

DRIVER'S APPLICATION FOR EMPLOYMENT

PLEASE ANSWER ALL QUESTIONS.

RIVER REGION LOGISTICS LLC

633 COUNTY ROAD 4 E
PRATTVILLE, AL. 36067
PHONE- (334) 462-1688
FAX- (334) 361-6700

IN COMPLIANCE WITH FEDERAL AND STATE EQUAL EMPLOYMENT OPPORTUNITY LAWS, QUALIFIED APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL STATUS, OR NON-JOB RELATED DISABILITY.

DATE OF APPLICATION: _____

POSITION(S) APPLIED FOR: _____

NAME: (LAST) _____ (FIRST) _____ (MIDDLE) _____ S.S. #: _____

ADDRESS: (STREET) _____ (CITY) _____

(STATE) _____ (ZIP) _____ PHONE: _____

ADDRESS FOR PAST THREE YEARS:

(STREET) _____ (CITY) _____ (STATE) _____ (ZIP) _____

(STREET) _____ (CITY) _____ (STATE) _____ (ZIP) _____

DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE U.S.? _____

DATE OF BIRTH (REQUIRED) ____/____/____ CAN YOU PROVIDE PROOF OF AGE? YES NO

WHO REFERRED YOU? _____ RATE OF PAY EXPECTED? _____

IS THERE ANY REASON YOU MIGHT BE UNABLE TO PERFORM THE FUNCTIONS OF THE POSITION(S) FOR WHICH YOU HAVE APPLIED [AS DESCRIBED IN THE ATTACHED JOB DESCRIPTION]? _____

IF YES, EXPLAIN: _____

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 DRUG AND ALCOHOL RULES DURING THE PAST 2 YEARS?
YES NO

IF YOU ANSWERED "YES" TO THE ABOVE QUESTION, CAN YOU PROVIDE DOCUMENTATION OF SUCCESSFUL COMPLETION OF DOT RETURN TO DUTY REQUIREMENTS (INCLUDING FOLLOW-UP TESTS)?
YES NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR WHICH RESULTED IN IMPRISONMENT WITHIN THE LAST 7 YEARS? (NOTE: SUCH CONVICTIONS ARE NOT AN AUTOMATIC BAR TO EMPLOYMENT. ALL CIRCUMSTANCES WILL BE CONSIDERED) Yes No

IF YOU HAVE BEEN CONVICTED, PLEASE ATTACH A SEPARATE PAGE PROVIDING US WITH AN EXPLANATION OF ALL RELEVANT CIRCUMSTANCES.

EMPLOYMENT HISTORY

**LIST EMPLOYERS IN REVERSE ORDER, BEGINNING WITH THE MOST RECENT.
ATTACH SHEET IF MORE SPACE IS NEEDED.**

**LIST EVERY JOB YOU HAVE HAD IN THE PAST TEN YEARS.
BE SURE TO INCLUDE A VALID ADDRESS AND PHONE NUMBER.
IF UNEMPLOYED OR SELF-EMPLOYED, PLEASE LIST WITH DATES.
THERE CANNOT BE ANY TIME GAPS IN THIS 10 YEAR HISTORY.**

MAY WE CONTACT YOUR CURRENT EMPLOYER? YES / NO

EMPLOYER			DATE
NAME			FROM ___/___/___ TO ___/___/___
ADDRESS			POSITION:
CITY	STATE	ZIP	SALARY/WAGE:
CONTACT PERSON		PHONE NUMBER	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

EMPLOYER			DATE
NAME			FROM ___/___/___ TO ___/___/___
ADDRESS			POSITION:
CITY	STATE	ZIP	SALARY/WAGE:
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING:

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 1350 Dauphin Street (P.O. Box 2264) Mobile, AL 36652-2264
 (251) 433-4111 FAX (251) 433-4323

FOR EXCLUSIVE USE BY THE ABOVE NAMED CLIENT. ANY OTHER USE OR DUPLICATION IS PROHIBITED.

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NAME			FROM ___/___/___ TO ___/___/___
ADDRESS			POSITION:
CITY	STATE	ZIP	SALARY/WAGE:
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING:

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ACCIDENT RECORD FOR PAST 3 YEARS OR MORE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT ____/____/____			
NEXT PREVIOUS ____/____/____			
NEXT PREVIOUS ____/____/____			

(ATTACH SHEET IF MORE SPACE IS NEEDED)

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

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4
LAST SCHOOL ATTENDED: (NAME) _____ (CITY) _____

DRIVER	STATE	LICENSE #	TYPE	EXPIRATION DATE
LICENSES				

- A. HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? Y__ N__
 B. HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? Y__ N__
IF THE ANSWER TO EITHER A OR B IS YES, ATTACH A STATEMENT PROVIDING DETAILS

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ECT.)	DATE FROM	DATE TO	APPROXIMATE TOTAL NUMBER OF MILES
STRAIGHT TRUCK				
TRACTOR/ SEMI-TRAILER				
TRACTOR/ TWO TRAILERS				
OTHER				

LIST ALL STATES OPERATED IN FOR THE PAST FIVE YEARS: _____

LIST ANY SPECIAL COURSES OF TRAINING THAT WILL HELP YOU AS A DRIVER: _____

LIST ANY SAFE DRIVING AWARDS YOU HOLD AND FROM WHOM: _____

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OTHER EXPERIENCE AND QUALIFICATIONS

LIST ANY TRUCKING, TRANSPORTATION, OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY: _____

LIST ANY COURSES AND TRAINING: (OTHER THAN THOSE ALREADY LISTED ON THIS APPLICATION) _____

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH: (OTHER THAN THOSE ALREADY LISTED) _____

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. I AUTHORIZE YOU TO TAKE SUCH INVESTIGATIONS AND INQUIRIES OF MY PERSONAL, EMPLOYMENT, FINANCIAL, AND 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 ALSO UNDERSTAND THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE COMPANY.

★ DATE: _____

★ APPLICANT'S SIGNATURE: _____

THIS SECTION FOR OFFICE USE ONLY PROCESS RECORD

APPLICANT HIRED: _____ REJECTED: _____
 DATE EMPLOYED: _____ POINT EMPLOYED: _____
 DEPARTMENT: _____ CLASSIFICATION: _____

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE	
APPLICATION	___	___	___	___	___	___ YES	___ NO
INTERVIEW	___	___	___	___	___	___ YES	___ NO
PAST EMPLOYMENT	___	___	___	___	___	___ YES	___ NO
WRITTEN EXAM	___	___	___	___	___	___ YES	___ NO
ROAD TEST	___	___	___	___	___	___ YES	___ NO
CRIMINAL & TRAFFIC CONVICTIONS	___	___	___	___	___	___ YES	___ NO

TRANSFERS

FROM: _____ TO: _____ FROM: _____ TO: _____
 DATE: _____ DATE: _____
 REASON FOR TRANSFER: _____ REASON FOR TRANSFER: _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED: _____ DEPARTMENT RELEASED FROM: _____
 (CHECK ONE) ___ DISMISSED ___ RESIGNED ___ OTHER (EXPLAIN): _____

SUPERVISER: _____ TERMINATION REPORT PLACED IN FILE: ___ YES ___ NO

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CERTIFICATION OF COMPLIANCE WITH DRIVER'S LICENSE REQUIREMENTS

NOTICE TO CARRIERS: The requirements in Part 383 of the Federal Motor Carrier Safety Regulations 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 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements which you, as a driver, must comply. 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 January 1, 1990.

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 states 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) Sections 392.42 and 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 driver's license. In addition, Section 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 HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE REQUIREMENTS
AND THAT THE FOLLOWING LICENSE IS THE ONLY ONE THAT I WILL POSSESS.**

★ Driver's License No. _____ State _____ Exp. Date _____

★ Driver's Signature: _____

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REQUEST FOR CHECK OF DRIVING RECORD

I HEREBY AUTHORIZE YOU TO RELEASE THE FOLLOWING INFORMATION TO (PROSPECTIVE EMPLOYER) _____ FOR THE PURPOSE OF INVESTIGATION AS REQUIRED BY SECTION 391.23 OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS. YOU ARE HEREBY RELEASED FROM ANY AND ALL LIABILITY WHICH MAY RESULT FROM FURNISHING SUCH INFORMATION.

★ APPLICANT SIGNATURE _____ DATE _____

1. IN ACCORDANCE WITH THE PROVISIONS OF SECTION 604 AND SECTION 607 OF THE FAIR CREDIT REPORTING ACT, PUBLIC LAW NO. 91-508, I HEREBY CERTIFY THAT THE INFORMATION REQUESTED BELOW WILL BE USED FOR A "PERMISSIBLE PURPOSE" AS DEFINED IN THE ACT, AND THAT THE INFORMATION RECEIVED WILL BE USED FOR NO OTHER PURPOSE.
2. I FURTHER CERTIFY THAT IF THE APPLICANT NAMED BELOW IS DENIED EMPLOYMENT BASED UPON THE INFORMATION RECEIVED, I WILL IDENTIFY THE SOURCE OF THE REPORT IN ACCORDANCE WITH SECTION 615(A) OF THE FAIR CREDIT REPORTING ACT.

SIGNATURE OF REQUESTER: _____ DATE: _____

THE FOLLOWING NAMED PERSON HAS MADE APPLICATION WITH OUR COMPANY FOR THE POSITION OF DRIVER. AS IN ACCORDANCE WITH SECTION 391.23, FEDERAL DEPARTMENT OF TRANSPORTATION REGULATIONS, PLEASE FURNISH THE UNDERSIGNED WITH THE APPLICANT'S DRIVING RECORD FOR THE PAST THREE YEARS.

★ NAME OF APPLICANT: _____

★ ADDRESS: _____ CITY, ST. _____ ZIP _____

★ FORMER ADDRESS: _____ CITY, ST. _____ ZIP _____

★ DATE OF BIRTH: ____/____/____ SOCIAL SECURITY: _____

★ DRIVER LICENSE NUMBER AND STATE: _____

REQUESTED BY

COMPANY _____

TYPED NAME _____

ADDRESS _____

TITLE _____

CITY _____ STATE _____

SIGNATURE _____

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PAST EMPLOYMENT BACKGROUND CHECK

TO (PREVIOUS EMPLOYER) _____ DATE: ____ \ ____ \ ____

APPLICANT NAME: _____ S.S.N. _____

The person named above has applied to this company for employment. The applicant lists your firm as past employer. Please complete the following items:

Dates of employment with your company: From: _____ To: _____ Position _____ DOT Regulated Driver
 Non-DOT Regulated Driver

DRUG AND ALCOHOL INQUIRY

If the above applicant was employed as a driver with your company, Department of Transportation regulation section 382.405(f) and (h) require that you provide the following information:

Prospective employer did not provide signed release from driver (§40.321(b)). Therefore, drug/alcohol information cannot be provided.

Under DOT drug and alcohol testing requirements for the past 3 years:

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. This person was employed in a safety-sensitive function that required alcohol and controlled substances testing specified by 49 CFR Part 40 (if NO, skip this section). | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. This person had an alcohol test with a result of 0.04 or higher alcohol concentration. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. This person tested positive or adulterated or substituted a test specimen for controlled substances. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. This person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. This person committed other violations of Subpart B of Part 382, or Part 40. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. This person violated a DOT drug and alcohol regulation and completed a SAP-prescribed rehabilitation program in our employ, including return-to-duty and follow-up tests. If yes, documentation is enclosed. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. This person, after successfully completing a SAP's rehabilitation referral, remained in our employ but subsequently had an alcohol test result of 0.04 or greater, a verified positive drug test, or refused to be tested. | <input type="checkbox"/> | <input type="checkbox"/> |

In providing this information, any drug or alcohol testing information obtained from previous employers under §40.25 or other applicable DOT regulations is included.

Any other remarks: _____

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

Substance abuse professional's full name _____ Telephone _____
Date referred _____ Address _____ City/State/Zip _____

SAFETY PERFORMANCE HISTORY

There is no safety performance history to report.
Driver operated a: Straight Truck Tractor-Semi trailer Bus Cargo Tank Doubles/Triples Other (Specify) _____

Driver did not operate a motor vehicle.

Reason for leaving employ: Discharged Resignation Lay Off Military Duty

ACCIDENTS:

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Material Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

No accident register data for this driver.

Enclosed is other accident information pursuant to the employer's internal policies for retaining minor accident information (§391.23(d)(2)(ii)).

Signature of person supplying information: _____ Title/Date: _____

APPLICANT CONSENT AND RELEASE

★ I, _____, DO HEREBY AUTHORIZE MY PREVIOUS EMPLOYERS TO RELEASE INFORMATION FROM MY DRUG AND ALCOHOL RECORDS IN ACCORDANCE WITH DOT REGULATION 49 CFR PART 40, SECTION 40.25. I ALSO AUTHORIZE RELEASE OF ALL OTHER RECORDS OF EMPLOYMENT INCLUDING JOB PERFORMANCE TO MOTOR CARRIER CONSULTANTS, INC. IN CONNECTION WITH MY APPLICATION FOR EMPLOYMENT. I HEREBY RELEASE MY FORMER EMPLOYERS FROM ANY AND ALL LIABILITY OF ANY TYPE AS A RESULT OF PROVIDING THE ABOVE REQUESTED INFORMATION.

★ APPLICANT SIGNATURE _____ DATE _____

WITNESS SIGNATURE _____ DATE _____

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DRIVER DATA SHEET

★ Name (Print) _____

★ Social Security Number _____

★ Motor Vehicle Operator's License Number _____

★ Type of License _____ Issuing State _____

FMCSA Regulation §395.8(j)(2) states that motor carriers, when using a driver for the first time or intermittently, shall obtain from the driver a signed statement giving the total time on duty during the immediately preceding 7 days and the time at which the driver was last relieved from duty prior to beginning work for the motor carriers.

Instructions: In the grid below, write the date and hours you worked, driving or not, for the past seven days. Write your total hours in the "TOTAL" column.

DAY	1	2	3	4	5	6	7	TOTAL
DATE								
HOURS WORKED								

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at:

★ _____ on _____
 Time Date Released

★ _____
 Signature

Witness: _____
 Company Representative

Date: _____

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

COMPANY 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	EMPLOYMENT DATE
★ 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. No violations.

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED

If no violations are listed above, I certify that I have not been convicted nor 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 _____ ★

FOR OFFICE USE ONLY

COMPLETED BY COMPANY REPRESENTATIVE – ANNUAL REVIEW OF DRIVING RECORD

COMPANY 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 391.25
- Does not adequately meet satisfactory safe driving performance

Action taken with driver:

Reviewed by: _____

Signature

Date

Print Name

Title

Company Name

Company Address

SHOULD YOU DECIDE TO LEAVE EMPLOYMENT WITHIN SIX MONTHS TO ONE YEAR (1 YEAR) OR ARE DISCHARGED FOR CAUSE DURING THIS PERIOD, YOU AGREE TO REIMBURSE THE COMPANY FOR ALL EXPENSES INCURRED IN ESTABLISHING AND MAINTAINING YOUR ELIGIBILITY, INCLUDING, BUT NOT LIMITED TO, ALL COSTS RELATING TO DRUG TESTING, BACKGROUND CHECKS AND MEDICAL EXAMINATIONS. SUCH EXPENSES MAY BE DEDUCTED FROM ANY SUMS DUE TO YOU AT THE TIME OF YOUR LEAVING EMPLOYMENT.

THESE EXPENSES ARE LISTED, BUT NOT LIMITED TO, THE FOLLOWING:

PRE-EMPLOYMENT DRUG TESTING	\$ 75.00
D.O.T. PHYSICAL	\$ 50.00
M.V.R.	\$ 15.00
DRIVERS FILES (COMPLETED)	\$ 20.00
TOTAL	\$160.00

THESE EXPENSES ARE FOR LEASE DRIVERS ONLY:

SPECIAL PERMITS	\$ 75.00
UNIFIED CARRIER REGISTRATION	\$ 80.00
IFTA DECALS	\$ 20.00
DOOR SIGNS	\$ 50.00
TOTAL	\$ 225.00

★
I, _____, UNDERSTAND AND AGREE TO ABIDE BY THE ABOVE REQUIREMENTS AND STATEMENTS AS A CONDITION OF EMPLOYMENT.

★
SIGNATURE _____ DATE _____

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**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL
ACCOUNT HOLDERS**

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

In connection with your application for employment with RIVER REGION LOGISTICS LLC ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize RIVER REGION LOGISTICS LLC ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

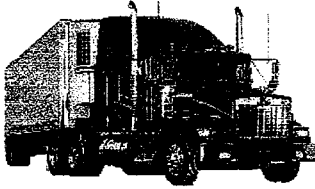
Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

LAST UPDATED 12/22/2015



Motor Carrier Consultants, Inc.

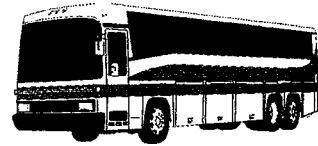
1350 Dauphin Street, Mobile, AL 36604

251-433-4111 Fax: 251-433-4323

1-800-682-2799

rick@mccionline.net

www.mccionline.net



"Serving the Transportation Industry Since 1988"

DISCLOSURE AND AUTHORIZATION FORM TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT PURPOSES

Please Read Carefully Before Signing the Authorization

DISCLOSURE

In considering you for employment and, if you are employed, in considering you for subsequent promotion, assignment, reassignment, retention, or discipline,

_____ ("the Company") may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as Motor Carrier Consultants, Inc.

Motor Carrier Consultants, Inc. can be contacted by mail at P.O. Box 2264 Mobile, AL 36652; or phone: 1-800-682-2799; or website: <http://www.mccionline.net>

For explanation purposes:

- a "consumer report" is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and
- an "investigative consumer report" is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act ("FCRA").

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

Personal Data

Last Name

First Name

Middle Name

Current Address

Dates Lived Here

Addresses for the Past Seven Years: (include street, city, state, zip code)

Dates of Residence:

Date of Birth

Other Names Used (including maiden name)

Years Used

Social Security Number

Driver's License #

State

Email address (may be used for official correspondence)

I have the right to make a request to **Motor Carrier Consultants, Inc.**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **Motor Carrier Consultants, Inc.** has previously furnished within the two year period preceding my request.

I certify that all elements of the personal data I have provided are true, accurate and complete. I understand and agree that any omission, false statement, misleading statement, or answer made by me will be sufficient grounds for rejection or discharge.

Printed Name

Applicant Signature

Date

INFORMATION FOR INTELICORP CUSTOMERS ON ADDITIONAL STATE LAW REQUIREMENTS

IN ADDITION TO THE FOREGOING DISCLOSURE AND AUTHORIZATION FORM NEEDED TO COMPLY WITH THE FEDERAL FAIR CREDIT REPORTING ACT, VARIOUS STATES IMPOSE ADDITIONAL DISCLOSURE OR OTHER OBLIGATIONS ON EMPLOYERS WHEN THEY OBTAIN CONSUMER REPORTS OR INVESTIGATIVE CONSUMER REPORTS ON EMPLOYEES OR APPLICANTS.

THE FOLLOWING IS A SUMMARY OF POSSIBLE STATE REQUIREMENTS.

1. WITH REGARD TO INDIVIDUALS WHO ARE OR WILL BE EMPLOYED IN CALIFORNIA, MINNESOTA, AND OKLAHOMA, you should add the following language to the end of the Authorization:

- You may request a free copy of any consumer report or investigative consumer report we obtain on you by checking the box.**

2. WITH REGARD TO INDIVIDUALS WHO ARE OR WILL BE EMPLOYED IN MASSACHUSETTS AND NEW JERSEY, you should add the following language to the end of the Authorization:

- By checking this box, you are acknowledging that you have been informed of your right to request a copy of the investigative consumer report we obtained on you and you are exercising your right to obtain a copy of that report.**

3. WITH REGARD TO INDIVIDUALS WHO ARE OR WILL BE EMPLOYED IN CALIFORNIA:

Under California Civil Code §§ 1786.16(a)(2) and 1786.22, the following additional disclosure should be provided before procuring a consumer report:

We will be obtaining a consumer report from Motor Carrier Consultants, Inc.; P.O. Box 2264 Mobile, AL 26652; 1-800-682-2799. You have the right to request from that agency, upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you, which the agency has previously furnished within the three-year period preceding your request. You may view the file maintained on you by the agency during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services. Upon making a written request, you may receive a summary of your report via telephone.

4. WITH REGARD TO INDIVIDUALS WHO ARE OR WILL BE EMPLOYED IN NEW YORK:

Under Article 25 Section 380-g of the New York General Business Law, if an employer receives a consumer report containing criminal conviction information, the employer must provide the applicant or employee who is the subject of the report, a printed or electronic copy of Article 23-A of the New York Correction Law, which governs the employment of persons previously convicted of one or more criminal offenses.

NEW YORK CORRECTION LAW
ARTICLE 23-A
LICENSURE AND EMPLOYMENT OF PERSONS PREVIOUSLY
CONVICTED OF ONE OR MORE CRIMINAL OFFENSES

§750. Definitions.

For the purposes of this article, the following terms shall have the following meanings:

(1) "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission.

(2) "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons.

(3) "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license, opportunity, or job in question.

(4) "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.

(5) "Employment" means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that "employment" shall not, for the purposes of this article, include membership in any law enforcement agency.

§751. Applicability.

The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.

§752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.

No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable, shall be denied or acted upon adversely by reason of the individual's having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of "good moral character" when such finding is based upon the fact that the individual has previously been convicted of one or more criminal offenses, unless: (1) There is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or (2) The issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.

§753. Factors to be considered concerning a previous criminal conviction; presumption.

1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:

(a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.

(b) The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.

(c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.

(d) The time which has elapsed since the occurrence of the criminal offense or offenses.

(e) The age of the person at the time of occurrence of the criminal offense or offenses.

(f) The seriousness of the offense or offenses.

(g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.

(h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.

2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

§754. Written statement upon denial of license or employment.

At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.

§755. Enforcement.

1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules.

2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.

5. WITH REGARD TO INDIVIDUALS WHO ARE OR WILL BE EMPLOYED IN WASHINGTON STATE:

Under the Washington Fair Credit Reporting Act, you have the right to ask MCCI for a written summary of your rights. If you submit a request to Employer in writing, you have the right to get from Employer a complete and accurate disclosure of the nature and scope of the investigative consumer report Employer ordered, if any. If Employer obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be used to evaluate whether

you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

6. WITH REGARD TO INDIVIDUALS WHO ARE OR WILL BE EMPLOYED IN OREGON:

Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that Employer has not maintained secured records is available to you upon request

ADDITIONAL NOTES:

- A. If you intend to obtain a “credit report” to be used for employment purposes, you should be aware that a number of states have enacted laws to limit the use of such reports, and other states are considering such legislation. A ‘credit report’ is a type of consumer report that contains information on a consumer’s credit worthiness, credit standing, or credit capacity. A good source of information about state law restrictions on the use of credit reports for employment purposes is:**

<http://www.ncsl.org/research/financial-services-and-commerce/use-of-credit-information-in-employment-2015-legislation.aspx>

- B. A number of states, through statutes or administrative regulations, also impose limitations on employers asking applicants about arrests and/or convictions. You should review your state’s laws and regulations in this regard. A good source of information on this topic is:**

<http://www.nelp.org/content/uploads/Ban-the-Box-Fair-Chance-State-and-Local-Guide.pdf>

RIVER REGION LOGISTICS, LLC

If there are any questions regarding the above stated drug and alcohol policy, you may contact your company representative, BRANDON DRUMMONDS @ 334-462-1688 or Motor Carrier Consultants at (251)433-4111.

I, _____, understand and agree to abide by the above requirements and statement as a condition of employment.

Signature of Driver

Date

This Policy and these programs are made for the maximum safety and well being of all drivers, other personnel, and the general public. Your assistance and cooperation for the achievement of this goal is vitally important.

Company Representative

Effective Date

Driver's Signature of Agreement

Date

Form DTP-

Published By: *Motor Carrier Consultants, Inc*
1330 Dauphin Street/PO Box 2264 Mobile, AL 36652-2264
Phone: (334) 433-4111 Fax: (334) 433-4323

**FOR EXCLUSIVE USE BY THE ABOVE NAMED CLIENT.
ANY OTHER USE OR DUPLICATION IS PROHIBITED.**

3/02

**Determination that
Driver Applicant/Currently Employed Driver
Is Fit for Duty**

Prior to releasing driver for said examination, The Company requests them to sign a consent form. This consent form will apply to any D.O.T. required drug/alcohol screen performed while driver is employed by The Company.

Consent Form

Voluntary Submission for Physical Examination, Breath/Saliva Analysis, (when performed under the guidelines specified in CFR 49, §382.303) and/or Urine Analysis and the Release of Said Results.

I, _____, voluntarily agree to undergo a physical examination, including a urine test and/or breath/saliva test (when performed under the guidelines specified in CFR 49, §40) by a doctor, medical center, hospital, or medically qualified personnel.

I hereby authorize the release of the results of the examination to The Company and its representatives. By this authorization, I do hereby release any doctor, hospital, medical center, clinic, medical personnel, etc. and The Company or any of its representatives from any and all liabilities arising from the release or use of the information contained in my physical exam and test results.

Driver's Signature

Date

Witness

Date

Witness

Date

Form DTP-

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3/02