

WOODS BROTHERS TRUCKING, LLC

8215 CR 86

FINDLAY, OH 45840

PH: 419-421-0083

FAX: 419-421-0241

Signature of Applicant _____

Date _____

Name _____

Phone: (____) _____

* Current Address _____
Street City State Zip Code

*If at the above residence less than three years, list below all residences for the past three years. Attach a separate sheet if necessary.

Street City State Zip Code

Street City State ZipCode

Position applying for _____ Full time lease _____

Who referred you? _____

Have you been leased to this company before? [] YES [] NO Dates: From _____ To _____
month/year month/year

Owner-Operator worked for _____ Dates: From _____ To _____
month/year month/year

Address and phone number of Owner-Operator _____

Reason for leaving _____

Names of any relatives leased to this company _____

Are you currently employed? _____ If not, how long since leaving last employment? _____

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Last school attended _____

Have you ever attended a Certified Truck Driving School? [] YES [] NO Date you graduated _____

GENERAL

Have you ever been bonded? [] YES [] NO Name of bonding company _____
(Answer only if a job requirement)

Have you ever been convicted of a felony? _____

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to qualify - all circumstances will be considered.

Have you ever worked with this company under another name? _____ If so, under what name? _____

Driver Experience & Qualification

Date of Birth _____ The U.S. Department of Transportation requires that driver applicants state their date of birth §(391.21 (b) (2))
month/day/year

Social Security No. _____ - _____ - _____ F.E.I.N. if Applicable _____

DRIVER EXPERIENCE & QUALIFICATION (cont'd)

Licenses

| Drivers Licenses Held in past 3 years must be shown | State | License No. | Class | Endorsement(s) | Expiration Date |
|---|-------|-------------|-------|----------------|-----------------|
| | | | | | |
| | | | | | |
| | | | | | |

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes _____ No _____
- B. Has any license, permit or privilege ever been suspended or revoked? Yes _____ No _____
- C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes _____ No _____
- If you answered "yes" to A, B, C, attach a statement giving details.

Driving Experience

| Class of Equipment | Type of Equipment (Van, Reefer, Flat, etc.) | Dates | | Approximate Total Miles |
|----------------------------|---|-------|----|-------------------------|
| | | From | To | |
| Straight Truck | | | | |
| Tractor and Semi - Trailer | | | | |
| Twin Trailers - LVC's | | | | |
| Other | | | | |

List states operated in during last five years _____

List special courses or training that will help you as a driver _____

List driving awards held and who awards were presented by _____

Accident review for past 3 years (Attach separate sheet of paper if more space is needed)

| Dates | Nature of accident (Head-On, Rear-End, Overturn, etc.) | Fatalities | Injuries |
|---------------|--|------------|----------|
| Last Accident | | | |
| Next Previous | | | |
| Next Previous | | | |

Traffic Conviction and Forfeitures for the past 3 years other than parking violations

| Location | Date | Charge | Penalty |
|----------|------|--------|---------|
| | | | |
| | | | |
| | | | |

EMPLOYMENT RECORD

The U.S. Department of Transportation requires that driver applications show all employment for the past three years. Effective July, 1987 they must also show commercial driver employment for the seven years immediately preceding this three year period. §391.21 (B) (10), (11)

Start with last or current position, including military experience, and work back. (Attach a separate sheet of paper if necessary.)

Current Employer: _____ Supervisors Name: _____

Address: _____ Phone: (_____) _____

Position Held: _____ From _____ To _____ Salary _____
month/year month/year

Reason for leaving _____

Company: _____ Supervisors Name: _____

Address: _____ Phone: (_____) _____

Position Held: _____ From _____ To _____ Salary _____
month/year month/year

Reason for leaving _____

Company: _____ Supervisors Name: _____

Address: _____ Phone: (_____) _____

EMPLOYMENT RECORD

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Start with last or current position, including military experience, and work back. (Attach a sperate sheet of paper if necessary.)

| | |
|--------------------------|----------------------------------|
| Current Employer: _____ | Supervisors Name: _____ |
| Address: _____ | Phone: (____) _____ |
| Position Held: _____ | From _____ To _____ Salary _____ |
| Reason for leaving _____ | |
| Company: _____ | Supervisors Name: _____ |
| Address: _____ | Phone: (____) _____ |
| Position Held: _____ | From _____ To _____ Salary _____ |
| Reason for leaving _____ | |
| Company: _____ | Supervisors Name: _____ |
| Address: _____ | Phone: (____) _____ |
| Position Held: _____ | From _____ To _____ Salary _____ |
| Reason for leaving _____ | |
| Company: _____ | Supervisors Name: _____ |
| Address: _____ | Phone: (____) _____ |
| Position Held: _____ | From _____ To _____ Salary _____ |
| Reason for leaving _____ | |
| Company: _____ | Supervisors Name: _____ |
| Address: _____ | Phone: (____) _____ |
| Position Held: _____ | From _____ To _____ Salary _____ |
| Reason for leaving _____ | |
| Company: _____ | Supervisors Name: _____ |
| Address: _____ | Phone: (____) _____ |
| Position Held: _____ | From _____ To _____ Salary _____ |
| Reason for leaving _____ | |

IN CASE OF EMERGENCY NOTIFY: _____ Phone: (____) _____
Address _____ Relation _____

CHARACTER REFERENCES

| | |
|---------------------------|----------------|
| Name _____ | Relation _____ |
| Address _____ | |
| Phone Number (____) _____ | Relation _____ |
| Name _____ | Relation _____ |
| Address _____ | |
| Phone Number (____) _____ | Relation _____ |
| Name _____ | Relation _____ |
| Address _____ | |

PLATFORM EXPERIENCE & QUALIFICATIONS

List types of platform experience and number of years of each _____

List platform equipment you can operate (lift truck, etc.) _____

List courses or training in platform work _____

APPLICANT MUST READ AND SIGN

I certify that I have read and understood all of this driver qualification file. It is agreed and understood that The Company or it's agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release past employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job driving for an Owner-Operator or a lease to The Company it may be conditioned on the results of a physical examination and drug/alcohol test.

I further certify that I am a genuine applicant for driving and this driver qualification file is being submitted solely for the purpose of seeking a driver or owner-operator position. All driver positions must be cleared by the Owner-Operator you are employed by first!

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigative Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living. Under company policy, The Company may perform a criminal check to verify some personal information.

I agree to furnish such additional information and complete such examinations as may be required to complete my driver qualification file.

I understand that misrepresentation or omission of information or facts may result in my rejection or dismissal from leasing equipment to The Company and or driving for an owner-operator leased to The Company.

If leased or hired, I agree to abide by all the rules and policies of The Company and the U.S. Dept of Transportation / Federal Highway Administration / FMCSA.

This certifies that this Driver Qualification File was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

_____ Date _____ Applicant Signature

**FOR OFFICE USE -- DO NOT WRITE IN THIS SPACE
PROCESS RECORD**

Applicant Lease? Yes No
 Date Leased _____ Probation Period _____
 Department _____ Classification Driver Owner-Operator
 (If not leased, summary report of reasons should be placed in file)

THIS SECTION TO BE FILLED IN BY SAFETY DIRECTOR OR RESPONSIBLE COMPANY REPRESENTATIVE

| | Superior | Good | Fair | Below Average | Poor | Written Record on File |
|------------------------------|----------|------|------|---------------|------|------------------------|
| 1. Qualification File | | | | | | |
| 2. Interview | | | | | | |
| 3. Physical Exam | | | | | | |
| 4. Past Employment | | | | | | |
| 5. Written Exam | | | | | | |
| 6. Road Test | | | | | | |
| 7. Policy and Traffic Record | | | | | | |

Signature of Safety Director or Interviewing Representative _____ Date _____

TERMINATION OF CONTRACT AND/OR SERVICES

Date Lease of Service Terminated _____ Fleet Released From _____
 Terminated _____ Voluntary Quit _____ Other _____
 Termination Report Placed in File _____ Supervisor _____

WOODS BROTHERS TRUCKING, LLC

Request / Consent For Information From Previous Employer (s) - Lessor (s)
On Alcohol & Controlled Substances Testing

SECTION I: TO BE COMPLETED BY PROSPECTIVE DRIVER

Date _____
 Print Name(First, M.I., Last): _____
 Driver Signature: _____

This is in compliance with 382.405(f) and (h), which state:

(f) Records shall be made available to a subsequent employer upon receipt of a written request from a driver. Disclosure by that subsequent employer is permitted only as expressly authorized by the terms of the driver's request.

(h) An employer shall release information regarding driver's records as directed by the specific, written consent of the driver authorizing release of the information to an identified person. Release of such information by the person receiving the information if is permitted only in accordance with the terms of the employee's specific written consent as outlined in 40.321(b).

40.25 Further states:

(a)An employer may obtain, pursuant to a driver's written consent any of the information concerning the driver which is maintained under this part from the driver's previous employers.

(b) An employer shall obtain, pursuant to a driver's consent, information on the driver's alcohol tests with a concentration result of 0.04 or greater, positive controlled substances test results, and refusals to be tested, within the preceding three years which are maintained by the driver's previous employers under 382.401(b)(1)(i) through (iv).

(c) The information in paragraph (b) of this section must be obtained and reviewed by the employer no later than 30 calendar days after the first time a driver performs safety-sensitive functions for an employer.

(e) The prospective employer must provide to each of the driver's employers within the three preceding years the driver's specific written authorization for release of the information in paragraph (b).

(f) The release of any information under this part may take the form of personal interviews, telephone interviews, letters, or any other method of obtaining information that ensures confidentiality. Each employer must maintain a written, confidential record with respect to each past employer contacted.

I, the above mentioned signed, hereby authorize that

Previous Employer (APPLICANT LEAVE BLANK)

Release and forward all information on my Alcohol and Controlled Substances Testing/Training records to: WOODS BROTHERS TRUCKING, LLC

ATTN: Safety Department

Phone: 419-421-0083 Fax: 419-421-0241

SECTION II: TO BE COMPLETED BY PREVIOUS EMPLOYER

- | | YES | NO |
|--|-----|-----|
| 1. Has this person ever tested positive for a controlled substance in the last three years? | ___ | ___ |
| 2. Has this person ever had an alcohol test with a Breath Alcohol Concentration 0.04 or greater in the last three years? | ___ | ___ |
| 3. Has this person ever refused a required test for drugs or alcohol in the last three years? | ___ | ___ |
| 4. Has this person failed to undertake or complete a rehabilitation program prescribed by a Substance Abuse Professional (SAP); pursuant to the DOT drug and alcohol requirements? | ___ | ___ |
| 5. Has this person subsequently violated the alcohol or controlled substance regulations after successfully completing a SAP's rehabilitation program? | ___ | ___ |
| 6. Within the previous three years, has this person violated any of the DOT drug and alcohol requirements while employed in a safety-sensitive position? | ___ | ___ |
| 7. Have you received information from a previous employer that this individual violated DOT drug and/or alcohol regulations? | ___ | ___ |

If YES to any of the above questions, please give the SAP's (Substance Abuse Professional) name, address, and phone number for further reference:

Name: _____ Address: _____

Phone No: _____ Signature of Previous Employer: _____ Date: _____

SECTION III: TO BE COMPLETED BY PROSPECTIVE MOTOR CARRIER

RELEASE OF INFORMATION

Person interviewed from previous employer:
 Contact: _____
 Interview by: _____
 Date: _____
 Date received back: _____



CONSENT FORM

- Faxed to previous employer
 Mailed to previous employer

INTERVIEW METHOD

- Mail
 Phone
 Personal Interview

INQUIRY TO PAST EMPLOYERS

WOODS BROTHERS TRUCKING, LLC

FROM- Prospective Motor Carrier

TO- Previous Employer

Company: WOODS BROTHERS TRUCKING, LLC

Company _____

Individual: _____

Name _____

Street: 8215 COUNTY ROAD 86

Street _____

City: FINDLAY, OHIO 45840

City _____ State _____ Zip _____

Phone: 419-421-0083

Safety/Personnel Manager: The person below has applied to this company for a driving position. Your firm is listed by the applicant as a past employer/lossor. Kindly reply to this inquiry in reference to this applicant. As you will note from the waiver stated below, the applicant has waived any claim of liability against your company (and its agents) for information submitted in response to this inquiry. For your convenience in replying by return mail, we have enclosed a stamped, self-addressed envelope.

Respectfully: WOODS BROTHERS TRUCKING, LLC
Fax Response: 419-421-0241

➔ Name of applicant: _____

➔ Social Security No: _____

➔ Job applied for: _____

1. This applicant lists dates of employment/lease with your firm from : _____ to _____ Is this correct? Yes No
If no, please explain: _____

2. What kinds(s) of work did he/she do? Driver (type of vehicle _____) Dock Office Shop Other
(Specify) _____

3. If employed/leased as a driver, please indicate type of equipment driven. Tractor trailer Straight truck Twin-trailers Bus
Other (Specify) _____

4. Number of DOT recordable accidents as defined under 390.5 within the previous three years? _____; number of accidents in which applicant was ticketed _____, number of accidents in which the applicant was at fault _____ (please explain) _____;
Date of each accident _____

5. To your knowledge, was this person's C.D.L./ operator's license suspended while in your employ? _____ If so, please explain: _____

6. Number of hours-of-service violations that resulted in an out-of-service order within the past three years? _____

7. Is there anything in the applicant's history that could suggest he or she may not be trusted to handle company funds? _____

8. Did the applicant pose either repeated and/or severe disciplinary problems? Yes No If so, please explain: _____

9. Why did this employee/contractor leave your company? Resigned Discharged Laid Off

10. Would you re-employ/lease this person? Yes No Please explain: _____

11. Remarks: _____

By: _____ Date: _____
(Signature of person supplying information)

WAIVER

Former Employer _____ Date: _____

I hereby authorize you to release all information concerning my employment, lease history and/or driver investigation history file, including oral assessments, 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 employment with said company. I hereby release you from any and all liability of any type as a result of providing the above mentioned information to the above mentioned person.

➔ Applicant's Signature _____ Witness's Signature _____