

# EMPLOYMENT APPLICATION

## Colt Energy Inc

1112 Rhode Island Road – Iola Kansas 66749

*In compliance with federal and state equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, age, sex, national origin, marital status or disability.*  
**Applicant: Please be advised that Colt Energy Inc and/or Safety Management Services will contact prior and present employers you list on this application for the previous three years, for purposes of employment and drug/alcohol testing verification. Those employers listed beyond three years can be contacted for purposes of Safety Performance History verification. You should review the prior employer Safety Performance History request form and Drug/alcohol testing verification forms before signing the release contained on each of the forms.**

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

\_\_\_\_\_  
 (City & State where applicant is completing this application)

(Last Name)	(First Name)	(Middle Name)	(Social Security Number)

\_\_\_\_\_  
 (Address – Number & Street) (City) (State) (Zip Code)

( ) \_\_\_\_\_  
 Telephone Number with Area Code (Residence) (Date of Birth)

( ) \_\_\_\_\_  
 CELL TELEPHONE NUMBER –or– Alternate number where you can be reached. (Note: Date of birth is required by some states to obtain an MVR report)

**Note: If you have resided at the above address for less than three years, please list all states of residence for last three years:** \_\_\_\_\_

- Are you 21 years of age or older?  Yes  No
- Can you provide proof of age?  Yes  No
- Have you ever worked for this company before?  Yes  No  
 (If yes, dates: \_\_\_\_\_)
- Are you currently employed?  Yes  No

**IF YOU ARE CURRENTLY EMPLOYED, MAY WE CONTACT YOUR CURRENT EMPLOYER?**  Yes  No  
 (Note: Please be sure you answer this question for our information)

If you are not currently employed, what was the last day worked for last employer? \_\_\_\_\_  
 (month day /year)

(Check Yes or No to the following three questions)	YES	NO
Have you ever been denied a license, permit or privilege to operate a motor vehicle?	_____	_____
Have you ever had a license, permit or privilege revoked or suspended? .....	_____	_____
Have you ever been convicted of a felony? .....	_____	_____

*IF ANY OF THE ABOVE QUESTIONS ARE ANSWERED YES, PLEASE ATTACH A STATEMENT WITH DETAILS*

## Employment History

All driver applicants, (to drive in interstate commerce), must provide the following information on all prospective employers during the *previous three (3) years*. Applicants to drive a commercial motor vehicle in intrastate and interstate commerce shall also *provide an additional seven (7) years* information on those employers for whom the applicant operated such vehicles. Failing to list telephone numbers for each previous employer can delay the processing of this application. Please indicate whether your job was full-time or part-time on each employer.

The Federal Motor Carrier Safety Regulations apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weighs 10,001 pounds or more, (2) is designated or used to transport nine or more passengers, or (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.

**YOU MUST SHOW ALL EMPLOYERS FOR THE PAST TEN (10) YEARS. THIS IS A FEDERAL MOTOR CARRIER REQUIREMENT. ALSO - INCLUDE ANY PERIODS OF TIME IN WHICH YOU WERE UNEMPLOYED.**

**Present or last employer – or – unemployment period of time**  
 Mo/Yr \_\_\_\_\_ Mo/Yr \_\_\_\_\_  
**From** \_\_\_\_\_ **To** \_\_\_\_\_ **Company Name:** \_\_\_\_\_

**Position held:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
Street City State

**Telephone No:** (\_\_\_\_\_) \_\_\_\_\_ **Supervisor Name:** \_\_\_\_\_

**Hourly/Salary** Start \$ \_\_\_\_\_ per \_\_\_\_\_ : Final \$ \_\_\_\_\_ per \_\_\_\_\_

**Why did you leave this employment:** \_\_\_\_\_  
 Were you subject to the Federal Motor Carrier Safety Regulations while employed here? Yes \_\_\_ No \_\_\_  
 Was your job designated as a safety sensitive function in any DOT related mode, subject to the drug and alcohol testing requirements of Title 49, CFR, Part 40? ----- Yes \_\_\_ No \_\_\_

**2<sup>nd</sup> most recent employer – or – unemployment period of time**  
 Mo/Yr \_\_\_\_\_ Mo/Yr \_\_\_\_\_  
**From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Company Name:** \_\_\_\_\_

**Position held:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
Street City State

**Telephone No:** (\_\_\_\_\_) \_\_\_\_\_ **Supervisor Name:** \_\_\_\_\_

**Hourly/Salary** Start \$ \_\_\_\_\_ per \_\_\_\_\_ Final \$ \_\_\_\_\_ per \_\_\_\_\_

**Why did you leave this employment:** \_\_\_\_\_  
 Were you subject to the Federal Motor Carrier Safety Regulations while employed here? Yes \_\_\_ No \_\_\_  
 Was your job designated as a safety sensitive function in any DOT related mode, subject to the drug and alcohol testing requirements of Title 49, CFR, Part 40? ----- Yes \_\_\_ No \_\_\_

**3<sup>rd</sup> most recent employer – or – unemployment period of time**  
 Mo/Yr \_\_\_\_\_ Mo/Yr \_\_\_\_\_  
**From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Company Name:** \_\_\_\_\_

**Position held:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
Street City State

**Telephone No:** (\_\_\_\_\_) \_\_\_\_\_ **Supervisor Name:** \_\_\_\_\_

**Hourly/Salary:** Start \$ \_\_\_\_\_ per \_\_\_\_\_ Final: \$ \_\_\_\_\_ per \_\_\_\_\_

**Why did you leave this employment:** \_\_\_\_\_  
 Were you subject to the Federal Motor Carrier Safety Regulations while employed here? Yes \_\_\_ No \_\_\_  
 Was your job designated as a safety sensitive function in any DOT related mode, subject to the drug and alcohol testing requirements of Title 49, CFR, Part 40? ----- Yes \_\_\_ No \_\_\_

**4<sup>th</sup> most recent employer -or- unemployment period of time**

Mo/Yr Mo/Yr  
From: \_\_\_\_\_ To: \_\_\_\_\_ Company Name: \_\_\_\_\_

Position held: \_\_\_\_\_ Address: \_\_\_\_\_  
Street City State

Telephone No: (\_\_\_\_) \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Hourly/Salary Start \$ \_\_\_\_\_ per \_\_\_\_\_ Final: \$ \_\_\_\_\_ per \_\_\_\_\_

Why did you leave this employment? \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations while employed here? Yes \_\_\_ No \_\_\_  
Was your job designated as a safety sensitive function in any DOT related mode, subject to the drug and alcohol testing requirements of Title 49, CFR - Part 40? ----- Yes \_\_\_ No \_\_\_

**5<sup>th</sup> most recent employer -or- unemployment period of time**

Mo/Yr Mo/Yr  
From: \_\_\_\_\_ To: \_\_\_\_\_ Company Name: \_\_\_\_\_

Position held: \_\_\_\_\_ Address: \_\_\_\_\_  
Street City State

Telephone No: (\_\_\_\_) \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Hourly/Salary Start: \$ \_\_\_\_\_ per \_\_\_\_\_ Final: \$ \_\_\_\_\_ per \_\_\_\_\_

Why did you leave this employment? \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations while employed here? Yes \_\_\_ No \_\_\_  
Was your job designated as a safety sensitive function in any DOT related mode, subject to the drug and alcohol testing requirements of Title 49, CFR - Part 40? ----- Yes \_\_\_ No \_\_\_

**6<sup>th</sup> most recent employer -or- unemployment period of time**

Mo/Yr Mo/Yr  
From: \_\_\_\_\_ To: \_\_\_\_\_ Company Name: \_\_\_\_\_

Position held \_\_\_\_\_ Address \_\_\_\_\_  
Street City State

Telephone No: (\_\_\_\_) \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Hourly/Salary Start: \$ \_\_\_\_\_ per \_\_\_\_\_ Final: \$ \_\_\_\_\_ per \_\_\_\_\_

Why did you leave this employment ? \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations while employed here? Yes \_\_\_ No \_\_\_  
Was your job designated as a safety sensitive function in any DOT related mode, subject to the drug and alcohol testing requirements of CFR 49, Part 40? ----- Yes \_\_\_ No \_\_\_

**Note: – Incomplete application forms will be delayed or not considered at all**

Note: If you need an additional sheet on which to list additional employment, ask the Colt Energy person who gave you this application for an additional copy of this page.

## ACCIDENT RECORD

List all accidents in which you were involved, regardless of fault, during the last three (3) years.

Date of Accident	What was the nature of the Accident	Were there Fatalities	Were there Injuries	Preventable	Chargeable

## TRAFFIC CONVICTIONS and FORFEITURES

(list all for past three (3) years)

Date	Location	Charge	Penalty

## EDUCATION

Circle the highest grade you completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

## EXPERIENCE – QUALIFICATIONS

*List all drivers' Licenses issued to you in the last five (5) years*

State	License Number	Type of License	Expiration Date	Endorsements

**Show number of year's experience operating the following vehicles**

Tractor/Trailer	Doubles	Straight Truck	Other - Explain

I certify that I have read and understand all of this employment application. It is agreed and understood that the employer or his 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 release all employers and other persons named herein, from all liability for damages by furnishing such information. I understand that as a driver applicant for Colt Energy Inc, I may be asked to demonstrate that I am capable of performing tasks, which are pertinent to the job. I understand a job offer may be conditioned on the results of a physical examination and drug test. I understand Colt Energy Inc will not accept a **Negative-Diluted** pre-employment drug test result and should such a drug test result be found, I will not be considered for employment. If hired, I agree to abide by all the rules and policies of the employer and those agencies which regulate this employer.

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

X

(Date)
(Applicants Signature)

## DRUG & ALCOHOL RELEASE FORM

This release is in accordance with DOT regulation 49 CFR Part 40, Section 40.25. I authorize release of the following information concerning DOT drug and alcohol testing violations including pre-employment tests during the past three years.

**1.** Alcohol tests with a result of 0.04 or higher alcohol concentration. **2.** Verified positive drug tests; **3.** Refusals to be tested; **4.** Other violations of DOT agency drug and alcohol testing regulations; **5.** Documentation, if any, of completion of the return-to-duty process following a rule violation; **6.** Information obtained from previous employers of a drug and alcohol rule violation.

I understand consumer reports that may contain public record information, may be requested from consumer organizations or state agencies. 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 understand such reports may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc. Federal, State and other agencies that maintain such records concerning previous driving record requests made by others from such agencies and states providing driving records can furnish such reports.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY OR STATE AGENCIES CONTACTED TO FURNISH THE ABOVE REFERENCED INFORMATION.

In compliance with FMCSA regulation 391.23 part (i) (1) you have certain rights regarding the investigative information that will be provided to the prospective employer: i) You have the right to review information provided by previous employers; ii) You have the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer; iii) You have the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information. (2) Drivers who have previous DOT regulated employment history in the preceding three years and wish to review previous employer investigative information must submit a written request to the prospective employer. This may be done at any time, including when applying or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information within five business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer, then the five-business day deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within 30 days of the prospective employer making them available, the prospective employer may consider you to have waived your request to review the records.

I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Colt Energy Inc to procure consumer reports including MVR reports, at any time during my employment (or contract) period.

I understand my employment with Colt Energy Inc will be pending a **NEGATIVE** pre-employment drug test result.

\_\_\_\_\_  
(Print Name – Last, First, Middle Initial)

\_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_  
(Applicants Signature)

\_\_\_\_\_  
(Date – dd,mm,yy)

# PREVIOUS EMPLOYER – SAFETY PERFORMANCE HISTORY REQUEST

PREVIOUS EMPLOYERS WILL BE CONTACTED FOR PURPOSES OF VERIFICATION

<b>Applicant Name:</b>	
<b>Date of Birth:</b>	
<b>Social Security Number:</b>	

**Applicant please read before signing this release**

I authorize Colt Energy Inc and Safety Management Services, an authorized employment screening agent for Colt Energy Inc, to obtain information pertaining to my employment from any *and* all previous employer(s). Information requested could include questions relating to whether my employment included safety sensitive functions as described in Federal Motor Carrier Safety regulations, dates of employment, scope of employment, safety information including accident and driving record information and drug/alcohol testing information for the previous three- (3) years. I also authorize release of other reports pertaining to my employment with my previous employers. I will hold all providers of such information harmless and non-liable as verified by my signature below.

**Applicant Signature:** \_\_\_\_\_

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

**APPLICANT: DO NOT WRITE BELOW THIS LINE**

<b>Previous Employer Name:</b>	
<b>Address:</b>	
<b>City &amp; State:</b>	
<b>Telephone Number:</b>	
<b>Fax Number:</b>	

## PREVIOUS EMPLOYEE SAFETY PERFORMANCE HISTORY

Dates of employment with your company: From: \_\_\_\_\_ To: \_\_\_\_\_ : From: \_\_\_\_\_ To: \_\_\_\_\_

Was applicant subject to Federal Motor Carrier Safety regulations while employed by your company?..... Yes \_\_\_ No \_\_\_

Was the job function performed by applicant subject to drug and alcohol-testing requirements, 40 CFR. Yes \_\_\_ No \_\_\_

Applicant job function with your company: Driver \_\_\_ Full time \_\_\_ Part time: \_\_\_ Other: \_\_\_\_\_ (explain)

Company driver: \_\_\_ Owner/operator: \_\_\_

Type power unit operated: .... Tandem axle: \_\_\_ Single axle: \_\_\_ Sleeper cab: \_\_\_ Day cab: \_\_\_ Other: \_\_\_\_\_

Type trailer(s) pulled: ..... 48 ft. van: \_\_\_ 53 ft. van: \_\_\_ Doubles: \_\_\_ Triples: \_\_\_ Flat bed: \_\_\_ Pneumatic bulk: \_\_\_

Rear dump: \_\_\_ Refrigerated: \_\_\_ 28 ft. van: \_\_\_ Other: Please specify: \_\_\_\_\_

Straight Truck: \_\_\_ Passenger Bus: \_\_\_

What general area of operation did the person named above include: ..... Local P & D \_\_\_ Over-the-road: \_\_\_\_\_

Was the general conduct of the person named above satisfactory? ..... Yes \_\_\_ No \_\_\_

Was the person named above a safe driver? ..... Yes \_\_\_ No \_\_\_

During the previous three (3) years, was the person named above involved in any vehicle accidents? ..... Yes \_\_\_ No \_\_\_

(if yes, please provide accident information)

Accident Date	City & State	Preventable	Description
		Yes: ___ No: ___	
		Yes: ___ No: ___	
		Yes: ___ No: ___	
		Yes: ___ No: ___	

Reason for leaving your employment ..... Discharged: \_\_\_ Resigned: \_\_\_ Laid off: \_\_\_ Still employed: \_\_\_  
Other: (please explain) \_\_\_\_\_

Did the person named above sustain any on-the-job injuries while with your company? ..... Yes \_\_\_ No \_\_\_

If employment separated, is the person named above eligible for rehire? ..... Yes \_\_\_ No \_\_\_

Your Name: \_\_\_\_\_ Title: \_\_\_\_\_ Signature: \_\_\_\_\_

Telephone Number: (    ) \_\_\_\_\_ Extension: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN COMPLETED FORM TO FAX NUMBER: (316) 789-9178**

**PREVIOUS EMPLOYER  
DRUG AND ALCOHOL RELEASE FORM**

**NOTE: All employers you list on this application will be contacted for Drug and Alcohol testing history as required by DOT regulation 49 CFR Part 40, Section 40.25 FMCSR**

In accordance with DOT regulation 49 CFR Part 40, Section 40.25, I authorize release of the following information concerning DOT drug and alcohol testing violations including pre-employment tests during the past three years. (1) Alcohol tests with a result of 0.04 or higher alcohol concentration. (2) Verified positive drug tests. (3) Refusals to be tested. (4) Other violations of DOT agency drug and alcohol testing regulations. (5) Documentation, if any, of completion of the return-to-duty process following a rule violation. (6) Information obtained from previous employers of a drug and alcohol rule violation. I hold the previous/present employer named below, non-liaible for the information provided.

<b>Applicant Name:</b>	
<b>Date of Birth:</b>	
<b>Social Security Number:</b>	

Applicant Signature: **X**

Date:

**APPLICANT - DO NOT WRITE BELOW THIS LINE**

<b>Prior Employer Name</b>	
<b>Address:</b>	

**This person has indicated he/she was/is a former/present employee of your company. The applicant named has signed this release authorizing you to furnish information as requested below to Colt Energy Inc. The fax number provided is a secure fax for privacy purposes: (316) 789-9178**

**IN THE PAST THREE (3) YEARS, HAS THE PERSON NAMED ABOVE EVER:**

- Yes: \_\_\_ No: \_\_\_ Tested with an alcohol concentration of 0.04 or higher.  
Yes: \_\_\_ No: \_\_\_ Tested positive or adulterated or substituted a test specimen for controlled substances?  
Yes: \_\_\_ No: \_\_\_ Refused to submit to a post-accident, random, reasonable suspicion or follow-up alcohol or controlled substance test?  
Yes: \_\_\_ No: \_\_\_ Committed other violations of Subpart B, Part 382 or Part 40 FMCSR?  
Yes: \_\_\_ No: \_\_\_ If the person named above violated a DOT drug and/or alcohol regulation, did the person complete a SAP-prescribed rehabilitation program, including return-to-duty and follow-up tests?  
Yes: \_\_\_ No: \_\_\_ If person named above completed a SAP rehabilitation referral, did this person subsequently have an alcohol test result of 0.04 or greater, or a verified positive drug test, or refuse to be tested?  
Yes: \_\_\_ No: \_\_\_ Have any violations of drug and/or alcohol regulations from employer previous to you?

Date: \_\_\_\_\_ Your Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Your telephone number: ( ) \_\_\_\_\_ Ext: \_\_\_\_\_

**Please return completed forms to: Fax: 316-789-9178**

**PRE-EMPLOYMENT DRUG AND ALCOHOL STATEMENT**

Pre-employment history of applicant

CFR 49 Sec. 40.25(j) – As an employer, we must ask a driver applicant you if you have tested positive or refused to test on any pre-employment drug or alcohol test administered by an employer to which you applied for but did not obtain safety-sensitive transportation work covered by Department of Transportation drug and alcohol testing rules, during the past three years.

Note: If the applicant/employee admits that he or she had a positive test or a refusal to test, we cannot use the applicant/employee to perform safety-sensitive functions, until and unless the person documents successful completion of the return-to-duty process (see paragraphs (b)(5) and (e) of section 40.25).

Colt Energy Inc.  
1112 Rhode Island Road – Iola Kansas 66749

Applicant Name	
Social Security Number	

The prospective employee is required by Section 40.25(j) to respond to the following questions.

1. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain safety sensitive transportation work covered by Department of Transportation agency drug and alcohol testing rules during the past three years?

Check One:            Yes \_\_\_            No \_\_\_

2. If you answered yes to question one, can you provide/obtain proof that you have successfully completed the Department of Transportation, return-to-duty requirements?

Check One:            Yes \_\_\_            No \_\_\_

X \_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Witness– Signature)

\_\_\_\_\_  
(Date)



**Colt Energy Inc.**  
1112 Rhode Island Road – Iola Kansas 66749

<b>Applicant Name</b>	<b>Social Security Number</b>

**Pre-Employment Controlled Substance Testing Notification and Consent Agreement**

Colt Energy Inc, in compliance with the U S DOT Federal Motor Carrier Safety Regulations, Part 382-Subpart C, is required to administer a prescribed controlled substances test as part of the mandatory pre-employment screening process. No offer of employment may be tendered to you, nor may employment commence until the controlled substances test has been taken, and Colt Energy Inc has been advised of the results, which must be **“NEGATIVE”**.

I agree to submit to the controlled substances testing described above, via the prescribed testing methods, at the site selected by Colt Energy Inc, on the scheduled date and appointment time. I understand that the results of this testing procedure are confidential, and are only for the use of Colt Energy Inc, its Medical Review Officer and me. I also understand that a **“POSITIVE”** result will disqualify me from operation of a commercial motor vehicle for Colt Energy Inc and therefore will exclude me from employment for the position applied for. I have read and understand the conditions imposed by the controlled substances testing requirements and by my signature below, consent to such testing.

**DRIVER RECEIPT OF DRUG AND ALCOHOL EDUCATIONAL MATERIALS**

**INSTRUCTIONS:** FMCSR Part 382.601 requires Colt Energy Inc to provide all company drivers with educational material regarding drug and alcohol use and abuse, and the rules and regulations of the Department of Transportation which apply to the company’s drivers. This form will document the receipt of the required materials.

**TO THE DRIVER:** The Federal Motor Carrier Safety regulations require that each driver must sign this form to certify receipt of these materials. The original of this form will be maintained for an indefinite period of time in a file with other company records maintained, pertaining to the mandated drug and alcohol-testing program. Drivers may request a copy of this certification.

**DRIVER’S CERTIFICATION**

The undersigned hereby certifies the receipt of the educational materials, which the company is required to provide in accordance with 49 CFR Part 382.601. I acknowledge and agree that I am responsible for reading, understanding and complying with all company policies and Department of Transportation regulations regarding drug and alcohol use, and the mandatory testing programs. I agree to full and unconditional compliance with the Department of Transportation regulations and the company’s policies regarding drug and alcohol use and testing. I further understand and agree that I may be subject to disciplinary action and other liability for violating Department of Transportation and/or the company’s policies.

Any questions or comments on drug and alcohol policies should be referred to the Drug and Alcohol Program contact person listed in the materials provided to you.

**Prior to signing this receipt, I read it carefully and had an opportunity to ask questions regarding its content.**

**X** \_\_\_\_\_  
Applicants Signature \_\_\_\_\_  
Date

Witness: \_\_\_\_\_  
(Colt Energy Inc representative) \_\_\_\_\_  
Date

**PRE-EMPLOYMENT CONTROLLED SUBSTANCES TEST RESULTS**

Applicant Name:		
Results Received from:		
Test Results:	<b>Negative:</b> _____	<b>Positive:</b> _____
Eligible for Hire?	<b>Yes:</b> _____	<b>No:</b> _____
Results received by:		

**DRIVER'S RIGHTS PERTAINING TO RELEASE OF DRIVER INFORMATION UNDER PART 391.23 – FEDERAL MOTOR CARRIER SAFETY REGULATIONS EFFECTIVE OCTOBER 29, 2004**

All Motor carriers have the responsibility to make the following investigations and inquiries with respect to each driver employed, other than a person who has been a regularly employed driver of the motor carrier for a continuous period which began before January 1, 1971.

- (a)(1) An inquiry into the driver's driving record during the preceding three years to the appropriate agency of each state in which the driver held a motor vehicle operator's license or permit during the three years; and
- (a)(2) An investigation of the driver's employment record during the preceding three years.
- (b) A copy of the driver record(s) obtained in response to the inquiry or inquiries to each State driver record agency as required must be placed in the Driver Qualification file within 30 days of the date the driver's employment begins and be retained in compliance with 392.51.
- (c) Replies to the investigations of the driver's safety performance history must be placed in the Driver Investigation History file within 30 days of the date the driver's employment begins. The effective date for this requirement is October 29, 2004.
- (d) A prospective motor carrier must investigate the work performance history from all previous employers of the applicant for which the applicant operated a Commercial Motor Vehicle. The information must also include verification of employment period, general driver identification and employment verification, information pertaining to requirements in part 390.15 - accident involvement information for the previous three years.
- (e) Prospective motor carriers must inquire of past employers as to whether the job performed by the applicant was designated as a safety-sensitive function regulated under Department of Transportation requirements Part 40 FMCSR drug and alcohol testing.

**DRIVERS HAVE THE FOLLOWING RIGHTS**

1. The right to review information provided by previous employers.
2. The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer.
3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Drivers who wish to review previous employer provided investigative information must submit a written request to the prospective employer when applying or as late as 30 days after employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five business days of receiving the written request. If the driver has not arranged to pick up or receive the requested records within 30 days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Drivers wishing to request correction of erroneous information in records must send the request for the correction to the previous employer that provided the records. After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer or notify the driver within 15 days of receiving the driver's request to correct the data that it does not agree to correct the data. Drivers wishing to rebut information records must send the rebuttal to the previous employer with instruction to include the rebuttal in the driver's Safety Performance History.

**I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE CONTENTS OF THIS DOCUMENT**

Driver's Signature: \_\_\_\_\_

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

Driver's Name as it appears on your CDL license (Print) \_\_\_\_\_