

TURNER

ASPHALT · SEAL COATING · CONCRETE

www.TurnerAsphalt.com

5805 Lease Lane Raleigh N.C. 27617

DRIVER APPLICATION

Date of Application: ___/___/___

Name: _____

Social Security Number: _____

Address: _____

Phone Number (____) _____ Date of Birth ___/___/___

List your residency for the past 3 years:

Previous Address: _____

How Long: _____

Previous Address: _____

How Long: _____

(ATTACH A SEPARATE SHEET IF MORE SPACE IS NEEDED)

Driver's License Information

State	Driver's License #	Type	Expiration Date

Accident Record For Past 3 Years: If None, Write None.

Dates	Nature of Accident	Fatalities	Injuries

Driving Experience

Class of Equipment	Type of Equipment	Date From:	Date To:	Approximate Number of Miles
Straight Truck				
Tractor and Semi-Trailer				
Tractor w/Doubles or Triples				
Other				

Employment History
(Attach a Separate Sheet if More Space is Needed)
List Employment for Last 10 Years

Last Employer: Name: _____
Address _____ Phone _____
Was this position under FMCSA regulations? _____
Were you in an ACTIVE drug and alcohol testing program? _____
Position Held _____ From _____ To _____ Salary _____
Reason for Leaving _____

Second Employer: Name: _____
Address _____ Phone _____
Was this position under FMCSA regulations? _____
Were you in an ACTIVE drug and alcohol testing program? _____
Position Held _____ From _____ To _____ Salary _____
Reason for Leaving _____

Third Employer: Name: _____
Address _____ Phone _____
Was this position under FMCSA regulations? _____
Were you in an ACTIVE drug and alcohol testing program? _____
Position Held _____ From _____ To _____ Salary _____
Reason for Leaving _____

Fourth Employer: Name: _____
Address _____ Phone _____
Was this position under FMCSA regulations? _____
Were you in an ACTIVE drug and alcohol testing program? _____
Position Held _____ From _____ To _____ Salary _____
Reason for Leaving _____

Fifth Employer: Name: _____
Address _____ Phone _____
Was this position under FMCSA regulations? _____
Were you in an ACTIVE drug and alcohol testing program? _____
Position Held _____ From _____ To _____ Salary _____
Reason for Leaving _____

Sixth Employer: Name: _____
Address _____ Phone _____
Was this position under FMCSA regulations? _____
Were you in an ACTIVE drug and alcohol testing program? _____
Position Held _____ From _____ To _____ Salary _____
Reason for Leaving _____

- A. Have you ever had any type of motor vehicle license suspended or revoked, or ever been denied a license, permit of privilege to operate a motor vehicle?
Yes ____ *No* ____
- B. Do you have a pending charge or past conviction for driving while intoxicated?
Yes ____ *No* ____
- C. Do you have a pending charge or past conviction for possession of a controlled substance?
Yes ____ *No* ____
- D. Have you ever been refused auto liability insurance?
Yes ____ *No* ____
- E. Do you have a pending charge or conviction for any misdemeanor or felony offense?
Yes ____ *No* ____

Application Addendum

Federal Motor Carrier Safety Regulations §40.25 (j) The employer must ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years.

Have you tested positive, or refused to test, on any pre-employment drug test or have you tested .02 or greater, or refused to test, on any pre-employment alcohol test during the past two years?

Yes ____ *No* ____

Rights

Pursuant to 49CFR, part 391.23 (j), you have the following rights regarding investigative information

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.

To Be Read and Signed By Applicant

This certifies that I completed this application, 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 inquire of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquires 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 connections 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.

Applicants Signature

Date

Driver's Road Test Examination

Driver's Name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip Code: _____

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

Rating of Performance.

- _____ **The pre-trip inspection (as required by Sec. 392.7)**
- _____ **Coupling and uncoupling of combination units, if the equipment he/she may drive includes combination units.**
- _____ **Placing the equipment in operation.**
- _____ **Use of vehicles 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 the test: _____

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

Remarks: _____

Date: _____ **20__** **Examiners' Signature** _____

Certificate of Driver's Road Test

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 copy of the certificate in the employing motor carriers driver qualification file of the person examined and a copy given to the person who was examined. (49 CFR 391.31 (e)(f)(g).

Certificate of Road Test

Driver's Name: _____

Social Security Number: _____

Operator'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 named driver was given a road test under my supervision on _____, 20____, 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.

Signature of Examiner

Title


Organization and Address of Examiner

***Driver's Certification of Violations
Annual Review of Driving Record***

Date	Offense	Location	Type of Vehicle Operated

I certify that the above is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Driver's Name: _____
Driver's Signature: _____
Date of Certification: _____

<p>Annual Review</p> <p>This day I reviewed the driving record of the above named driver in accordance with 391.25 of the Federal Motor Carrier Safety Regulations. I considered any evidence that the driver has violated applicable provisions of the Federal Motor Carrier Safety Regulations and Hazardous Materials Regulations. I considered the drivers accident record and any evidence that he/she has violated laws governing the operation of motor vehicles and gave great weight to violations, such as speeding, reckless driving and operation while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard for safety of the public. Having done the above, I find that:</p> <p>_____ the driver meets the minimum requirements for safe driving, or _____ the driver is disqualified to drive a motor vehicle pursuant to 391.15</p> <div align="center">  </div> <p><i>Date of Review:</i> _____</p> <p><i>Reviewed By:</i> _____</p> <p align="center"><i>Signature & Title</i></p>
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Hours-of-Service Record for First Time or Intermittent Drivers

Instructions: When using a driver for the first time or intermittently, a signed statement must be obtained, giving the total time on duty (driving and on duty) during the immediate preceding seven days and the time at which the driver was last relieved from duty prior to beginning work.

Name: _____

Day	Total Time On Duty
1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____

Total: _____

I hereby certify that the information contained heron is true to the best of my knowledge and belief, and that my last period of release from duty was from:

_____ to _____
Hour/Date **Hour/Date**

Signature _____ **Date** _____

Pre-Employment Urinalysis Consent Form

I understand that as required by the Federal Motor Carrier Safety Regulations, Title 49 Code of Federal Regulations, Section 382.103, all driver\applicants of this company must be tested for controlled substances as a pre-condition for employment.

I consent to the urine sample collection and testing for controlled substances.

I understand that a positive test result for controlled substances will render me unqualified to operate a commercial motor vehicle.

The medical review officer will maintain the results of my test. Negative and positive results will be reported to the company. If the results are positive, the controlled substance will be identified. The results will not be released to any other parties without my written authorization.

I understand the above conditions and hereby agree to comply with them.

Signature of Driver

Print Name

Date

Notice to Drivers:
DOT Required Split Sample Testing

As of August 15, 1994 Federal Regulations require all DOT drug tests to be collected in accordance with split sample procedures.

With this change the driver has the right to have the second bottle tested at a different NIDA approved lab should the initial test be confirmed positive. The driver will have 72 hours after a test is confirmed positive to request the second bottle be tested.

Should you request that the second bottle be tested; you will assume the cost of any subsequent testing. Should subsequent testing results report back as negative we will reimburse you for the cost of the testing.

Due to the additional expense of transporting the sample to another NIDA approved lab, and requirement that the confirmation be done by expensive Gas Chromatography, the testing of the second bottle will cost \$225.00.

I've read the above notice and understand that I will be responsible for the cost of any subsequent testing charges.

Signature of Driver

Print Name

Date

Driver Authorization for Release of Post-Accident Documents

By reason on my inability to provide a urine sample after a reportable accident as defined by FHWA for which I received a citation for a moving violation, I

Driver's Name

Do hereby authorize the release to



Of all hospital records and other documents that would indicate whether there were any controlled substances in my system following a motor vehicle accident I was involved in on

_____, 20 ____ in or near
Date

City, State

Signature of Driver

Witness

***** This authorization is valid until withdrawn in writing by driver *****

Receipt

I hereby acknowledge receipt of the "*Drivers Information Packet.*" This package contains educational material and policy concerning the use of alcohol and drugs. Department of Transportation Regulation § 382.601 (d)

Signature

Print Name

Date

*** To be maintained in the Driver Qualification File ***



PREVIOUS EMPLOYMENT VERIFICATION

PLEASE RETURN AS SOON AS POSSIBLE !!!

To (Previous Employer): _____ Date _____

Applicant Name: _____ SS# _____

The person listed above has applied to this company. Your firm is listed by the applicant as a previous employer. **Please complete the following items and return to us as soon as possible.**

Carrier Representative: _____ Title: _____

Dates of Employment: From _____ To _____ Position: _____

Three-Year Accident History

Date	City/State	# Injuries	# Fatalities	Hazmat?	Preventable

Why did this employee leave your company? Resigned _____ Discharged _____ Laid Off _____

Would you rehire this person? Yes _____ No _____

Please explain:

Department of Transportation regulations (40 CFR, Part 40.25 (h) require that you provide the following information:

In the past three years, has the individual listed below ever: YES NO

Had a verified positive drug test result? _____

Had an alcohol test result with a breath alcohol concentration of .04 or greater? _____

Refused to submit to an alcohol or drug test? _____

Had any other violations of DOT agency drug and alcohol testing regulations? _____

If any of the above questions were answered yes, please provide the following:

_____	_____	_____
Substance Abuse Professional	Telephone	Date Referred
_____	_____	_____
Address	City	State
_____	_____	Zip
_____	_____	_____

Signature of person supplying information

Title/Date

APPLICANT RELEASE AND CONSENT: I, _____ do hereby authorize my previous employers to release and forward all information regarding my alcohol and controlled substance testing and all other records of employment to the above named carrier in connection with my application for employment. I release my former employers from any and all liability of any type as a result of providing the above information.

Applicant Signature / Date

Witness Signature / Date

Rights

Pursuant to 49CFR, part 391.23(i), you have the following rights regarding investigative information.

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.

If you wish to review previous employer-provided investigative information you must submit a written request to the prospective employer, which 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 to the applicant within five business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when the prospective employer received the requested safety performance history information. If the driver has not arranged to pick up or received the requested records within the thirty 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 to the prospective employer. 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 a driver's request to correct the data that it does not agree to correct the data. If the previous employer corrects and forwards the data as requested, that employer must also retain the corrected information as part of the driver's safety performance history record and provide it to subsequent prospective employers when requests for this information are received. If the previous employer corrects the data and forwards it to the prospective motor carrier employer, there is no need to notify the driver.

Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instructions to include the rebuttal in that driver's safety performance history.

Signature

Print Name

Date

