance Abuse Policy. I also acknowledge that I can contact the management of the carrier company at Controlled Substance Abuse Policy. I also acknowledge that I can contact the management of the carrier company at anytime regarding any questions I may have concerning such company policy. I understand that the terms described in this policy may be altered, amended or changed at any time to comply with the Federal DOT Regulations under Part 382 and its implementing regulations, with or without prior notice. I further understand that any violation of this policy may subject me to discipline, up to and including termination.

Por ley del Departamento de Transporte no se permite a ninguna persona operar un vehiculo comercial sin antes haber firmado, fechado y entregado esta forma.

Yo reconozco que tengo el derecho a obtener una copia de la Política de Drogas y Alcohol de la compañía para la cual voy a trabajar. También reconozco que puedo contactar a la administración de la compañía para hacer cualquier pregunta relacionada a la política de la compañía antes mencionada. Entiendo que los términos descritos en esta política de la compañía pueden ser sin previo aviso, alterados, cambiados en cualquier momento para cumplir con las regulaciones federales del Departamento de Transporte en su parte 382 de acuerdo a las regulaciones. Entiendo que si violo esta política de la compañía pudiese estar sujeto a acciones disciplinarias o despido inmediato.

Driver / Chofer : _____

Company / Compañía : _____

 Signature / Firma : _____ Date / Fecha : _____

RELEASE & DOCUMENTATION OF PRE-EMPLOYMENT TESTING INFORMATION BY APPLICANT/DRIVER REQUIRED BY PART 40.25(J).

Part 40.25(j) requires Employers to ask Applicant/Driver whether he/she has tested positive or refused to test on any Pre-employment alcohol or drug test administered by an Employer to which the Applicant/Driver applied but did not obtain safety sensitive transportation work covered by DOT agency alcohol and drug testing rules during the past two (2) years. Regulación Part 40.25 (j) requiere a compañías de transporte preguntar al aplicante/chofer, si el los últimos dos (2) años, el/ella a tenido alguna vez un resultado positivo en una prueba de Pre-Empleo Alcohol y/o Drogas por el cual no haya obtenido empleo para una posición en una compañía de transporte, la cual sea regulada por el Departamento de Transporte (DOT).

Name / Nombre : _____ Date / Fecha : _____

SS # : _____

Applicant must answer the items listed below / Aplicante debe de contestar las siguientes preguntas :

During the past two (2) years have you tested positive on a Pre-employment alcohol or drug test administered by Employer to which you applied for but did not obtain a safety sensitive transportation work covered by Department of Transportation (DOT) drug and alcohol testing rules? / Durante los últimos dos (2) años, usted ha tenido un resultado positivo en una prueba de alcohol y/o drogas de Pre-Empleo, en el cual la prueba haya sido administrada por una compañía en la cual usted aplico para una posición de chofer regulada por el Departamento de Transporte (DOT).

Yes / Si

No / No

During the past two (2) years have you refused to test on a Pre-employment alcohol or drug test administered by Employer to which you applied for but did not obtain a safety sensitive transportation work covered by the Department of Transportation (DOT) drug and alcohol testing rules? / Durante los últimos dos (2) años, usted se a negado a tomar una prueba de alcohol y/o drogas de Pre-Empleo, en el cual la prueba hubiese sido administrada por una compañía en la cual usted aplico para una posición de chofer regulada por el Departamento de Transporte (DOT).

Yes / Si

No / No

If you answered YES to either of the questions above, please provide documentation of your successful completion of the return-to-duty process required by part 40 subpart O. / Si usted contesto "Si" a alguna de las preguntas anteriores, por favor provea la documentación necesaria que verifique que usted completo los requerimientos necesarios para regresar al trabajo según la egulación Part 40 subpart O.

Name / Nombre : _____

Signature / Firma : _____ Date / Fecha : _____

Witness / Testigo : _____

Record keeping requirements: If "YES" to either question, retain for 5 years. If "No" to both questions, discard after employment terminates.

DRIVER'S AUTHORIZATION TO RELEASE SUBSTANCE ABUSE TEST RESULT

Date : _____

I, _____ , authorize The Simplex Group, Inc. to release my
Substance Abuse Test Results to:

Company : _____

 Driver's Signature : _____

Social Security No. : _____

AUTORIZACIÓN DEL CHOFER PARA LIBERAR RESULTADOS DE EXAMENES DE DROGAS

Fecha : _____

Yo, _____ , autorizo a The Simplex Group, Inc. a liberar infor-
mación sobre resultados de mis exámenes de drogas a:

Compañía : _____

 Firma del Chofer : _____

Social Security No. : _____