

# Application for Employment

Date of Application \_\_\_\_\_

Company \_\_\_\_\_  
Address **CON-AGG OF MO, LLC**  
**2604 N. STADIUM BLVD**  
City **COLUMBIA, MO 65202** State \_\_\_\_\_ Zip \_\_\_\_\_

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, veteran status, non-job related disability, or any other protected group status.

## TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## DRIVER APPLICANT ONLY

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 (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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

The U. S. Department of Transportation requires that driver applicants state their date of birth (§391.21(b)(2)). Date of Birth \_\_\_\_\_  
month / day / year

Applicant Name \_\_\_\_\_  
(print) First Middle Last Social Security No. \_\_\_\_\_

\*Current Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Street City State Zip Code

\*If at the above residence less than three years, list below all residences for the past three years. Attach a separate sheet if necessary.

Street City State Zip Code

Street City State Zip Code

Position applying for \_\_\_\_\_ Temporary \_\_\_\_\_ Part Time \_\_\_\_\_ Full Time \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected? \_\_\_\_\_

Have you worked for this company before? \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
month/year month/year

Where? \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Names of any relatives employed by this company \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

## EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Last school attended \_\_\_\_\_  
Name Address

## GENERAL

Have you ever been bonded? \_\_\_\_\_ Name of bonding company \_\_\_\_\_  
(Answer only if a job requirement)

Have you ever worked for this company under another name? \_\_\_\_\_ If so, under what name? \_\_\_\_\_

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**DRIVER EXPERIENCE & QUALIFICATION (cont'd)** Answer the questions in this section only if applying for a driver position  
**LICENSES**

Drivers Licenses held in past 3 years must be shown	State	License No.	Class	Endorsement(s)	Expiration Date

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

B. Has any license, permit or privilege ever been suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered "yes" to A or B attach a statement giving details.

**DRIVING EXPERIENCE** CHECK YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES FROM (M/Y) TO (M/Y)	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR - TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR - THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO	More than 8 passengers		
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO	More than 15 passengers		
OTHER _____			

List states operated in during last five years: \_\_\_\_\_

Show special courses or training that will help you as a driver: \_\_\_\_\_

Which safe driving awards do you hold and from whom? \_\_\_\_\_

**ACCIDENT RECORD for past 3 years** (Attach separate sheet of paper if more space is needed)

Dates	Nature of Accident (Head-On, Rear-End, etc.)	Fatalities	Injuries	Hazardous Material Spill
Last Accident _____				
Next Previous _____				
Next Previous _____				

**TRAFFIC CONVICTIONS AND FORFEITURES for the past 3 years (other than parking violations)** if none, write none

Location	Date	Charge	Penalty

(Attach sheet if more space is needed)

**EMPLOYMENT HISTORY**All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years.  
List complete mailing address, street number, city, state and zip code.

Applicants must include the names of DOT-regulated employers under whose authority they operated as a contract or leased driver.

Applicants to drive a commercial motor vehicle\* that requires a CDL in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

## EMPLOYMENT HISTORY (continued)

EMPLOYER			DATE	
NAME			FROM MO.      YR.	TO MO.      YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM MO.      YR.	TO MO.      YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

\*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

<sup>†</sup>The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

## MAINTENANCE EXPERIENCE & QUALIFICATIONS

List courses and training in maintenance work \_\_\_\_\_

### Job Function

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Drive Line Components			Body Work		
Diesel Engine Tune-up and Rebuild			Electrical Repair		
Gas Engine Tune-up and Rebuild			Frame and Wheel Alignment		
Tire Service			Brakes		
Trailer Repair			Cooling System		
Air Conditioning (Cab)			Inspections (State/Federal)		
Refrigeration (Cargo)			General Car Repair		

### Shop Equipment

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Diagnostic Equipment (Type(s))			Tire Servicing		
Sheet Metal Equipment			Wheel & Tire Balancing Machine		
Frame & Axle Straightening Equipment			Tire Recapping		
Engine Rebuilding			Engine Dynamometer		
Diesel Injection Equipment			Chassis Dynamometer		
Electric Welder			Magnetic Crack Detector		
Oxyacetylene Welder			Engine Analyzer		
Paint Spray Gun			Noise Measuring Equipment		
Air Conditioning (Cab)			Emissions/Smoke Testing		
Refrigeration (Cargo)			Inspections (State/Federal)		
ASE Certification(s) (Specify)			General Car Repair		

## CLERICAL EXPERIENCE & QUALIFICATIONS

List courses and training in office work \_\_\_\_\_

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Typing (wpm)			Dictating Machine		
Shorthand (wpm)			Bookkeeping Machine		
Billing			Switchboard Equipment		
Filing			(indicate type)		
Computers (indicate Software)			Tabulator		
Word Processing Equipment			Accounting		
Key Punch			OS & D		
Calculator			Interline		
Adding Machine			Claims		
Telecopier			Cashier		
Photocopier			Dispatcher		

Rates (indicate tariffs with which you have worked) \_\_\_\_\_

## PLATFORM EXPERIENCE & QUALIFICATIONS

List types of platform experience and number of years of each \_\_\_\_\_

List platform equipment you can operate (lift truck, etc.) \_\_\_\_\_

List courses or training in platform work \_\_\_\_\_

## APPLICANT MUST READ AND SIGN

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.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

## FOR OFFICE USE-DO NOT WRITE IN THIS SPACE PROCESS RECORD

Applicant Hired? \_\_\_\_\_ Yes \_\_\_\_\_ No

Date of Birth: \_\_\_\_\_ (month/day/year)\*

Date Employed: \_\_\_\_\_

Point Employed: \_\_\_\_\_

Department: \_\_\_\_\_

Classification: \_\_\_\_\_

(If not hired, summary report of reasons should be placed in file)

IN CASE OF EMERGENCY NOTIFY: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

## THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	Superior	Good	Fair	Below Average	Poor	Written Record on File
1. Application						
2. Interview						
3. Past Employment						
4. Written Exam						
5. Road Test						
6. Policy and Traffic Record						

Signature of Interviewing Officer: \_\_\_\_\_

Date: \_\_\_\_\_

## TRANSFERS

From: \_\_\_\_\_ To: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Reason for Transfer: \_\_\_\_\_

Reason for Transfer: \_\_\_\_\_

## TERMINATION OF EMPLOYMENT

Date Terminated: \_\_\_\_\_ Department Release From: \_\_\_\_\_

Dismissed: \_\_\_\_\_ Voluntarily Quit: \_\_\_\_\_ Other: \_\_\_\_\_

Termination Report Placed in File: \_\_\_\_\_ Supervisor: \_\_\_\_\_

**USE THIS SHEET FOR ADDITIONAL EMPLOYMENT HISTORY INFORMATION**

Company: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To \_\_\_\_\_  
month/year month/year

Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To \_\_\_\_\_  
month/year month/year

Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To \_\_\_\_\_  
month/year month/year

Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To \_\_\_\_\_  
month/year month/year

Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To \_\_\_\_\_  
month/year month/year

Reason for Leaving: \_\_\_\_\_

## Questions

List the job that you liked the most and tell us why.

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List the job that you liked the least and tell us why.

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Circle the outside activity that you would enjoy doing the most.

- Work in your shop
- Watch a movie
- Workout
- Go to a movie
- Read a book/magazine
- Gardening

Circle the one that is the way you like to work the most.

I like to work alone most of the time.

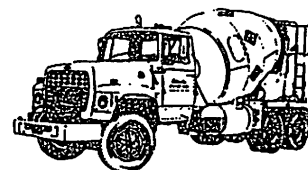
I like to work with others as a member of a team.



TELEPHONE 445-3901

*Columbia* READY MIX

2600 NORTH STADIUM BLVD.  
COLUMBIA, MISSOURI 65202



*The Difference Is In The Service*

I understand that, as required by the Federal Motor Carrier Safety Regulations 49 CFR Part 382 and company policy, all prospective drivers must submit to a controlled substances test involving collection of a urine sample that will be tested for the following controlled substances: marijuana, cocaine, opiates, amphetamines and phencyclidine (PCP).

I understand that if I test positive for use of controlled substances, I am not medically qualified to operate a commercial motor vehicle. I also understand I will be given a reasonable opportunity to confer with the company's medical review officer before any positive drug test result is reported to the company.

The results of the drug tests will be maintained by the medical review officer of the company, who will report to the company whether the test result was negative or positive. The results of any tests will not be released to any additional parties, except as provided in ¶40.37, without my written authorization.

I hereby agree to submit to a urine drug test.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Applicant's Name

Within the past two (2) years, have you failed or refused a DOT drug or alcohol pre-employment test from an employer who did not hire you?

☐ Yes ☐ No

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Applicant's Name

**APPLICANT'S AUTHORIZATION  
TO OBTAIN PAST DRUG AND/OR ALCOHOL RESULTS**

I, \_\_\_\_\_, understand that as a condition of hire with **COLUMBIA READY MIX**, I must give the company written authorization to obtain the results of all DOT required drug and/or alcohol tests, including any refusals to be tested, from all of the companies for which I worked as a driver, or for which I took a pre-employment drug test, during the past three (3) years. I have also been advised and understand that signing this authorization does not guarantee me a job or guarantee that I will be offered a position with the company.

Below I have listed all of the companies for which I have worked as a driver, or to which I applied as a driver, during the past three (3) years. I hereby authorize those companies to furnish to the company the following information concerning my drug and/or alcohol test:

1. Alcohol tests with a result of 0.04 or greater alcohol concentration.
2. Verified positive drug tests.
3. Refusals to be tested (including verified adulterated or substituted drug test results).
4. Other violations of DOT agency drug and alcohol testing regulations.
5. Any information they received from my previous employers who were required to perform DOT drug/alcohol testing.

Company Name

Dates Worked or Date Applied for Work

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I have carefully read and fully understand this authorization to release my past drug and alcohol test results. By signing below, I certify that all of the information which I have furnished on this form is true and complete. I authorize the release of my drug and/or alcohol test results from the carriers listed above and any carrier that I may have omitted above which I have either applied to for work or worked for in the last three (3) years.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date



## CONFIDENTIAL

### Background Check Authorization

Print Name: \_\_\_\_\_

(First)

(Middle)

(Last)

Former Name(s) and Dates Used: \_\_\_\_\_

Current Address Since: \_\_\_\_\_

(Mo/Yr)

(Street)

(City)

(Zip/State)

Previous Address From: \_\_\_\_\_

(Mo/Yr)

(Street)

(City)

(Zip/State)

Previous Address From: \_\_\_\_\_

(Mo/Yr)

(Street)

(City)

(Zip/State)

Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Drivers License Number/State: \_\_\_\_\_

The information contained in this application is correct to the best of my knowledge.

I hereby authorize \_\_\_\_\_ and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to \_\_\_\_\_ or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. \_\_\_\_\_ and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Notice to California, Minnesota and Oklahoma Residents:**

Please check the box below if you wish to receive a copy of a consumer report that is requested.

☐ I wish to receive a copy of any Background Check Report on me that is requested.

## EQUAL OPPORTUNITY QUESTIONNAIRE

*The following information is requested from all job applicants to assist us in our compliance with Federal/State EEO record keeping and reporting. It will be kept separate from your application in a limited access file and will be used for statistical compilation and analysis only. Your response is entirely voluntary and will not be used in any way to determine your eligibility for employment. Thank you for your assistance.*

Date: \_\_\_\_\_

Position Applying for: \_\_\_\_\_

### **Check One**

\_\_\_\_ Male    \_\_\_\_ Female

### **Choose one of the following Race/Ethnic Groups:**

- \_\_\_\_ Hispanic or Latino
- \_\_\_\_ African American or Black
- \_\_\_\_ White
- \_\_\_\_ Asian
- \_\_\_\_ American Indian or Alaskan Native
- \_\_\_\_ Two or more races

### **Check if any of the following are applicable:**

- \_\_\_\_ Disabled Veteran
- \_\_\_\_ Other Veteran
- \_\_\_\_ Vietnam Veteran
- \_\_\_\_ Armed Forces Service Medal Veteran
- \_\_\_\_ Recently Separated Veteran
- \_\_\_\_ Non-Veteran
- \_\_\_\_ Other Disability

## Motor Vehicle Driver's

### CERTIFICATION 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 and 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) **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.

If you have more than one license, 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, close your record by notifying the state of issuance that you no longer want to be licensed by that state.

- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15(b)(2) 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 within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (If the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

The following license is the only one I will possess:

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

**DRIVER CERTIFICATION:** I certify that I have read and understood the above requirements.

Driver's Name (Printed): \_\_\_\_\_

Driver's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Notes: \_\_\_\_\_

(This form is not required for DOT compliance)

## PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b)(5) and (e))

Prospective Employee Name: \_\_\_\_\_ ID Number: \_\_\_\_\_  
(print)

The prospective employee is required by Sec. 40.25(j) to respond to the following questions.

- 1) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check one: ☐ Yes ☐ No

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

Check one: ☐ Yes ☐ No

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

Prospective Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed By: \_\_\_\_\_ Date: \_\_\_\_\_  
(signature)



**PREVIOUS EMPLOYER ALCOHOL & DRUG TEST INFORMATION**

**SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE**

I, (Print Name) \_\_\_\_\_

First, M.I., Last \_\_\_\_\_

Social Security Number \_\_\_\_\_

hereby authorize: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Email: \_\_\_\_\_

Street: \_\_\_\_\_

Telephone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Fax No.: \_\_\_\_\_

to release and forward the information requested by Section 2 (below) of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from \_\_\_\_\_  
(date of employment application)

To: \_\_\_\_\_

Prospective Employer: \_\_\_\_\_

Attention: \_\_\_\_\_

Telephone: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter. **Under §391.23(g), you must respond to this inquiry within 30 days of receipt.**

Prospective employer's confidential fax number: \_\_\_\_\_

Prospective employer's confidential email address: \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

This information is being requested in compliance with §40.25 and §391.23. (See back of form for regulations.)

**SECTION 2: TO BE COMPLETED BY PREVIOUS / CURRENT EMPLOYER**

If applicant was **not** subject to Department of Transportation testing requirements while employed by you, please check here ☐, fill in the dates of employment from \_\_\_\_\_ to \_\_\_\_\_, complete bottom of Section 2, sign, and return.

Applicant was subject to Department of Transportation testing requirements from \_\_\_\_\_ to \_\_\_\_\_.

In answering these questions, include any required DOT drug or alcohol testing information you obtained from other employers in the 3 years prior to the application date shown in Section 1.

Within the past 3 years from the application date shown in Section 1:

YES NO

1. Has this person violated any of the drug and/or alcohol prohibitions under 49 CFR Part 40 or Subpart B of Part 382, including: ☐ ☐

- An alcohol test with a result of 0.04 or higher alcohol concentration.
- A controlled substances test result of positive, adulterated, or substituted.
- A refusal to submit to a random, post-accident, reasonable-suspicion, or follow-up controlled substances or alcohol test.
- Alcohol use while performing or within 4 hours before performing safety-sensitive functions.
- Alcohol use after an accident, in violation of §382.303.
- Controlled substances use while on duty, except as allowed under §382.213.

N/A

2. If this person violated a DOT drug and/or alcohol prohibition, did he/she fail to begin or complete a rehabilitation program prescribed by a Substance Abuse Professional (SAP)? If rehabilitation was required but you do not know if he/she began or completed such a program, check here ☐ ☐ ☐

3. If this person successfully completed a SAP's rehabilitation referral and remained in your employ, did he/she subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refusal to be tested? ☐ ☐ ☐

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Section 2 Completed by (Signature): \_\_\_\_\_

Date: \_\_\_\_\_

**SECTION 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

This form was (check one) ☐ Faxed to previous employer ☐ Mailed ☐ Emailed ☐ Other \_\_\_\_\_

Date \_\_\_\_\_

Complete below when information is obtained.

Information received from: \_\_\_\_\_

Recorded by: \_\_\_\_\_

Method: ☐ Fax ☐ Mail ☐ Email ☐ Telephone

☐ Other \_\_\_\_\_

Date: \_\_\_\_\_

### **§391.23 Investigations and inquiries.**

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(e) In addition to the investigations required by paragraph (d) of this section, the prospective motor carrier employers must investigate the information listed below in this paragraph from all previous DOT regulated employers that employed the driver within the previous three years from the date of the employment application, in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR part 40.

- (1) Whether, within the previous three years, the driver had violated the alcohol and controlled substances prohibitions under subpart B of part 382 of this chapter, or 49 CFR part 40.
- (2) Whether the driver failed to undertake or complete a rehabilitation program prescribed by a substance abuse professional (SAP) pursuant to §382.605 of this chapter, or 49 CFR part 40, subpart O. If the previous employer does not know this information (e.g., an employer that terminated an employee who tested positive on a drug test), the prospective motor carrier must obtain documentation of the driver's successful completion of the SAP's referral directly from the driver.
- (3) For a driver who had successfully completed a SAP's rehabilitation referral, and remained in the employ of the referring employer, information on whether the driver had the following testing violations subsequent to completion of a §382.605 or 49 CFR part 40, subpart O referral:
  - (i) Alcohol tests with a result of 0.04 or higher alcohol concentration;
  - (ii) Verified positive drug tests;
  - (iii) Refusals to be tested (including verified adulterated or substituted drug test results).

(f) A prospective motor carrier employer must provide to the previous employer the driver's written consent meeting the requirements of §40.321(b) for the release of the information in paragraph (e) of this section. If the driver refuses to provide this written consent, the prospective motor carrier employer must not permit the driver to operate a commercial motor vehicle for that motor carrier.

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### **§40.25 Must an employer check on the drug and alcohol testing record of employees it is intending to use to perform safety-sensitive duties?**

(a) Yes, as an employer, you must, after obtaining an employee's written consent, request the information about the employee listed in paragraph (b) of this section. This requirement applies only to employees seeking to begin performing safety-sensitive duties for you for the first time (i.e., a new hire, an employee transfers into a safety-sensitive position). If the employee refuses to provide this written consent, you must not permit the employee to perform safety-sensitive functions.

(b) You must request the information listed in this paragraph (b) from DOT-regulated employers who have employed the employee during any period during the two years before the date of the employee's application or transfer:

- (1) Alcohol tests with a result of 0.04 or higher alcohol concentration;
- (2) Verified positive drug tests;
- (3) Refusals to be tested (including verified adulterated or substituted drug test results);
- (4) Other violations of DOT agency drug and alcohol testing regulations; and
- (5) With respect to any employee who violated a DOT drug and alcohol regulation, documentation of the employee's successful completion of DOT return-to-duty requirements (including follow-up tests). If the previous employer does not have information about the return-to-duty process (e.g., an employer who did not hire an employee who tested positive on a pre-employment test), you must seek to obtain this information from the employee.

(c) The information obtained from a previous employer includes any drug or alcohol test information obtained from previous employers under this section or other applicable DOT agency regulations.

(d) If feasible, you must obtain and review this information before the employee first performs safety-sensitive functions. If this is not feasible, you must obtain and review the information as soon as possible. However, you must not permit the employee to perform safety-sensitive functions after 30 days from the date on which the employee first performed safety-sensitive functions, unless you have obtained or made and documented a good faith effort to obtain this information.

(e) If you obtain information that the employee has violated a DOT agency drug and alcohol regulation, you must not use the employee to perform safety-sensitive functions unless you also obtain information that the employee has subsequently complied with the return-to-duty requirements of Subpart O of this part and DOT agency drug and alcohol regulations.

(f) You must provide to each of the employers from whom you request information under paragraph (b) of this section written consent for the release of the information cited in paragraph (a) of this section.

(g) The release of information under this section must be in any written form (e.g., fax, e-mail, letter) that ensures confidentiality. As the previous employer, you must maintain a written record of the information released, including the date, the party to whom it was released, and a summary of the information provided.

(h) If you are an employer from whom information is requested under paragraph (b) of this section, you must, after reviewing the employee's specific, written consent, immediately release the requested information to the employer making the inquiry.

(i) As the employer requesting the information required under this section, you must maintain a written, confidential record of the information you obtain or of the good faith efforts you made to obtain the information. You must retain this information for three years from the date of the employee's first performance of safety-sensitive duties for you.