

Application for Employment

Montgomery Trucking Inc of Indiana

2207 W Cook Rd Ste A, Ft Wayne, IN 46818

Applicant: _____ Date of Application: _____ DOB: _____
SS#: _____ DL#: _____ ST: _____ Exp: _____

Yes	N/A	Item
<input type="checkbox"/>	<input type="checkbox"/>	Permission to run / receive: <input type="checkbox"/> MVR <input type="checkbox"/> Long Form Medical <input type="checkbox"/> Safety Performance Records
<input type="checkbox"/>	<input type="checkbox"/>	PSP <input type="checkbox"/> Signed Release <input type="checkbox"/> Given Fair Credit Reporting Form <input type="checkbox"/> PSP Received
<input type="checkbox"/>	<input type="checkbox"/>	Copy of commercial driver license (CDL) <input type="checkbox"/> Temporary <input type="checkbox"/> Not a CDL
<input type="checkbox"/>	<input type="checkbox"/>	MVR: Date: _____ <input type="checkbox"/> Active/Valid/In Force <input type="checkbox"/> Medical <input type="checkbox"/> Self-Certify Renew: _____
<input type="checkbox"/>	<input type="checkbox"/>	Long form physical & certificate <input type="checkbox"/> Fully completed & signed by doctor <input type="checkbox"/> BP under 140/90 <input type="checkbox"/> Marked as qualified Expiration Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Applicant Basic Information
<input type="checkbox"/>	<input type="checkbox"/>	Employment history – <input type="checkbox"/> No gaps, or <input type="checkbox"/> Explanation provided
<input type="checkbox"/>	<input type="checkbox"/>	Supplemental employment page
<input type="checkbox"/>	<input type="checkbox"/>	Declaration of Employment Status (Gaps in employment history)
<input type="checkbox"/>	<input type="checkbox"/>	Declaration of <input type="checkbox"/> Accidents & <input type="checkbox"/> Tickets / Citations last 5 years
<input type="checkbox"/>	<input type="checkbox"/>	Safety performance history records request
<input type="checkbox"/>	<input type="checkbox"/>	Past employment verified (preceding 5 years)
<input type="checkbox"/>	<input type="checkbox"/>	Experience: From: _____ to _____ Apx Miles: _____ <input type="checkbox"/> Intrastate <input type="checkbox"/> Interstate
<input type="checkbox"/>	<input type="checkbox"/>	Certification of compliance with driver license requirements
<input type="checkbox"/>	<input type="checkbox"/>	Certification of violations (signature only – used annually)
<input type="checkbox"/>	<input type="checkbox"/>	Statement of on-duty hours
<input type="checkbox"/>	<input type="checkbox"/>	Certification for other compensated work
<input type="checkbox"/>	<input type="checkbox"/>	Fair credit reporting act disclosure statement
<input type="checkbox"/>	<input type="checkbox"/>	Alcohol and controlled substances: <input type="checkbox"/> Prior testing <input type="checkbox"/> Consent and release
<input type="checkbox"/>	<input type="checkbox"/>	Pre-Employment Drug Screen: Collection: <input checked="" type="checkbox"/> CCF Date: _____ Results: <input type="checkbox"/> Negative Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Copy of Road Test: Date: _____ <input type="checkbox"/> Satisfactory <input type="checkbox"/> Needs Training <input type="checkbox"/> Unsatisfactory Accepted in lieu of road test: <input type="checkbox"/> CDL <input type="checkbox"/> _____ years of experience
<input type="checkbox"/>	<input type="checkbox"/>	Copy of Brake Inspection / Certification: Date: _____ Notes: _____
<input type="checkbox"/>	<input type="checkbox"/>	Acknowledgement of Orientation <input type="checkbox"/> Handbook <input type="checkbox"/> Drugs & Alcohol <input type="checkbox"/> Hours of Service <input type="checkbox"/> CSA <input type="checkbox"/> Defensive Driving <input type="checkbox"/> Discipline / Incentives <input type="checkbox"/> Other: _____
<input type="checkbox"/>	<input type="checkbox"/>	New drivers, proof of successful completion of CDL driving course
<input type="checkbox"/>	<input type="checkbox"/>	New drivers (or drivers renewing), 6-month trial period has passed
<input type="checkbox"/>	<input type="checkbox"/>	HazMat Certification: Type(s): _____ Expires: _____
Hired Date: _____ Termination Date: _____ Eligible for Rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Notes:		

Equal Employment Opportunity Statement

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, veteran status, non-job related disability, or any other protected group status.

Permission To Proceed With Application: 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 interviews 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 employers will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23 (d) and (e). I understand that I have the right to:

- Review information provided by the 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 I cannot agree on the accuracy of the information.

Specifically, I authorize you to access the **FMCSA Pre-Employment Screening Program (PSP)** system to seek information regarding my commercial driving safety record and information regarding my safety inspection history (specific form detailing my permission follows).

Specifically, I authorize you to access state and/or federal systems to seek information regarding my **Motor Vehicle Records (MVR)** history.

Specifically, I share with you the **Medical Examination Report for Commercial Driver Fitness Determination** (the long-form).

Specifically, I authorize you to perform a **Safety Performance History Records Request** with any former employer listed in this document.

Driver Name: _____

Signature: _____ Date: _____

Notice Regarding Background Reports

1. In connection with your application for employment with **Montgomery Trucking Inc of Indiana** ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

2. I authorize Montgomery Trucking Inc of Indiana ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

3. I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

4. I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Signature: _____ Date: _____

Printed Name: _____

Application for Employment

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Applicant Information

Name: _____ (_____) _____
First Middle Last Telephone

Email Address: _____ Fax (if applicable): _____

Social Security #: _____ Date of Birth: _____

State Driver License # Type 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

If you answered yes to either of the above 2 questions, explain.

Current Address: _____

Street City State, Zip How Long?

Previous Address(es): _____

Street City State, Zip How Long?

Need at least 3 years _____

Street City State, Zip How Long?

Do you have the legal right to work in the United States? ☐ Yes ☐ No

Can you provide proof of legal status? ☐ Yes ☐ No Can you provide proof of age? ☐ Yes ☐ No

Emergency Contact Name: _____ Relation: _____

Contact Address: _____ Phone #: (_____) _____

Employment Information

Have you worked for this company before? ☐ Yes ☐ No From: _____ To: _____

Reason for leaving? _____

Are you now employed? ☐ Yes ☐ No If not, date left last employment: _____

Have you ever been bonded? ☐ Yes ☐ No Name of bonding company: _____

Have you ever been convicted of a felony? ☐ Yes ☐ No If yes, explain fully on a separate sheet of paper.

Conviction of a crime is not an automatic bar to employment. All circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied?

☐ Yes ☐ No If yes, please explain: _____

Highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 Higher: _____

Last school attended: _____ City, State: _____

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Employment Record

NOTE: DOT requires employment for three (3) years previous and/or commercial driving experience for past 10 years be shown.

Employer: _____ Employed From: _____ To: _____

Address: _____

Phone: (____) _____ Supervisor: _____

Position: _____ Reason for Leaving: _____

- Were you subject to the FMCSRs while employed? ☐ Yes ☐ No
- Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? ☐ Yes ☐ No

Employer: _____ Employed From: _____ To: _____

Address: _____

Phone: (____) _____ Supervisor: _____

Position: _____ Reason for Leaving: _____

- Were you subject to the FMCSRs while employed? ☐ Yes ☐ No
- Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? ☐ Yes ☐ No

Employer: _____ Employed From: _____ To: _____

Address: _____

Phone: (____) _____ Supervisor: _____

Position: _____ Reason for Leaving: _____

- Were you subject to the FMCSRs while employed? ☐ Yes ☐ No
- Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? ☐ Yes ☐ No

Employer: _____ Employed From: _____ To: _____

Address: _____

Phone: (____) _____ Supervisor: _____

Position: _____ Reason for Leaving: _____

- Were you subject to the FMCSRs while employed? ☐ Yes ☐ No
- Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? ☐ Yes ☐ No

* If additional space is needed to show commercial driving experience for past 10 years, please go to the next page.

This certifies that this application was completed by me, and that all entries on it and the information in it are true and complete to best of my knowledge.

Applicant: _____ Date: _____

Declaration of Employment Status

(GAPS in Employment History)

I understand that I must provide my complete employment history for the past 3 years, and all CDL required employment for the 7 years preceding that. Any gaps in employment longer than 1 month are explained as follows:

☐ **There are no gaps in my employment history in the last 10 years of over 1 month.**

☐ During a gap in my employment from:_____ to:_____, I was engaged in the following activity:

☐ I was not employed by any company or individual.

☐ I was not convicted of any criminal act involving the use of a CMV or while driving a CMV.

☐ During a gap in my employment from:_____ to:_____, I was engaged in the following activity:

☐ I was not employed by any company or individual.

☐ I was not convicted of any criminal act involving the use of a CMV or while driving a CMV.

☐ During a gap in my employment from:_____ to:_____, I was engaged in the following activity:

☐ I was not employed by any company or individual.

☐ I was not convicted of any criminal act involving the use of a CMV or while driving a CMV.

Accidents for Past Three (3) Years

☐ I have no accidents to report.

Date	Description	# of Injuries / Fatalities
_____	_____	_____
_____	_____	_____
_____	_____	_____

Traffic Convictions & Forfeitures for Past Three (3) Years

☐ I have no convictions and/or forfeitures to report.

Location	Date	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Safety Performance History Records Request

In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, letter, or email.

I (print name): _____ **SS#** _____ **DOB:** _____

Authorize Previous Employer: _____ Telephone: _____

Street: _____ Fax Number: _____

City, State, Zip: _____ Email: _____

To release and forward the information requested in this document concerning Accidents and Alcohol and Controlled Substance testing records within the previous three (3) years from _____ to _____ (dates of employment).

To: Att: Sherrie Bergendahl **Email:** Sherrie.mti@outlook.com

Phone: 260.444.4065 **Fax:** 260.444.4069

Signature: _____ Date: _____

Employment History: The applicant was employed by us from (m/y) _____ to (m/y) _____. ☐ Not Employed

Did s/he drive a motor vehicle for you? ☐ Yes ☐ No If yes, what type? ☐ Straight Truck ☐ Tractor Trailer

☐ Other: _____

Reason for leaving your employ: ☐ Discharged ☐ Resignation ☐ Lay-Off ☐ Military Duty

If there is no safety performance history to report, check here ☐, sign below & return.

Accident History: Complete the following for accidents included on your accident register (§390.15(b) involving this driver in the 5 years prior to the application date shown above, or check here ☐ if there is no accident register data for this driver.

Date	Location	# Injuries	# Fatalities	Hazmat Spill
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

Drug & Alcohol History: If driver was not subject to DOT testing requirements, please check here ☐.

Driver was subject to DOT testing requirements from (m/y) _____ to (m/y) _____.

- | | |
|--|---|
| 1. Has s/he had an alcohol test with a result of 0.04 or higher? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Has s/he tested positive or adulterated or substituted a test specimen for controlled substances? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 3. Has s/he refused to submit to a post-accident, random, reasonable suspicion, or follow up test? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 4. Has s/he committed other violations of Subpart B of Part 382 or Part 40? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 5. If s/he violated a DOT drug & alcohol regulation, did s/he complete a SAP prescribed rehabilitation program, including return-to-duty and follow-up tests? If yes, please send documentation. | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did s/he subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse a test? | <input type="checkbox"/> Y <input type="checkbox"/> N |

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown above.

Name: _____ Telephone: _____

Company: _____

Street: _____ City, State, ZIP: _____

Signature: _____ Title: _____ Date: _____

Office Use Only

1st Attempt: ☐ Faxed ☐ Mailed ☐ Emailed ☐ Other: _____ Date: _____

2nd Attempt: ☐ Faxed ☐ Mailed ☐ Emailed ☐ Other: _____ Date: _____

3rd Attempt: ☐ Faxed ☐ Mailed ☐ Emailed ☐ Other: _____ Date: _____

Received By: ☐ Fax ☐ Mail ☐ Email ☐ Other: _____ Date: _____

Driver Experience

<i>Type of Equipment</i>	<i>From (Date)</i>	<i>To (Date)</i>	<i># of Miles</i>
Straight Truck (CIRCLE: van, tank, flat, dump, refer)	_____	_____	_____
Tractor & Semi-Trailer (CIRCLE: van, tank, flat, dump, refer)	_____	_____	_____
Tractor – Two Trailers (CIRCLE: van, tank, flat, dump, refer)	_____	_____	_____
Tractor – Three Trailers (CIRCLE: van, tank, flat, dump, refer)	_____	_____	_____
Motorcoach – School Bus (9-15)	_____	_____	_____
Motorcoach – School Bus (16+)	_____	_____	_____

United States: ☐ The Lower 48 States ☐ AK ☐ AL ☐ AR ☐ AZ ☐ CA ☐ CO ☐ CT ☐ DE ☐ FL ☐ GA
☐ ID ☐ IL ☐ IN ☐ IA ☐ KS ☐ KY ☐ LA ☐ MA ☐ MD ☐ ME ☐ MI ☐ MN ☐ MO
☐ MS ☐ MT ☐ NC ☐ ND ☐ NE ☐ NH ☐ NJ ☐ NM ☐ NY ☐ NV ☐ OH ☐ OK ☐ OR
☐ PA ☐ RI ☐ SC ☐ SD ☐ TN ☐ TX ☐ UT ☐ VT ☐ VA ☐ WA ☐ WV ☐ WI ☐ WY
Canada: ☐ AB ☐ BC ☐ MB ☐ NB ☐ NF ☐ NS ☐ NT ☐ ON ☐ PE ☐ PQ ☐ SK ☐ YT

Driver-related special training: _____

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: You, as a commercial vehicle driver, may not possess more than one license. The only exception is if a state requires you to have more than one license. This exception is allowed until January 1, 1990. If you currently have more than one license, you should 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, you should close your record by notifying the state of issuance that you no longer want to be licensed by that state. 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 to your employing motor carrier and the state that issued your license within 30 days.

Driver Certification: *I certify that I have read and understand the above requirements.*

The following license is the only one I will possess:

Driver License #: _____ State: _____ Exp. Date: _____

Driver Signature: _____ Date: _____

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Certification of Violations

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 (including violations for parking only) of which the driver has been convicted, or on account of which he 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.

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 shall so certify. (Section 391.27)

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.

[illegible]

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.

Driver License #: _____ State: _____ Exp. Date: _____

Driver's Signature

Reviewed By: Signature

Date _____

Driver Statement Of On-Duty Hours

Motor carriers, when using a driver for the first time, must obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and the time at which the driver was last relieved from duty prior to beginning work for the carrier, as required by section 395.8(j)(2) of the Federal Motor Carrier Safety Regulations. Hours for any work during the preceding 7 days, including any compensated work for a non-motor carrier, must be recorded on this form.

Day	1	2	3	4	5	6	7 (yesterday)
Date							
Hours Worked							

☐ I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at (time) ☐ AM ☐ PM on (date) _____.

☐ I am still employed.

Applicant's Signature

Date

Driver Certification for Other Compensated Work

When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in Section 395.2 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ or service of, a common, contract or private motor carrier, and performing any compensated work for any non-motor carrier entity.

Are you currently working for another employer?

☐ Yes ☐ No

At this time, do you intend to work for another employer while still employed by this company?

☐ Yes ☐ No

I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

Applicant's Signature

Date

Witness Signature

Date

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. These reports are required by Sections 382.413 and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant's Signature

Date

Print Name

Social Security Number

Employer Witness

Date**Alcohol and Controlled Substances****Prior Testing**

Have you ever refused to be tested for drugs and/or alcohol at any time in the last two (2) years?

☐ Yes ☐ No

Have you ever tested positive for drugs and/or alcohol at any time in the last two (2) years?

☐ Yes ☐ No

Have you ever tested positive on any pre-employment drug or alcohol test for a job which you applied for but did not obtain?

☐ Yes ☐ No

If you answered yes to any of the above questions, attach a statement of explanation and provide proof of return to duty process.

Applicant's Signature

Date

Employer Witness

Date**Consent and Release**

I understand that, as required by the Federal Motor Carrier Safety Regulations and company policy, all drivers must submit to alcohol and controlled substance testing as a condition of employment. I also understand that any offer of employment will be contingent upon the results of an alcohol and controlled substance test.

Therefore, I agree to submit to the following alcohol and controlled substance tests in accordance and as defined by the Federal Motor Carrier Safety Regulation and this company's policies:

- Pre-Employment, to determine employment eligibility
- Reasonable Suspicion
- Random
- Post-Accident

I certify that I have read, understand, and agree to abide by the condition of this consent and release form.

Applicant's Signature

Date

Employer Witness

Date

Certificate of Driver's Road Test

DOT requires that all drivers without a CDL are required to have a road test.

Driver's Road Test Examination

Driver's Name: _____ Phone: _____

Driver's Address: _____

City: _____ State: _____ Zip Code: _____

The road test shall be given by the motor carrier or a person designated by it. However, a driver who is a motor carrier must be given the test by another person. The test shall be given by a person who is competent to evaluate and determine whether the person who takes the test has demonstrated that he or she is capable of operating the vehicles and associated equipment that the motor carrier intends to assign.

**Rating of
Performance**

- _____ The pre-trip inspection. (As required by Sec. 392.7)
- _____ Coupling and uncoupling of combination units, if the equipment he or she may drive includes combination units.
- _____ Placing the equipment in operation.
- _____ Use of vehicle's controls and emergency equipment.
- _____ Operating the vehicle in traffic and while passing other vehicles.
- _____ Turning the vehicle.
- _____ Braking, and slowing the vehicle by means other than braking.
- _____ Backing, and parking the vehicle.
- _____ Other, Explain:

Type of equipment used in giving test: _____

Date: _____ Examiner's Signature: _____

If the road test is successfully completed, the person who gave it shall complete a certificate of driver's road test.

Remarks: _____

Instructions: If the road test is successfully completed, the person who gave it shall complete a certificate of the driver's road test. The original or copy of the certificate shall be retained in the employing motor carrier's driver qualification file of the person examined and a copy given to the person who was examined. (49 CFR 391.33(e)(f)(g))

Certification of Road Test

Driver's Name: _____

Social Security Number: _____

Operator's or Chauffeur's License Number: _____

State: _____

Type of Power Unit: _____

Type of Trailer(s): _____

If passenger carrier, type of bus: _____

This is to certify that the above-name driver was given test under my supervision on _____,
consisting of approximately _____ miles of driving.

It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor
vehicle listed above.

**MONTGOMERY
TRUCKING, INC.**

Ft. Wayne, In.

(Signature of Examiner)

(Title)

(Organization and Address of Examiner)

ACKNOWLEDGEMENT OF RECEIPT
OF
SUBSTANCE ABUSE POLICY
FOR
MONTGOMERY TRUCKING INC OF INDIANA

I acknowledge that I have received a copy of the DOT Drug and Alcohol Policy for **Montgomery Trucking Inc of Indiana**.

I understand that it is my responsibility to read the policy in its entirety.

I understand that as an employee of **Montgomery Trucking Inc of Indiana**, I am required to abide by the rules and regulations established by this policy and that I am subject to consequences if I violate the policy.

I understand that the policy may change to comply with federal and state laws, and that I may obtain a current copy of the policy at any time during business hours from my employer's designated employer representative (DER).

I understand that if I have any questions about this policy, or if I need assistance or resources related to alcohol and/or drug-related issues or problems, I may take those questions and concerns to my employer's DER without fear of consequences or retribution.

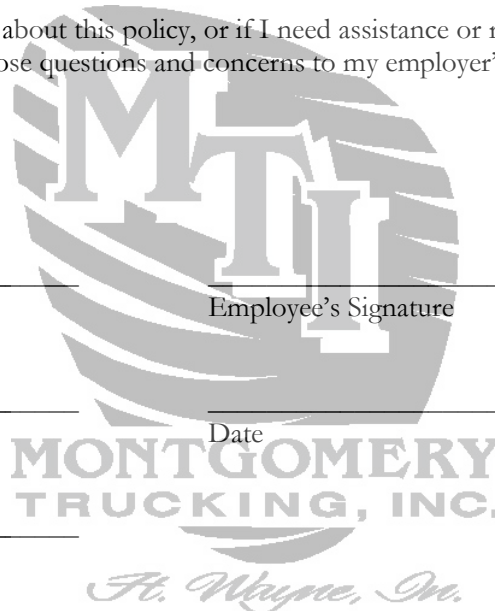
Name of Employee (Print Name)

Employee's Signature

Social Security Number or ID#

Date

Signature of Supervisor or DER



Instructions: DOT requires all DOT-covered employees to sign this acknowledgement form. The original of this form will be retained in the employee's file in compliance with DOT regulations.

An employee who refuses to sign this acknowledgment form is disqualified from providing a safety-sensitive function for **Montgomery Trucking Inc of Indiana**.