

NH-1



INTERSTATE MILLS

Leading beyond the field.

900 30th Place NW, Owatonna, MN 55060

Location: _____

**COMMERCIAL DRIVER APPLICANT
PRE-EMPLOYMENT TESTING INFORMATION
RELEASE & DOCUMENTATION
49 CFR PART 40.25(j)**

An employer must ask the driver 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 driver applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past 2 years.

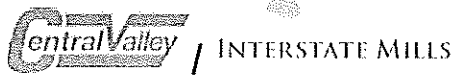
Have you ever <u>tested positive</u> , or <u>refused to test</u> , on any pre-employment drug of alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past 2 years?	YES	NO
If YES - Have you successfully completed the return-to-duty process?	YES	NO
If YES - Documentation MUST BE PROVIDED before any safety-sensitive transportation function is performed.		

Driver's Signature

Driver's Printed Name

Date

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900 30th Place NW, Owatonna, MN 55060

COMMERCIAL DRIVER APPLICATION (\$391.21)

****Please Print****

Legal Name: _____ Social Security Number: _____
(First, Middle, Last)

Address: _____
(Present address, include street, city, state & zip code)

Home Phone: _____ Cell Phone: _____ Date of Birth: _____

Emergency Contact: _____

Relationship: _____ Emergency Contact Home Number: _____

Emergency Contact Cell Phone Number: _____ Emergency Contact Work Number: _____

If your above address is less than 3 years continue listing them below to cover the previous 3 year period:

Dates	Street Address	City	State	Zip Code

Driver's License Information: Please include your CURRENT, valid license, and the past 3 years including permits.

State	Driver's License Number	Class & Endorsements	CDL Class Y/N		Expiration Date
			YES	NO	
			YES	NO	

DRIVING EXPERIENCE & CDL DATE

Due to Sub-Part E Entry Level Driver Training Requirements – Part 380 this information is *required*.

**MY CDL LICENSE was FIRST OBTAINED ON:	Month	Day	Year
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Please include the type of equipment operated (such as buses, trucks, tractors, semi-trailers, full trailers, and pole trailers).

Type of vehicle driven	Period of Time	Nature & Extent

MOTOR VEHICLE ACCIDENTS – LAST 3 YEARS

List all motor vehicle accidents in which you were involved in the past 3 years preceding the date that the application is submitted.

If none, please write NONE.

1. Date	Location	Details	Fatalities	Injuries

2. Date	Location	Details	Fatalities	Injuries

TRAFFIC VIOLATIONS – LAST 3 YEARS

List all Traffic Violations (other than parking violations) of which you were convicted or forfeited bond or collateral in the past 3 years. If none, please write NONE.

Date	Violation	State	In Commercial Vehicle (Y/N)	
			YES	NO
			YES	NO
			YES	NO

REVOCATIONS & SUSPENSIONS

Have you ever had any driver license denied, suspended, revoked or canceled by any issuing state agency?

Yes No

If yes, please provide detail:

Date	State	Violation	Explanation

EDUCATION

Type of School Attended	School Name & Location	Did you graduate? Yes/No	Diploma/Degree	Grade Point Average	Major Course of Study
High School: <small>circle highest grade completed 9 10 11 12</small>					
Technical or Vocational					
College or University					
Graduate School					
Professional Seminars, or Additional Training					

EMPLOYMENT HISTORY

List all employment history for the past 10 years. All gaps in employment must be accounted for. If there is any time frame of unemployment or self employment please list. If you were an owner/operator, list carriers leased to. This is a DOT requirement §391.21 (b)(10 & 11).

****You must include the COMPLETE address including street, city, state, zip code and phone number****

1. Employer		Dates Employed From / To (mm/dd/yyyy)		Work Performed:	
Address:		From:	To:		
Phone #	Fax #:	Hourly Rate/Salary			
Job Title:	Supervisor Name:	Starting:	Final:	I was subject to FMCSR rules while employed at this company:	YES NO
Reason for Leaving:				I was subject to 49 CFR part 40 controlled substance & alcohol testing during this period:	YES NO

2. Employer		Dates Employed From / To (mm/dd/yyyy)		Work Performed:	
Address:		From:	To:		
Phone #:	Fax #:	Hourly Rate/Salary			
Job Title:	Supervisor Name:	Starting:	Final:	I was subject to FMCSR rules while employed at this company:	YES NO
Reason for Leaving:				I was subject to 49 CFR part 40 controlled substance & alcohol testing during this period:	YES NO

EMPLOYMENT EXPERIENCE CONTINUED

List all employment history for the past 10 years.

****You must include the COMPLETE address including street, city, state, zip code and phone number****

3. Employer		Dates Employed From / To (mm/dd/yyyy)		Work Performed:	
Address:		From:	To:		
Phone #:	Fax #:	Hourly Rate/Salary			
Job Title:	Supervisor Name:	Starting:	Final:	I was subject to FMCSR rules while employed at this company:	YES NO
Reason for Leaving:				I was subject to 49 CFR part 40 controlled substance & alcohol testing during this period:	YES NO

4. Employer		Dates Employed From / To (mm/dd/yyyy)		Work Performed:	
Address:		From:	To:		
Phone #:	Fax #:	Hourly Rate/Salary			
Job Title:	Supervisor Name:	Starting:	Final:	I was subject to FMCSR rules while employed at this company:	YES NO
Reason for Leaving:				I was subject to 49 CFR part 40 controlled substance & alcohol testing during this period:	YES NO

5. Employer		Dates Employed From / To (mm/dd/yyyy)		Work Performed:	
Address:		From:	To:		
Phone #:	Fax #:	Hourly Rate/Salary			
Job Title:	Supervisor Name:	Starting:	Final:	I was subject to FMCSR rules while employed at this company:	YES NO
Reason for Leaving:				I was subject to 49 CFR part 40 controlled substance & alcohol testing during this period:	YES NO

6. Employer		Dates Employed From / To (mm/dd/yyyy)		Work Performed:	
Address:		From:	To:		
Phone #:	Fax #:	Hourly Rate/Salary			
Job Title:	Supervisor Name:	Starting:	Final:	I was subject to FMCSR rules while employed at this company:	YES NO
Reason for Leaving:				I was subject to 49 CFR part 40 controlled substance & alcohol testing during this period:	YES NO

7. Employer		Dates Employed From / To (mm/dd/yyyy)		Work Performed:	
Address:		From:	To:		
Phone #:	Fax #:	Hourly Rate/Salary			
Job Title:	Supervisor Name:	Starting:	Final:	I was subject to FMCSR rules while employed at this company:	YES NO
Reason for Leaving:				I was subject to 49 CFR part 40 controlled substance & alcohol testing during this period:	YES NO

8. Employer		Dates Employed From / To (mm/dd/yyyy)		Work Performed:	
Address:		From:	To:		
Phone #:	Fax #:	Hourly Rate/Salary			
Job Title:	Supervisor Name:	Starting:	Final:	I was subject to FMCSR rules while employed at this company:	YES NO
Reason for Leaving:				I was subject to 49 CFR part 40 controlled substance & alcohol testing during this period:	YES NO

Use backside of sheet for additional employers

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SPECIALS SKILLS & QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment and other experience.

As a prospective driver employee, you have the right to review information provided by previous employers per §391.23(i). You have the right to have errors in the information corrected by the previous employer(s) and for that previous employer(s) to re-send the corrected information to the prospective employer; the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

MOTOR VEHICLE REPORT DISCLOSURE & AUTHORIZATION TO RELEASE INFORMATION

I am aware that a Motor Vehicle Record will be obtained on me in the course of consideration for employment and at any time throughout my employment.

Any documents/records obtained pursuant to this authorization may be disclosed to any insurance carrier or prospective insurance carrier of the entity to which I am applying for employment and/or to whom I am currently employed. I understand that this may result in that insurance entity obtaining motor vehicle/driver history information on me.

By signing this application I hereby authorize, without reservation, any party, state, or agency contacted by TLT RESEARCH SERVICES, to furnish the above mentioned information.

By signing this application I hereby authorize procurement of Motor Vehicle Reports. If hired (or contracted), this authorization shall remain on file and serve as ongoing authorization for you to procure Motor Vehicle Reports at any time during my employment (or contract) period.

CERTIFICATION

“This certifies that the 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. I understand that if I am employed, false statements may result in dismissal. I authorize Central Valley/Interstate Mills to make an investigation of any of the facts set forth in this application.”

All offers of employment are conditional upon satisfactory reference checks. Successful completion of a physical exam and controlled substance test is required for certain classifications.

Central Valley/Interstate Mills is an Equal Opportunity Employer.

Applicant's Signature

Date



INTERSTATE MILLS
Leading us toward the future

900 30th Place NW, Owatonna, MN 55060

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SUBPART E – ENTRY-LEVEL DRIVER TRAINING REQUIREMENTS – Part 380

Each employer must ensure that each Entry-Level driver who first began operating a CMV in interstate commerce requiring a CDL after July 20, 2003 has had the required training (§380.500(b)). An Entry-level driver is a driver with less than one year of experience operating a CMV with a CDL in interstate commerce (§380.502(b)).

To be completed by driver / applicant:

Driver Name _____
Full legal name (First, Middle, Last)

Driver License Class _____ State of Issue _____

I CURRENTLY HOLD A CDL LICENSE YES NO

If you answered YES, please provide the date your CDL license was first obtained

DATE CDL WAS FIRST OBTAINED _____ / _____ / _____
Month Day Year

I HAVE OPERATED IN INTERSTATE COMMERCE
REQUIRING A CDL FOR MORE THAN ONE YEAR YES NO

To be completed by Employer:

If the above named driver obtained their first CDL after July 20, 2003 and is an Interstate driver for your company with less than one year of experience, then the company must provide proof the driver has completed the Entry-level driver training requirements (§380.503). Each employer must place a copy of the driver's training certificate in the driver's DOT qualification file (§380.509(b)).

DRIVER HAS PREVIOUSLY PARTICIPATED
IN ENTRY-LEVEL DRIVER TRAINING YES NO

If YES, please provide a copy of a training certificate/diploma which was provided by another company (§380.505)

The training certificate/diploma must contain the following information (§380.513):

- (a) Date of certification issuance
- (b) Name of training provider
- (c) Mailing address of training provider
- (d) Name of driver
- (e) Statement that all four areas have been met by law. (I certify the above named driver/applicant has completed training requirements set forth in the Federal Motor Carrier Safety Regulations for entry-level driver training in accordance with 49 CFR 380.503)
- (f) The printed name of the person attesting that the driver has received the required training
- (g) The signature of the person attesting that the driver has received the required training

If NO, Entry-Level driver training must be completed and address the following four areas: (a) Driver qualification requirements, (b) Hours of service of drivers, (c) Driver wellness, (d) Whistleblower protection (Per §380.503)

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INTERSTATE MILLS

900 30th Place NW, Owatonna, MN 55060



Location: _____

ANNUAL MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS

In accordance with §391.27, I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date	Offense	Location (City/State)	Type of Vehicle Operated

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed.

MOTOR VEHICLE REPORT DISCLOSURE & AUTHORIZATION TO RELEASE INFORMATION

I am aware that a Motor Vehicle Record will be obtained on me in the course of consideration for employment and at any time throughout my employment.

Any documents/records obtained pursuant to this authorization may be disclosed to any insurance carrier or prospective insurance carrier of the entity to which I am applying for employment and/or to whom I am currently employed. I understand that this may result in that insurance entity obtaining motor vehicle/driver history information on me.

By signing this form I hereby authorize, without reservation, any party, state, or agency contacted by TLT RESEARCH SERVICES, to furnish the above mentioned information.

By signing this form I hereby authorize procurement of Motor Vehicle Reports. If hired (or contracted), this authorization shall remain on file and serve as ongoing authorization for you to procure Motor Vehicle Reports at any time during my employment (or contract) period.

Date

Driver License Number & Expiration Date

Driver's Name (Printed)

Driver's Signature

Emergency Contact

Relationship (e.g. Spouse, Son, Daughter)

Emergency Contact Home Number

Emergency Contact Cell Phone Number/Work Number

ANNUAL & INITIAL REVIEW OF DRIVING RECORD

In accordance with §391.25, Central Valley/Interstate Mills has carefully reviewed the driving record of the above named driver. In reviewing this driver's record, Central Valley/Interstate Mills has considered any evidence that the driver has violated any applicable Federal Motor Carrier Safety Regulations or Hazardous Material Regulations; and considered the driver's accident record and any evidence that the driver has violated laws governing the operations of motor vehicles, and have given great weight to violations, such as speeding, reckless driving, and operating while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard of the safety of the public. Having done the above, I find that:

The driver meets the minimum requirements for safe driving.

The driver is disqualified to drive a motor vehicle pursuant to §391.15 or §383.51 of the FMCSR.

Reviewed by:

Signature	Date
Printed Name	Title