



DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name _____ **Date of Application** _____
Home Phone: _____ Cell Phone: _____
Email Address _____ Social Security Number _____

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions, without regard to race, color, religion, sex, age, marital status, veteran status, non-job-related disability, or any other protected status.

TO BE READ AND SIGNED BY APPLICANT

I authorized you to make such investigations and inquiries of my personal employment, financial, medical, and other related history as it relates to making any necessary employment decision. Generally, inquiries regarding medical history will be made only if 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 to my application.

In the event of employment, I understand that false or misleading information given in my application or interviews(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 investigating my safety performance history as required by 49 CFR 391.23(d) and €.

I understand I have the right to:

- Review information provided by previous employers.
- Have errors in the information collected by previous employers and for those previous employers to be re-sent 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 information.

Signature: _____ **Date:** _____

Do you have the legal right to work in the Uintah States? _____ .

Date of Birth: _____ Can you provide proof of age? _____ .

(Required for Commercial Driver's License)

Are you employed now? _____ . If not, how long since last employment? _____ .

Rate of pay expected : _____ .

Name of Driver (print)		Date of Employment:
Company address (City, State):	Driver's License # and Issuing State:	Expiration date:

TO BE COMPLETED BY DRIVER

If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, the driver shall certify by signing below:

Name _____ **Date:** _____

I certify that the following 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 36 months.

Date	Offense	Location	Type of Vehicle operated

Name: _____ Date: _____
(Last, First, MI)

Reviewed at TIER 5 Logistics

Reviewed by: _____ Title: _____

All Accidents, last 3 years: (If none, write NONE): _____

Date: _____ Injuries: _____ Fatalities: _____ Describe: _____

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Date: _____ Injuries: _____ Fatalities: _____ Describe: _____

Have you ever had any driver license denied, suspended, revoked or canceled by any issuing state agency? Yes No

If yes; State of issuance; explanation:

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)? If yes, please explain if you wish: Yes No

Employment History

To comply with 49CFR 391.23 the applicant must complete the employment history for all employers during the past 3 years. In the event the applicant was operating a CMV in previous jobs, the last 10 years of employment history is required to comply with 49 CFR 383.35. All gaps between dates of employment must be accounted for: (If owner/operator, list carriers leased to).

1. Employer: _____ Dates From: ____/____/____ To: ____/____/____

Address: _____ Supervisor: _____

City, State, Zipcode: _____ Phone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: _____

2. Employer: _____ Dates- From: ____/____/____ To: ____/____/____

Address: _____ Supervisor: _____

City, State, Zipcode: _____ Phone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: _____

3. Employer: _____ Dates- From: ____/____/____ To: ____/____/____

Address: _____ Supervisor: _____

City, State, Zipcode: _____ Phone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: _____

4. Employer: _____ Dates- From: ____/____/____ To: ____/____/____

Address: _____ Supervisor: _____

City,State,Zipcode: _____ Phone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: _____

5. Employer: _____ Dates- From: ____/____/____ To: ____/____/____

Address: _____ Supervisor: _____

City,State,Zipcode: _____ Phone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: _____

6. Employer: _____ Dates- From: ____/____/____ To: ____/____/____

Address: _____ Supervisor: _____

City,State,Zipcode: _____ Phone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: _____

Controlled Substance and Alcohol Questionnaire

Driver applicants of commercial motor vehicles that require a Commercial Driver License (CDL) must disclose their controlled substance and alcohol status per the requirements of 49 CFR part 40.25(j).

Date: _____

Name: First: _____ Middle: _____ Last: _____

Current Address: _____ Home telephone: _____

City: _____ State: _____ Zip: _____

Cell phone: _____ Date of Birth: _____ SSN: _____ . _____ . _____

Have you ever 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?	YES	NO
If YES- Have you successfully completed the return-to-duty process?	YES	NO
If YES- Documentation MUST BE PROVIDED before any safety- sensitive transportation function can be performed.		

_____ Date: _____

Applicant Signature

As a prospective driver employee, you have the right to review information provided by previous employers. You have the right to have errors in the information corrected by the previous employer(s) and for that previous employer(s) to re-send the corrected information to the prospective employer; 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.

Driver employees who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer provided investigative information, must submit a written request to the prospective employer, which may be done at any time, including when applying or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) 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 (5) business day deadlines will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived their request to review the records.

Certification

"I certify 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."

Applicant's Signature

Date Signed

MVR RELEASE CONSENT FORM

By signing below, I, _____ (*print name*) voluntarily give consent to **TIER 5 LOGISTICS, INC**, to obtain a copy of my current and previous Motor Vehicle Records (MVR's) for the purposes of:

1. Pre-employment driving safety investigation.
2. Ongoing periodic driving safety checks.

This consent is given to satisfy compliance with 49 CFR 391.23 (a) (1) and 49 CFR 391.25

In accordance with 49 CFR 391.23 (i) (1):

If you are or have been previously employed as a DOT regulated driver during the preceding 3 years, there are certain rights you have in regard to the investigative information:

- The right to review information provided by previous employers;
- 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;
- 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.
- Drivers who have previous Department of Transportation regulated employment history in the preceding three years and+ wish to review previous employer-provided investigative information 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 (5) 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 day deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) 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 received pursuant to paragraph (i) of this section must send the request for the correction to the previous employer that provided the records to the prospective employer.
- After October 29, 2004, 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 received pursuant to paragraph (i) of this section must send the rebuttal to the previous employer with instructions to include the rebuttal in that driver's safety performance history.

MVR RELEASE CONSENT FORM

(Continued)

- After October 29, 2004, within five business days of receiving a rebuttal from a driver, the previous employer must:
 - a. Forward a copy of the rebuttal to the prospective motor carrier employer;
 - b. Append the rebuttal to the driver's information in the carrier's appropriate file, to be included as part of the response for any subsequent investigating prospective employers for the duration of the three-year data retention requirement.
- The driver may submit a rebuttal initially without a request for correction, or subsequent to a request for correction.
- The driver may report failures of previous employers to correct information or include the driver's rebuttal as part of the safety performance information, to the FMCSA following procedures specified at §386.12.
- The prospective motor carrier employer must use the information described in paragraphs (d) and (e) of this section only as part of deciding whether to hire the driver.
- The prospective motor carrier employer, its agents and insurers must take all precautions reasonably necessary to protect the records from disclosure to any person not directly involved in deciding whether to hire the driver. The prospective motor carrier employer may not provide any alcohol or controlled substances information to the prospective motor carrier employer's insurer.

49 CFR 391.23 (l) (1)- No action or proceeding for defamation, invasion of privacy, or interference with a contract that is based on the furnishing or use of information in accordance with this section may be brought against—

1. A motor carrier investigating the information, described in paragraphs (d) and (e) of this section, of an individual under consideration for employment as a commercial motor vehicle driver,
2. A person who has provided such information; or
3. The agents or insurers of a person described in paragraph (l)(1)(i) or (ii) of this section, except insurers are not granted a limitation on liability for any alcohol and controlled substance information.

The protections in paragraph (l)(1) of this section do not apply to persons who knowingly furnish false information, or who are not in compliance with the procedures specified for these investigations.

Employee Signs Below

Name (please print)

Signature (required)

Date

Date of Birth _____ SS # _____ - _____ - _____

This form is to be maintained in each respective employee's personnel folder.

Previous Employer D & A/ Safety Performance History Request

Applicant must complete one page for each previous employer regulated by the FMCSA

The Federal Motor Carrier Safety Regulations require all previous employers of this applicant to respond to this request for information within 30 days. Failure to comply with this request is in violation of 49CFR 391.23 and 40.25, for which you may be prosecuted.

Former Employer Name: _____	Dates worked- from: _____ / _____ to _____ / _____
Mailing Address: _____	
City: _____	State: _____ Zip: _____
Office telephone: _____	Fax number: _____
I, _____, hereby authorize _____, to release all records of employment, including assessments of my job performance, ability, and fitness, including the dates of any and all alcohol or drug tests and any rehabilitation completion under direction of Substance Abuse Professional (SAP) and/or Medical Review Officer (MRO) to each and every company (or their authorized agents) making such request in connection with my application for employment with said company. I hereby release the above-named company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing the following information to the below mentioned person and/or company.	
Applicant's Signature & Date: _____	

REQUEST FROM: Company: TIER 5 LOGISTICS, INC Address/City/State/Zip: 622 S. Charles Lindbergh DR. P.O Box 397 Vernal, Utah 84078 Telephone Number: 435-828-6072 Fax Number: 1-435-789-1554 Email: ryan.tier5logistics@gmail.com Contact Person & Title: Ryan Rasmussen HSE/DOT Supervisor
NAME OF APPLICANT: _____ SS #: _____ - _____ - _____
JOB APPLYING FOR: _____

Inquiry into Employment History for the Preceding 3 Years

Did applicant work for your company from _____ / _____ to _____ / _____ YES NO
If employed as driver, please answer the following: Company Driver? _____ Owner/Operator? _____ Other? _____
Type of truck(s)/truck/tractor(s) operated: _____
Accidents? YES or NO If YES please give details and brief description of each accident (use additional page if necessary): _____
Why did this employee leave your company? _____
Would you re-employ this person? YES or NO If NO, please explain: _____
Additional comments: _____

Inquiry for Alcohol and Controlled Substances Information for Preceding 2 Years

- Alcohol tests with a result of 0.04 BAC or greater? YES or NO If YES, give date(s): _____
- Tested positive, or adulterated, or substituted, a specimen for controlled substances test? YES or NO If YES, give date(s): _____
- Any refusals to be tested for any reason? YES or NO If YES, give date(s): _____
- Any other violations of Subpart B of Part 382 or Part 40? YES or NO
- If this person has a DOT drug or alcohol violation, did the employee complete an SAP- prescribed rehabilitation program while in your employ, including the return-to-duty and follow up tests? YES or NO If YES, please send documentation with this form
- If the employee successfully completed the rehabilitation, and remained in your employ, did the employee have a subsequent positive drug test, or alcohol test result of 0.04 BAC or greater, or refuse to be tested? YES or NO If YES, give date(s): _____

Person providing the above information:

Name: _____ Title: _____
Company: _____ Date: _____

Retain this form in each employee's Investigation History File for duration of employment plus three years.