

CMV DRIVER'S EMPLOYMENT APPLICATION

(per 49 CFR 391.21)

Email: _____

Date of Hire _____ Date of Application _____
(please print)

Prospective Employer: Stallings Farms Trucking, LLC

164 Winfall Blvd Hertford NC 27944
(Address) (City) (State) (Zip)

PLEASE READ COMPLETELY

The information requested on this form is required by federal law (49 CFR) to be provided by any driver applying for a commercial driver position as defined in 49 CFR 390.5. Failure to complete required areas can place both the applicant and carrier in violation of federal law. Information provided will be verified by carrier as required under various parts of 49 CFR, including Part 382 and Part 391. If unsure of question or require help with competing form please ask carrier representative.

PLEASE PRINT CLEARLY AND SIGN YOUR FULL LEGAL NAME AT THE END WHERE REQUIRED.
FALSE STATEMENTS MAY RESULT IN REFUSAL TO HIRE OR IMMEDIATE TERMINATION.

First Name: _____ Middle: _____ Last Name: _____

Social Security Number: _____ Date of Birth: _____ Document Presented to Verify Age _____
(mm/dd/year)

Current Address: _____
(Street) (City) (State) (Zip)

Phone: _____ How Long: (year/month) _____

Previous Address: _____ How long? _____
IF LESS THAN (Street) (City) (State) (Zip) (year/month)
3 YEARS _____ How long? _____
(Street) (City) (State) (Zip) (year/month)
_____ How long? _____
(Street) (City) (State) (Zip) (year/month)

Are you legally authorized to work in the United States as a commercial driver under 49 CFR? YES NO

Have you ever been convicted of a felony? YES NO

If yes, please explain fully on a separate sheet of paper.

Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied? Are you applying for ADA consideration?

YES NO If yes, please explain if you wish: _____

This form is made available with the understanding that NATC, Inc. is not engaged in rendering legal, accounting, or other professional services. NATC, Inc. assumes no responsibility for the use of this form, or any decision made by an employer which may violate local, state, or federal law.

APPLICANT MUST COMPLETE

(ANSWER ALL QUESTIONS - PLEASE PRINT)

EMPLOYMENT HISTORY

All applicants must provide the following information for any previous employer during the preceding 3 years. Complete all areas below. Applicants shall also provide an additional 7 years of information for those employers for whom the applicant has operated a commercial motor vehicle (CMV).

(NOTE: List employers in reverse order starting with the most recent. Use additional sheet if necessary.)

CURRENT EMPLOYER	Dates (Month/Year)
COMPANY NAME	FROM _____ TO _____
ADDRESS	POSITION HELD
CITY _____ STATE _____ ZIP _____	SALARY/WAGE
CONTACT PERSON _____ PHONE NUMBER _____	REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRS WHILE EMPLOYED? YES 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? YES NO	

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ACCIDENT RECORD

PROVIDE THE FOLLOWING INFORMATION FOR ANY ACCIDENT YOU WERE INVOLVED IN DURING THE PRECEDING 3 YEARS (IF NONE, WRITE, NONE)

DATES (Month/Year)	NATURE OF ACCIDENT (HEAD-ON, REAR-END, OVERTURN)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

TRAFFIC CONVICTIONS

PROVIDE THE FOLLOWING INFORMATION FOR ALL MOTOR VEHICLE VIOLATIONS FOR WHICH YOU WERE CONVICTED OR PLED GUILTY TO DURING THE PRECEDING 3 YEARS (DO NOT INCLUDE PARKING TICKETS) - (IF NONE, WRITE, NONE)

LOCATION	DATE	CHARGE	PENALTY

EXPERIENCE AND QUALIFICATIONS - DRIVER (ATTACH SHEET IF MORE SPACE IS NEEDED)

LIST ALL DRIVER LICENSES OR PERMITS HELD IN THE PAST 3 YEARS

DRIVER LICENSES	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

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

Has any license, permit or privilege ever been suspended or revoked? YES NO

IF THE ANSWER TO EITHER QUESTION IS YES, GIVE 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 YES NO	(VAN, TANK, FLAT, DUMP REEFER)		
Tractor & Semi Trailer YES NO	(VAN, TANK, FLAT, DUMP REEFER)		
Tractor 2 Trailers YES NO	(VAN, TANK, FLAT, DUMP REEFER)		
Motorcoach School Bus YES NO More than 8 passengers / More than 15 passengers			
OTHER YES NO			

DRUG AND ALCOHOL INFORMATION

In the previous three (3) years have you:

1. Violated the Alcohol and Controlled Substance prohibitions under subpart B of 49CFR Part 382 or 49CFR Part 40? YES NO

2. Failed to undertake or complete a rehabilitation program prescribed by a SAP pursuant to 49CFR 382.605? YES NO

CHECK ALL THAT APPLY:

I had an alcohol test result of 0.04 or higher? YES NO N/A

I had a Verified Positive Drug Test? YES NO N/A

I refused to test (including verified adulterated or substituted drug test result)? YES NO N/A

TO BE READ AND SIGNED BY APPLICANT

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.

Signature: _____ Date: _____

Pre-Employment Urinalysis Consent Form

I understand that as required by the Federal Motor Carrier Safety Regulations, Title 49 Code of Federal Regulations, Section 382.103, all driver/applicants of this company must be tested for controlled substance as a per-condition for employment.

I consent to the urine sample collection and testing for controlled substances.

I understand that a positive test result for controlled substances will render me unqualified to operate a commercial motor vehicle.

The medical review officer will maintain the results of my test. Negative and positive results will be reported to the company. If the results are positive, the controlled substance will be identified. The results will not be released to any other parties without my written authorization.

I understand the above conditions and hereby agree to comply with them.

Signature of Driver

Print Name

Date

***** To be maintained in the Driver Qualification File *****

Notice to Drivers:

DOT Required Split Sample Testing

As of August 15, 1994, Federal Regulations require all DOT drug tests to be collected in accordance with split sample procedures.

With this change, 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 after a test is confirmed positive to request the second bottle be tested.

Should you request 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 the testing.

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

Signature of Driver

Print Name

Date

***** To be maintained in the Driver Qualification File *****

Please list 2 Emergency Contact names, Relationship & Phone Number

	NAME	Relationship	Phone Number
1.	_____	_____	_____
2.	_____	_____	_____

Please list any Pertinent Medical History:

- Do you have a pre-existing injury or medical condition/disability that would affect your ability to do this work?
- If so, can you provide details of the injury/disability or medical condition, and any current restrictions it may have on your ability to do this work?
- Are there any ways that we may be able to reasonably accommodate your restrictions that would enable you to do this type of work?