

APPLICATION FOR EMPLOYMENT

COMPANY: _____ STREET ADDRESS 128 North Maple Ave.

CITY, STATE AND ZIP CODE Covington, Va. 24426

NAME _____
(FIRST) (Middle) (Maiden Name, if any) (LAST)

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

DATE OF BIRTH _____ SOCIAL SECURITY NO # _____ HIRE DATE _____

TELEPHONE NUMBER _____ E-MAIL ADDRESS _____

PREVIOUS THREE YEARS RESIDENCY

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

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

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

(ATTACH SHEET IF MORE SPACE IS NEEDED)

LICENSE INFORMATION

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one drivers license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT <small>(Van, Tank, Flat, ETC.)</small>	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 <small>(HEAD-ON, REAR-END, UPSET, ETC.)</small>	Number of FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> No <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>

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

DATE CONVICTED <small>(month/Year)</small>	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY <small>(Forfeited bond, collateral and/or points)</small>

(ATTACH SHEET IF MORE SPACE IS NEEDED)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____
 If yes, explain _____

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

EMPLOYMENT RECORD
ATTACH SHEET IF MORE SPACE IS NEEDED

Applicants that desire to drive In Intrastate Interstate commerce must provide the following information on all employers during the previous three years. CDL drivers must give the same information for all employers you have driven a commercial motor vehicle for an additional seven years prior to the initial three years. CDL drivers must provide ten years of employment history.

Must list the complete mailing address: street number and name, city, state and zip code.

LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

AND REASON. Any gaps in employment and/or unemployment must be explained. Include dates. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRe) while employed by the previous employer? Yes [] No []

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? YES NO

SECOND LAST EMPLOYER: NAME _____

ADDRESS, _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

AND REASON. Any gaps in employment and/or unemployment must be explained. Include dates. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

THIRD LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

AND REASON. Any gaps in employment and/or unemployment must be explained. Include dates. _____

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?

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. Yes No

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (a). I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer, and have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information."

DATE

Applicant's Signature

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

DATE

APPLICANT'S SIGNATURE

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

EMPLOYMENT RECORD(continued)
(IF MORE SPACE IS NEEDED)

Applicants that desire to drive In intrastate/interstate commerce must provide the following information on all employers during the previous three years. CDL drivers must give the same information for all employers you have driven a commercial motor vehicle for an additional seven years prior to the initial three years. (CDL Drivers MUST provide ten years employment history)

Must list the complete mailing address: street number end name, city, state and alp code.

LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS 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? Veen No 0

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes [] No []

SECOND LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

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

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes [] No []

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes [] No []

THIRD LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

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

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes [] No []

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes [] No []

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, Inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading Information given in my application or Interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that Information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) end (e). I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer, and
- Have a rebuttal statement attached to the alleged erroneous Information, If the previous employer(s) and I cannot agree on the accuracy of the information."

DATE

APPLICANT SIGNATURE

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

DATE

APPLICANT'S SIGNATURE

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

**DRIVER'S RIGHT TO DUE PROCESS
REGARDING INVESTIGATION INTO PREVIOUS SAFETY PERFORMANCE HISTORY
AND DRUG AND ALCOHOL TESTING VERIFICATION**

Under U.S. DOT §391.23 (i) & (j) you have the following rights regarding the investigation information that will be provided.

You have the right to review information provided by previous employers. You must make a request in writing and it must be received no later than 30 days after being employed or being denied employment. We have five (5) business days after receipt of the written request, or after receiving the information from a previous employer, to provide this information to you. If you have not arranged to pick up or receive the requested records within thirty (30) days of us making them available, we may consider you have waived your request to review the records.

You have the right to have errors corrected in the information from your previous employer and for that previous employer to re-send the corrected information to us. You must send the request for the correction directly to the previous employer that provided the records to us. The previous employer must either correct and forward the information to us, or notify you within fifteen (15) days of receiving your request that it does not agree to correct the data. If the previous employer corrects the data and forwards it to us, we will notify you.

You have the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and you cannot agree on the accuracy of the information. If you wish to rebut the information, you must send the rebuttal to your previous employer with instructions to include the rebuttal in your safety performance history. Within five (5) business days of receiving a rebuttal, the previous employer must forward a copy of the rebuttal to us.

You have a right to send a rebuttal first, without making a request for a correction, or you may send the request for a correction, then a rebuttal.

You may (but are not required to) report failures of previous employers to correct information or include a rebuttal to the Federal Motor Carrier Safety Administration.

The above statement was received and read by me:

DRIVER'S SIGNATURE

DATE

Safety Performance History Record Request

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 a violation of 49CFR 391.23 and 40.25.

TO: _____

Date: _____

Telephone: _____

Fax: _____

I hereby authorize the above noted previous employer to release ail records of employment, including any & all assessments of my job performance, ability & fitness, including the dates of any & all alcohol on drug tests with any confirmed results, and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completed under the direction of a Substance Abuse Professional and/or Medical Review Officer to each and every company or their authorized agents making such a request In connection with my application for employment with said company presenting this request.

>Applicant Signature: _____ Date: _____

Applicant Print Name

Social Security Number

Date of Birth

Request From: Garten Trucking

128 North Maple Ave. Covington, Va. 24426

Phone: 540-962-7684

Fax completed form to: 540-962-7088

Attention: Celeste Allen

*Did applicant work for you as a driver? () Yes () No

* if employed as a driver, please answer the following: () Company Driver () Owner Operator () Other?

*Type of Commercial Motor Vehicle Operated: _____

*Scope of Operations: _____ Commodities Transported: _____

*Accidents: () Yes () No If yes, give a brief description and the date of each accident: _____

*Why did this employee leave your company? () Resigned () Terminated () Other (explain)

*Would you rehire this person? () Yes () No If no, explain

*Additional

Comments: _____

Inquiry for Alcohol & Controlled Substances Information for the Preceding 2 Years

*If driver was not subject to Dept. Of Transportation testing requirements while employed by this employer check here () & fill in the dates of employment from _____ to _____ and provide the name of the person completing this form below:.

*If the driver was subject to Department of Transportation testing requirements fill in the dates of employment from _____ to _____ and complete the following questions and provide the name of the person completing this form below:

*Alcohol tests with a result of .04 or greater? () Yes () No if yes, give date(s) _____

*Verified positive controlled substances test results? () Yes () No if yes, give date(s) _____

*Refusal to be tested? () Yes () No If yes, give date(s) _____

*Violated other sections of Subpart B of Part 382 or Part 40? () Yes () _____

No *was rehabilitation completed as required? () Yes () No If yes, give date(s) _____

*If the driver successfully completed the SAP prescribed return to duty process & remained in your employ did the driver have any subsequent Drug or Alcohol violations? () Yes () No

Name of Person providing this Information:

Company:

Date:

**U.S. DEPARTMENT OF TRANSPORTATION
MOTOR CARRIER SAFETY PROGRAM
INQUIRY TO STATE AGENCY FOR DRIVER'S RECORD 391.23**

(Driver's Name)

(Driver's Operator's Lic. No.)

(Driver's Social Sec. No.)

The above listed individual has either made application with us for employment or is being re-certified as a commercial motor vehicle driver. The Applicant/driver has indicated that the above numbered operator's license or permit has been issued by your State to applicant/driver and it is in good standing. In accordance with Section 391.23(8)(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 be the case. In the event that this inquiry does not satisfy your requirements for making such inquiries, please send us such forms of yours as are necessary for us to complete our inquiry into the driving record of this individual.

Respectfully yours, _____
Signature of individual making inquiry

Name of person making inquiry: Celeste Allen

Title of person making inquiry: DOT Coordinator

Name of Motor Carrier: Garten Trucking

128 North Maple Ave. Covington, Va. 24426

Commercial Motor Vehicle Driver's Release & Authorization

I authorize the state of _____ to release my driving record to the motor carrier named above.

Driver's Signature _____ Date: _____

Print Name _____

**MOTOR VEHICLE
DRIVER'S CERTIFICATION
OF VIOLATIONS
391.27**

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 12 months.

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 required to be listed during the past 12 months.

(Date of Certification)

Garten Trucking

Celeste Allen

(Reviewed by: Signature)

(Driver's Signature)

128 North Maple Ave. Covington, Va. 24426

(Motor Carrier's Address)

DOT Coordinator

(Title)

**U.S. DEPARTMENT OF TRANSPORTATION
MOTOR CARRIER SAFETY PROGRAM
ANNUAL REVIEW OF DRIVING RECORD
391.25**

Name (Last,

First,

M. I.)

(Soc. Sec. No.)

This day I reviewed the driving record of the above driver in accordance with 391.25 of the Federal Motor Carrier Safety Regulations. I considered any evidence that the driver has violated applicable provisions of the Federal Motor Carrier Safety Regulations and the Hazardous Materials Regulations. I considered the driver's accident record and any evidence that he/she violated laws governing the operation of motor vehicles, and gave great weight to violations, such as speeding, reckless driving and operation while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard for the safety of the public. Having done the above, I find that:

the driver meets the minimum requirements for safe driving, or

the driver is disqualified to drive a motor vehicle pursuant to 391.15

Date of Review

Garten Trucking -

Motor Carrier's Name

Celeste R. Allen, DOT Coordinator

Reviewed by: Signature and title

Date of Review

Motor Carrier's Name

Reviewed by: Signature and title

Date of Review

Motor Carrier's Name

Reviewed by: Signature and title

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 _____

APPLICANT NOTIFICATION

As an applicant for a DOT safety-sensitive position, you are required to submit to a federal pre-employment drug test. ***Please be advised that this job offer is contingent upon a negative drug test result.*** The Employer may require that you submit to a federal alcohol test as well (as allowed by DOT regulations).

Prior to taking this pre-employment drug test (and alcohol test, if applicable) for this employer it is important that you are aware of DOT consequences if you have a non-negative test result. You would not be allowed to perform safety-sensitive functions (drive) for this employer or any other employer who wished to use you in a safety-sensitive position until you have successfully complied with the requirements of the return-to-duty process.

When going for the pre-employment test(s) it is important that you follow the directions given by the collector/technician and that you cooperate with the collection/testing process.

IMPORTANT NOTE: The DOT consequences do not apply if you do not go for the preemployment testing, or if you leave the testing site before the actual collection process begins. A collection ***begins*** when either the collector or donor selects a specimen kit. As an applicant, you need to be aware that the confidential information that you disclose to the MRO can be released without your consent to the Employer.

I have read the above noted notification and understand the consequences of testing positive on either a preemployment drug screen or alcohol test (if applicable).

Applicant Name (print): _____

Applicant Signature: _____ **Date:** _____

MOTOR CARRIER SECTION

The motor carrier must ask the driver whether or not he has tested positive, or refused to be tested, on any pre-employment drug test administered by any motor carrier to which the driver applied for, but did not obtain, safety-sensitive transportation work covered by the U.S. DOT drug testing rules during the past 2 years.

If the driver admits that he tested positive, or refused to be tested, the motor carrier must not use the driver to perform any safety-sensitive function, until and unless the driver documents successful completion of the return-to-duty process.

Driver Section

In the past 2 years from today's date, have you refused to submit to any U.S. DOT mandated pre-employment drug test?

Yes No

In the past 2 years from today's date, have you tested positive on any U.S. DOT mandated pre-employment drug test?

Yes No

Driver's Signature

Driver's Printed NMI

Date

DISPOSITION OF DRIVER IF ANSWERED YES

If the driver answers yes to either of these questions, then the motor carrier must NOT use him to perform ANY safety-sensitive functions (as defined in §382.107) until the driver submits documentation of successful completion of the return-to-duty process (as defined in §40.281 through §40.313).

NOT HIRED AND REFERRED TO A SUBSTANCE ABUSE PROFESSIONAL.

HIRED AND REFERRED TO A SUBSTANCE ABUSE PROFESSIONAL TO BEGIN THE RETURN-TO-DUTY PROCESS.

HIRED AND DRIVER SUBMITTED DOCUMENTATION OF SUCCESSFUL COMPLETION OF THE RETURN-TO-DUTY PROCESS. (ATTACH PAPERWORK TO THIS FORM).

OTHER: _____

Designated Employer Representative's Signature

Date

File in the Driver's Drug and Alcohol Testing File

**CERTIFICATION OF RECEIPT OF
EMPLOYER'S CONTROLLED SUBSTANCES AND ALCOHOL
TESTING PROGRAM POLICY AND EDUCATIONAL MATERIALS**

I certify that I have received a copy of the Employer's DOT Controlled Substances and Alcohol Testing Policy and Educational Materials and am aware of the following :

- (XX) Identity of the Designated Employer Representative**
- (XX) Categories of drivers who are subject to Controlled Substances & Alcohol Testing**
- (XX) Information about safety-sensitive functions and hours of compliance**
- (XX) Prohibitions**
 - (XX) Circumstances for Controlled Substances and Alcohol Testing**
 - (XX) Collection procedures and safeguards**
 - (XX) The requirement to submit to testing**
 - (XX) What constitutes a refusal-to-submit and the consequences of such**
 - (XX) Consequences of violating the prohibitions**

Employee's Name (Printed): _____

Employee's Signature: _____ **Date:** _____