



5156 I-55 Service Road

Marion, AR

APPLICATION FOR DRIVER QUALIFICATION

AS REQUIRED BY §391 FMCSR (DOT SAFETY REGULATIONS)

Applicants are considered for job without regard to race, color, creed, age, sex, handicap, or national origin.

Date: _____ **Cell #** (____) _____

Name: _____ **Home #** (____) _____
First PRINT Middle Last (Area)

Current Address: _____
Number Street City ST Zip

Other Address _____
(Past 3 Years) Number Street City ST Zip

***Email:** _____

Date of Birth _____ **Social Security #** _____ **License # / State** _____ **Exp. Date** _____
- - - - - / - - - - -

Previous CDL: _____ **License # / State** _____ **Date issued** _____
_____ / _____ - - - - -

Emergency Contact: _____ **Name** _____ **Address** _____ **Phone #** _____
(____) _____

TO BE READ AND SIGNED BY APPLICANT / DRIVER

This certifies that I completed this application, all entries & information is true & correct to the best of my knowledge.

I authorize this company to make such investigations and inquiries into 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 interviews may result in discharge. I understand, also, that I am required to abide by all the rules and regulations of the Company.

I understand that the information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigation 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 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.

I understand that I am required to abide by all rules of this company, laws of the states, and regulations of the FMCSA.



X _____
Driver's Signature

_____/_____/_____
Date

Applicant's Name: _____

EMPLOYMENT RECORD FOR PAST TEN (10) YEARS LISTING ALL EMPLOYERS

Begin with your present job or most recent job & work backwards. Keep dates in order. Last three years must be accounted for.

Current or Most Recent Employer: _____ **Supervisor's Name:** _____

Were you subject to Federal Motor Carrier Safety Regulations? ☐ Yes ☐ No
Were you subject to DOT regulated drug & alcohol testing? ☐ Yes ☐ No

Address: _____ Telephone (_____) _____ Date From ____/____/____ to ____/____/____

Position Held: _____ Reason For Leaving? _____ # of Accidents: _____ # of States driven in: _____

Second from Current Employer: _____ **Supervisor's Name:** _____

Were you subject to Federal Motor Carrier Safety Regulations? ☐ Yes ☐ No
Were you subject to DOT regulated drug & alcohol testing? ☐ Yes ☐ No

Address: _____ Telephone (_____) _____ Date From ____/____/____ to ____/____/____

Position Held: _____ Reason For Leaving? _____ # of Accidents: _____ # of States driven in: _____

Third from Current Employer: _____ **Supervisor's Name:** _____

Were you subject to Federal Motor Carrier Safety Regulations? ☐ Yes ☐ No
Were you subject to DOT regulated drug & alcohol testing? ☐ Yes ☐ No

Address: _____ Telephone (_____) _____ Date From ____/____/____ to ____/____/____

Position Held: _____ Reason For Leaving? _____ # of Accidents: _____ # of States driven in: _____

Forth from Current Employer: _____ **Supervisor's Name:** _____

Were you subject to Federal Motor Carrier Safety Regulations? ☐ Yes ☐ No
Were you subject to DOT regulated drug & alcohol testing? ☐ Yes ☐ No

Address: _____ Telephone (_____) _____ Date From ____/____/____ to ____/____/____

Position Held: _____ Reason For Leaving? _____ # of Accidents: _____ # of States driven in: _____

Fifth from Current Employer: _____ **Supervisor's Name:** _____

Were you subject to Federal Motor Carrier Safety Regulations? ☐ Yes ☐ No
Were you subject to DOT regulated drug & alcohol testing? ☐ Yes ☐ No

Address: _____ Telephone (_____) _____ Date From ____/____/____ to ____/____/____

Position Held: _____ Reason For Leaving? _____ # of Accidents: _____ # of States driven in: _____

Sixth from Current Employer: _____ **Supervisor's Name:** _____

Were you subject to Federal Motor Carrier Safety Regulations? ☐ Yes ☐ No
Were you subject to DOT regulated drug & alcohol testing? ☐ Yes ☐ No

Address: _____ Telephone (_____) _____ Date From ____/____/____ to ____/____/____

Position Held: _____ Reason For Leaving? _____ # of Accidents: _____ # of States driven in: _____

**10-year history must be COMPLETE, if unemployed for any period - state "unemployed".
Phone Numbers MUST be listed for the Application to be processed.**

Continue on 2nd Copy if more room is needed.

List All Drivers license/permits held in the past 3 years

Check Endorsements that you have: ☐ Combinations ☐ Hazardous Materials ☐ Air Brakes ☐ Tanks
Indicate **ALL** Restrictions on your CDL: _____

List all vehicle moving traffic convictions and forfeitures for the past 3 years (If none write none)

ACCIDENT RECORD

NATURE AND EXTENT OF EXPERIENCE

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle?	☐ Yes	☐ No
B. Have you ever had any license, permit or privilege suspended or revoked?	☐ Yes	☐ No
C. Have you ever been convicted for driving while under the influence of alcohol or drugs?	☐ Yes	☐ No
D. Have you ever been convicted for possession, sale, or use of a narcotic drug?	☐ Yes	☐ No
E. Have you ever been refused liability insurance?	☐ Yes	☐ No
F. Have you ever been convicted of a felony?	☐ Yes	☐ No
G. Have you ever been convicted of a Misdemeanor?	☐ Yes	☐ No
H. Have you ever been disqualified to drive by Federal Motor Carrier Safety Regulations?	☐ Yes	☐ No
I. If "Yes" is marked on any of the above, give date & details: _____		

- J. In the two years prior to the date of this application; Have you ever:**
- | | | |
|--|----------------|---------------|
| 1. Had an alcohol test with a result of 0.04 or higher? | [] Yes | [] No |
| 2. Had a verified positive drug test? | [] Yes | [] No |
| 3. Refused to be tested? | [] Yes | [] No |
| 4. Violated any DOT drug and alcohol test regulations? | [] Yes | [] No |
| 5. Tested positive <u>or</u> refuse to test, on any pre-employment drug or alcohol test administered by an employer to
with you have applied for? | [] Yes | [] No |
- If “Yes” was answered to any of the above items in section “J”, do you have documents to show successful
completion of the return-to-duty process?**
- | | | |
|--|----------------|---------------|
| | [] Yes | [] No |
|--|----------------|---------------|



INQUIRY TO PREVIOUS EMPLOYER

Release & Documentation of Testing Information by Previous Employer

Safety Performance History Investigation

§382.413 §40.25 §391.23

FMCSR §391.23(c)(3) & §386.12 – ALL failure to respond to this inquiry is recorded & reported.

Section I: To be signed by the applicant, completed by the previous employer, & transmitted to the company

Driver's Name: _____ **Driver's SS #** _____

PRINT

I hereby authorized my current & previous employers to furnish any & all information requested for previous employer verification to the employer listed represented by US Safety & Compliance Team. This includes all information relating to every accident on my record & all information concerning my employment & pre-employment, alcohol & controlled substance testing records in accordance with 49 CFR Part 391.23, 382.413 & 40.25.



X _____ / ____ / ____
Driver's Signature **Date**

Previous Employer: _____ Representative: _____

Address: _____ Phone # _____ Fax # _____

Carrier Name: Garden Contracting, LLC **Company Representative:** _____ **-Safety**

Address: 5156 I-55 Service Rd, Marion, AR 72364

Phone # (870) 739-2275 – Safety Fax # (870) 733-0040 -Safety

Section II: To be completed by the previous employer and transmitted to the new employer.

Position Held: _____ Period of Employment-From: _____ To: _____, From: _____ To: _____

Type of equipment driven: ☐ Tractor Trailer ☐ Other: _____

Reason for leaving your employment: ☐ Laid off ☐ Resigned ☐ Discharged

If discharged, reason: _____

Would he/she be eligible for rehire? ☐ Yes ☐ No If "No", please explain: _____

List all DOT Recordable accidents in the last 3-years prior to the applicant's signature:

Date of Accident	City or Town	State	# of injuries	# of fatalities	H/M released

In the 3-years prior to the date of the applicant's signature, for DOT-regulated testing:

1. Did the employee have an alcohol test with a result of 0.04 or higher? ☐ Yes ☐ No
2. Did the employee have a verified positive drug test? ☐ Yes ☐ No
3. Did the employee refuse to be tested? ☐ Yes ☐ No
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? ☐ Yes ☐ No
5. If "yes" to any of the above items, did the employee complete the return-to-duty process? ☐ N/A ☐ Yes ☐ No
6. Did a previous employer report a drug and alcohol rule violation to you? ☐ Yes ☐ No

Note: Previous employer, if you answered "YES" to any item for DOT regulated testing, you must also transmit a copy(s) of the appropriate documentation (e.g., CCFs, MRO results report, BSTFs, SAP reports, follow-up testing) record to the new employer.

[] No regulated history available for driver named in Section I.

Name & Signature of person providing information: _____ **Title:** _____

Please return this page via Fax to (870) 733-0040
Thank you for your immediate attention.

Phone: (____) _____ **Date:** ____/____/____



Inquiry to State Agency for Driver's Record §391.23

I, _____ / _____
(Driver's Name) Print (Driver's Operator License Number / State)

(Driver's Social Security Number)



x _____ / ____ / ____
(Driver's Signature) Date

Do Hereby Authorize the Office of Driver Services to release my Driving Record to:

Carden Contracting, LLC &/or
5156 I-55 Service Road
Marion, AR 72364

U.S. Safety & Compliance Team
PO Box 618
Marion, AR 72364

Dear Sir or Madam:

The above-listed individual has made an application with us as a driver. The applicant has indicated that the listed numbered operator's license or permit has been issued by your State to the applicant and that it is in good standing.

In accordance with §391.23(a)(1) and (b) of the Federal Motor Carrier Safety Regulations, we are required to make inquiry into the driving record during the preceding 3 years of every State in which an applicant-driver has held a motor vehicle operator's license or permit during those 3 years.

Therefore, please certify to us what the individual's driving record is for the preceding 3 years or certify that no record exists if that were the case.

If this inquiry does not satisfy your requirements for making such inquiries, please send us such forms as are necessary for us to complete our inquiry into the driving record of this individual.

Respectfully Yours,

(Signature of individual making inquiry)

(Print) Name of person making inquiry.

Safety
Title of person making inquiry





Motor Vehicle Driver's Certificate of Compliance With Driver License Requirements

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 & 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

1. You as a commercial vehicle driver may not possess more than one license. The only exception is if a state requires you to have more than one license. This exception is allowed until 1/1/90.

If you currently have more than one license you should keep the license from your state of residence and return the additional licenses to the state that issued them. DESTROYING a license does not close the record in the state that issued it, you must notify the state. If a multiple license has been lost, stolen, or destroyed, you should close your record by notifying the state of issuance that you no longer want to be licensed by that state.

2. §392.42 & §383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your drivers' license. In addition, §383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it to your employing motor carrier and the state that issued your license within 30 days.

DRIVER CERTIFICATION:

I certify that I have read and understood the above requirements.

The following license is the only one I will possess:

Driver's License No: _____ **State:** _____ **Exp. Date** ____/____/____



x

Drivers Signature

_____/_____/_____
Date



PRE-EMPLOYMENT URINALYSIS NOTIFICATION

The Federal Motor Carrier Safety Regulations §382.301 pre-employment testing requirements, apply to driver-applicants of this company.

§382.301 - Pre-employment testing requirements

- (a) A motor carrier shall require a driver-applicant who the motor carrier intends to hire or use to be tested for the use of controlled substances as a pre-qualification condition.
- (b) A driver-applicant shall submit to controlled substance testing as a pre-qualification condition.
- (c) Prior to collection of urine sample under §382.601 of this subpart. A driver applicant shall be notified that the sample will be tested for the presence of controlled substance.

As a condition of my employment, I agree to the urine sample collection and controlled substance testing. I understand a positive test for controlled substance based on the Urinalysis Test will medically disqualify me from the operation of a commercial motor vehicle for this company.

The Medical Review Officer will maintain the results of the Urinalysis Test. Negative and positive test results will be reported to the company.

My written authorization is required for the Urinalysis Test results to be given to other parties.

I have read and understand the above conditions for the Pre-employment Urinalysis Notification.



Driver's Name (PRINT)

X

Driver's Signature

Date

Drug & Alcohol Testing Program Consent Form

I hereby release this company, its officers, agents, employees & attorneys from any and all liability that may in any way arise from, or in any way be connected with the company's drug & alcohol testing program, disciplinary program, or allowing me to continue to work with the company. I specifically waive any rights of action under any theory of the law and the like, including, specifically, but not limited to, theories of negligence, &/or intentional infliction of emotional distress, negligence, invasion of privacy, wrongful discharge, defamation, slander, or any like or similar theory.

By my signature below I acknowledge that I have read, understand & agree to comply with the drug & alcohol testing program of, this company as well as the U.S. Department of Transportation regulations as contained in 49 CFR Part 382.

I also understand that it is a condition of being considered for employment, of continued employment by the company that I agree to abide by the company policy. By my signature I consent to urine &/or breath testing for controlled substances &/or alcohol prior to and at any time during my employment when requested by my employer on a random or event triggered basis. I hereby specifically authorize the company to have all and immediate access to any and all of my urine &/or breath custody and control forms and the results thereof.

I understand and agree that I may not be under any degree of influence of alcohol or controlled substance at any time during my employment. Should any level of alcohol or controlled substance be detected in any of my breath or urine at any time while employed, the company shall have grounds for immediate termination of my employment. This authorization specifically covers any random, or event triggered testing as may be required by U.S. Department of Transportation regulations or company policy.

Any positive test results or refusal to submit to any type of test shall constitute my automatic resignation from this company.



Driver's Name (PRINT)

X

Driver's Signature

Date



Seven-Day Prior HOS Record

Instructions: When using a driver for the first time or intermittently, a signed statement must be obtained, giving the total time on duty (Driving & On-Duty, Not Driving) during the immediately 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 & belief, & I was last released from duty at: _____:____ a.m. / p.m. on ____/____/____

 X _____ /____/____
Driver's Signature **Date**

Driver Certification for Other Compensated Work

Instructions: When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in §395.2 (8) & (9) of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employment or service of, a common, contract or private motor carrier, also performing any compensated work for any non-motor carrier entity.

Are you currently working for another employer? ☐ Yes ☐ No

At this time, do you intend to work for another employer while still employed by this company? ☐ Yes ☐ No

I hereby certify that the information given above is true & I understand that once I become employed with this company, if I work for any additional employer(s) for compensation, I must inform this company immediately of such employment activity.



X _____ /____/____
Driver's Signature **Operator's License #** **State** **Date**



**General Consent for Limited Queries of the Federal Motor Carrier Safety
Administration (FMCSA) Drug & Alcohol Clearinghouse**
49 CFR 382.703



Carriers' Name:

I, _____ (PRINT *Driver Name*), hereby provide consent to this carrier to conduct a limited query of the FMCSA Commercial Driver's License Drug & Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

I, the driver, consent to a single limited query as part of the pre-employment process. I also consent to multiple/unlimited amounts of limited queries during my duration of employment with this carrier.

I understand that if the limited query conducted by this carrier indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to this carrier without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for this carrier to conduct a limited query of the Clearinghouse, this carrier must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug & alcohol program regulations.



x

Employee Signature

____/____/____

Date



Consent to Perform Motor Vehicle Records History Check

Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681 et seq., the Americans with Disabilities Act & all applicable federal, state, & local laws, I hereby authorized & permit **U.S. Safety & Compliance Team** to obtain a consumer report &/or an investigative consumer report which may include the following:

1. My employment records.
2. Records concerning any driving, criminal history, credit history, civil record, workers' compensation (post-offer) & drug testing.
3. (For truck drivers only) In accordance with the Department of Transportation Motor Carrier Safety Regulations, Section 382.413, information concerning alcohol & controlled substances for the past 3 years.
4. Verification of my academic &/or professional credentials; & information &/or copies of documents from any military service records.

I understand that an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, & mode of living, which may be obtained by interview with individuals with whom I am acquainted or who may have knowledge concerning any such items of information.

I agree that a copy of this authorization has the same effect as the original.

I hereby release & hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as from liability that might otherwise result from the request for use of &/or disclosure of any or all of the foregoing information.

I understand & acknowledge that under the provision of the Fair Credit Reporting Act I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I hereby authorize the **U.S. Safety & Compliance Team** to obtain & prepare an investigative consumer report as set forth above, as part of its investigation of my employment application. This authorization shall remain in effect over the course of my employment. Reports may be ordered periodically during my employment. NOTE: Except for those states where an annual release is required, i.e., California (CALIFORNIA – Continuing consent concept is inapplicable & a separate authorization must be requested each time a report is ordered. – CA Civ. Code 1786.22)

Person's Name: _____ Date of Birth: ____/____/____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number:

_____-_____-_____

Operator's License Number:

State:



X

Signature of Licensee

_____/_____/_____
Date