



R.B. BAKER CONSTRUCTION
We Move The Earth!



Address _____

478-474-9092/478-474-9192 fax

Truck Driver Application for Employment

In compliance with Federal and State equal opportunity laws, qualified applicants are considered for all positions without regard to race, religion, sex, national origin, age, marital status, or non-job related disability. Please answer ALL questions. Do not leave any item blank. Use "No", "N/A" or "None" if applicable.

Date of Application (MM/DD/YYYY) _____ / _____ / _____

Last Name _____ First Name _____ Middle _____

SSN _____ - _____ - _____ Date of Birth (MM/DD/YYYY) _____ / _____ / _____

CDL Driver's License # _____ State _____ Expiration Date _____

Medical Exam: Date of Issue _____ / _____ / _____ Expiration Date _____ / _____ / _____

List current address and all addresses at which you have resided during the past 10 years:

Current Address _____ City _____ State _____ ZIP _____ From _____ / _____ to _____ / _____

Address _____ City _____ State _____ ZIP _____ From _____ / _____ to _____ / _____

Address _____ City _____ State _____ ZIP _____ From _____ / _____ to _____ / _____

Address _____ City _____ State _____ ZIP _____ From _____ / _____ to _____ / _____

Home Phone # (_____) _____ - _____ Cell Phone # (_____) _____ - _____

Emergency Contact Name _____ Phone # (_____) _____ - _____

Truck Driving Position Applying for: Part Time _____ Full Time _____

How did you hear about us? _____

Have you worked for Reeves Construction or its subsidiaries before? _____

What Position? _____

If Yes, please provide the dates of previous employment: From _____ To _____

Education

High School Attended _____ City _____ State _____ Graduated? YES NO

College/Trade School Attended _____ City _____ State _____ Graduated? YES NO

Driving School Attended _____ City _____ State _____ Completion Date _____

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

Have you ever been convicted of/or have a pending DWI/DUI? _____ If yes, when? _____

Are you authorized to work in the United States? _____

Employment Record

Please start with the most recent employer.

In accordance with FMCSR 391.21 & .23, an applicant must list all previous work experience for the three (3) years prior to the date of the application shown on page one, as well as all commercial driving experience for the seven (7) year period prior to those three years, for a **total of 10 years**. Include your job description, date of employment, reason for leaving and whether you were subject to FMCSA & U.S. DOT alcohol and controlled substance testing requirements for each job listed. Please start with the most recent employer. Include self-employment or time leased to another carrier. Use an additional sheet if needed. Any gaps in employment (including unemployment or retirement) must be explained.



Employer _____ From _____ to _____

Address _____ City _____ State _____ ZIP _____

Telephone Number _____ Fax Number _____

Equipment Operated: _____ Materials Hauled: _____

Position Held _____ Reason for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed? YES NO

Were you subject to the US DOT alcohol and controlled substances testing requirements? YES NO

Account for period between jobs – include dates (MM/YYYY) and reason: _____



Employer _____ From _____ to _____

Address _____ City _____ State _____ ZIP _____

Telephone Number _____ Fax Number _____

Equipment Operated: _____ Materials Hauled: _____

Position Held _____ Reason for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed? YES NO

Were you subject to the US DOT alcohol and controlled substances testing requirements? YES NO

Account for period between jobs – include dates (MM/YYYY) and reason: _____



Employment Record Continued

Employer _____ From _____ to _____

Address _____ City _____ State _____ ZIP _____

Telephone Number _____ Fax Number _____

Equipment Operated: _____ Materials Hauled: _____

Position Held _____ Reason for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed? YES NO

Were you subject to the US DOT alcohol and controlled substances testing requirements? YES NO

Account for period between jobs – include dates (MM/YYYY) and reason: _____



Employer _____ From _____ to _____

Address _____ City _____ State _____ ZIP _____

Telephone Number _____ Fax Number _____

Equipment Operated: _____ Materials Hauled: _____

Position Held _____ Reason for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed? YES NO

Were you subject to the US DOT alcohol and controlled substances testing requirements? YES NO

Account for period between jobs – include dates (MM/YYYY) and reason: _____



Employer _____ From _____ to _____

Address _____ City _____ State _____ ZIP _____

Telephone Number _____ Fax Number _____

Equipment Operated: _____ Materials Hauled: _____

Position Held _____ Reason for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed? YES NO

Were you subject to the US DOT alcohol and controlled substances testing requirements? YES NO

Account for period between jobs – include dates (MM/YYYY) and reason: _____



Employment Record Continued

Employer _____ From _____ to _____

Address _____ City _____ State _____ ZIP _____

Telephone Number _____ Fax Number _____

Equipment Operated: _____ Materials Hauled: _____

Position Held _____ Reason for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed? YES NO

Were you subject to the US DOT alcohol and controlled substances testing requirements? YES NO

Account for period between jobs – include dates (MM/YYYY) and reason: _____

.....
Employer _____ From _____ to _____

Address _____ City _____ State _____ ZIP _____

Telephone Number _____ Fax Number _____

Equipment Operated: _____ Materials Hauled: _____

Position Held _____ Reason for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed? YES NO

Were you subject to the US DOT alcohol and controlled substances testing requirements? YES NO

Account for period between jobs – include dates (MM/YYYY) and reason: _____

.....
Employer _____ From _____ to _____

Address _____ City _____ State _____ ZIP _____

Telephone Number _____ Fax Number _____

Equipment Operated: _____ Materials Hauled: _____

Position Held _____ Reason for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed? YES NO

Were you subject to the US DOT alcohol and controlled substances testing requirements? YES NO

Account for period between jobs – include dates (MM/YYYY) and reason: _____

.....

Commercial Driver's License Information

Driver licenses: List each driver's license held in the past 3 years. List the issuing state, number and expiration date of each unexpired commercial motor vehicle operator's license or permit that has been issued to you.

State	License Number	Type	Endorsements	Expiration Date

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes ____ No ____
2. Has any license, permit or privilege ever been suspended or revoked? Yes ____ No ____
3. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes ____ No ____

If you answered "Yes" to any of the above, please give details. _____

List each type of commercial motor vehicle you have operated and for how long.

Class of Equipment	Types of Equip. (Van, Flatbed, Tanker, etc)	From	To	Approximate Miles
Straight Truck				
Tractor & Semi Trailer				
Tractor 2- Trailers				
Other				

List states operated in during the last 5 years _____

List special courses or training completed: _____

List safe driving awards and who presented the awards _____

Accident Record for past 3 years (attach sheet if more space is needed). List each vehicle accident or any incident regarding damage to a vehicle or personal property in which you were involved during the past three years preceding the date of this application. Indicate the date, type of vehicle and circumstances of each accident/incident and whether any personal injuries or fatalities were involved.

Dates of Accident and Type of Vehicle	Nature of Accident (Head-On, Rear-End, Upset, etc.)	Location of Accident	# of Fatalities	# of Injuries

Traffic Convictions and Forfeitures for the last 3 years (other than parking violations) of which you were convicted, forfeited bond or collateral during the three years preceding the date of this application.

Location	Date	Charge	Penalty



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Emulsions

ACKNOWLEDGEMENT OF NOTICE OF
REEVES, SLOAN AND RB BAKER CONSTRUCTION AND SOUTHEAST EMULSIONS
DRUG ABUSE POLICY AND PROCEDURES AND
CONSENT TO PRE-EMPLOYMENT DRUG TESTING

I, _____, acknowledge receiving written notice of the existence of the Reeves, Sloan, R.B. Baker Construction Co., and Southeast Emulsions, hereinafter called the Company, Drug Abuse Policy (the "Policy").

As a condition of continued employment or service to the Company, I understand and agree that I must not use, buy sell, accept as a gift, experiment with, traffic in or otherwise be involved with illicit or inappropriate drugs when it could affect the safe performance of my job.

I understand that the Policy does not apply to medication properly taken as prescribed by a licensed physician, except as provided by the Policy.

I further understand and agree that, if I become an employee of the Company, I may be required to submit to urinalysis for the detection of prohibited substance, and a saliva or breath alcohol test for alcohol use (herein referred to as "testing") for the detection of prohibited substances based upon suspicion, following a reportable accident or an on-the-job accident, when returning from a leave of absence, and on a random basis.

I further understand and agree if I become an employee of the Company, and in the event that any test result is Positive, I will have an opportunity to discuss with the Company's Medical Review Officer my medical history and/or any other relevant biomedical factors to enable the MRO to determine whether there is an alternate medical explanation for a positive result. In order to aid the MRO in his/her investigation, I hereby authorize any hospital, physician, dentist or pharmacist to release to the MRO all medial records and to freely discuss with the MRO all maters concerning drugs prescribed to me or treatments performed on me which may be connected to a positive test result.

I further understand that refusal to submit to testing when requested to do so by a supervisor or manager, will result in discipline up to and including termination.

My signature below indicates my understanding of this Policy and what is expected of me, my consent to be tested and my authorization to release to any collection site personnel, Medical Review Officer or Company representative, any information necessary to comply with this Policy.

DATE _____ SIGNATURE _____
DATE _____ WITNESS _____

INQUIRY TO PREVIOUS EMPLOYER



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Emulsions FROM: Prospective Employer

Individual: _____
Company: _____
Address: _____ City: _____
State: _____ Zip: _____ Telephone: _____ Fax: _____
TO: Previous Employer

Individual: _____
Company: _____
Address: _____ City: _____
State: _____ Zip: _____ Telephone: _____ Fax: _____

The person identified below is seeking employment with this company as a commercial driver and has listed your firm as a previous employer. Please reply to this inquiry respecting this applicant. Please note that the applicant has signed a waiver statement below and has waived any claim of liability against your company (and its agents) for information submitted in response to this inquiry, THANK YOU FOR YOUR HELP.

Applicant _____ SSN _____ CDL# _____ State _____ Class _____
Address _____ City _____ State _____ Zip _____
Job Applied For: _____

- 1. This applicant lists dates of employment with your firm from : _____ to: _____. Is this correct? []Yes []No
2. What type of work did he/she do? []Driver (Vehicle type _____) []Dock []Office []Shop []Other _____
3. Please indicate type of equipment driven: []Tractor-trailer []Straight truck []Twins []Bus []Other _____
4. Accident Information: # Reportable ____ # Ticketed ____ # At fault ____ Dates: _____
5. To your knowledge, was this person's license suspended while in your employ? _____ If so, explain: _____
6. []Prospective employer - check if bonding is required. Was this person bonded while with your company? _____ If so, were there any accident reports made to the bonding company? _____ Please explain briefly: _____
7. Is there anything in this person's history that could suggest that he/she may not be trusted with company funds? []Yes []No
8. Did the applicant pose either repeated and/or severe disciplinary problems? []No []Yes If "Yes," Please explain: _____
9. []Prospective employer - check if CDL is required. This applicant will be operating a vehicle weighing more than 26,000 pounds and is subject to the alcohol and controlled substances testing provisions of the Federal Motor Carrier Safety Regulations of 49 CFR Part 382, Pursuant to 49 CFR 382.413, we must request the results of such testing of this individual while in your service. FEDERAL REGULATIONS REQUIRE THAT WE RECEIVE YOUR REPLY WITHIN 14 DAYS.

To your knowledge, at any time within the preceding two years, did this person ever:
(a) Have a blood alcohol test (as described in 49 CFR 382, sub-part C with a concentration result of 0.04 or greater)? []Yes []No Date of last Alcohol Test: _____
(b) Test positive for a controlled substance (as described in 49 CFR 40.21)? []Yes []No Date of last Controlled Substance Test: _____
(c) Refuse to be tested for alcohol or controlled substance? []Yes []No
10. Why did this employee leave your company? []Resigned []Discharged []Laid Off
11. Would you re-employ this person? []Yes []No If not, please explain: _____
12. Remarks: _____

Signature of person supplying information: _____ Date: _____

WAIVER

(Former Employer) (Date)
I hereby authorize you to release all information concerning my employment, including oral assessments of my job performance, ability, and fitness, and alcohol and controlled substance testing results (per Question 9 of this inquiry) to each and every company (or their authorized agents) which may 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) (Witness's Signature)



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Emulsions

Part I: Release of Information Form – 49 CFR Part 40 and 49 Part 382 Drug and Alcohol Testing

I authorize, per 49 CFR Part 40, the release of information from my DOT regulated drug and alcohol testing records for the sole purpose of transmitting such records to the carrier/employer listed below. I authorize release of the following information concerning drug and alcohol tests: DOT drug and alcohol testing violations including pre-employment tests during the past three years; (i) Alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested including verified adulterated or substituted results; (iv) other violations of DOT drug and alcohol testing regulations; (v) information obtained from previous employers of a drug and alcohol rule violation(s) and (vi) documents, if any, of completion of a return-to-duty process following a rule violation.

The information that I have authorized involves tests required by DOT. If any carrier/company furnishes information concerning items (i) through (vi) above, I also authorize that carrier/company to release and furnish the dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the three-year period and the name and phone number of any substance abuse professional who evaluated me during the past three years.

Print Name: _____ Signed: _____
(Applicant Name) (Applicant Signature Required)

Social Security No: _____ Date: _____

Carrier/Company Requesting Information:

Reeves Construction, Co. Phone: (478) 743-0593
500 Gray Hwy, PO Box 1508 Fax: (478) 746-0733
Macon, GA 31202

Part II: Consumer Report Disclosure and Release

In connection with my application for employment and/or review of my driving record, I understand that consumer reports which may contain public record information may be requested by Reeves, Sloan, R.B. Baker Construction Co., or Southeast Emulsions. 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 iiX-FCRA concerning previous driving record requests made by others from such state agencies, and state provided driving records.

AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY REEVES, SLOAN, R.B. BAKER CONSTRUCTION CO., or SOUTHEAST EMULSIONS OR iiX-FCRA TO FURNISH THE ABOVE MENTIONED INFORMATION.

I have the right to request from Reeves, Sloan, R.B. Baker Construction Co, and Southeast Emulsions upon presentation of proper identification, 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 Reeves Construction, Co. has previously furnished within the three year period preceding my request. I hereby consent to obtaining the above information from Reeves Construction, Co., and I agree that such information which Reeves Construction, Co. has or obtains, and my employment history (not DOT Drug and Alcohol information without a specific consent by me) with you if I am hired, will be supplied by Reeves, Sloan, R.B. Baker Construction Co, and Southeast Emulsions to other companies which request it.

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

Applicant's Name (printed) _____

Street Address _____

City, State, Zip _____

Signature _____

Social Security No: _____ Date of Birth: _____

Driver's License Number: _____

Date: _____

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

Must Be Read and Signed by Applicant:

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (c). I also understand that I have the right to: 1) review information provided by previous employers; 2) have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; 3) 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.

I authorize the carrier to make such inquiries and investigations of my personal, employment, driving, 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 agree to abide by the rules and regulations of the carrier as well as the Federal Motor Carrier Safety Regulations. I also agree and understand that if I am selected to drive for the carrier that I will be on a probationary period during which time I may be discharged without recourse.

I, the undersigned, have received a copy of, read, and understand the above mentioned rights. I hereby certify that this application was completed by me and that the information provided is correct, complete and a true representation of the facts as known to me the applicant.

_____ (Date) _____ (Applicant's Signature)

To Be Read and Signed by Applicant: Driver's Rights Under FMCSR 391.23

(i)(1) The prospective employer must expressly notify drivers with Department of Transportation regulated employment during the preceding three years-via the application form or other written document prior to any hiring decision-that he or she has the following rights regarding the investigative information that will be provided to the prospective employer pursuant to paragraphs (d) and (e) of this section: (i)(1)(i) The right to review information provided by previous employers; (i)(1)(ii) 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 the prospective employer; (i)(1)(iii) 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.

(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 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 request to review the records.

(j)(1) Drivers wishing to request correction of erroneous information in records received pursuant to paragraph (i) of this section must send the request for the correction to the previous employer that provided the records to the prospective employer.

(j)(2) After October 29, 2004, 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 a driver's request to correct the data that it does not agree to correct the data. If the previous employer corrects and forwards the data as requested, that employer must also retain the corrected information as part of the driver's safety performance history record and provide it to subsequent prospective employers when requests for this information are received. If the previous employer corrects the data and forwards it to the prospective motor carrier employer, there is no need to notify the driver.

(j)(3) Drivers wishing to rebut information in records received pursuant to paragraph (i) of this section must send the rebuttal to the previous employer with instructions to include the rebuttal in that driver's safety performance history.

(j)(4) After October 29, 2004, within five business days of receiving a rebuttal from a driver, the previous employer must:

(j)(4)(i) Forward a copy of the rebuttal to the prospective motor carrier employer;

(j)(4)(ii) Append the rebuttal to the driver's information in the carrier's appropriate file, to be included as part of the response for any subsequent investigating prospective employers for the duration of the three-year data retention requirement.

(j)(5) The driver may submit a rebuttal initially without a request for correction, or subsequent to a request for correction.

(j)(6) The driver may report failures of previous employers to correct information or include the driver's rebuttal as part of the safety performance information, to the FMCSA following procedures specified at §386.12.

(k)(1) The prospective motor carrier employer must use the information described in paragraphs (d) and (e) of this section only as part of deciding whether to hire the driver.

(k)(2) The prospective motor carrier employer, its agents and insurers must take all precautions reasonably necessary to protect the records from disclosure to any person not directly involved in deciding whether to hire the driver. The prospective motor carrier employer may not provide any alcohol or controlled substances information to the prospective motor carrier employer's insurer.

(l)(1) No action or proceeding for defamation, invasion of privacy, or interference with a contract that is based on the furnishing or use of information in accordance with this section may be brought against-

(l)(1)(i) A motor carrier investigating the information, described in paragraphs (d) and (e) of this section, of an individual under consideration for employment as a commercial motor vehicle driver,

(l)(1)(ii) A person who has provided such information; or

(l)(1)(iii) The agents or insurers of a person described in paragraph (l)(1)(i) or (ii) of this section, except insurers are not granted a limitation on liability for any alcohol and controlled substance information.

(1)(2) The protections in paragraph (1)(1) of this section do not apply to persons who knowingly furnish false information, or who are not in compliance with the procedures specified for these investigations.

It is agreed and understood that any misrepresentation given on this application for qualification shall be considered an act of dishonesty. I give the motor carrier and its agents or representatives the right to investigate all references and to secure additional information about my employment background. I hereby release from all liability for damages the motor carrier and its agents or representatives seeking such information and all other persons, corporations or organizations for furnishing such information. I agree to furnish such additional information and complete such examinations as may be required to complete my employment file. It is agreed and understood that this application for qualification in no way obligates the motor carrier to employ me. It is agreed and understood that if qualified to operate motor carrier equipment, I may be on a probationary period during which I may be disqualified without recourse. 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.

RIGHTS REGARDING SAFETY PERFORMANCE HISTORY INFORMATION: The information provided on this application may be used, and the applicant’s prior employers may be contacted, for the purpose of investigating the applicant’s safety performance history information. Pursuant to Federal Motor Carrier Safety Regulations 49CFR Sec.391.23 (i)(1) applicant has the following rights with regards to the safety performance history information provided by previous employers.

THE RIGHT TO REVIEW SAFETY PERFORMANCE RECORDS: Applicant has the right to review the records provided by your previous employers. Applicant must make a request to review in writing and submit it to the prospective employer no later than thirty(30) days after employment begins or notification of employment is made. Applicant will be provided with the records within five (5) business days of receipt of the written request. If the prospective employer has not received the records at the time of request, then the five-day period to provide access will begin on the day the records are received from the previous employer. If applicant fails to arrange pick up or receive the requested records within thirty (30) days of when they are first made available, then applicants right to review is considered waived.

THE RIGHT TO HAVE ERRONEUS INFORMATION CORRECTED: If applicant believes there is an error in the records, applicant has the right to have previous employer correct the error. Send any requests for correction to the previous employer that provided the records in question. The previous employer must either correct and forward the record to the prospective employer or notify applicant within fifteen (15) days of receiving request that they do not agree the record is in error. If the previous employer corrects and forwards the record as requested, that employer must also retain the corrected information as part of applicant’s safety performance history record and provide it to subsequent prospective employers when requests for this information are received.

THE RIGHT TO REBUT DISPUTED INFORMAITON: If the previous employer does not agree that information in the records provided is in error, applicant may rebut the disputed information in writing and send it to the previous employer with instructions to include the rebuttal in applicants safety performance history file. Within five (5) business days of receiving your rebuttal, the previous employer must: forward a copy of the rebuttal to the prospective employer; append the rebuttal to your safety performance information and include it as part of the response from any subsequent investigating prospective employers for the duration of the three year data retention requirement period. Applicant may submit a rebuttal initially without a request for correction, or subsequent to a request for correction.

THE RIGHT TO REPORT FAILURES TO CORRECT ERRONEOUS INFORMATION: Applicant may report failure of a previous employer to correct information or include rebuttal as part of the safety performance information, to the Federal Motor Carrier Safety Administration by following procedures specified at 49 CFR Section 385.12.

I, the undersigned, have received a copy of, read, and understand the above mentioned rights. I hereby certify that this application was completed by me and that the information provided is correct, complete and a true representation of the facts as known to me the applicant.

_____ (Applicant’s Signature)



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Employee's Statement Regarding Prior Employment Drug & Alcohol Testing (For DOT/CDL Drivers Only)

As a part of our employment process, you must answer the question below:

Have you ever tested positive for -- or refused -- any drug and/or alcohol test administered by any previous DOT-regulated employer during the previous two years?

Yes

No

I affirm by my signature below that I have answered this question truthfully. I also affirm that I understand if proof to the contrary is received in the process of checking my previous employment references, my statement here will be considered a falsification of information and will cause a withdrawal of offer of employment, or – if already working when proof is received by this company – will result in termination of employment.

Printed Name of Applicant: _____

Signature of Applicant: _____

Date: _____

(Date)