

ADDITIONAL DRIVER (CDL HOLDER) NEW HIRE PAPERWORK

APPLICATION FOR EMPLOYMENT

COMPANY R.L. McCoy, Inc. STREET ADDRESS 7898 E. Lincolnway
 CITY, STATE AND ZIP CODE Columbia City, In. 46725

NAME _____
 (First) (Middle) (Maiden Name, if any) (Last)

ADDRESS _____ HOW LONG? _____
 (Street) (City) (State & Zip Code)

DATE OF BIRTH _____ SOCIAL SEC. NO. _____

ADDRESS _____ HOW LONG? _____
 (Street) (City) (State & Zip Code)

FOR PAST THREE YEARS } ADDRESS _____ HOW LONG? _____
 (Street) (City) (State & Zip Code)

EXPERIENCE AND QUALIFICATIONS--DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND 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.)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

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

LOCATION	DATE	CHARGE	PENALTY

(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 _____

B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

EMPLOYMENT RECORD (Attach Sheet if More Space is Needed)

NOTE: DOT Requires That Employment for at Least 3 Years and/or Commercial Driving Experience for the Past 10 Years Be Shown

LAST EMPLOYER: NAME _____

ADDRESS _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

SECOND LAST EMPLOYER: NAME _____

ADDRESS _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

THIRD LAST EMPLOYER: NAME _____

ADDRESS _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

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.

Date Applicant's Signature

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

MOTOR VEHICLE DRIVER'S Certification of Violations/Annual Review of Driving Record

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 (other than violations involving only parking) of which the driver has been convicted, or on account of which he/she 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 on this form.

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/she shall so certify (Section 391.27).

COMPLETED BY DRIVER - CERTIFICATION OF VIOLATIONS

NAME OF DRIVER: (PRINT)	SOCIAL SECURITY NUMBER	DATE OF EMPLOYMENT
HOME TERMINAL (CITY AND STATE)	DRIVER'S LICENSE NUMBER	STATE EXPIRATION DATE

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.

(If you have had no violations, check the following box - None.)

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED

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.

Date of Certification _____ Driver's Signature _____

COMPLETED BY MOTOR CARRIER - ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one):

- Meets minimum requirements for safe driving
 Is disqualified to drive a motor vehicle pursuant to Section 391.15
 Does not adequately meet satisfactory safe driving performance

Action taken with driver: _____

Reviewed by: _____
 Signature _____ Date _____
 Printed Name _____ Title _____

Motor Carrier Name _____ Motor Carrier Address _____

MAINTAIN THIS DOCUMENT IN THE DRIVER'S QUALIFICATION FILE. THIS DOCUMENT MAY BE PURGED AFTER 3 YEARS FROM DATE OF EXECUTION.

DISCLOSURE UNDER FAIR CREDIT REPORTING ACT
AND

CONSENT TO PROCUREMENT OF MOTOR VEHICLE REPORT
FOR

EMPLOYMENT PURPOSES FORM

The undersigned hereby authorizes R.L. McCoy, Inc. or it's insurance agency/company to obtain copies of Motor Vehicle Reports, which may be classified as a consumer report, pertaining to me for employment purposes and for use in rating and/or underwriting insurance and any renewal thereof. I understand that in obtaining such consumer reports, a consumer reporting agency may be used, and I do hereby authorize such use.

Printed Name _____

Signed Name: _____

Dated _____

Date of Birth _____

License Number & State Issued _____

MULTIPLE-EMPLOYER DRIVERS

Instructions: If a motor carrier employs a person as a multiple-employer driver (as defined in 49 CFR 390.5), the motor carrier shall comply with all requirements of Part 391, except the carrier need not—

- (1) Require the person to furnish an application for employment (391.21);
- (2) Make an inquiry into the person's driving record during the preceding three years to the appropriate State agency(s) and an investigation of the person's employment record during the preceding three years (391.23);
- (3) Perform annual review of the person's driving record (391.25); or
- (4) Require the person to furnish a record of violations or a certificate (391.27).

The checklist below may be helpful to ensure that required documents are obtained.

DRIVER QUALIFICATION FILE CHECKLIST

Name _____

Social Security Number _____

Driver's License Number _____

Type of License _____ State _____

In addition to the above information, copies of the following must be obtained.

- Medical Examiner's Certificate
- Road Test (or equivalent)
- Certificate of Road Test
- Controlled Substances Test

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 (Print) _____
First Middle Last

DAY	TOTAL TIME ON DUTY
1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____

TOTAL _____

I hereby certify that the information contained herein 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 _____

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

From: R.L. McCoy, Inc.

To: _____ Date: _____

Social Security Number: _____

_____ has made application to this company for a position as _____

and states that he/she was employed by you as _____ from _____ to _____.

Will you please reply to the inquiry below respecting this applicant. Your reply will be held in strict confidence and will in no way involve you in any responsibility. For your convenience in replying by return mail, we have enclosed a stamped self-addressed envelope.

Please fax to (260)625-3813

Very truly yours,

Safety Department

1. Is the employment record with your company correct as stated above? _____

2. What kind(s) of work did the applicant do? _____

3. Did the applicant drive motor vehicles for you? Passenger car _____ Straight truck _____ Bus _____
Tractor-Semitrailer _____ Other (specify) _____

4. Was the applicant a safe and efficient driver? _____

5. Give the dates of vehicle accidents in which he/she was involved. _____

6. Reason for leaving your employ: Discharged _____ Laid off _____ Resigned _____

Remarks: _____

7. Was the applicant's general conduct satisfactory? _____

8. Is the applicant competent for the position sought? _____

9. Did the applicant drink any alcoholic beverages while on duty? _____

	Excellent	Good	Fair	Poor	Very Poor
Quality of work	_____	_____	_____	_____	_____
Cooperation with others	_____	_____	_____	_____	_____
Safety habits	_____	_____	_____	_____	_____
Personal habits	_____	_____	_____	_____	_____
Driving skill	_____	_____	_____	_____	_____
Attitude	_____	_____	_____	_____	_____

Remarks: _____

Date: _____ Signature: _____

Name of Company: _____

(Detach here for your records)

X _____ Date: _____
(SIGNATURE OF PREVIOUS EMPLOYEE)

Your are hereby authorized to give to R.L. McCoy, Inc. (Name of Prospective Employer)

all information regarding my services, character, and conduct while in your employ, and you are released from any and all liability which may result from furnishing such information to the above named company.

PREVIOUS EMPLOYER -- DRUG & ALCOHOL HISTORY

TO BE COMPLETED BY PROSPECTIVE EMPLOYEE:

(Print Name - First, M.I., Last)

(Social Security Number)

(Date of Birth)

I hereby authorize:

Previous Employer: _____

Street: _____

City, State, Zip _____

to release and forward the information requested below concerning my DOT drug and alcohol testing records within the previous three years from _____
(date range of employment)

To:

R. L. McCoy, Inc.

7898 E. Lincolnway

Columbia City, IN 46725

Attn: CMV Program Administrator

Fax (260) 625-3813 Phone (260) 625-3443

(Prospective Employee's Signature)

TO BE COMPLETED BY PREVIOUS EMPLOYER:

Was the employee listed above subject to the DOT Commercial Motor Vehicle drug and alcohol testing requirements while employed by you? Yes No

If yes, please complete questions one through six below. If no, please complete the information at the bottom of this form.

1. Has this person had an alcohol test with a result of 0.04 or higher blood alcohol concentration (BAC)? Yes No
2. Has this person tested positive or tampered with a test specimen for controlled substances? Yes No

PREVIOUS EMPLOYER – DRUG & ALCOHOL HISTORY

3. Has this person refused to submit to a random, post-accident, reasonable suspicion, or follow-up drug or alcohol test? Yes No
4. Has this person violated other drug and alcohol provisions listed under Subpart B of Part 382 or Part 40? Yes No
5. If this person violated a DOT drug and alcohol requirement, did they fail to complete a follow-up testing plan prescribed by a Substance Abuse professional (SAP) while employed by your organization? (If yes, please send documentation).
 Yes No N/A
6. If this driver successfully completed a follow-up testing plan prescribed by an SAP, 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 No N/A

Name: _____

Signature: _____

Telephone Number: _____

Date Completed: _____

PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Sec. 40.25(j) As the employer, you must also 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. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b)(5) and (e))

Prospective Employee Name: _____ ID Number: _____
(print)

The prospective employee is required by Sec. 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 DOT agency drug and alcohol testing rules during the past two years?

Check one: Yes No

- 2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one: Yes No

I certify that the information provided on this document is true and correct.

Prospective Employee Signature: _____ Date: _____

Witnessed By: _____ Date: _____
(signature)