

DRIVER EMPLOYMENT APPLICATION

Name (first, middle, last)		Hire Date (office use only)	
You must list all previous addresses for 3 years	Address (street, city, state, zip code)		
	Address (street, city, state, zip code)		
Phone Number	Date of Birth	Social Security Number	
*****Are you legally authorized to work in the U.S.? Yes No			
Emergency Contact Name		Relation	
Address		Phone Number	

DRIVER LICENSE INFORMATION

Driver License Number	State	Type	Expiration Date
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DRIVER EXPERIENCE

Type of Equipment	From (Date)	To (Date)	Approx # of Miles
Type of Equipment	From (Date)	To (Date)	Approx # of Miles

REQUIRED QUESTIONS

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
Have you ever been convicted of any criminal act involving the use of a CMV or while driving a CMV?	Yes	No
Have you ever been convicted of any serious crime? (Include any plea of "Guilty" or "No Contest" except for minor traffic violation)	Yes	No

If you answered yes to any of the above 4 questions, you must attach a statement of explanation.

TICKETS / ACCIDENTS/ ETC. *write N/A if there is nothing to report

Accident Record for Past 3 Years

Date	Description	# of Injuries / Fatalities
Date	Description	# of Injuries / Fatalities

Traffic Convictions & Forfeitures for Past 3 Years

Date	Location	Charge	Penalty
Date	Location	Charge	Penalty



EMPLOYMENT RECORD Applicant must include 10 years of any/all employment.
Begin with your most recent employer and work back until 10 years are included.

Employer	From (M/Y)	To (M/Y)	Reason for Leaving
Address	Phone		Position
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 & alcohol testing requirements of 49 CFR part 40?			Yes No
Employer	From (M/Y)	To (M/Y)	Reason for Leaving
Address	Phone		Position
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 & alcohol testing requirements of 49 CFR part 40?			Yes No
Employer	From (M/Y)	To (M/Y)	Reason for Leaving
Address	Phone		Position
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 & alcohol testing requirements of 49 CFR part 40?			Yes No
Employer	From (M/Y)	To (M/Y)	Reason for Leaving
Address	Phone		Position
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 & alcohol testing requirements of 49 CFR part 40?			Yes No
DECLARATION OF EMPLOYMENT STATUS (GAPS IN HISTORY)			
If you were driving a CMV, you must provide complete employment history for the past 10 years. Any gaps in employment longer than 1 month are explained as follows:			
Activity During Break	From (M/Y)	To (M/Y)	
In Addition, I was not employed by any company or individual			Yes No
Activity During Break	From (M/Y)	To (M/Y)	
In Addition, I was not employed by any company or individual			Yes No
Activity During Break	From (M/Y)	To (M/Y)	
In Addition, I was not employed by any company or individual			Yes No



Employment History Continued

Employer	From (M/Y)	To (M/Y)	Reason for Leaving
Address	Phone		Position
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 & alcohol testing requirements of 49 CFR part 40?			Yes No
Employer	From (M/Y)	To (M/Y)	Reason for Leaving
Address	Phone		Position
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 & alcohol testing requirements of 49 CFR part 40?			Yes No
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Address	Phone		Position
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Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR part 40?			Yes No
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Address	Phone		Position
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 & alcohol testing requirements of 49 CFR part 40?			Yes No

DECLARATION OF EMPLOYMENT STATUS (GAPS IN HISTORY)

If you were driving a CMV, you must provide complete employment history for the past 10 years.

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Activity During Break	From (M/Y)	To (M/Y)
In Addition, I was not employed by any company or individual		Yes No
Activity During Break	From (M/Y)	To (M/Y)
In Addition, I was not employed by any company or individual		Yes No
Activity During Break	From (M/Y)	To (M/Y)
In Addition, I was not employed by any company or individual		Yes No

For additional blocks needed, please make a copy of this form

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TO BE READ AND SIGNED BY APPLICANT

I authorize you, MORROW ENTERPRISES, INC., 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 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 interviews may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company, as well as the FMCSRs.

I understand information I provide regarding current and/or previous employers may be used, and those employers will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23 (d) and (e). I understand that I have the right to:

- Review information provided by the previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

This certifies 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.

Applicant Signature

Date

Print Name

Employer Witness Print Name

Witness Signature

Date



ALCOHOL & CONTROLLED SUBSTANCE CONSENT AND RELEASE – applicant MUST answer:

Have you ever refused to be tested for drugs or alcohol?	Yes	No
Have you ever tested positive for drugs or alcohol?	Yes	No
Have you ever tested positive for any pre-employment drug or alcohol test for a job which you applied for but did not obtain?	Yes	No

*If applicant answered 'Yes' to any of the above questions, attach a statement of explanation AND provide proof of the Return to Duty Process.

I understand that, as required by the Federal Motor Carrier Safety Regulations and company policy, all CDL drivers must submit to alcohol and controlled substance testing as a condition of employment. Non-CDL drivers may also be subject to testing per company policies. I also understand that any offer of employment will be contingent upon the results of an alcohol and controlled substance test.

Applicants for positions that require driving a commercial motor vehicle (CMV) requiring a CDL at any time will be required to undergo controlled substances and at our discretion, alcohol testing prior to employment and will be subject to further testing throughout their period of employment.

MORROW ENTERPRISES, INC.'s policy is that if a person has ever been in violation of the rules in part 40 (DOT) or 382 (FMCSA) they will NOT be considered eligible for any job which includes operation of a CMV (Greater than 10,000 GVWR) unless they have completed the return to duty process.

CDL drivers will be subject to random and reasonable suspicion drug testing each day they report for work.

Therefore, I agree to submit to the following alcohol and controlled substance tests in accordance and as defined by the Federal Motor Carrier Safety Regulation and this company's policies:

- Pre-Employment, to determine employment eligibility
- Random
- Reasonable Suspicion
- Post Accident
- Follow Up (see company policy)
- Return-to-duty (see company policy)

I certify that I have read, understand, and agree to abide by the condition of this consent and release form. Failure to answer these questions and sign will prevent this employer from using you as a CMV driver.

Applicant Signature	Date
Print Name	Social Security Number
Employer Witness	Title



CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS – PART 383

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

1. You, as a commercial vehicle driver, may not possess more than one license.
2. If you currently have more than one license, you should keep the license from your state of residence, and return the additional licenses to the states that issued them. Destroying a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, you should close your record by notifying the state of issuance that you no longer want to be licensed by that state.
3. Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it to your employing motor carrier and the state that issued your license within 30 days.

DRIVER CERTIFICATION: I certify that I have read and understand the above requirements.

The following license is the only one I will possess:

Driver License Number	State	Expiration Date
Driver Signature	Date	



SAFETY PERFORMANCE HISTORY RECORDS REQUEST		
Section 1 To be Completed by Prospective Employee (APPLICANT)		
I, (first, middle, last)	Social Security Number	Date of Birth
Hereby Authorize (My Previous Employer):		
Address (Street)		Phone
Address (City, State, Zip)		Fax
To release and forward the information requested by sections 2 & 3 of this document including my Alcohol and Controlled Substance Testing records within the previous 3 years from (M/Y of employment dates) _____ to _____		
To My Prospective Employer MORROW ENTERPRISES, INC.	Phone: 575-526-1178	Fax: 575-527-2260
Attn: Safety Manager	Address PO BOX 1747, LAS CRUCES, NM 88004	
In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, letter, or e-mail.		
Applicant Signature	Date	

Section 2 To be Sent to and Completed by the Previous Employer listed above				
The applicant named above was employed by us		Yes	No	
From M/Y	To M/Y			
Did he/she drive a motor vehicle for you?		Yes	No	
If yes, what type?	Straight Truck <input type="checkbox"/>	Tractor Trailer <input type="checkbox"/>	Other _____	
Reason for leaving your employ	Discharged <input type="checkbox"/>	Resignation <input type="checkbox"/>	Lay Off <input type="checkbox"/>	Military Duty <input type="checkbox"/>
Accident History: Complete the following for any accidents included on your accident register (§390.15(b)) involving the applicant from the 3 years prior to the date signed above, or, if there is no accident register data for this driver, check here: <input type="checkbox"/>				
Date	Location	No of Injuries	No of Fatalities	Hazmat Spill
Date	Location	No of Injuries	No of Fatalities	Hazmat Spill
Date	Location	No of Injuries	No of Fatalities	Hazmat Spill
Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies (per fmcsr 391.23)				
Signature		Title	Date	

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SAFETY PERFORMANCE HISTORY RECORDS REQUEST CONTINUED

Section 3 To be Completed by **Previous Employer**

If the applicant was NOT subject to DOT testing requirements while employed by you please check here fill in the dates of employment, complete the bottom of Section 3 sign, and return. M/Y _____ to M/Y _____

Has this person had an alcohol test with a result of 0.04 or higher?	Yes	No
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Has this person tested positive, adulterated or substituted a test specimen for controlled substances?	Yes	No
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Has this person refused to submit to a post accident, random, reasonable suspicion or follow up controlled substance test?	Yes	No
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Has this person committed other violations of Subpart B of Part 382 or Part 40?	Yes	No
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If this person has violated a DOT drug & alcohol regulation did this person complete a SAP prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation with this form.	Yes	No	N/A
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For a driver who successfully complete a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?	Yes	No	N/A
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In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown in Section 1.

Previous Employer Representative Name (Print)	Previous Employer Company
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Phone

Address (Street, City, State, Zip)

Signature	Date
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Section 4 To be Completed by **Prospective Employer**

1.This form was	Faxed	Mailed	Other
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By (sign)	On (Date)
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2.This form was	Faxed	Mailed	Other
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By (sign)	On (Date)
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3.This form was	Faxed	Mailed	Other
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By (sign)	On (Date)
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Information was received: On: (Date) _____	By Fax	By Mail	By Other
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