



100 Industrial Drive • Troy, MO 63379

(CHTI)

DRIVER'S APPLICATION FOR EMPLOYMENT

(ANSWER ALL QUESTIONS - PLEASE PRINT)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Name: _____ Today's Date: _____
Last First Middle

Social Security No.: _____

Position Applied For: _____

Phone: () _____ Alternate Phone: () _____

Current Address: _____
Street City State Zip Code

Address For Past Three Years }
Street City State Zip Code How Long? _____
Street City State Zip Code How Long? _____

Do you have the legal right to work in the United States? YES _____ NO _____

Have you ever applied at this company before? YES _____ NO _____ If Yes, When? _____
Month/Year

Have you ever worked for this company before? YES _____ NO _____ If Yes, Position _____
Dates: From _____ To _____ Reason for leaving: _____

Are you now employed? YES _____ NO _____ If NO, how long since last employed? _____
Month/Day/Year

If YES, may we contact your current employer? YES _____ NO _____

Rate of pay expected? _____ Who referred you? _____

In case of an emergency, notify: _____ Phone () _____

Do you have a current C.D.L. with Hazardous Materials endorsements? YES _____ NO _____

If hired, would you be able to perform all functions and all necessary job assignments of the job description attached for which you are applying? YES _____ NO _____

If NO, please explain: _____

Do you meet the requirements of D.O.T. Federal Motor Carrier Safety Regulations Subpart B, Part 391.11 (a) (b)? (See Attachment) YES _____ NO _____

EMPLOYMENT HISTORY

Based on Federal Motor Carriers Safety Regulations, we require driver applicants to provide the following information on all employers during the preceding 10 years, including full & part time employment. All time must be accounted for, including military service, seasonal employment and periods of unemployment. You must include all phone numbers.

(NOTE: Begin with your present or most recent job and work backwards in order. Add another sheet as necessary.)

| EMPLOYER | | | DATE | | | |
|---|-------|---------|--------------------|-----|-----------|-----|
| NAME | | | FROM MO. | YR. | TO MO. | YR. |
| ADDRESS | | | POSITION HELD | | | |
| CITY | STATE | ZIP | SALARY/WAGE | | | |
| CONTACT PERSON | | PHONE # | REASON FOR LEAVING | | | |
| (CHECK ONE) YES NO | | | | | | |
| At this job, were you subject to Federal Motor Carrier's Safety Regulations? | | | () | () | | |
| Was this job a "safety sensitive function" as defined by the DOT and subject to alcohol and drug testing as required by 49 CFR Part 40? | | | () | () | | |
| EMPLOYER | | | DATE | | | |
| NAME | | | FROM MO. | YR. | TO MO. | YR. |
| ADDRESS | | | POSITION HELD | | | |
| CITY | STATE | ZIP | SALARY/WAGE | | | |
| CONTACT PERSON | | PHONE # | REASON FOR LEAVING | | | |
| (CHECK ONE) YES NO | | | | | | |
| At this job, were you subject to Federal Motor Carrier's Safety Regulations? | | | () | () | | |
| Was this job a "safety sensitive function" as defined by the DOT and subject to alcohol and drug testing as required by 49 CFR Part 40? | | | () | () | | |
| EMPLOYER | | | DATE | | | |
| NAME | | | FROM MO. | YR. | TO MO. | YR. |
| ADDRESS | | | POSITION HELD | | | |
| CITY | STATE | ZIP | SALARY/WAGE | | | |
| CONTACT PERSON | | PHONE # | REASON FOR LEAVING | | | |
| (CHECK ONE) YES NO | | | | | | |
| At this job, were you subject to Federal Motor Carrier's Safety Regulations? | | | () | () | | |
| Was this job a "safety sensitive function" as defined by the DOT and subject to alcohol and drug testing as required by 49 CFR Part 40? | | | () | () | | |
| EMPLOYER | | | DATE | | | |
| NAME | | | FROM MO. | YR. | TO MO. | YR. |
| ADDRESS | | | POSITION HELD | | | |
| CITY | STATE | ZIP | SALARY/WAGE | | | |
| CONTACT PERSON | | PHONE # | REASON FOR LEAVING | | | |
| (CHECK ONE) YES NO | | | | | | |
| At this job, were you subject to Federal Motor Carrier's Safety Regulations? | | | () | () | | |
| Was this job a "safety sensitive function" as defined by the DOT and subject to alcohol and drug testing as required by 49 CFR Part 40? | | | () | () | | |

ACCIDENT / INCIDENT RECORD for the past 3 yrs. or more (include all Prev. & Non Prev., if none write "NONE" below).

| DATES | NATURE OF ACCIDENT | PREV OR NON-PREV? | CITATIONS ISSUED? | INJURIES OR FATALITIES? | HAZMAT SPILL? |
|-------|--------------------|-------------------|-------------------|-------------------------|---------------|
| | | | | | |
| | | | | | |
| | | | | | |

TRAFFIC CONVICTIONS and forfeitures for the past 3 yrs. other than parking violations (if none write "NONE" below).

| DATES | LOCATION | CHARGE | PENALTY OR OUTCOME |
|-------|----------|--------|--------------------|
| | | | |
| | | | |
| | | | |

DRIVER'S LICENSES HELD IN THE LAST 3 YEARS - ALL LICENSES

| DRIVER LICENSES | STATE | LICENSE NO. | TYPE | ENDORSEMENTS | 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. Does your **MVR show any DWI, DUI, BAC, C&I, or Reckless**? YES___ NO___
- D. Have you ever been **convicted of a felony**? YES___ NO___

If the answer to **any** of the above is **yes**, give full details in the space below:

DRIVING EXPERIENCE

| CLASS OF EQUIPMENT | TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.) | DATES | | APPROX. NO. OF MILES (TOTAL) |
|--------------------------|---|-------|----|------------------------------|
| | | FROM | TO | |
| STRAIGHT TRUCK | | | | |
| TRACTOR AND SEMI-TRAILER | | | | |
| TRACTOR - TWO TRAILERS | | | | |
| OTHER | | | | |

LIST STATES OPERATED IN FOR LAST FIVE YEARS: _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

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. I authorize you to make such investigations and inquiries of my personal, employment, financial and criminal background as may be necessary in arriving at an employment decision. I hereby release employers, schools and other persons from all liability in responding to inquiries and releasing information in connection with my application.

I also certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with CHTI, its subsidiaries and/or divisions, and for no other reason.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

_____ Date _____ Applicant's Signature _____

THIS SECTION OFFICE USE ONLY

PRE-EMPLOYMENT OFFER EVALUATION

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

| | SUPERIOR | GOOD | FAIR | BELOW AVERAGE | POOR | WRITTEN RECORD ON FILE |
|-----------------------------------|----------|------|------|---------------|------|------------------------|
| 1. APPLICATION | | | | | | |
| 2. INTERVIEW | | | | | | |
| 3. PAST EMPLOYMENT | | | | | | |
| 4. WRITTEN EXAM | | | | | | |
| 5. ROAD TEST | | | | | | |
| 6. CRIMINAL & TRAFFIC CONVICTIONS | | | | | | |

SIGNATURE OF INTERVIEWING OFFICER _____ DATE _____

PROCESS RECORD

DATE JOB OFFERED _____ REJECTED _____
DATE EMPLOYED _____ LOCATION EMPLOYED _____
DEPARTMENT _____ CLASSIFICATION _____
(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SPECIAL CONDITIONS OF EMPLOYMENT

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____
DISMISSED _____ VOLUNTARILY QUIT _____
OTHER _____
TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

SUBPART B - QUALIFICATION AND DISQUALIFICATION OF DRIVERS

§391.11 Qualifications of drivers.

- a) A person shall not drive a motor vehicle unless he is qualified to drive a motor vehicle. Except as provided in §391.63, a motor carrier shall not require or permit a person to drive a motor vehicle unless that person is qualified to drive a motor vehicle.
- (b) Except as provided in Subpart G of this part, a person is qualified to drive a motor vehicle if he-
 - (1) Is at least 21 years old;
 - (2) Can read and speak the English language sufficiently to converse with the general public, to understand highway traffic signs and signals in the English language, to respond to official inquiries, and to make entries on reports and records;
 - (3) Can, by reason of experience, training, or both, safely operate the type of motor vehicle he drives;
 - (4) Can, by reason of experience, training, or both, determine whether the cargo he transports (including baggage in a passenger-carrying motor vehicle) has been properly located, distributed, and secured in or on the motor vehicle he drives;
 - (5) Is familiar with methods and procedures for securing cargo in or on the motor vehicle he drives;
 - (6) Is physically qualified to drive a motor vehicle in accordance with Subpart E - Physical Qualifications and Examinations of Part 391;
 - (7) Has a currently valid commercial motor vehicle operator's license issued only from one State or jurisdiction, except whenever a State law enacted on or before June 1, 1986, requires such person to have more than one driver's license. This exception shall not be effective after December 31, 1989.
 - (8) Has prepared and furnished the motor carrier that employs him with the list of violations or the certificate as required by §391.27;
 - (9) Is not disqualified to drive a motor vehicle under the rules in §391.15;
 - (10) Has successfully completed a driver's road test and has been issued a certificate of driver's road test in accordance with §391.31, or has presented an operator's license or a certificate of road test which the motor carrier that employs him has accepted as equivalent to a road test in accordance with §391.33;
 - (11) Has taken a written examination and has been issued a certificate of written examination in accordance with §391.35, or has presented a certificate of written examination which the motor carrier that employs him has accepted as equivalent to a written examination in accordance with §391.37; and
 - (12) Has completed and furnished the motor carrier that employs him with an application for employment in accordance with §391.21.

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604 (b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

DISCLOSURE AND RELEASE

In connection with my application for employment (including contract for services) with you, I understand that consumer reports which may contain public record information may be requested from DAC Services, Tulsa, Oklahoma. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from DAC concerning previous driving record requests made by others from such state agencies, and state provided driving records.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY DAC TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to make a request to DAC, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which DAC has previously furnished within the two year period preceding my request. I hereby consent to your obtaining the above information from DAC, and I agree that such information which DAC has or obtains, and by employment history with you if I am hired, will be supplied by DAC to other companies which subscribe to DAC Services.

I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during by employment (or contract) period.

Print Name

Social Security Number

Applicant's Signature

Date

Creech Horse Transportation, Inc.

CHTI is an Equal Opportunity Affirmative Action employer and is subject to federal regulations, pertaining to employment. CHTI has a continuing non-discrimination policy, which prohibits discrimination on the basis of race, color, sex, age, religion, national origin, sexual orientation, disability or veterans status. We hire only United States citizens and aliens lawfully authorized to work in the United States.

To fulfill its legal record-keeping obligation, CHTI is required to gather certain data concerning applications for employment. Completing this form is voluntary. To assist you in designating the proper categories, the following definitions, as defined in federal regulations, are provided. **PLEASE SUBMIT THIS FORM WITH YOUR APPLICATION.**

Check (✓) those which apply to you:

- WHITE OR CAUCASIAN** (*Not of Hispanic Origin*). All people having origin in the original people of Europe, North Africa, or the Middle East.
- BLACK** (*Not Hispanic Origin*). All persons having origins in any of the black racial groups of Africa.
- HISPANIC**. All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- ASIAN OR PACIFIC ISLANDER**. All persons having origins in any of the original people of the Far East, Southeast Asia, Indian Subcontinent, or Pacific Islands, for example, China, Japan, Korea, the Philippine Islands and Samoa.
- AMERICAN INDIAN OR ALASKAN NATIVE**. All persons having origins in any of the original people of North America and who maintain cultural identification through tribal affiliation or community recognition.
- DISABILITY**. A physical or mental condition which impairs or substantially limits one or more major life activities.
- VETERAN**. *Please specify:*
 - WWII
 - Korean Conflict
 - Vietnam
 - Disabled Veteran

SEX Male Female National Origin _____

Position Applied for: _____ Date: _____

APPLICANT DRUG AND ALCOHOL STATEMENT

Sec. 40.25(j) As the employer, you must also ask the employee 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 employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past three years. If the employee admits that he or she had a positive test or refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b)(5) and (e)).

CREECH HORSE TRANSPORTATION, INC. 100 INDUSTRIAL DRIVE TROY, MISSOURI 63379

Applicant Name: _____ **SS#:** _____

The prospective employee is required by Sec. 40.25(j) to respond to the following questions.

- 1) Have you tested positive, or refused to test, any drug or alcohol test administered by an employer during the past three years?

Check One: Yes No

- 2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check One: Yes No

- 3) Have you ever, during the past three years, tested positive or refused to take, a pre-employment drug or alcohol test for an employer to which you applied for employment, but did not obtain, safety sensitive transportation work covered by DOT agency drug and alcohol testing rules?

Check One: Yes No

- 4) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check One: Yes No

Applicant Signature: _____ **Date:** _____

Company Representative Signature: _____ **Date:** _____

DRIVER/APPLICANT SAFETY PERFORMANCE HISTORY RECORDS REQUEST

This request is made by the driver/applicant in compliance with DOT regulations.

§391.23(i)(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business-days deadline will begin when the prospective employer receives the requested safety-performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her rights to review the records.

SECTION 1: COMPLETED BY THE DRIVER/APPLICANT

TO: CREECH HORSE TRANSPORTATION, INC., 100 Industrial Drive, Troy, MO. 63379

FROM: Driver/Applicant: _____ SS# or ID: _____

Street: _____

City, State, Zip: _____ Ph: _____

I am submitting this written request to obtain copies of my Department of Transportation Safety Performance History for the preceding three years. I understand, for records requests to a prospective employer, that I must arrange to pick up or receive the requested records within thirty (30) days of the records being made available, or I have waived my request to review the records.

This information should be: () Sent to me at the above address.

() I will arrange to pick up.

Driver/Applicant: _____ Date: _____ / _____ / _____
Month Day Year

SECTION 2: COMPLETED BY THE PROSPECTIVE EMPLOYER

The information must be provided to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business-days deadline will begin when the prospective employer receives the requested safety performance history information.

Information Supplied to:

Name: _____ Comments: _____

Street: _____

City, State, Zip: _____

By: _____ Release Date: _____ / _____ / _____

Signature of person providing information Telephone # MO DAY YR

**CREECH HORSE TRANSPORTATION, INC.
REQUEST/CONSENT FOR INFORMATION FROM PREVIOUS EMPLOYERS and
DUE PROCESS RIGHTS STATEMENT**

(Print Name)

First Name

M.I.

Last Name

Social Security No.

TO BE READ AND SIGNED BY APPLICANT

I authorize you 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 interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding my current and/or previous employers may be used, and those employers(s) will be contacted, for the purpose of investigating my safety performance history as required by 40 CFR 391.23 (d) and (e). I understand that I have a right to:

- Review information provided by 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 employers;
- 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.

Applicant Signature _____ Date _____

PREVIOUS EMPLOYER ALCOHOL AND DRUG TESTING INFORMATION

SECTION 1: TO BE COMPLETED BY APPLICANT

I, (PRINT NAME) _____ hereby authorize: _____ (SOCIAL SECURITY #) _____

PREVIOUS EMPLOYER: _____ EMAIL: _____

STREET ADDRESS _____ TELEPHONE: _____

CITY, STATE, ZIP _____ FAX NO: _____

to release and forward the information requested in section 2 below of this document concerning my Alcohol and Controlled Substances Testing records for the past three years to:

CREECH HORSE TRANSPORTATION, INC., 100 INDUSTRIAL DRIVE, TROY, MO 63379
TELEPHONE: (636) 528-7900 FAX: (636) 528-4531

In compliance with 40.24 (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.

Prospective employer's confidential email: _____

Prospective employer's confidential fax: _____

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

If your driver was NOT subject to DOT testing requirements while employed, please check here () fill in the dates of employment from _____ to _____ sign below and return.

- | | YES | NO |
|--|-----|-----|
| 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? | () | () |
| 2. Has this person tested positive or adulterated or substituted a test specimen? | () | () |
| 3. Has this person refused to submit to a post accident, random, reasonable suspicion, for follow up alcohol or controlled substances test? | () | () |
| 4. Has this person committed other violations of Subpart B of Part 382 or Part 40? | () | () |
| 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? If yes, please send documentation with this form. | () | () |
| 6. For a driver who has successfully completed a SAP's rehabilitation and referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or higher, a verified positive drug test, or refuse to be tested? | () | () |

Print Name _____ Signature _____ Date _____

Company _____ Telephone _____

SECTION 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was () faxed to previous employer () mailed () Emailed on _____ date.

Information was received from _____ on _____ by () fax () mail () Email

Recorded by: _____

**CREECH HORSE TRANSPORTATION, INC.
REQUEST/CONSENT FOR INFORMATION FROM PREVIOUS EMPLOYERS ON
CONTROLLED SUBSTANCES AND ALCOHOL TESTING**

(Print Name)

First Name

M.I.

Last Name

Social Security No.

In connection with my application for employment with Creech Horse Transportation, Inc., I understand that investigative reports will be made that will include information as to my character, work habits, performance and experience, along with reasons of termination of past employment from previous employers. Further, I understand that you will be requesting information concerning (1) previous driving record made by others from such state agencies; (2) state provided records; (3) claims involving me in the files of insurance companies.

I hereby authorize former employers to release to Creech Horse Transportation, Inc. any controlled substances test results: alcohol test of .04 or greater, evidence of refusals to be tested; and information on any required substance abuse professions evaluation, determination of driver's need for assistance, and driver's compliance with these recommendations for the two years preceding today's date. I request that such records be released to Creech Horse Transportation, Inc. immediately. This authorization is valid until withdrawn by me in writing. I authorize you to release and forward information concerning my Controlled Substance and Alcohol Test records in accordance with FMCSR 382.413, 382.405, 391.23 and part 40.25.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY CONTACTED BY CREECH HORSE TRANSPORTATION, INC. TO FURNISH THE ABOVE MENTIONED INFORMATION.

Applicant
Signature: _____

Today's
Date: _____

**Creech Horse Transportation, Inc.
Attn: Lora Kammeier
100 Industrial Drive
Troy, MO 63379
Telephone No. 636-528-7900
Fax No. 636-528-4531**



VERIFICATION of EMPLOYMENT

The applicant named below has applied for a position as a driver with CHTI, as an over-the-road driver. Pursuant to FMCSR Part 391, please respond to this inquiry being as factual and accurate as possible. Applicant's written authorization giving CHTI, permission to obtain this information is included. For additional information or to respond verbally, please call our Safety or Recruiting Dept. at (800) 727-2868. Thank you for your cooperation.

Applicant's Name: _____ **Date of Birth:** _____ **SS#:** _____
Employer's Name: _____

This Employee lists dates of employment from _____ to _____. Is this correct? () Yes () No
If no, please explain: _____

Position: _____ Eligible for rehire? () Yes () No
If no, please explain: _____

Reason for leaving? () Resigned () Discharged () Other _____

Work Record () Satisfactory () Late Pickup/Delivery () Policy Violation () Quit under Dispatch
() Abandoned Truck () Customer Complaints () Unsatisfactory Safety Record () No Show

What kind of work did he/she do? () Driver () Dock () Shop () Office () Other _____

Type of Vehicle: () Tractor Trailer () Straight Truck () Other Equipment _____

Type of Trailers: () Dry Van () Refrigerated () Flatbed () Tank () Other _____

Commodities Pulled: () Refrigerated () Dry () Other _____

Areas Operated in? () 48 States () Regional () Local () Other _____

To your knowledge, was this person's license revoked while in your employ? () Yes () No

Please give details of all accidents/incidents in the space provided below, starting with the most recent.

1. Date ____/____/____ City _____ State _____ DOT? () Yes () No
Injuries/Fatalities? () Yes () No Hazmat Spill? () Yes () No
Description _____

2. Date ____/____/____ City _____ State _____ DOT? () Yes () No
Injuries/Fatalities? () Yes () No Hazmat Spill? () Yes () No
Description _____

3. Date ____/____/____ City _____ State _____ DOT? () Yes () No
Injuries/Fatalities? () Yes () No Hazmat Spill? () Yes () No
Description _____

Remarks: _____

WAIVER

Former Employer Signature Date

I hereby authorize you to release all information concerning my employment including oral assessments of my job performance, ability, and fitness, to each and every company (or their authorized agents) to CHTI, for the purpose of investigation as required by Section 391.23 of the FMCSA. I hereby release you from any and all liability of any type as a result of providing the above-mentioned information to the above person and company.

Applicant Signature Date

