

**ED STAUB & SONS/EDS TRUCKING
DRIVER APPLICATION FOR EMPLOYMENT
1301 Esplanade Ave
Klamath Falls, OR 9761**

NAME _____
(FIRST) (MIDDLE) (MAIDEN NAME, IF ANY) (LAST)

ADDRESS _____ HOW LONG? _____
(STREET) (CITY) (STATE & ZIP CODE)

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____ HIRE DATE _____

TELEPHONE NUMBER _____ E-MAIL ADDRESS _____

PREVIOUS THREE YEARS HISTORY

(STREET) (CITY) (STATE & ZIP CODE) # YEARS _____

(STREET) (CITY) (STATE & ZIP CODE) # YEARS _____

(STREET) (CITY) (STATE & ZIP CODE) # YEARS _____

(ATTACH SHEET IF MORE SPACE IS NEEDED)

LICENSE INFORMATION

SECTION 383.21 FMCSR STATES 'NO PERSON WHO OPERATES A COMMERCIAL MOTOR VEHICLE SHALL AT ANY TIME HAVE MORE THAN ONE DRIVER'S LICENSE' I CERTIFY THAT I DO NOT HAVE MORE THAN ONE MOTOR VEHICLE LICENSE, THE INFORMATION FOR WHICH IS LISTED BELOW:

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES FROM TO	APPROXIMATE NUMBER OF MILES (TOTAL)
STRAIGHT TRUCK			
TRACTOR & SEMI-TRAILER			
TRACTOR – TWO TRAILERS			
OTHER			

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT HEAD-ON, REAR-END, UPSET, ETC)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS
				YES NO
				YES NO
				YES NO

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

DATE CONVICTED (MONTH/YEAR)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (FORFEITED BOND, COLLATERAL AND/OR POINTS)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

A. HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? YES _____ NO _____

IF YES, EXPLAIN _____

B. HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? YES _____ NO _____

IF YES, EXPLAIN _____

EMPLOYMENT RECORD
(ATTACH SHEET IF MORE SPACE IS NEEDED)

APPLICANTS THAT DESIRE TO DRIVE IN INTRASTATE/INTERSTATE COMMERCE MUST PROVIDE THE FOLLOWING INFORMATION ON ALL EMPLOYERS DURING THE PREVIOUS THREE YEARS. YOU MUST GIVE THE SAME INFORMATION FOR ALL EMPLOYERS YOU HAVE DRIVEN A COMMERCIAL MOTOR VEHICLE FOR THE SEVEN YEARS PRIOR TO THE INITIAL THREE YEARS (TOTAL OF TEN YEARS EMPLOYMENT RECORD).

MUST LIST THE COMPLETE MAILING ADDRESS: STREET NUMBER AND NAME, CITY, STATE AND ZIP CODE.

LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____

REASON FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED, INCLUDE DATES (MONTH/YEAR) AND REASON. _____

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS (FMCSRs) WHILE EMPLOYED BY THE PREVIOUS EMPLOYER? YES NO
WAS THE PREVIOUS JOB POSITION DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE, SUBJECT TO ALCOHOL AND CONTROLLED
SUBSTANCES TESTING REQUIREMENTS AS REQUIRED BY 49 CFR PART 40? YES NO

SECOND LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____

REASON FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED, INCLUDE DATES (MONTH/YEAR) AND REASON. _____

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS (FMCSRs) WHILE EMPLOYED BY THE PREVIOUS EMPLOYER? YES NO
WAS THE PREVIOUS JOB POSITION DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE, SUBJECT TO ALCOHOL AND CONTROLLED
SUBSTANCES TESTING REQUIREMENTS AS REQUIRED BY 49 CFR PART 40? YES NO

THIRD LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____

REASON FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED, INCLUDE DATES (MONTH/YEAR) AND REASON. _____

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS (FMCSRs) WHILE EMPLOYED BY THE PREVIOUS EMPLOYER? YES NO
WAS THE PREVIOUS JOB POSITION DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE, SUBJECT TO ALCOHOL AND CONTROLLED
SUBSTANCES TESTING REQUIREMENTS AS REQUIRED BY 49 CFR PART 40? YES NO

TO BE READ AND SIGNED BY APPLICANT

I AUTHORIZE YOU TO MAKE SURE INVESTIGATIONS AND INQUIRIES TO 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 interview(s) 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 employer(s) 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 current/previous employers.
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer, and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information. *

DATE

APPLICANT'S SIGNATURE

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.

DATE

APPLICANT'S SIGNATURE

NOTE: A motor carrier may require an applicant to provide information in addition to the information required by Federal Motor Carrier Safety Regulations.

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PART 1:	TO BE COMPLETED BY PROSPECTIVE EMPLOYEE
I, (PRINT NAME)	SOCIAL SECURITY NUMBER
FIRST M.I. LAST	
HEREBY AUTHORIZE:	DATE OF BIRTH
PREVIOUS EMPLOYER	E-MAIL
STREET:	TELEPHONE
CITY, STATE, ZIP:	FAX NO.:
TO RELEASE AND FORWARD INFORMATION REQUESTED BY SECTION 3 OF THIS DOCUMENT CONCERNING MY ALCOHOL AND CONTROLLED SUBSTANCES TESTING WITHIN THE PREVIOUS THREE YEARS FROM	
(EMPLOYMENT APPLICATION DATE)	
TO:	PROSPECTIVE EMPLOYER:
	ATTENTION:
	TELEPHONE:
	STREET:
	CITY, STATE, ZIP
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, E-mail or letter.	
PROSPECTIVE EMPLOYER'S FAX NUMBER:	
PROSPECTIVE EMPLOYERS E-MAIL ADDRESS:	
APPLICANT'S SIGNATURE	DATE
THIS INFORMATION IS BEING REQUESTED IN COMPLIANCE WITH 40.25(g) and 391.23.	

PART 2:	TO BE COMPLETED BY PREVIOUS EMPLOYER
ACCIDENT HISTORY	
THE APPLICANT NAMED ABOVE WAS EMPLOYED BY US. YES NO	
EMPLOYED AS	FROM (M/Y) TO (M/Y)
DID HE/SHE DRIVE A MOTOR VEHICLE FOR YOU?	YES NO IF YES, WHAT TYPE? STRAIGHT TRUCK TRACTOR-SEMITRAILER BUS
CARGO TANK	DOUBLES/TRIPLES OTHER(SPECIFY)
REASON FOR LEAVING YOUR EMPLOY: DISCHARGED RESIGNITION LAY OFF MILITARY DUTY	
IF THERE IS NO SAFETY HISTORY REPORT, CHECK HERE <input type="checkbox"/> SIGN BELOW AND RETURN.	
ACCIDENTS: COMPLETE THE FOLLOWING FOR ANY ACCIDENTS INCLUDED ON YOUR ACCIDENT REGISTER (390.15(B)) THAT INVOLVED THE APPLICANT IN THE 3 YEARS PRIOR TO THE APPLICATION DATE SHOWN ABOVE, OR CHECK HERE <input type="checkbox"/> IF THERE IS NO ACCIDENT REGISTER DATA FOR THIS DRIVER.	
DATE	LOCATION
# INJURIES	# FATALITIES
HAZMAT SPILL	
1.	
2.	
3.	
PLEASE PROVIDE ANY INFORMATION CONCERNING ANY OTHER ACCIDENTS INVOLVING THE APPLICANT THAT WERE REPORTED TO GOVERNMENT AGENCIES OR INSURERS OR RETAINED UNDER INTERNAL COMPANY POLICIES:	
ANY OTHER REMARKS:	
SIGNATURE	
TITLE: DATE	

PREVIOUS EMPLOYER – COMPLETE PAGE 2 PART 3

PART 3:	TO BE COMPLETED BY PREVIOUS EMPLOYER
DRUG AND ALCOHOL HISTORY	
<p>IF DRIVER WAS NOT SUBJECT TO DEPARTMENT OF TRANSPORTATION TESTING REQUIREMENTS WHILE EMPLOYED BY THIS EMPLOYER, PLEASE CHECK HERE <input type="checkbox"/>. FILL IN THE DATES OF EMPLOYMENT FROM _____ TO _____, COMPLETE BOTTOM PART OF 3, SIGN, AND RETURN.</p>	
<p>DRIVER WAS SUBJECT TO DEPARTMENT OF TRANSPORTATION TESTING REQUIREMENTS FROM _____ TO _____</p>	
<p>1. HAS THIS PERSON HAD AN ALCOHOL TEST WITH THE RESULT OF 0.04 OR HIGHER ALCOHOL CONCENTRATION? YES <input type="checkbox"/> NO <input type="checkbox"/></p>	
<p>2. HAS THIS PERSON TESTED POSITIVE OR ADULTERATED OR SUBSTITUTED A TEST SPECIMEN FOR CONTROLLED SUBSTANCES? YES <input type="checkbox"/> NO <input type="checkbox"/></p>	
<p>3. HAS THIS PERSON REFUSED TO SUBMIT TO A POST-ACCIDENT, RANDOM, REASONABLE SUSPICION, OR FOLLOW-UP ALCOHOL OR CONTROLLED SUBSTANCE TEST? YES <input type="checkbox"/> NO <input type="checkbox"/></p>	
<p>4. HAS THIS PERSON COMMITTED OTHER VIOLATIONS OF SUBPART B OF PART 382, OR PART 40? YES <input type="checkbox"/> NO <input type="checkbox"/></p>	
<p>5. IF THIS PERSON HAS VIOLATED A DOT DRUG AND ALCOHOL REGULATION, DID THIS PERSON COMPLETE A SAP-PRESCRIBED REHABILITATION PROGRAM IN YOUR EMPLOY, INCLUDING RETURN-TO-DUTY AND FOLLOW-UP TESTS? IF YES, PLEASE SEND DOCUMENTATION BACK WITH THIS FORM. YES <input type="checkbox"/> NO <input type="checkbox"/></p>	
<p>6. FOR A DRIVER WHO SUCCESSFULLY COMPLETED SAP'S REHABILITATION REFERRAL AND REMAINED IN YOUR EMPLOY, DID THIS DRIVER SUBSEQUENTLY HAVE AN ALCOHOL TEST RESULT OF 0.04 OR GREATER, A VERIFIED POSITIVE DRUG TEST, OR REFUSE TO BE TESTED? YES <input type="checkbox"/> NO <input type="checkbox"/></p>	
<p>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 ON PAGE 1.</p>	
<p>NAME: _____</p>	
<p>COMPANY: _____</p>	
<p>STREET: _____</p>	
<p>CITY, STATE, ZIP CODE: _____ TELEPHONE: _____</p>	
<p>PART 3 COMPLETED BY (SIGNATURE): _____</p>	

PART 4A:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
<p>THIS FORM WAS (CHECK ONE) <input type="checkbox"/> FAXED TO PREVIOUS EMPLOYER <input type="checkbox"/> MAILED <input type="checkbox"/> EMAILED <input type="checkbox"/> OTHER _____</p>	
<p>BY: _____ DATE: _____</p>	

PART 4B:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
<p>COMPLETE BELOW WHEN INFORMATION IS OBTAINED.</p>	
<p>INFORMATION RECEIVED FROM: _____</p>	
<p>RECORDED BY: _____ METHOD: FAX <input type="checkbox"/> MAIL <input type="checkbox"/> E-MAIL <input type="checkbox"/> TELEPHONE <input type="checkbox"/></p>	
<p>DATE: _____ <input type="checkbox"/> OTHER: _____</p>	

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PAGE 1 PART 1: PROSPECTIVE EMPLOYEE

- COMPLETE THE INFORMATION REQUIRED IN THIS SECTION
- SIGN AND DATE
- SUBMIT TO PROSPECTIVE EMPLOYER

PAGE 2 PART 4A: PROSPECTIVE EMPLOYER

- COMPLETE THE INFORMATION
- SEND TO PREVIOUS EMPLOYER

PAGE 1 PART 2: PREVIOUS EMPLOYER

- COMPLETE THE INFORMATION REQUIRED IN THIS SECTION
- SIGN AND DATE
- TURN OVER TO COMPLETE SIDE 2 SECTION 3

PAGE 2 PART 3: PREVIOUS EMPLOYER

- COMPLETE THE INFORMATION REQUIRED IN THIS SECTION
- SIGN AND DATE
- RETURN TO PROSPECTIVE EMPLOYER

PAGE 2 PART 4B

- RECORD RECEIPT OF INFORMATION
- RETAIN THE FORM