

4625 Industrial Rd., Fort Wayne, IN 46825

We consider applicants for all positions without regard to race, color, religion, age or any other legally protected status

PLEASE PRINT CLEARLY

APPLICANT INFORMATION

Application Date: _____

Name: _____
Last First Middle Social Security Number

List your address(es) for the past 3 years.

Current Address: _____ How Long? _____
Street City State Zip

Cell #: () Home # () Alternate # ()

Previous Address: _____ How Long? _____
Street City State Zip

Do you have the legal right to work in the United States? Yes No

Date of Birth _____ City and State of Birth: _____
 (Required for Commercial Drivers)

EXPERIENCE & QUALIFICATIONS - OWNER/OPERATOR *(attach sheet if more space is needed)*

DRIVERS LICENSES - for the past 3 years

State	License No.	Type	Exp. Date

DRIVING EXPERIENCE

Class of Equip.	Type of Equip. (Van, Tank, Flat, etc.)	From	To	Approx. Number of Miles (Total)
Straight Truck				
Tractor and Semi-Trailer				
Tractor and Two Trailers				
Other				

ACCIDENT RECORD - for the past 3 years or more

Dates	Nature of Accident - Rear-end, Upset, etc.	Fatalities	Injuries

TRAFFIC CONVICTIONS - for the past 3 years (other than parking violations)

Location	Date	Charge	Penalty

Name: _____
Last First Middle Social Security Number

EMPLOYMENT RECORD (Attach sheet if more space is needed.)

Note: Show ALL employment for the past three years and all Commercial Driving Experience for the past 10 years

Last Employer:

Name: _____ Phone _____

Address _____ Position Held _____

Salary _____ From _____ To _____

Reasons for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? Yes No

Was the job designated as a "safety sensitive function" in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40? Yes No

Second Last Employer:

Name: _____ Phone _____

Address _____ Position Held _____

Salary _____ From _____ To _____

Reasons for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? Yes No

Was the job designated as a "safety sensitive function" in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40? Yes No

Third Last Employer:

Name: _____ Phone _____

Address _____ Position Held _____

Salary _____ From _____ To _____

Reasons for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? Yes No

Was the job designated as a "safety sensitive function" in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40? Yes No

Fourth Last Employer:

Name: _____ Phone _____

Address _____ Position Held _____

Salary _____ From _____ To _____

Reasons for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? Yes No

Was the job designated as a "safety sensitive function" in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40? Yes No

Fifth Last Employer:

Name: _____ Phone _____

Address _____ Position Held _____

Salary _____ From _____ To _____

Reasons for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? Yes No

Was the job designated as a "safety sensitive function" in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40? Yes No

Sixth Last Employer:

Name: _____ Phone _____

Address _____ Position Held _____

Salary _____ From _____ To _____

Reasons for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? Yes No

Was the job designated as a "safety sensitive function" in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40? Yes No

Name: _____
Last First Middle Social Security Number

Please Read and Answer These Questions Very Carefully

Have you **EVER** had any type of motor vehicle license SUSPENDED or REVOKED, or ever been DENIED a license, permit or privilege to operate a motor vehicle? Yes No

Do you have a pending charge or past conviction for driving while intoxicated? Yes No

Have you **EVER** been refused auto liability insurance? Yes No

Do you have a pending charge or past conviction for any misdemeanor or felony offense? Yes No

If yes, please explain all charges and convictions of misdemeanor or felony offenses.

(The fact of a charge and/or conviction, does not automatically disqualify an applicant from employment.)

If the answer to any of the above is YES, state all circumstances and dates.

Regulations of the Federal Highway Administration 40.25 part (j) require you to complete the following information.

Have you tested **POSITIVE** for a controlled substance during a pre-employment test in the last two years? Yes No

Have you ever **REFUSED** a required pre-employment test for controlled substance in the last two years? Yes No

If yes, to either of the above questions, you must provide all information regarding your SAP, the course of action taken during rehabilitation and continued course of action taken upon completion.

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.

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).

Signature _____ Date _____

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Federal Motor Carrier Safety Regulations

Parts 382.413, and part 391

Fair Credit Reporting Act

Section 604(b)(2)(A) and 607

(Public Law 91-508)

Consumer Credit Reporting Act of 1996

(Title II, Subtitle D, Chapter 1, of Public Law 104-208)

The above Regulations require that you (the applicant) authorize in writing the procurement of:

1. Motor Vehicle Records for the previous 3 years
2. General identification verification information for the previous 3 years
3. Employment dates for all previous Employers for 3 years
4. Safety Record for the previous 3 years
5. Drug and Alcohol test results for the previous 3 years
6. Rehabilitation records (if applicable) for the previous 3 years

Additionally, the above regulations require us, Buchanan Hauling & Rigging, to make available to you the reports from the sources for your review, correction and rebuttal. Specifically this means:

1. The right to review information provided by previous employers
2. The right to have error(s) in the information corrected by the previous employer and for that previous employer to re-send the corrected information to us
3. 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)

Should you wish to review information from previous employers you must submit a written request which can be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment.

Rebuttals (corrections) to any information obtained are the sole responsibility of the applicant and the previous employer(s).

I, _____ have read and understand the above rights and regulations.

Signature

Date

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The Federal Motor Carrier Safety Regulation, Section 391.103 - pre-employment testing requirements, apply to driver-applicants of this company.

***391.103 Pre-employment testing requirements:

- A) A motor carrier shall require a driver-applicant who the motor carrier intend to hire or use to be tested for the use of controlled substances as a pre-qualification condition.
- B) A driver-applicant shall submit to controlled substance testing as a pre-qualification condition.
- C) Prior to collection of a urine sample under 301.107 of this subpart, a driver-applicant shall be notified that the sample will be tested for the presence of controlled substance.

As a condition of my employment, I agree to the urine sample collection and controlled substance testing.

I understand a positive test for controlled substances based on the Urinalysis Test will medically disqualify me from the operation of a commercial motor vehicle for the company.

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

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

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

*****DOT REQUIRED SPLIT SAMPLE TESTING*****

Beginning August 15, 1994 federal regulations require all DOT drug tests to be collected in accordance with split sample procedures.

The driver has the right to have the second bottle tested at a different NIDA approved lab should the initial test be confirmed positive. The driver will have 72 hours to request the second bottle be tested after the initial test is confirmed positive.

As always, we will continue to assume the cost of the initial testing, however, should you request that the second bottle be tested, you will assume the cost of any subsequent testing. Should subsequent testing results report back as negative we will reimburse you for the cost of testing.

Due to the additional expense of transporting the sample to another lab and the requirement that the confirmation be done by expensive gas chromatography, the testing of the second bottle will cost approximately \$100.00.

I've read the above notice and understand that I will be responsible for the cost of any subsequent testing charges.

STATEMENT OF POLICY ON DRUG & ALCOHOL ABUSE

I have read and I understand the above policy as it is written regarding Pre-Employment and Split Sample Testing. I further understand the procedures I will be required to follow should I test positive for drugs.

Printed Name

Date

Signature

Social Security Number

request for employment information, including accident drug and alcohol test results and employment dates

APPLICANT: COMPLETE ONLY THE BOX

I, _____ understand that as an applicant for Buchanan Hauling & Rigging, Inc. I must provide written authorization to obtain the results of all DOT required drug and/or alcohol testing (including refusals to be tested) from my previous and/or current employers. I further grant the authorization to provide Buchanan Hauling & Rigging Inc. all information regarding my services, conduct, and any additional facts regarding my employment. You, your agents, employees, directors, and/or officers are released from all liability of any type as a result of providing the following information.

Applicant Signature: _____ **Date:** _____

Social Security Number: _____

Name Previous Employer: _____ Address: _____
 Position Held: _____
 Employment Dates: _____ Contact: _____

PREVIOUS EMPLOYER PLEASE COMPLETE THE INFORMATION BELOW:

Does the above data match with your records? Yes No If not _____

Why did applicant leave? _____

Would you rehire? Yes No Upon Review If no, please explain: _____

Type(s) of equipment driver: Tractor Straight Other _____

Type(s) of trailer pulled: Van Flat Other _____

Experience Driving in: Snow Ice Mountain Heavy Traffic Areas

Accidents-Previous 3 Years:

DOT Recordable/Preventable # _____ At Fault? _____ NON-DOT Recordable/Preventable# _____ At Fault? _____

Additional Comments: _____

DRIVER PAST DRUG & ALCOHOL TEST RESULTS

Regulations for the Federal Motor Carrier Safety Administration require us to obtain from your company, and require your company to provide us, information concerning the above named driver's past drug and alcohol test results (including refusals to be tested). In accordance with FMCSA's regulations, we have provided you with the drivers' written authorization requesting your company to provide us with the following information concerning this driver.

DATES OF DRUG OR ALCOHOL TESTS PREVIOUS 3 YEARS	DRUG	ALCOHOL
1. Resulting in a confirmed <i>positive</i> result:	_____	_____
2. Applicant Driver <i>refused</i> to submit to testing:	_____	_____
3. Any information from <i>previous employer</i> regarding violations	_____	_____
4. Any rehab completion under direction of SAP/MRO	_____	_____
A) If "yes" please provide contact name and phone number	_____	

Contact Name/Title: _____ / _____

Signature: _____ / _____ Date: _____
 (Contact Person Providing the Above Information)