



261 River Road
Scott City, MO 63780
573-264-2677

APPLICATION FOR EMPLOYMENT

(Please fully complete ALL applicable sections. We will be unable to process incomplete applications.)

Date of Application: _____ Position Desired: _____

Minimum Acceptable Pay: _____ Shift(s) willing to work (check all that apply): DAY NIGHT ANY

Type of work desired: Full-Time Part-Time Seasonal Will you work overtime if scheduled/requested? Yes No

Personal Information

Last Name First Middle

Current Address City State Zip

Home Phone: (____) _____ Cellular Phone: (____) _____ Social Security #: _____ - _____ - _____

Who should we notify in case of emergency?

Name Address Phone # Relationship

Previous Addresses During Last 7 Years: (This information is REQUIRED. If more space is required, attach additional sheet.)

Street Address City State Zip From (mm/yy) To (mm/yy)

Street Address City State Zip From (mm/yy) To (mm/yy)

Street Address City State Zip From (mm/yy) To (mm/yy)

Miscellaneous

List any friends or relatives working here: _____

Have you been convicted of a felony or misdemeanor within the past seven years? (answering yes will not necessarily prevent you from being hired) Yes No

If yes, provide details of each conviction: _____

If employed, can you submit proof of eligibility to work in the U.S.? _____

Do you have the physical ability to perform all essential duties of the job for which you are applying? Yes No

If no, what can be done to accommodate you? _____

Do you have a fear of heights or tight/confined spaces? Yes No Do you have a current and valid driver's license? Yes No Class: _____

Have you ever been involved in a work place accident? Yes No If yes, please describe each event: _____

Education

High School _____ Address _____ Degree or Certificate Received _____

College/Trade/Technical/Other _____ Address _____ Degree or Certificate Received _____

Of which professional, trade or service organizations are you a member? (omit those which indicate your race, religion, creed, color, national origin, ancestry, age or sex)

List any other education, training, experiences, or skills that you possess related to this job: _____

Do you have a Class-A CDL License? Yes No

Military

Have you served in the armed forces? Yes No If yes, list any special skills: _____

Experience List the last 10 YEARS work experience beginning with the most recent. (This information is **REQUIRED**. If necessary, attach additional sheet)

Name of Employer		Type of Business
Street Address	City, State, Zip	Phone Number
Dates Employed (From – To)	Beginning Job Title and Rate of Pay	Ending Job Title and Rate of Pay
Name and Title of Supervisor	Reason for Leaving	
Brief Description of Duties		

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Name and Title of Supervisor	Reason for Leaving	
Brief Description of Duties		

May we contact your employers?

Past: Yes No

Present: Yes No



Personal References

Please list three personal references that are not relatives that you authorize us to contact.

_____	_____	_____
Name	Contact Number	Relationship
_____	_____	_____
Name	Contact Number	Relationship
_____	_____	_____
Name	Contact Number	Relationship

EMPLOYEE STATEMENT, AUTHORIZATION AND ACKNOWLEDGEMENT

PLEASE READ CAREFULLY AND SIGN

I attest that the information provided in this application for employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal when such statement or omission is discovered.

I hereby authorize SEMO MILLING, LLC to conduct work history verifications, professional and personal reference inquiries and background screenings. Likewise, I authorize my former employers to verify my former work history and release reference information.

A pre-employment physical examination will be required and will include drug and alcohol screening. I understand that I must meet health standards, as determined by a Physician hired by SEMO MILLING, LLC, and as established by the company as a condition of initial employment.

I further understand that if hired, my employment can be terminated at any time at the option of SEMO MILLING, LLC or myself. I agree to comply with all company rules and regulations governing employees.

Applicant Signature

Date

NOTICE: All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, or national origin.

**SEMO MILLING, LLC
IS AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER**



PROFESSIONAL REFERENCE FOR:	
Applicant Authorization: I request and authorize any individual with information about my employment and educational background to release information related to my employment record, including but not limited to information regarding my position, salary/wages, dates of employment, duties, skills, performance and reason for leaving my former position(s). I release all personal references, former employers, persons, companies and law enforcement authorities and their officers, managers, employees and agents from any liability and for any damage whatsoever for providing truthful information.	Signature: _____
	Date: _____

APPLICANT: DO NOT WRITE BELOW THIS LINE

Company Name:	_____
Reported Dates of Employment:	_____
	If this is incorrect, please list correct dates below: ___ / ___ / _____ to ___ / ___ / _____
Reported Reason for Leaving:	_____
	If this is incorrect, please list actual reason: _____

Is this individual eligible for rehire with your organization?
<input type="checkbox"/> YES <input type="checkbox"/> NO
Would you recommend this candidate for employment?
<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>Thank you for taking the time to complete this form!</i>

Please rate this candidate on a scale of 1-10 in the following areas: (1 = not acceptable, 10 = superior)	1	2	3	4	5	6	7	8	9	10
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantity / Efficiency of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance/Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety Habits / Working Safely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with Supervisors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appearance / Personal Hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Notes and Comments:

Signature: _____

Title: _____ Date: _____

PLEASE RETURN BY FAX TO (573) 264-1305, Attn. Human Resources

261 River Road, Scott City, MO 63780
 Phone: (573) 264-2677, ext. 103 www.semomilling.com



BACKGROUND CHECK DISCLOSURE AND AUTHORIZATION FORM

In the interest of maintaining the safety and security of our customers, employees and property, SEMO MILLING, LLC (the "Company") will order a "consumer report" (a background report) on you in connection with your employment application, and if you are hired, or if you already work for the Company, the Company may order additional background reports on you for employment purposes.

The background check company, ADP Screening and Selection Services, will prepare the background report for the Company. ADP Screening and Selection Services is located at 301 Remington Street, Fort Collins, CO, 80524, and can be reached by phone at 800-367-5933 or at their Internet Web site address www.adpselect.com.

The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, and credit standing. The types of information that may be ordered include but are not limited to: Social Security number verification; criminal, public, educational and, as appropriate, driving records checks; verification of prior employment; reference, licensing and certification checks; credit reports; and drug testing results. The information may be obtained from private and public record sources, including personal interviews with your associates, friends, and neighbors. (An "investigative consumer report" is a background report that includes information from such personal interviews, except in California where that term means any background report.) The nature and scope of the most common form of investigative consumer report is an investigation into your education and/or employment history conducted by ADP Screening and Selection Services or another outside organization.

You may request more information about the nature and scope of an investigative consumer report, if any, by telephoning the Company at (573) 264-2677 x103. A summary of your rights under the Fair Credit Reporting Act is also being provided to you with this form.

AUTHORIZATION FOR BACKGROUND CHECKS

After carefully reading this Background Check Disclosure and Authorization form, I authorize the Company to order my background report, including investigative consumer reports. I understand that the Company may rely on this authorization to order additional background reports, including investigative consumer reports, during my employment without asking me for my authorization again as allowed by law.

I also authorize the following agencies and entities to disclose to ADP Screening and Selection Services and its agents all information about or concerning me, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. The information that can be disclosed to ADP Screening and Selection Services and its agents includes, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses and substance abuse testing.

I agree the Company may rely on this authorization to order background reports, including investigative consumer reports, from companies other than ADP Screening and Selection Services without asking me for my authorization again as allowed by law. I also agree that a copy of this form is valid like the signed original. I certify that all of my personal information on this form is true and correct and understand that dishonesty will disqualify me from consideration for employment with the Company, or if I am hired or already work for the Company, that my employment may be terminated.

Last Name _____ First _____ Middle _____

Maiden/Other Names _____ Years Used _____

Social Security Number _____ Driver's License Number _____ State _____

FOR IDENTIFICATION PURPOSES ONLY: Date of Birth ____/____/____ (Month/Day/Year)

Addresses within the Past SEVEN (7) Years (use a separate sheet as needed)

Present Street Address _____

City/State/Zip _____

From ____/____/____ (Month/Day/Year) To ____/____/____ (Month/Day/Year)

Prior Street Address _____

City/State/Zip _____

From ____/____/____ (Month/Day/Year) To ____/____/____ (Month/Day/Year)

Prior Street Address _____

City/State/Zip _____

From ____/____/____ (Month/Day/Year) To ____/____/____ (Month/Day/Year) **CONTINUE ON SEPARATE SHEET AS NEEDED**

Signature _____ Date: ____/____/____ (MM/DD/YYYY)

Background Checks: A Summary of Your Rights under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30

days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 2058

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Consumer Help (FRCH) P O Box 1200, Minneapolis, MN 55480 Telephone: 888-851-1920 Website Address: www.federalreserveconsumerhelp.gov Email Address: ConsumerHelp@FederalReserve.gov
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051



Self-Identification Form

Gender, Ethnicity, Race, Disabled and Veteran Status

SEMO MILLING, LLC is a government contractor subject to affirmative action requirements. In order to fulfill our reporting obligations, we request your voluntary completion of the information below. Failure to complete this form will have no bearing on the processing or status of your application and will in no way impact upon your consideration for employment with SEMO MILLING, LLC. If you do not self-identify, identification will be made by visual or other judgmental factors pursuant to your affirmative action reporting requirements.

Name (please print):

CITIZENSHIP

Are you a United States Citizen?

YES NO

GENDER

Male

Do you have citizenship in any other country?

YES NO

Female

Ethnicity

Hispanic/Latino A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race.

Not Hispanic/Latino

RACE

Race Identification

White (not Hispanic or Latino)

A person having origins in any of the original peoples of Europe, the Middle East, or North America

Black or African American (not Hispanic or Latino)

A person having origins in any of the Black racial groups of Africa

Native-Hawaiian or other Pacific Islander (not Hispanic or Latino)

A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

Asian (not Hispanic or Latino)

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Viet Nam.

American Indian or Alaska Native (not Hispanic or Latino)

A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment

Two or More Races (not Hispanic or Latino)

All persons who identify with more than one of the above five races.

VETERAN STATUS

Using the definitions as stated in following attachment, please check the box of boxes below to identify yourself in as many covered veterans categories as apply.

YES NO

Disabled Veteran

YES NO

Other Protected Veteran

YES NO

Three – Year Recently Separated Veteran (Enter Discharge or Release Date: _____)

YES NO

Armed Forces Service Medal Veteran

DISABILITY

A “disabled individual” means any person who has a physical or mental impairment which substantially limits one or more of such person’s major life activities, has a record of such impairment, or is regarded as having such impairment.

Using the definition as stated above, please check the box below to identify yourself as a disabled individual.

YES NO

Non-Participation: I have read the above statement and I have chosen not to complete this form. Please check box if applicable.

Signature

Date

SEMO MILLING, LLC
Disabled and Veteran Self-Identification Questionnaire

SEMO MILLING, LLC is a federal contractor subject to Section 503 of the Rehabilitation Act of 1973, as amended, and the Vietnam Era Veterans Readjustment Act of 1974 (VEVRAA), as amended. Section 503 prohibits job discrimination because of disability by employers holding federal contracts or subcontracts and requires such employers to take affirmative action to employ and advance in employment qualified individuals with disabilities who, with or without reasonable accommodation, can perform the essential functions of a job. VEVRAA requires government contractors to take affirmative action to employ and advance in employment qualified special disabled veterans and qualified disabled veterans, veterans of the Vietnam era, other protected veterans, one-year recently separated veterans, three-year recently separated veterans, and Armed Forces service medal veterans. This invitation to self-identify refers to such veterans as “covered veterans”.

If you have a disability or are a covered veteran and would like to participate in our affirmative action program, please complete the form below or contact your local HR/EEO Representative. Our affirmative action program contains policies and procedures that assure compliance with our Section 503 and VEVRAA obligations. You may inform us of your desire to benefit under the affirmative action program now or at any time in the future. **Whether you choose to so identify is voluntary on your part.**

This employer also is subject to the Americans with Disabilities Act (ADA). Consistent with the ADA, this employer’s policy is to provide reasonable accommodations to any individual with a disability who needs such an accommodation to complete the job application process or to perform the job in question. If you need such an accommodation, you may request it at any time by contacting your local HR/EEO Representative or your supervisor. Making a request for an accommodation will not subject you to any adverse treatment.

Disclosure of your status as an individual with a disability or covered veteran is voluntary. Choosing not to provide this information will not subject you to any adverse treatment. Information you submit concerning your disability will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work duties of individuals with disabilities or special disabled veterans, and regarding necessary accommodations, (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment, and (iii) Government officials engaged in enforcing the Rehabilitation Act, VEVRAA, or the Americans with Disabilities Act, may be informed. The information provided will be used only in ways that are consistent with Section 503 of the Rehabilitation Act, VEVRAA, and the ADA.

Definitions:

Disabled Veteran means (i) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (ii) a person who was discharged or released from active duty because of a service-connected disability.

Other Protected Veteran means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

Three-Year Recently Separated Veteran means a veteran during the three-year period beginning on the date of such veteran’s discharge or release from active duty in the U.S. military, ground, naval or air service.

Armed Forces Service Medal Veteran means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61Fed Reg 1209).

CDL DRIVER INFORMATION

ONLY CDL DRIVERS ARE REQUIRED TO COMPLETE THE FOLLOWING PAGES.
IF YOU DO NOT POSSESS A CDL LICENSE, PLEASE SKIP THE REMAINING PAGES.

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

COMMERCIAL LICENSE INFORMATION			
STATE			
LICENSE NO.			
TYPE / CLASS		EXPIRATION DATE	

DRIVING EXPERIENCE			
CLASS OF EQUIPMENT			
TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)			
DATES	FROM:	TO:	TOTAL NUMBER OF MILES:
DATES	FROM:	TO:	TOTAL NUMBER OF MILES:
DATES	FROM:	TO:	TOTAL NUMBER OF MILES:

ACCIDENT RECORD FOR PAST 10 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)				
ACCIDENT DATES (IF NO ACCIDENTS, WRITE "NONE" IN EACH BOX)	1)	2)	3)	4)
NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC)				
NUMBER OF FATALITIES				
NUMBER OF INJURIES				
CHEMICAL SPILLS				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)		
DATE CONVICTED (MONTH/YEAR)		
VIOLATION		
LOCATION OF VIOLATION		
PENALTY (FORFEITED BOND, COLLATEROL AND/OR POINTS)		
Have you ever been denied a license, permit or privilege to operate a motor vehicle? (circle one)	YES	NO
If yes, explain:		
Has any license, permit or privilege ever been suspended or revoked? (circle one)	YES	NO
If yes, explain:		

I certify that the information that I have provided is truthful and accurate.

Signature: _____ Date: _____

!!ATTENTION APPLICANT!!

**The ONLY item that you should complete on the next two pages is to sign and date at the bottom of PART 1.
Please leave ALL OTHER remaining parts blank!**

CDL SAFETY PERFORMANCE HISTORY RECORDS REQUEST

This information is being requested in compliance with §40.25(g) and 391.23.

PART 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) _____
First, Middle, Last _____ Social Security Number _____

Hereby authorize the following employer to release and forward the information requested by sections 2 and 3 of this document concerning my Accident History and Alcohol and Controlled Substance Testing records within the previous 3 years.

Previous Employer: _____

Street: _____

City, State, Zip: _____

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, email, or letter.

Applicant's Signature _____ Date _____

PART 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY

The applicant named above was employed by us. YES NO Employed as: _____

Dates of Employment: from (mm/dd/yyyy) _____ to (mm/dd/yyyy) _____

1. Did he/she drive motor vehicle for you? YES NO If yes, what type? Straight Truck Tractor-Semitrailer Bus Cargo Tank Doubles/Triples Other (Specify) _____

2. Reason for leaving your employ: Discharged Resignation Lay Off Military Duty Other: _____

If there is no safety performance history to report, check here , sign below and return.

ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above. Check here if there is no accident data for this driver.

Date	Location	# Injuries	# Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

Signature: _____

Title: _____ Date: _____

PART 3: TO BE COMPLETED BY PREVIOUS EMPLOYER

DRUG AND ALCOHOL HISTORY

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here , fill in the dates of employment from _____ to _____, complete bottom of Part 3, sign, and return.

Driver was subject to Department of Transportation testing requirements from _____ to _____.

- 1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration? YES NO
- 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? YES NO
- 3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up drug or alcohol test? YES NO
- 4. Has this person committed other violations of Subpart B of Part 382, or Part 40? YES NO
- 5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? YES NO If yes, please send documentation back with this form.
- 6. For a driver who successfully completed 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

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 on page 1.

Name: _____

Company: _____

Street: _____

City, State, Zip: _____ Telephone: _____

Part 3 Completed by (Signature): _____ Date: _____

PART 4a: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) Faxed to previous employer Mailed Emailed Other _____

By: _____ Date: _____

PART 4b: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when information is obtained.

Information received from: _____

Recorded by: _____ Date: _____

Method: Fax Mail Email Telephone