

DTW TRANSPORT DRIVER'S EMPLOYMENT APPLICATION

(per 49 CFR 391.21)

Date of Hire: _____

Date of Application: _____

DTW Transport, LLC
PO Box 523
135 Washburn
Howard City, MI 49329

PLEASE READ COMPLETELY

The information requested on this form is required by federal law (49CFR) to be provided by any driver applying for a commercial driver position as defined in 49 CFR 390.5. Failure to complete required areas can place both the applicant and carrier in violation of federal law. Information provided will be verified by carrier as required under various parts of 49 CFR, including Part 382 and Part 391.

If unsure of question or require help with complete form, please ask carrier representative.

PLEASE PRINT CLEARLY AND SIGN YOUR FULL LEGAL NAME AT THE END WHERE REQUIRED.

FALSE STATEMENTS MAY RESULT IN REFUSAL TO HIRE OR IMMEDIATE TERMINATION.

Name _____
Last First Middle

Current Address _____
Street City
State Zip Code Phone _____ How Long? _____
yr./mo.

Previous Address _____ How Long? _____
Street City State & Zip Code yr./mo.

Street City State & Zip Code How Long? _____
yr./mo.

Street City State & Zip Code How Long? _____
yr./mo.

Are you legally authorized to work in the United States as a commercial driver under 49 CFR? Yes No

Date of Birth (required for Commercial Drivers) _____ Social Security Number _____

Have you ever been convicted of a felony? _____

If yes, please 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? Are you applying for ADA consideration? If yes, explain if you wish.

How did you hear about DTW Transport, LLC? _____

Applicant Must Complete

(answer all questions – please print)

Employment History

All applicants must provide the following information for any previous employer during the preceding 3 years. Complete all areas below. Applicants shall also provide an additional 7 years of information for those employers for whom the applicant has operated a commercial motor vehicle (CMV).

List employers in reverse order starting with the most recent. Use additional sheet if necessary. We will not contact your current employer until given permission at interview.

Current Employer		Dates (Mo./Yr.)	
Company Name		From	To
Address		Position Held	
City	State	Zip	Salary/Wage
Contact Person	Phone Number		Reason for Leaving
Was your job designated as a safety-sensitive function in any DOT – Regulated mode subject to the drug and alcohol testing requirements of 49CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Previous Employer		Dates (Mo./Yr.)	
Company Name		From	To
Address		Position Held	
City	State	Zip	Salary/Wage
Contact Person	Phone Number		Reason for Leaving
Was your job designated as a safety-sensitive function in any DOT – Regulated mode subject to the drug and alcohol testing requirements of 49CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Previous Employer		Dates (Mo./Yr.)	
Company Name		From	To
Address		Position Held	
City	State	Zip	Salary/Wage
Contact Person	Phone Number		Reason for Leaving
Was your job designated as a safety-sensitive function in any DOT – Regulated mode subject to the drug and alcohol testing requirements of 49CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Previous Employer		Dates (Mo./Yr.)	
Company Name		From	To
Address		Position Held	
City	State	Zip	Salary/Wage
Contact Person	Phone Number		Reason for Leaving
Was your job designated as a safety-sensitive function in any DOT – Regulated mode subject to the drug and alcohol testing requirements of 49CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Previous Employer		Dates (Mo./Yr.)	
Company Name		From	To
Address		Position Held	
City	State	Zip	Salary/Wage
Contact Person	Phone Number		Reason for Leaving
Was your job designated as a safety-sensitive function in any DOT – Regulated mode subject to the drug and alcohol testing requirements of 49CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Previous Employer		Dates (Mo./Yr.)	
Company Name		From	To
Address		Position Held	
City	State	Zip	Salary/Wage
Contact Person	Phone Number		Reason for Leaving
Was your job designated as a safety-sensitive function in any DOT – Regulated mode subject to the drug and alcohol testing requirements of 49CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Previous Employer		Dates (Mo./Yr.)	
Company Name		From	To
Address		Position Held	
City	State	Zip	Salary/Wage
Contact Person	Phone Number		Reason for Leaving
Was your job designated as a safety-sensitive function in any DOT – Regulated mode subject to the drug and alcohol testing requirements of 49CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Previous Employer		Dates (Mo./Yr.)	
Company Name		From	To
Address		Position Held	
City	State	Zip	Salary/Wage
Contact Person	Phone Number		Reason for Leaving
Was your job designated as a safety-sensitive function in any DOT – Regulated mode subject to the drug and alcohol testing requirements of 49CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Previous Employer		Dates (Mo./Yr.)	
Company Name		From	To
Address		Position Held	
City	State	Zip	Salary/Wage
Contact Person	Phone Number		Reason for Leaving
Was your job designated as a safety-sensitive function in any DOT – Regulated mode subject to the drug and alcohol testing requirements of 49CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Accident Record

Provide the following information for any accident you were involved in during the preceding 3 years.

Dates	Nature of Accident (Head On, Read-End, Overturn)	Fatalities	Injuries	Hazardous Material Spill
Last Accident _____				
Next Previous _____				
Next Previous _____				

Traffic Convictions

Provide the following information for all motor vehicle violations for which you were convicted or pled guilty to during the preceding 3 years (do not include parking tickets)

Location	Date	Charge	Penalty

(Attach sheet if more space is needed)

Experience and Qualifications – Driver

List all driver license or permits held in the past 3 years

Driver Licenses	State	License Number	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 the answer to either of these questions is yes, please give details _____

Driving Experience (check Yes or No)

Class of Equipment	Circle Type of Equipment	Dates (M/Y) to (M/Y)	Approx. # of Miles (Total)
Straight Truck <input type="checkbox"/> Yes <input type="checkbox"/> No	Van, Tank, Flat, Dump, Reefer		
Tractor & Semi Trailer <input type="checkbox"/> Yes <input type="checkbox"/> No	Van, Tank, Flat, Dump, Reefer		
Tractor Two Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No	Van, Tank, Flat, Dump, Reefer		
Motor Coach School Bus <input type="checkbox"/> Yes <input type="checkbox"/> No	More than 9 Passengers		
Motor Coach School Bus <input type="checkbox"/> Yes <input type="checkbox"/> No	More than 15 Passengers		
Other			

List States operated in for last five years: _____

Drug & Alcohol Information

In the previous three years have you:

- Violated the Alcohol and Control Substance prohibitions under subpart B of 49CFR Part 382 or 49CFR Part 40? Yes No
- Failed to undertake or complete a rehabilitation program prescribed by a SAP pursuant to 49CFR 382.5? Yes No N/A

Check all that apply:

I had an alcohol test result of 0.04 or higher Yes No N/A
 I had a Verified Positive Drug Test Yes No N/A
 I refused to test (including verified adulterated or substituted drug test result) Yes No N/A

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.

Signature _____ Date _____



Authorization and Consent to Obtain and Release Information

I (Driver, please print full name) _____, provide my authorization and consent for DTW Transport, LLC to obtain Driver Information. The Driver authorizes any person, agency or entity to provide any and all documents and information regarding the Driver's driving records, including, without limitation, (i) personal information and highly restricted personal information as described in 18 U.S.C. 2721; and (ii) Driver Records Service Reports; all of such information may be referred to as the "Driver Information". The Driver consents to the provision of all Driver Information to DTW Transport, LLC. The Driver acknowledges that the Driver Information will be used by DTW Transport, LLC in connection with rating, underwriting, claims of investigations and antifraud activities.

Date of Authorization and Consent
to Obtain and Release Information _____

Driver's Signature: _____

Driver's Street Address _____

Driver's City, State, Zip Code _____

Driver's License Number _____

Driver's Date of Birth _____

Driver's Years' Experience _____

Witness: _____



PO Box 523
Howard City, MI 49329
Phone (231) 937-9451 • Fax (231) 937-9570

Request for Information

Previous Employer

Supervisor Name, Applicant Name, Company Name, SSN, Address, DOB, City/State/Zip, Dates Employed

Request for information from Applicant's previous employer pursuant to 49 CFR 391.23(d) (e) and 49 CFR 40.25:

I hereby authorize information from my Department of Transportation regulated drug and alcohol testing records {In accordance with 49 CFR 40.25} and other information {in accordance with 391.23(d) (e)} including but not limited to accident information specified in 390.15(b) (1) (2)} to be released by my "Previous Employer" (listed above) to DTW Transport, LLC at its address listed above.

Applicant's Signature, Date of Request

To be completed by the previous employer and faxed or mailed to the prospective employer listed above.

391.23 (d) (1) General Driver Identification and Employment Verification Information

Is the applicant's Name, SSN, DOB and Dates Employed as Listed Above Correct?, Position Held, Reason for Leaving, Was the Driver Terminated, Eligible for Rehire, Driver Class, Full Time / Part Time, Driver Type, Areas Driven, Equipment Driven, Trailer Driven / Length, Loads Hauled, Miles per Week, Number of States Driven, Was the Driver Subject to FMCSRS While Employed, Was the Driver's Job Designated as a Safety Sensitive Function in any DOT Regulated Mode Subject to Drug and Alcohol Testing per 49 CFR Part 40

DRUG AND ALCOHOL INFORMATION

49 CFR 391.23 (e) AND CFR 40.25 Compliance with DOT Drug and Alcohol Regulations

Within the **Three Years** prior to the above application date:

Did the Employee Have an Alcohol Test with a Result of 0.04 or Higher _____

Did the Employee Have a Verified Positive Drug Test _____

Did the Employee Refuse to be Tested _____

Did the Employee Have Other Violations of DOT Agency Drug and Alcohol Testing Regulations _____

Did a Previous Employer Report a Drug and Alcohol Rule Violation to You _____

If You Answered "Yes" to Any of the Above Items, Did the Employee Complete the Return to Duty Process _____

Comments _____

ACCIDENTS

49 CFR 391.23 (d) (2) Accidents (as Defined by 49 CFR 390.5) Data Elements Specified in 49 CFR390.15 (b) (1) (2)

YES ___ NO ___

Previous Employer has Records Meeting the Following Criteria (if "Yes" Please Include the Appropriate Records with your Report). The Data Elements as Specified in 49 CFR 390.15(b) (1) For Accidents Involving the Driver that Occurred in the **Three Year** Period Preceding the Application Date Listed Above.

- (I) Any Accidents as Defined by 49 CFR 390.5
- (II) Any Accidents the Previous Employer May Wish to Provide that are Retained Pursuant to 390.15 (b) (2), or Pursuant to the Employer's Internal Policies for Retaining More Detailed Minor Accident Information.

*If "Yes" to Above, List All Motor Vehicle Accidents Applicant was Involved in for **Three Years** Preceding Date Application Submitted. Per 390.15 (b) (2), You Must Include Copies of All Accident Reports Required by State or Other Governmental Entities or Insurers.*

Date _____ City/State _____ Hazmat Released _____ Fatalities _____ Injuries _____

Date _____ City/State _____ Hazmat Released _____ Fatalities _____ Injuries _____

Date _____ City/State _____ Hazmat Released _____ Fatalities _____ Injuries _____

Any accidents the Previous Employer May Wish to Provide that are Retained Pursuant to 390.15(b)(2), or Pursuant to the Employer Internal Policies for Retaining More Detailed Minor Accident Information?

Signature

Date

Printed Name

Title



Transport, LLC

PO Box 523

Howard City, MI 49329

Phone (231) 937-9451 • Fax (231) 937-9570

Request for Information

Previous Employer

Supervisor Name _____

Applicant Name _____

Company Name _____

SSN _____

Address _____

DOB _____

City/State/Zip _____

Dates Employed _____ to _____

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Applicant’s Signature _____

Date of Request _____

To be completed by the previous employer and faxed or mailed to the prospective employer listed above.

391.23 (d) (1) General Driver Identification and Employment Verification Information

Is the applicant’s Name, SSN, DOB and Dates Employed as Listed Above Correct? _____

Position Held _____

Reason for Leaving _____

Was the Driver Terminated _____

Eligible for Rehire _____

Driver Class _____

Full Time / Part Time _____

Driver Type _____

Areas Driven _____

Equipment Driven _____

Trailer Driven / Length _____

Loads Hauled _____ Miles per Week _____ Number of States Driven _____

Was the Driver Subject to FMCSRS While Employed _____

Was the Driver’s Job Designated as a Safety Sensitive Function in any DOT Regulated Mode Subject to Drug and Alcohol Testing per 49 CFR Part 40 _____

DRUG AND ALCOHOL INFORMATION

49 CFR 391.23 (e) AND CFR 40.25 Compliance with DOT Drug and Alcohol Regulations

Within the **Three Years** prior to the above application date:

Did the Employee Have an Alcohol Test with a Result of 0.04 or Higher _____

Did the Employee Have a Verified Positive Drug Test _____

Did the Employee Refuse to be Tested _____

Did the Employee Have Other Violations of DOT Agency Drug and Alcohol Testing Regulations _____

Did a Previous Employer Report a Drug and Alcohol Rule Violation to You _____

If You Answered "Yes" to Any of the Above Items, Did the Employee Complete the Return to Duty Process _____

Comments _____

ACCIDENTS

49 CFR 391.23 (d) (2) Accidents (as Defined by 49 CFR 390.5) Data Elements Specified in 49 CFR390.15 (b) (1) (2)

YES ___ NO ___

Previous Employer has Records Meeting the Following Criteria (if "Yes" Please Include the Appropriate Records with your Report). The Data Elements as Specified in 49 CFR 390.15(b) (1) For Accidents Involving the Driver that Occurred in the **Three Year** Period Preceding the Application Date Listed Above.

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Any accidents the Previous Employer May Wish to Provide that are Retained Pursuant to 390.15(b)(2), or Pursuant to the Employer Internal Policies for Retaining More Detailed Minor Accident Information?

Signature

Date

Printed Name

Title



Transport, LLC

PO Box 523

Howard City, MI 49329

Phone (231) 937-9451 • Fax (231) 937-9570

Request for Information

Previous Employer

Supervisor Name _____

Applicant Name _____

Company Name _____

SSN _____

Address _____

DOB _____

City/State/Zip _____

Dates Employed _____ to _____

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Position Held _____

Reason for Leaving _____

Was the Driver Terminated _____

Eligible for Rehire _____

Driver Class _____

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Driver Type _____

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Equipment Driven _____

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Loads Hauled _____ Miles per Week _____ Number of States Driven _____

Was the Driver Subject to FMCSRS While Employed _____

Was the Driver's Job Designated as a Safety Sensitive Function in any DOT Regulated Mode Subject to Drug and Alcohol Testing per 49 CFR Part 40 _____

DRUG AND ALCOHOL INFORMATION

49 CFR 391.23 (e) AND CFR 40.25 Compliance with DOT Drug and Alcohol Regulations

Within the **Three Years** prior to the above application date:

Did the Employee Have an Alcohol Test with a Result of 0.04 or Higher _____

Did the Employee Have a Verified Positive Drug Test _____

Did the Employee Refuse to be Tested _____

Did the Employee Have Other Violations of DOT Agency Drug and Alcohol Testing Regulations _____

Did a Previous Employer Report a Drug and Alcohol Rule Violation to You _____

If You Answered "Yes" to Any of the Above Items, Did the Employee Complete the Return to Duty Process _____

Comments _____

ACCIDENTS

49 CFR 391.23 (d) (2) Accidents (as Defined by 49 CFR 390.5) Data Elements Specified in 49 CFR390.15 (b) (1) (2)

YES ___ NO ___

Previous Employer has Records Meeting the Following Criteria (if "Yes" Please Include the Appropriate Records with your Report). The Data Elements as Specified in 49 CFR 390.15(b) (1) For Accidents Involving the Driver that Occurred in the **Three Year** Period Preceding the Application Date Listed Above.

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Date _____ City/State _____ Hazmat Released _____ Fatalities _____ Injuries _____

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Date _____ City/State _____ Hazmat Released _____ Fatalities _____ Injuries _____

Any accidents the Previous Employer May Wish to Provide that are Retained Pursuant to 390.15(b)(2), or Pursuant to the Employer Internal Policies for Retaining More Detailed Minor Accident Information?

Signature

Date

Printed Name

Title

**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY
USE BY ALL
ACCOUNT HOLDERS**

**IMPORTANT DISCLOSURE
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

In connection with your application for employment with DTW Transport, LLC (“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.

AUTHORIZATION

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

I authorize DTW Transport, LLC (“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.

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.

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.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 12/22/2015



Addendum to Employment Application

As a prospective employer, we must ask any applicant for a driving position with our company whether he/she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the applicant applied for, but did not obtain, “safety-sensitive transportation work” (driving a commercial motor vehicle) during the past two years.

_____ Yes, I have tested positive for drugs/alcohol, or refused to take a pre-employment drug/alcohol test in the two years preceding the date of this application.

_____ No, I have not tested positive for drugs/alcohol, or refused to take a pre-employment drug/alcohol test in the two years preceding the date of this application.

DOT regulations prohibit our utilizing you to perform a “safety-sensitive function” (driving a commercial motor vehicle) if you admit that you had a positive test or a refusal to test, until and unless you provide documents showing successful completion of the return-to-duty process in accordance with DOT regulations.

This certifies that I completed this addendum to the employment application, and that all information therein is true and complete to the best of my knowledge. I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

Date

Application Signature