

Name: _____
 Last First Middle Social Security Number

Previous Employer: From: _____ (Month, Year) To: _____ (Month, Year)	Company _____ Supervisor _____ Address _____ City _____ State _____ Zip _____ Telephone () _____ Position Held _____ Type of trailer _____ States - Regions Driven _____ Full or Part Time _____ Number of Accidents _____ Reason for Leaving _____ Were you subject to the FMCSRs* 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
Previous Employer: From: _____ (Month, Year) To: _____ (Month, Year)	Company _____ Supervisor _____ Address _____ City _____ State _____ Zip _____ Telephone () _____ Position Held _____ Type of trailer _____ States - Regions Driven _____ Full or Part Time _____ Number of Accidents _____ Reason for Leaving _____ Were you subject to the FMCSRs* 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
Previous Employer: From: _____ (Month, Year) To: _____ (Month, Year)	Company _____ Supervisor _____ Address _____ City _____ State _____ Zip _____ Telephone () _____ Position Held _____ Type of trailer _____ States - Regions Driven _____ Full or Part Time _____ Number of Accidents _____ Reason for Leaving _____ Were you subject to the FMCSRs* 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
Previous Employer: From: _____ (Month, Year) To: _____ (Month, Year)	Company _____ Supervisor _____ Address _____ City _____ State _____ Zip _____ Telephone () _____ Position Held _____ Type of trailer _____ States - Regions Driven _____ Full or Part Time _____ Number of Accidents _____ Reason for Leaving _____ Were you subject to the FMCSRs* 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

(Attach sheet if more space is needed)

Additional Information

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 pending charge or past convictions 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 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 controlled substance during a pre-employment test in the last 2 years? **Yes** **No**

Have you ever **REFUSED** a required pre-employment test for controlled substance in the last 2 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 investigation 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 employers(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 _____

Federal Motor Carrier Safety Regulations
Part 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 requires that you (the applicant) authorize in writing the procurement of:

Motor Vehicle records for the previous 3 years.

General identification certification information for the previous 3 years.

Employment dates for all previous Employers for 10 years.

Safety records for the previous 3 years.

Drug and Alcohol test results for the previous 5 years.

Rehabilitation records (if applicable) for the previous 5 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. Specially this means:

1. The right to review information provided by previous employers
2. The right to have errors(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 previous employer and you cannot agree on the accuracy of the information)

Should you wish to review information from previous employers, you must submit in a written request which can be done at anytime, including when applying, or as late as 30 days after 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 _____

Pre-Employment Urinalysis Notification

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 substance 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 urine sample under 391.107 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 substance based on the Urinalysis Test will medically disqualify me form 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 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 cost of any subsequent testing charges.

STATEMENT OF POLICY ON DRUG & ALCOHOL ABUSE

I have read and 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

FAX TO: _____
Fax #: _____
From Buchanan Hauling & Rigging, Inc.
Fax # 260-918-1724 Phone # 260-471-1877 – Safety Dept

1st Request _____
2nd Request _____
3rd Request _____



4625 Industrial Rd, Fort Wayne, IN 46825

Request for employment information, including employment dates, accidents information, drug and alcohol test results.

APPLICANT: COMPLETE THIS BOX ONLY

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 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: _____

Types(s) of equipment driven: Tractor Straight Other _____

Types(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 _____ Date _____ Details: _____

NON- DOT Recordable/Preventable# _____ At Fault _____ Date _____ Details _____

Additional Comments: _____

DRIVER PAST DRUG & ALCOHOL TEST RESULTS

Regulations for the Federal Motor Carrier Safety Administration required 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 the following information concerning this driver.

DATES OF DRUG OR ALCOHOL TESTS PREVIOUS 5 YEARS

DRUG

ALCOHOL

1. Resulting in a confirmed *positive* result: _____

2. Applicant Driver *refused* to submit to testing: _____

3. Any information from *previous* employer 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)



BUCHANAN



Hauling & Rigging Inc.

4625 Industrial Rd, Fort Wayne, IN 46825

**New Driver
Information Sheet**

**NEW DRIVER INFORMATION SHEET
(Driver Profile)**

DRIVERS NAME: _____

MAKE / YEAR OF TRACTOR _____ (O/O ONLY)

MAKE / YEAR OF TRAILER _____ (O/O ONLY)

HOW MUCH EXPERIENCE DO YOU HAVE AND WITH WHAT EQUIPMENT:
(INPUT # OF YEARS / IF NONE PUT A ZERO ON THE LINE)

FLAT BED _____ YRS.

STEPDECK _____ YRS.

VAN _____ YRS.

RGN _____ YRS.

OVERSIZE _____ YRS.

COILS _____ YRS.

It is our aim to accommodate our driver's preferences of where they like to run. By no means is this a promise that things will always occur that way. Please remain open to every possibility because it is also our aim to make you a profitable driver, so we can be a profitable company.

HOW OFTEN DO YOU LIKE TO GET HOME? _____

AREA'S IN, WHICH YOU LIKE TO RUN?

	YES	NO
NORTH EAST	_____	_____
NORTH WEST	_____	_____
SOUTH EAST	_____	_____
SOUTH WEST	_____	_____
MIDWEST	_____	_____
REGIONAL	_____	_____
WEST COAST	_____	_____
EAST COAST	_____	_____

CAN YOU GO INTO CANADA? (If no, list reason why not) _____

Please check if you have the following

TWIC _____ PASSPORT _____ HAZMAT _____