

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATIONS	DATES	CHARGE	PENALTY

- 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 _____

IF THE ANSWER IS YES TO EITHER A OR B, ATTACH A STATEMENT GIVING DETAILS

Show any trucking, transportation or other experience that may help you in your work for this company.

List courses and training other than shown elsewhere in this application.

List special equipment or technical material you can work with (other than those already shown)

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 High school: 1 2 3 4 College: 1 2 3 4

Last school attended (Name) _____ (City, State) _____

EMPLOYMENT HISTORY

All applicants wishing to drive must provide the following information on all employers during the ***PRECEDING 10 YEARS!!!***
(Attach sheet if additional space is needed)

YOU ARE REQUIRED TO LIST THE COMPLETE NAME, PHONE NUMBER AND MAILING ADDRESS: STREET, CITY, STATE AND ZIP!!!

CURRENT OR LAST EMPLOYER: Name _____			
Street Address: _____	City _____	State _____	Zip _____
Position Held: _____	From: _____	To: _____	
Phone # _____	(month/year) _____	(month/year) _____	
Reason for Leaving: _____			
Were you subject to the FMCSR while employed? Yes _____ No _____			
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part40? Yes _____ No _____			
SECOND LAST EMPLOYER: Name _____			
Street Address: _____	City _____	State _____	Zip _____
Position Held: _____	From: _____	To: _____	
Phone # _____	(month/year) _____	(month/year) _____	
Reason for Leaving: _____			
Were you subject to the FMCSR while employed? Yes _____ No _____			
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part40? Yes _____ No _____			

THIRD LAST EMPLOYER: Name _____
Street Address: _____ City _____ State _____ Zip _____
Position Held: _____ From: _____ To: _____
Phone # _____ (month/year) (month/year)

Reason for Leaving: _____

Were you subject to the FMCSR while employed? _____ Yes _____ No

Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part40? _____ Yes _____ No

FOURTH LAST EMPLOYER: Name _____
Street Address: _____ City _____ State _____ Zip _____
Position Held: _____ From: _____ To: _____
Phone # _____ (month/year) (month/year)

Reason for Leaving: _____

Were you subject to the FMCSR while employed? _____ Yes _____ No

Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part40? _____ Yes _____ No

FIFTH EMPLOYER: Name _____
Street Address: _____ City _____ State _____ Zip _____
Position Held: _____ From: _____ To: _____
Phone # _____ (month/year) (month/year)

Reason for Leaving: _____

Were you subject to the FMCSR while employed? _____ Yes _____ No

Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part40? _____ Yes _____ No

SIXTH EMPLOYER: Name _____
Street Address: _____ City _____ State _____ Zip _____
Position Held: _____ From: _____ To: _____
Phone # _____ (month/year) (month/year)

Reason for Leaving: _____

Were you subject to the FMCSR while employed? _____ Yes _____ No

Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part40? _____ Yes _____ No

***ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED**

**The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more; (2) is designed or used to transport more than 8 passengers (including the driver) for compensation; or (3) is designed or used to transport more than 15 passengers, including the driver, and is not used to transport passengers for compensation; or (4) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

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.

Signature: _____ Date: _____

PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST 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 two years. If the employee admits that he or she had a positive test or a 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))

Prospective Employee Name: _____(print)

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, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two 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 N/A

I certify that the information provided on this document is true and correct.

Prospective Employee Signature: _____ Date: _____

Witnessed By: _____ Date: _____

PLEASE READ CAREFULLY AND SIGN

I AUTHORIZE Redbank Transport, Inc/Bluford Jackson & Son, Inc. to make such inquiries of my personal, employment, financial, medical history, CSA (The FMCSA's Compliance, Safety and Accountability), drug and alcohol history (49 CFR Part 40) and other related matters as may be necessary in arriving at an employment decision.

I hereby release employers, schools, health care providers, and other persons from *all liability* in responding to inquiries and releasing any 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 Redbank Transport, Inc/Bluford Jackson & Son, Inc.

I understand that information provided 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 (e). I understand I have the right to:

- Review information provided by current/previous employers
- Have errors on the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer
- 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

Signature: _____ Date: _____

D.O.B. : _____
(MM/DD/YYYY)

Social Security Number: _____

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to Redbank Transport, Inc., 910 US Hwy 50, Milford, Ohio, 45150, for purposes of investigation as required by Section 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

(Applicant Signature)

(Date)

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In accordance with the provisions of Section 604 and 607 of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report.
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes.
3. The information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose.
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-322, Title XXX, Section 300002(a)).

(Signature of Requester)

(Date)

TO: _____

The following named person has made an application with our company for the position of _____ . Please furnish the undersigned with the applicant's driving record for the past three years.

The following named person is employed with our company in the position of _____. In accordance with Section 391.25, Federal Department of Transportation Regulations, please furnish the undersigned with the employee's driving record for the past year.

Name of applicant _____

Address _____

(Number/Street)

(City)

(State)

(Zip)

Date of birth _____ SSN _____ License no. _____