

WORK HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. Applicants to drive a commercial motor vehicle* 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 if necessary.

The information that you provide may be used, and your previous and current employers(s) will be contacted, for the purpose of investigating your safety performance history while employed, as required by the Federal Motor Carrier Safety Regulations (FMCSRs) Part 391.23. In accordance with these regulations and with regard to information provided by DOT – regulated employers, you have the following rights regarding any information provided to the Company as a result of these inquiries: (1) The right to review information provided by previous employers; (2) 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 Company, and (3) The right to have a rebuttal statement attached to the alleged erroneous information if you and your previous employer(s) cannot agree with the accuracy of the information your previous employer submits. For a full understanding of your rights as an applicant under FMCSR Part 391 you should refer directly to the FMCSRs.

<u>Last Employer/Lessee</u>	<u>Date</u>	
Name:	From:	To:
Address:	Position Held:	
City: State: Zip:	Salary/Wage:	
Contact Person: Phone #:	Reason for leaving:	

Were you subject to the FMCSR's? Yes No

Was job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing? Yes No

<u>Last Employer/Lessee</u>	<u>Date</u>	
Name:	From:	To:
Address:	Position Held:	
City: State: Zip:	Salary/Wage:	
Contact Person: Phone #:	Reason for leaving:	

Were you subject to the FMCSR's? Yes No

Was job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing? Yes No

<u>Last Employer/Lessee</u>	<u>Date</u>	
Name:	From:	To:
Address:	Position Held:	
City: State: Zip:	Salary/Wage:	
Contact Person: Phone #:	Reason for leaving:	

Were you subject to the FMCSR's? Yes No

Was job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing? Yes No

<u>Last Employer/Lessee</u>	<u>Date</u>	
Name:	From:	To:
Address:	Position Held:	
City: State: Zip:	Salary/Wage:	
Contact Person: Phone #:	Reason for leaving:	

Were you subject to the FMCSR's? Yes No

Was job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing? Yes No

<u>Last Employer/Lessee</u>	<u>Date</u>	
Name:	From:	To:
Address:	Position Held:	
City: State: Zip:	Salary/Wage:	
Contact Person: Phone #:	Reason for leaving:	

Were you subject to the FMCSR's? Yes No

Yes No

Was job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing?

* Includes vehicles having a GVWR of 26,001 pounds or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

TRAFFIC CONVICTIONS AND FORFEITURES

List All Tickets in the Past 3 Years

(Attach sheet if more space is needed)

<i>Location</i>	<i>Date</i>	<i>Charge</i>	<i>Penalty</i>

Have you ever been convicted of reckless driving, unsafe driving or DWI? Yes No

Explain _____

Have you ever been convicted of any drug related offenses? Yes No

Explain _____

Have you ever been convicted of a felony? Yes No

Explain _____

ACCIDENT RECORD

List Accidents Last 3 Years – Include Full Description

(Attach sheet if more space is needed)

<i>Dates</i>	<i>Description</i>	<i>Damage</i>	<i>Injuries/Fatalities</i>
<i>Last accident:</i>			
<i>Next Previous:</i>			
<i>Next Previous:</i>			

Number of accidents in past year: _____ 2 years _____ 3 years _____ 4 years _____

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Last school attended: _____
(Name) (City)

EXPERIENCE AND QUALIFICATIONS - DRIVER

Do you presently hold a valid C.D.L. from your state of residency? Yes No

List driver licenses held in past three (3) years:

State: _____ License No. _____ Type: _____ Exp. Date: _____

State: _____ License No. _____ Type: _____ Exp. Date: _____

State: _____ License No. _____ Type: _____ Exp. Date: _____

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

If yes explain: _____

Has your license ever been suspended or revoked? Yes No

If yes, explain: _____

DRIVING EXPERIENCE

Class of Equipment	Type of equipment (Van, Tank, Flat, Etc.)	Dates		Approximate # of miles
		From	TO	
<i>Straight Truck</i>				
<i>Tractor & Semi Trailer</i>				
<i>Tractor-Two Trailers</i>				
<i>Other</i>				

List states operated in for 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? _____

Show any trucking, transportation or other experience that may help in your work for this company _____

List courses and training other than shown elsewhere in the application _____

List special equipment or technical materials you can work with (other than those already shown). _____

TO BE READ AND SIGNED BY DRIVER

This certifies this information sheet was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I further acknowledge that I have been informed that the above information may be used, and my prior employers/lessees may be contacted by this company or it's agent for the purpose of investigating my background, as required by 391.23 (or other regulations as they may apply) of the Federal Motor Carrier Safety Regulations, including my rights of rebuttal to information that may be provided by either my previous or current employers/lessee and 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 a qualification decision. (Generally inquiries regarding medical history will be made only if and after a conditional offer of lease or employment has been extended.) I hereby release employers/lessees, schools, health care providers and other persons from all liability in responding to inquire and releasing information in connection with my information sheet.

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

_____ Date

_____ Driver's Signature

Terminology, language and wording used in this policy that is relative to "driver, motor carrier, company, independent contractor, owner/operator, etc." shall be defined as defined in the Federal Motor Carrier Safety Regulations (FMCSR) [§390.5 Definitions] promulgated by the Federal Motor Carrier Safety Administration (FMCSA). The terminology, language and wording used in this program does not and shall not determine the relationship, association, connection, affiliation between the driver and the company.

REQUEST FOR PAST EXPERIENCE INFORMATION

Driver's Name: _____ Social Security No. _____

You are hereby authorized to give SEI Transportation all information concerning records of employment, lease, including oral assessments of my job performance, ability, and fitness, to each and every company (or their authorized agents) which may request such information in connection with my application for DOT qualification. You are released from any liability, which may result from giving such information, I understand that the information in this form will be used and that prior employers/lessees will be contacted for purposes of investigation as required by 391.23 of the Motor Carrier Safety Regulation. I authorize the release of any information related to my alcohol and controlled substance testing and training records, by any former employers and hold them harmless of any liability from release of said information. This request is in compliance with 49 CFR Part 40.25 which states: Records shall be made available to subsequent employer upon receipt of a written request from an employee.

I hereby authorize and direct my previous employers/lessees to release such information in personal interviews, telephone interviews, letters, or any other method that insures confidentiality. I further authorize SEI Transportation to release such information to any of its personnel whose duties require them to assess this application or to make any recommendations or decisions with respect to it. I understand that I have the right to review information provided by previous employers/lessees, have errors corrected by previous employer/lessee and resubmitted to SEI Transportation and/or have a rebuttal statement attached to erroneous information if my previous employer/lessee and I cannot agree on the accuracy of the information. I understand that I must request past employer/lessee information obtained by SEI Transportation in writing with 30 days of driver qualification or denial of driver qualification.

Date: _____ Driver's Signature: _____

-For Office Use Only-

Please give the following information about this applicant. It will be held in strict confidence.

USDOT #

Name of Company: _____ Phone: _____

Address: _____
Street Town State Zip

Period of Lease/Employ: From: _____ To: _____ Position Held: _____

Driver: Yes No Part Time Company Driver Owner-Operator Driver for Owner-Operator

EQUIPMENT: Tractor Trailer Van Reefer Tank Flat Bed Intermodal Other

List States in which applicant drove regularly: _____

List types of commodities applicant hauled: _____

ACCIDENTS:

Date of Accident	Location: Nearest City & State	Number of Injuries	Number of Fatalities	HM Involved	Description: Preventable/Non-Preventable

Why did applicant leave your company? _____

Is applicant eligible for rehire/re-lease? Yes No If no, please explain why _____

If the employee/lessor was not subject to 49CFR Part 40 testing requirements while working for you, please check here _____ and sign below.

Under 49 CFR Part 391.23e:

Has this person within the previous three years violated the alcohol and controlled substances prohibitions under subpart B of Part 382, or 49 CFR Part 40? Yes No

If this person violated the alcohol and controlled substances prohibitions did they fail to undertake or complete a rehabilitation program prescribed by the SAP? Yes No

If this person violated the alcohol and controlled substances prohibitions did they successfully complete a rehabilitation program? Yes No

If this person completed a substance abuse program and remained in your employ/lease, did they have any of the following testing violations:

a. Alcohol tests with a result of .04 or higher alcohol concentration Yes No

b. Verified positive drug tests Yes No

c. Refusal to be tested (including verified adulterated or substituted drug test results) Yes No

Please include information received from previous employers/lessees.

If yes, to any of the above question, please provide the name, address, and phone number of the Substance Abuse Professional (SAP) for further reference.

Name _____

Address: _____

ADDITIONAL COMMENTS: _____

BY: _____ Date: _____

RoadLink Services representative requesting information: _____ Date: _____

TRUCKING INDUSTRY:
DOT D/A Disclosure and Authorization



Send to Fax # (800) 267-4093 (Manual Service)

Send to Fax # (800) 257-8069 (Database Retrieval)

USIS Customer:	
Company Name:	_____
Company Contact Name:	_____
Fax #:	(____) _____ - _____
USIS Customer #:	_____ Sub-account: _____

PART I – DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES – 49 CFR PART 391.23, DOT DRUG AND ALCOHOL TESTING

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to USIS for the purpose of USIS transmitting such records to the USIS customer listed above. I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous **three (3) years**: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes USIS with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to USIS, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous **three (3) years**; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous **three (3) years**.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous **three (3) years**. If necessary, attach additional pages, including the date, your name, social security number and signature.

Previous DOT-Regulated Employer	City	State	Phone Number
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I disclosure and authorization for release; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original.

Print Applicant Name: _____ Social Security #: _____

Applicant Signature: _____ Date: _____

**PART II – CONSUMER REPORT AND INVESTIGATIVE CONSUMER REPORT DISCLOSURE
(FOR EMPLOYMENT PURPOSES)**

In connection with your employment or application for employment (including contract for services) and in accordance with applicable laws, USIS may obtain or assemble consumer reports and/or investigative consumer reports (collectively, "Reports") which may include information about you related to: previous employment (including employers, dates of employment, salary information, reasons for termination, etc.), accident history, academic history, verification of references and other information supplied by applicant, professional credentials, drug/alcohol use in violation of law and/or company policy, driving record, workers' compensation claims, credit history, creditworthiness, credit capacity, bankruptcy filings, criminal history records, information about your character, general reputation, personal characteristics and mode of living (collectively, "Information"). Information may be obtained from government agencies, educational institutions, USIS clients, personal references, personal interviews and other Information suppliers (collectively, "Suppliers").

Upon providing proper identification and complying with any applicable legal requirements, you have the right to request the nature and substance of all Information in USIS's files pertaining to you at the time of your request, including but not limited to: (i) whether any Reports have been provided by USIS to other parties; (ii) identification of any Suppliers utilized by USIS in compiling such Reports; and (iii) identification of any recipients of Reports furnished by USIS within the **two (2) year** period preceding your request. USIS may be contacted by mail at P.O. Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800) 381-0645.

- ← Check this box if you are applying for employment in **California** and/or you are a California resident and, in either case, you wish to receive a copy of your **credit report or investigative consumer report** if one is obtained or assembled by USIS. Pursuant to the California Civil Code, you may view the file maintained on you by USIS during normal business hours. You may also obtain a copy of this file by submitting proper identification and paying applicable costs for such file, if required by law, by contacting USIS in person or by mail. USIS is required to have personnel available to explain your file to you and must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.
- ← Check this box if you are applying for employment in **Oklahoma** and/or you are an Oklahoma resident and, in either case, you wish to receive a copy of your **consumer report** if one is obtained or assembled by USIS.
- ← Check this box if you are applying for employment in **Minnesota** and/or you are a Minnesota resident and, in either case, you wish to receive a copy of your **consumer report** if one is obtained or assembled by USIS.

PART II – AUTHORIZATION FOR RELEASE OF INFORMATION (FOR EMPLOYMENT PURPOSES)

I hereby authorize USIS to receive Information and disclose such Information to its customers for the purpose of making a determination as to my eligibility for employment, promotion, retention or other lawful purpose. If hired or contracted, I authorize USIS and the USIS customer named above ("Customer") to retain this document on file to act as ongoing authorization for the procurement and possession of Reports at any time during my employment or contract period. I fully release USIS and Suppliers from all claims of damages related to the investigation of my background and provision of Information as set forth in this disclosure and authorization. I agree that Information in USIS's possession and my employment history with Customer if I am hired, may be supplied by USIS to other USIS customers for legally permissible purposes; provided, such Information will not include the Drug and Alcohol information set forth in Part I above, unless I have given a separate specific consent for USIS to share such Information.

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part II disclosure and authorization for release; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; (vi) I authorize USIS and any person or entity contacted by USIS to furnish the above-mentioned Information; and (vii) facsimile or photographic copies of this authorization are as valid as an original.

NOTE - THIS AUTHORIZATION DOES NOT APPLY TO DRUG & ALCOHOL INFO. ADDRESSED IN PART I.

Print Applicant Name: _____ Social Security #: _____

Applicant Signature: _____ Date: _____

SEI Transportation.

ALCOHOL AND DRUG POLICY CERTIFICATION

Driver's Name _____

Independent Contractor _____ Unit # _____

This is to certify that I have been provided education materials that explain the requirements of the Federal Motor Carrier Safety Regulations, Part 382.601 and SEI Transportation, L.L.C. policies and procedures with respect to meeting the requirements.

1. The designated person to answer questions about the materials is Woody Yarwood, Director of Safety, RoadLink USA.
2. Driver means any person who operates a commercial motor vehicle and is required to have a CDL.
3. A Safety-Sensitive function means any of those on-duty functions set forth in CFR 49 Section 392.2. On-duty time means all time a driver begins to work or is required to be in readiness to work until the time he/she is relieved from work and all responsibility for performing work.
4. Alcohol, illegal drugs and controlled substances are not permitted on the premises of SEI Transportation, L.L.C., nor any shipper, consignee, client, or other entity doing business with SEI Transportation, L.L.C., by any contractor or employee of a contractor leased to SEI Transportation, L.L.C. Any contractor or contractor employee found selling, buying, possessing, passing, using or under the influence of alcohol, illegal drugs, or controlled substances on the premises listed above, or in a tractor leased to SEI Transportation, L.L.C. will be deemed in violation of this policy. Any violation of this policy will result in immediate termination of the tractor lease and disqualification of the driver.
5. Drivers will be required to submit to testing under the following categories: Pre-employment, Random, Post Accident and Reasonable Cause
6. Breath Alcohol testing will be conducted at a pre-arranged location by a qualified Breath Alcohol Technician according to CFR 49 part 40. Specimen collection will be conducted in accordance with applicable state and federal laws at a pre-arranged location.
7. The collection procedures will be designed to ensure the security and integrity of the specimen provided by each driver, and those procedures will strictly follow federal chain of custody guidelines. Moreover, every reasonable effort will be made to maintain the dignity of each driver submitting a specimen for analysis in accordance with these procedures.
8. The definition of refusal will include not providing a breath sample or urine as directed, neglecting to sign appropriate control forms, using alcohol within 8 hours of an accident, or engaging in conduct that clearly obstructs the testing process.
Refusal will constitute a positive result, and the driver will be immediately removed from the safety-sensitive function, will be disqualified from the active driver fleet, and becomes ineligible for re-qualification.
9. A driver testing positive for alcohol or drug use will be disqualified. Refusal to submit to testing will also be considered a positive result.
10. A driver found to have an alcohol concentration of .02 or greater but less than .04 will be disqualified from the active driver fleet, and becomes ineligible for re-qualification.
11. Information on the affects of alcohol and controlled substances use on an individual's health, work, personal life, signs and symptoms of a problem and available methods of intervening when a problem is suspected is attached.

I further understand that a positive test result on either an alcohol or drug test will cause immediate driver disqualification and I will not be eligible for re-qualification. Refusal for testing will be treated as a positive result.

Driver's Signature

Date

SEI Transportation, L.L.C. Representative

Date

SEI Transportation

RELEASE & DOCUMENTATION OF PRE-EMPLOYMENT TESTING INFORMATION BY DRIVER/APPLICANT

To be completed by driver/applicant.

During the past three (3) years, have you tested positive on a 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 the Department of Transportation (DOT) Alcohol and Controlled substance testing rules? Yes No

During the past three (3) years, have you refused to test on a 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 the Department of Transportation (DOT) Alcohol and Controlled substance testing rules ? Yes No

If you answered yes to either of the questions above, please provide documentation of your successful completion of the return-to-duty process.

Date _____

Name of Driver (Print) _____

Signature of Driver _____

Social Security Number _____

Witness _____

SEI Transportation

Please Attach:

1. Copy of Valid Commercial Driver's License
2. Copy of Valid Medical Examiner's Certificate (card)
3. Any D.O.T. Training cards
4. Copy of TWIC card (if applicable)