



**EMPLOYMENT RECORD FOR PAST TEN (10) YEARS LISTING ALL EMPLOYERS**

**Begin with your present job or most recent job & work backwards. Keep dates in order. Last three years must be accounted for.**

**Current or Most Recent Employer:** \_\_\_\_\_ **Supervisor's Name:** \_\_\_\_\_

Were you subject to Federal Motor Carrier Safety Regulations?  Yes  No  
Were you subject to DOT regulated drug & alcohol testing?  Yes  No

Address: \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_ Date From \_\_\_\_\_ to \_\_\_\_\_

Position Held: \_\_\_\_\_ Reason For Leaving? \_\_\_\_\_ # of Accidents: \_\_\_\_\_ # of States driven in: \_\_\_\_\_

**Second from Current Employer:** \_\_\_\_\_ **Supervisor's Name:** \_\_\_\_\_

Were you subject to Federal Motor Carrier Safety Regulations?  Yes  No  
Were you subject to DOT regulated drug & alcohol testing?  Yes  No

Address: \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_ Date From \_\_\_\_\_ to \_\_\_\_\_

Position Held: \_\_\_\_\_ Reason For Leaving? \_\_\_\_\_ # of Accidents: \_\_\_\_\_ # of States driven in: \_\_\_\_\_

**Third from Current Employer:** \_\_\_\_\_ **Supervisor's Name:** \_\_\_\_\_

Were you subject to Federal Motor Carrier Safety Regulations?  Yes  No  
Were you subject to DOT regulated drug & alcohol testing?  Yes  No

Address: \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_ Date From \_\_\_\_\_ to \_\_\_\_\_

Position Held: \_\_\_\_\_ Reason For Leaving? \_\_\_\_\_ # of Accidents: \_\_\_\_\_ # of States driven in: \_\_\_\_\_

**Forth from Current Employer:** \_\_\_\_\_ **Supervisor's Name:** \_\_\_\_\_

Were you subject to Federal Motor Carrier Safety Regulations?  Yes  No  
Were you subject to DOT regulated drug & alcohol testing?  Yes  No

Address: \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_ Date From \_\_\_\_\_ to \_\_\_\_\_

Position Held: \_\_\_\_\_ Reason For Leaving? \_\_\_\_\_ # of Accidents: \_\_\_\_\_ # of States driven in: \_\_\_\_\_

**Fifth from Current Employer:** \_\_\_\_\_ **Supervisor's Name:** \_\_\_\_\_

Were you subject to Federal Motor Carrier Safety Regulations?  Yes  No  
Were you subject to DOT regulated drug & alcohol testing?  Yes  No

Address: \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_ Date From \_\_\_\_\_ to \_\_\_\_\_

Position Held: \_\_\_\_\_ Reason For Leaving? \_\_\_\_\_ # of Accidents: \_\_\_\_\_ # of States driven in: \_\_\_\_\_

**Sixth from Current Employer:** \_\_\_\_\_ **Supervisor's Name:** \_\_\_\_\_

Were you subject to Federal Motor Carrier Safety Regulations?  Yes  No  
Were you subject to DOT regulated drug & alcohol testing?  Yes  No

Address: \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_ Date From \_\_\_\_\_ to \_\_\_\_\_

Position Held: \_\_\_\_\_ Reason For Leaving? \_\_\_\_\_ # of Accidents: \_\_\_\_\_ # of States driven in: \_\_\_\_\_

**10-year history must be COMPLETE, if unemployed for any period of time - state unemployed.  
Phone Numbers MUST be listed for Application to be processed.**

**Copy this page if more room is needed.**





**INQUIRY TO PREVIOUS EMPLOYER**  
**Release & Documentation of Testing Information by Previous Employer**  
**Safety Performance History Investigation**

§382.413 §40.25 §391.23

FMCSR §391.23(c)(3) & §386.12 – ALL failure to respond to this inquiry is recorded & reported.

**Section I: To be signed by the applicant, completed by the previous employer, & transmitted to the company**

**Driver's Name:** \_\_\_\_\_ **Driver's SS #** \_\_\_\_\_  
 \_\_\_\_\_ PRINT \_\_\_\_\_

I hereby authorized my current & previous employers to furnish any & all information requested for previous employer verification to the employer listed, represented by **Thompson DOT Safety & Compliance**. This includes all information relating to every accident on my record & all information concerning my employment & pre-employment, alcohol & controlled substance testing records in accordance with 49 CFR Part 391.23, 382.413 & 40.25.

x \_\_\_\_\_ / / \_\_\_\_\_  
**Driver's Signature** **Date**

Previous Employer: \_\_\_\_\_ Representative: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

*Carrier Name: Erwin-Keith Transportation LLC. Company Representative: Thompson DOT Safety & Compliance*  
*Address: 1315 Highway 193 Wynne, AR 72396 Phone # 501-380-6651 Fax # (501)-380-6652 TSC Safety*

**Section II: To be completed by the previous employer and transmitted to the new employer.**

Position Held: \_\_\_\_\_ Period of Employment-From: \_\_\_\_\_ To: \_\_\_\_\_, From: \_\_\_\_\_ To: \_\_\_\_\_  
 Type of equipment driven:  Tractor Trailer  other  
 Reason for leaving your employment:  Laid off  Resigned  Discharged: \_\_\_\_\_  
 Would he/she be eligible for rehire?  Yes  No If "No", please explain: \_\_\_\_\_

**List all accidents in the last 3-years prior to the applicant's signature:**

Date of accident	City or town	State	# of injuries	# of fatalities	H/M released

**For DOT-regulated testing:**

1. Did the employee have an alcohol test with a result of 0.04 or higher?  Yes  No
2. Did the employee have a verified positive drug test?  Yes  No
3. Did the employee refuse to be tested?  Yes  No
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations?  Yes  No
5. If "yes" to any of the above items, did the employee complete the return-to-duty process?  N/A  Yes  No
6. Did a previous employer report a drug and alcohol rule violation to you?  Yes  No

*Note: Previous employer, if you answered "YES" to any item for DOT regulated testing, you must also transmit a copy(s) of the appropriate documentation (e.g., CCFs, MRO results report, BSTFs, SAP reports, follow-up testing) record to the new employer.*  
 **No regulated history available for driver named in Section I.**

**Name & Signature of person providing information:** \_\_\_\_\_ **Title:** \_\_\_\_\_

Please return this page via fax to: (501)-380-6652  
 Thank you for your immediate attention.

**Phone** ( ) \_\_\_\_\_ **Date:** \_\_\_\_\_



SAFETY AND COMPLIANCE

U.S. Department of Transportation  
Motor Carrier Safety Regulations

**CERTIFICATION of VIOLATIONS**  
§391.27

**Name** (Last, PRINT First, MI) **(Social Security #)**

I. **CERTIFICATE of VIOLATIONS.** I certify that the following is a true & complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past twelve months.

<b>Date</b>	<b>Offense</b>	<b>Location</b>	<b>Type of Vehicle Operated</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no violations are listed above, I certify I have not been convicted or forfeited bond or collateral as a result of any violation required to be listed during the past twelve months.

**Drivers License No.:** \_\_\_\_\_ **ST** \_\_\_\_\_ **Expiration Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
\_\_\_\_/\_\_\_\_/\_\_\_\_ *x* \_\_\_\_\_  
**Date of Certification** **Driver's Signature**

U.S. Department of Transportation  
Motor Carrier Safety Regulations

**Annual Review of Driving Record**  
§391.25

II. **ANNUAL REVIEW & Evaluation of Driver's Record**

In accordance with §391.25, Motor Carrier Safety Regulations, all information pertinent to the above driver's safety of operations, including the list of violations furnished by him in accordance with §391.25 has been reviewed for the past twelve months.

- The driver meets the minimum requirements for safe driving
- The driver is disqualified to drive a motor vehicle pursuant to 391.25

Action Taken (if any): \_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of Review

\_\_\_\_\_  
Reviewed by: *Signature & Title* - Safety



SAFETY AND COMPLIANCE

U.S. Department of Transportation  
Motor Carrier Safety Program

**Inquiry to State Agency for Driver's Record**  
§391.23

I, \_\_\_\_\_  
(Driver's Name) Print

\_\_\_\_\_/\_\_\_\_\_  
(Driver's Operators License # / State)

\_\_\_\_\_  
(Driver's Social Sec. #)

x \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Driver's Signature) Date

Do Hereby Authorize the Office of Driver Services to release my Driving Record to:

**Erwin- Keith Transportation LLC.**  
1315 Highway 193  
Wynne, AR 72396

**Thompson DOT SAFETY & COMPLIANCE**  
1501 Eastline Rd.  
Searcy, AR 72143

Dear Sir or Madam:

The above listed individual has made an application with us as a driver. Applicant has indicated that the listed numbered operator's license or permit has been issued by your State to the applicant and that it is in good standing.

In accordance with §391.23(a)(1) and (b) of the Federal Motor Carrier Safety Regulations, we are required to make inquiry into the driving record during the preceding 3 years of every State in which an applicant-driver has held a motor vehicle operator's license or permit during those 3 years.

Therefore, please certify to us what the individual's driving record is for the preceding 3 years, or certify that no record exists if that were the case.

In the event that this inquiry does not satisfy your requirements for making such inquiries, please send us such forms of yours as are necessary for us to complete our inquiry into the driving record of this individual.

Respectfully Yours,

\_\_\_\_\_  
(Signature of individual making inquiry)

\_\_\_\_\_  
(Print) Name of person making inquiry

\_\_\_\_\_  
Title of person making inquiry



SAFETY AND COMPLIANCE

# Motor Vehicle Driver's Certificate of Compliance With Driver License Requirements

**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 & 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. The only exception is if a state requires you to have more than one license. This exception is allowed until 1/1/90.

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 state 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.

2. §392.42 & §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 drivers' license. In addition, §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 understood the above requirements.

The following license is the only one I will possess:

**Driver's License No:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Exp. Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

x \_\_\_\_\_  
**Drivers Signature**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Date**



SAFETY AND COMPLIANCE

# PRE-EMPLOYMENT URINALYSIS NOTIFICATION

The Federal Motor Carrier Safety Regulations §382.301 pre-employment testing requirements, apply to driver-applicants of this company.

## §382.301 - Pre-employment testing requirements

- (a) A motor carrier shall require a driver-applicant who the motor carrier intends to hire or use to be tested for the use of controlled substances as a pre-qualification condition.
- (b) A driver-applicant shall submit to controlled substance testing as a pre-qualification condition.
- (c) Prior to collection of urine sample under §382.601 of this subpart. A driver applicant shall be notified that the sample will be tested for the presence of controlled substance.

As a condition of my employment, I agree to the urine sample collection and controlled substance testing.

I understand a positive test for controlled substance based on the Urinalysis Test will medically disqualify me from the operation of a commercial motor vehicle for this company.

The Medical Review Officer will maintain the results of the Urinalysis Test. Negative and positive test results will be reported to the company.

My written authorization is required for the Urinalysis Test results to be given to other parties.

I have read and understand the above conditions for the Pre-employment Urinalysis Notification.

\_\_\_\_\_  
**Driver's Name (PRINT)**

X \_\_\_\_\_  
**Driver's Signature**

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
**Date**







## Drug & Alcohol Testing Program Consent Form

I hereby release this company, its officers, agents, employees and attorneys from any and all liability that may in any way arise from, or in any way be connected with the company's drug and alcohol testing program, disciplinary program, or allowing me to continue to work with the company. I specifically waive any rights of action under any theory of the law and the like, including, specifically, but not limited to, theories of negligent, and/or intentional infliction of emotional distress, negligence, invasion of privacy, wrongful discharge, defamation, slander, or any like or similar theory.

By my signature below I acknowledge that I have read, understand and agree to comply with the drug and alcohol testing program of, this company as well as the U.S. Department of Transportation regulations as contained in 49 CFR Part 382.

I also understand that it is a condition of being considered for employment, of continued employment by the company that I agree to abide by the company policy. By my signature I consent to urine and/or breathe testing for controlled substances and/or alcohol prior to and at any time during my employment when requested by my employer on a random or event triggered basis. I hereby specifically authorize the company to have all and immediate access to any and all of my urine and/or breath custody and control forms and the results thereof.

I understand and agree that I may not be under any degree of influence of alcohol or controlled substance at any time during my employment. Should any level of alcohol or controlled substance be detected in any of my breath or urine at any time while employed, the company shall have grounds for immediate termination of my employment. This authorization specifically covers any random, or event triggered testing as may be required by U.S. Department of Transportation regulations or company policy.

Any positive test results or refusal to submit to any type of test shall constitute my automatic resignation from this company.

\_\_\_\_\_  
**Driver - Print Name**

X \_\_\_\_\_  
**Driver's Signature**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**Date**