



Dedicated Freight Transportation Company

Driver's Name: _____ Date: _____

Type of trailer you want to pull: _____

Office &/or dispatcher that you talked to: _____

How did you hear about us? _____

Please fill out completely and legibly or the application will not be able to be processed. Thank you.

Spud's One Stop is committed to hiring only the best and most qualified available drivers. To that end, we have established the following Driver Qualification and Screening Policy. The goal of the policy is threefold: to meet or exceed Federal Motor Carrier Safety Regulations; maintain a positive CSA carrier profile; and hire and retain experienced, safe, professional drivers.

Minimum Qualification Standards

Age/Experience: All driver applicants are to be a minimum of 23 years of age, and have a minimum of 3 years verifiable driving experience.

Accident Experience: Only those driver applicants with no more than one chargeable or preventable motor vehicle accidents within the past 5 years will be considered.

Violation History: Only those driver applicants with two or fewer violations of motor vehicle laws (other than violations involving parking only) within the past 3 years will be considered.

Disqualifying Offenses: Driver applicants will not be considered if convicted of any offense involving the operation of a motor vehicle while impaired by alcohol in the last five years. Driver applicants will not be considered if convicted of any careless or reckless driving of a motor vehicle offense. Driver applicants who have been convicted of a criminal offense involving a commercial vehicle, including operating while under the influence of a controlled substance, or a felony involving the use of a commercial motor vehicle will not be considered.

Only those drivers with an acceptable Pre-Employment Screening Program (PSP) history will be considered. Information provided from the PSP includes data on individual driver roadside/scale inspection results, DOT recordable accident history and reasons for probable cause traffic stops.

Application for Qualification

Instructions to Applicants:

- *The purpose of this application is to determine whether or not the applicant is qualified to operate Motor Carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and Spud's One Stop Inc.*
 - *Please answer all questions. If the answer to any question is "No" or "None", please write that in, do not leave it blank. Spud's One Stop Inc. does not discriminate because of age, sex, or race.*
-

Name: _____ Date: _____

Check One: Owner/Operator Driver for Lessor Email: _____

Date of Birth: _____ Social Security Number: _____

Phone: () _____ Cell Phone: () _____

Current Address: (Submit residences for previous three years)

Street: _____ City: _____ State: _____ Zip: _____ Years Lived: _____

Start Date of Residency: _____ Month: _____ Year: _____

Street: _____ City: _____ State: _____ Zip: _____ Years Lived: _____

Start Date of Residency: _____ Month: _____ Year: _____

Street: _____ City: _____ State: _____ Zip: _____ Years Lived: _____

Start Date of Residency: _____ Month: _____ Year: _____

In Case of Emergency Contact:

Name: _____ Phone Number: () _____

Personal References:

Name: _____ Phone Number: () _____

Name: _____ Phone Number: () _____

Name: _____ Phone Number: () _____

Employment History

Give a complete record of all employment for the past ten years, if applicable, explaining any gaps such as any unemployment or self-employment. Each driver-applicant has the right to review and correct previous employer information.

Employer	Month & Year Date	
Name:	From	To
Address:	Position Held	
City, State & Zip:	Salary / Wage	
Contact Person:	Reason for Leaving	
Were you subject to the FMCSR's while employed there?	Yes	No
Was your job designated as a safety-sensitive function subject to alcohol and controlled substance testing?	Yes	No

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Address:	Position Held	
City, State & Zip:	Salary / Wage	
Contact Person:	Reason for Leaving	
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Employment History Continued

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City, State & Zip:	Salary / Wage	
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Were you subject to the FMCSR's while employed there?	Yes	No
Was your job designated as a safety-sensitive function subject to alcohol and controlled substance testing?	Yes	No

Driver Experience

Class of Equipment	Dates		Approximate Number of Miles
	From	To	
Straight Truck			
Tractor and Semi - Trailer			
Tractor – Two Trailers			
Other			

List states operated in for the last 5 years: _____

Have you participated in a driving school? _____ If so, which one? _____

Have you ever been convicted of a felony? _____ If so, please explain. _____

Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____

Has any license, permit or privilege ever been suspended or revoked? _____

If the answer to either is yes, please give details. _____

Accident Record for the past three years:

Dates	Nature of Accident	# of Fatalities	# of People Injured

Traffic Convictions and Forfeitures for the last three years: (other than parking violations)

Locations	Date	Charge	Penalty

Driver's License: (List each license held in the past three years)

State	License #	Endorsements	Expiration

To Be Read and Signed by Applicant

It is agreed and understood that any misrepresentation given herein shall be considered an act of dishonesty.

It is agreed and understood that the motor carrier of his agents may investigate the applicant's background to ascertain any and all information of concern to applicants record, whether same is of record or not, and applicant releases employers and persons named herein from all liabilities for any damages on account of his furnishing such information.

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

It is agreed and understood that if qualified, the driver may be on a probationary period during which time he may be disqualified without recourse.

This certifies that I completed the application, and that all entries on it and information contained herein is true and complete to the best of my knowledge.

Driver's rights pertaining to release of driver information under regulation 391.23

Drivers have the following rights:

- 1.) The right to review information provided by previous employers
- 2.) The right to have errors in the information corrected by the previous employer and for that previously employer to resend the corrected information to the prospective employer.
- 3.) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Drivers who wish to review previous employer-provided investigative information must submit a written request to the prospective employer when applying or as late as 30 days after employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within 5 business days of receiving the written request. If the driver has not arranged the pickup or receiver the requested records within 30 days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Drivers wishing to request correction of erroneous information in records must send the request for the correction to the previous employer that provided the records. The previous employer must either correct and forward the information to the prospective motor carrier employer or notify the driver within 15 days of receiving the driver's request to correct the data that it does not agree to correct the data. Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instruction to include the rebuttal in the driver's safety performance history.

Date

Applicant's Signature

Pre-Employment Urinalysis Consent Form

I understand that as required by the Federal Motor Carrier Safety Regulations, Title 49 United States Code of Federal Regulations, Section 382.301, and company policy, all prospective drivers must submit to a controlled substances test.

A urine sample will be collected and tested for controlled substances.

I also understand that if I test positive for use of controlled substances, I am not medically qualified to operate a commercial motor vehicle.

The results of the drug test will be maintained by the Medical Review Officer for the company who will report whether the test results were negative or positive, and if positive, the identity of the controlled substance for which the test was positive. The results will not be released to any additional parties without my written authorization.

I hereby agree to submit to a drug screen urinalysis.

Print Applicant's Name

Date

Applicant's Signature

Violation and Review Record

Driver's Name _____

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

Date	Offense	Location	Type of Vehicle

If **NO** violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violations required to be listed during the past 12 months.

Date of Certification

Driver's Signature

Reviewed by: (Signature)
Spud's One Stop Inc.

Title

Annual Review of Driving Record

I have hereby reviewed the driving record of the above named driver in accordance with section 391.25 and find that he/she: (check one)

Date	Name of Person Reviewing	Meets minimum requirements for safe driving	Is qualified to drive a motor vehicle pursuant to section 391.15

Request for Information from Previous Employer

To: _____ From: _____

Attn: _____

The person named below has applied to this company for employment. Your firm is listed by the applicant as a past employer. Kindly reply to this inquiry respecting this applicant. As you will note from the waiver stated below, the applicant has waived any claim against your company (and its agents) for information submitted in response to this inquiry. Please fax or send back a copy of this form.

Name of Applicant: _____ Social Security Number: _____

- 1) This applicant list employment with your firm: ____ to ____ If not correct please list dates:
From ____ to ____
- 2) If employed as a driver: Type of equipment _____ Company Driver _____
Owner/Operator _____ Other _____
- 3) Dates and nature of accidents which he/she was involved: _____

- 4) To your knowledge, was this person's license suspended while in your employment? If so, please explain: _____
- 5) Did the driver have problems with logs? Yes ___ No ___ Out of service violations? Yes ___ No ___
- 6) Did the driver have a problem with late deliveries? Yes ___ No ___
- 7) Did the driver take good care of his equipment? _____
- 8) Why did this employee leave your company? Resigned ___ Laid Off ___ Other _____
- 9) Would you re-employ this person? ___ Please Explain: _____
- 10) Remarks: _____

By: _____ Date: _____

(Signature of person supplying information)

I hereby authorize you to release all information concerning my employment and alcohol and controlled substances testing, including oral assessments of my job performance ability and fitness, to each and every company (or their authorized agents) which my 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

Date

Information Request for Drug and Alcohol Testing

The Federal Regulations concerning information verification of individuals who are applying for positions which require certification under 49CFR, Part 382, require that each previous employer / controlling carrier provide information regarding the individual's prior participation in substance abuse and alcohol testing programs as described in 49CFR. These guidelines may be found in 49CFR, part 382.405(b), 382.413. The regulations require that we obtain this information within 14 days of the use of this individual in a safety sensitive position. Information obtained under these guidelines will be maintained in confidence.

Date: _____

I hereby authorize _____ to release and forward all information in my file regarding my participation and subsequent results of alcohol and controlled substances testing performed pursuant to 49CFR, part 382.405 to Spud's One Stop Inc.

Signed: _____ Print Name: _____ SS#: _____

Driver- Do Not Complete Below This Line

Previous Employer / Carrier Information

Please complete each of the following questions regarding any alcohol substances abuse tests conducted on the above captioned individual. If the driver was not subject to part 382 testing requirements, please check here , sign below, and return.

- 1) Has this individual tested positive for a controlled substance under 49CFR, Part 382, in the last three years? Yes No
- 2) Has this individual been subject to an alcohol test under 49CFR, Part 382 which resulted in a BAC of .04% or greater, in the last three years? Yes No
- 3) Has this individual ever refused a test for alcohol / controlled substance (including verified adulterated or substituted drug test results) required under 49CFR, Part 382, in the last 3 years? Yes No
- 4) Has this individual violated other DOT agency drug and alcohol testing regulations? Yes No

If you have answered YES to any of the above questions, please provide documentation of the individual's successful completion of the DOT Return-To-Duty requirements (including follow-up tests)

*Please include information received from other previous employers.

If the answer to any of the above questions is YES, please complete the following information regarding the SAP (Substance Abuse Professional) who consulted with the individual for additional information:

SAP Name	Address	City, State, Zip	Phone
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Completed By : _____ Title: _____ Print Name: _____



General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse

I, _____ (Driver Name), hereby provide consent to Spuds One Stop Inc. ("Company"), through its C/TPA HireRight, LLC, to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (the "Clearinghouse") to determine whether drug or alcohol violation information about me exists in the Clearinghouse. If Company hires me, Company may conduct unlimited additional limited queries of the Clearinghouse for the duration of my employment.

I understand that if the limited query conducted by Company indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Company without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for Company to conduct a limited query of the Clearinghouse, Company must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Driver Signature

Date



**TRUCKING INDUSTRY:
DOT D/A Disclosure and Authorization**

Send to Fax# (800) 257-8069

HireRight Customer:	
Company Name:	<u>Spuds One Stop Inc</u>
Company Contact Name:	<u>Jenny</u>
Fax #:	(<u>320</u>) <u>598</u> - <u>7610</u>
HireRight Account Code:	<u>SPUD</u>

**PART I – DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR
EMPLOYMENT PURPOSES – 49 CFR PART 391.23, DOT DRUG AND ALCOHOL
TESTING**

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to HireRight for the purpose of HireRight transmitting such records to the HireRight customer listed above. I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous **three (3) years**: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/ or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes HireRight with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to HireRight, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous **three (3) years**; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous **three (3) years**.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous **three (3) years**. If necessary, attach additional pages, including the date, your name, social security number and signature.

Previous DOT-Regulated Employer Number	City	State	Phone
_____	_____	_____ (_____) _____	_____ - _____
_____	_____	_____ (_____) _____	_____ - _____
_____	_____	_____ (_____) _____	_____ - _____
_____	_____	_____ (_____) _____	_____ - _____
_____	_____	_____ (_____) _____	_____ - _____

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I disclosure and authorization for release as well as the attached FMCSA Notification of Driver Rights and any applicable state law notices; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original.

Print Applicant Name: _____ Social Security #: _____
Applicant Signature: _____ Date: _____

3DUWFMCSA Notification of Driver Rights

In compliance with 49 CFR Part 40 §391.23 you have certain rights regarding the safety performance history information that will be provided to prospective employers. I) You have the right to review information provided by previous employers. II) You have the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to prospective employers. III) You have the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information. (2) Drivers who have previous DOT regulated employment history in the preceding three years and wish to review previous employer-provided investigative information must submit a written request to prospective employers. This may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. Prospective employers must provide this information within five business days of receiving the written request. If prospective employers have not yet received the requested information from the previous employer, then the five day deadline will begin when the requested safety performance history information is received. If you have not arranged to pick up or receive the requested records within 30 days of prospective employers making them available, the prospective employers may consider you to have waived your request to review the record.

**DISCLOSURE AND AUTHORIZATION REGARDING BACKGROUND INVESTIGATION FOR EMPLOYMENT
PURPOSES**

Disclosure

Spud's One Stop Inc. may request from a consumer reporting agency and for employment-related purposes, a "consumer report(s)" (commonly known as "background reports") containing background information about you in connection with your employment, or application for employment, or engagement for services (including independent contractor or volunteer assignments, as applicable).

HireRight, LLC ("HireRight") will prepare or assemble the background reports for the Company. HireRight is located and can be contacted at 3349 Michelson Drive, Suite 150, Irvine, CA 92612, (800) 400-2761, www.hireright.com.

The background report(s) may contain information concerning your character, general reputation, personal characteristics, mode of living, or credit standing. The types of background information that may be obtained include, but are not limited to: criminal history; litigation history; motor vehicle record and accident history; social security number verification; address and alias history; credit history; verification of your education, employment and earnings history; professional licensing, credential and certification checks; drug/alcohol testing results and history; military service; and other information.

Authorization

I hereby authorize Company to obtain the consumer reports described above about me.

Applicant Name _____

Applicant Signature _____

Date _____