

DRIVER APPLICATION ADDENDUM

RESIDENCE

| | | | | | |
|----------|-----|-----|-----------|------|------|
| Address: | | | | | |
| City: | St. | Zip | How Long? | yrs. | mos. |
| Address: | | | | | |
| City: | St. | Zip | How Long? | yrs. | mos. |
| Address: | | | | | |
| City: | St. | Zip | How Long? | yrs. | mos. |

EMPLOYMENT

| | | | | | |
|----------------------|--|-------|-------|-----|-------|
| Last Employer: _____ | | | | | |
| Position held: | _____ [] CDL? | From: | _____ | To: | _____ |
| Address: | _____ | City: | _____ | ST: | _____ |
| Telephone #: | _____ | FAX: | _____ | | |
| Reason For Leaving: | Was the driver subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Last Employer: _____ | | | | | |
| Position held: | _____ [] CDL? | From: | _____ | To: | _____ |
| Address: | _____ | City: | _____ | ST: | _____ |
| Telephone #: | _____ | FAX: | _____ | | |
| Reason For Leaving: | Was the driver subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Last Employer: _____ | | | | | |
| Position held: | _____ [] CDL? | From: | _____ | To: | _____ |
| Address: | _____ | City: | _____ | ST: | _____ |
| Telephone #: | _____ | FAX: | _____ | | |
| Reason For Leaving: | Was the driver subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Last Employer: _____ | | | | | |
| Position held: | _____ [] CDL? | From: | _____ | To: | _____ |
| Address: | _____ | City: | _____ | ST: | _____ |
| Telephone #: | _____ | FAX: | _____ | | |
| Reason For Leaving: | Was the driver subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Last Employer: _____ | | | | | |
| Position held: | _____ [] CDL? | From: | _____ | To: | _____ |
| Address: | _____ | City: | _____ | ST: | _____ |
| Telephone #: | _____ | FAX: | _____ | | |
| Reason For Leaving: | Was the driver subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Last Employer: _____ | | | | | |
| Position held: | _____ [] CDL? | From: | _____ | To: | _____ |
| Address: | _____ | City: | _____ | ST: | _____ |
| Telephone #: | _____ | FAX: | _____ | | |
| Reason For Leaving: | Was the driver subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |

Previous Employer Inquiry

| | | |
|---|------------------|------------------------------------|
| Prospective Employer: Dale Trucking Inc | | |
| Address: PO Box 2429, Fort Collins, CO 80522 | | |
| Contact Representative: Amy Rittenhouse | Title: HR | |
| Phone #: 970-222-6003 | Fax#: | Email: office@daletruck.com |

| | |
|--|---------------------------------------|
| Drivers Name: | |
| | |
| Prior Employer _____ | |
| Address: _____ | |
| Phone: _____ | Fax: _____ Email: _____ |
| I hereby release any and all information pertaining to my employment records as required by 49 CFR Part 391.23 to the above named company. You are released from any and all liability which may result from releasing such information. | |
| Signed: | SSN: |
| Witness: | Date: |

↓ Please complete the following information as it pertains to the driver listed above. ↓

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| 1. Please indicate when the driver worked for your company and the nature of their employment. Employed From: _____ (mo/yr) To: _____ (mo/yr) CMV Driver: <input type="checkbox"/> CDL Driver: <input type="checkbox"/> Duties: _____ |
|--|

| 2. Did the applicant have any accidents while employed with you? [] Yes [] No | | | | | | | | |
|--|------|--------|------------------------|-----------|----------|------------------|-----------------|-----------------|
| Date | Time | Driver | Location City State | # Injured | # Killed | Vehicle Towed | Driver Cited | HazMat Spill |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| | | |
|---|------------|-----------|
| 3. Did the driver violate any section of 49 CFR Subpart B? | | |
| Did this employee violate any of the following regulations: | Yes | No |
| Part 382.201 Alcohol concentration above .04. | | |
| Part 382.205 Alcohol use on duty. | | |
| Part 382.207 Alcohol use within 4 hours before coming on duty. | | |
| Part 382.209 Alcohol use until 8 hours after an accident. | | |
| Part 382.211 Refusing to submit to testing (Post accident, Random, Reasonable suspicion, or Follow Up test) | | |
| Part 382.213 Controlled substances use on duty. | | |
| Part 382.215 Tested positive for controlled substances. | | |
| 4. Part 391.23(e)(2). If you answered "yes" to any of the above items, did the employee complete the return-to-duty process according to: Part 382.605/Part 40 Subpart O | | |

| | | |
|--|------------|-----------|
| 5. Part 391.23(e)(3) After completing the return-to-duty process, Part 382.605/Part 40 Subpart O, did the driver: | | |
| 1. Test above .04 for alcohol | Yes | No |
| 2. Received a verified positive controlled substances result | | |
| 3. Refused to be tested | | |

Previous employer, if you answered "yes" to any item in section 3, you must also transmit a copy/copies of the appropriate documentation (e.g., CCFs, MRO results reports, BATFs, SAP reports, follow-up testing record) to the new employer. (49 CFR Section 40.25)

As per Part 391.23(g) After October 29, 2004 previous employers must respond to the above request within 30 days after the request is received.

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| Type of equipment driven <input type="checkbox"/> Straight truck <input type="checkbox"/> Tractor semi-trailer <input type="checkbox"/> Bus Trailer used. <input type="checkbox"/> Van <input type="checkbox"/> Flatbed <input type="checkbox"/> Refrigerated <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Triples <input type="checkbox"/> Doubles |
| Was the applicant safe and efficient? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Remarks: What kind of work did applicant perform? |
| Remarks: Was applicant's general conduct satisfactory? |
| Remarks: |

Reason for leaving your employ. Discharged Laid off Resigned Other:

| How was the driver in: | EXCELLENT | GOOD | POOR |
|-------------------------|-----------|------|------|
| Quality of work | | | |
| Cooperation with others | | | |
| Safety Habits | | | |
| Personal Habits | | | |
| Driving Skills | | | |
| Attitude | | | |

Comments:

| | |
|------------------------------|------------------|
| Mailed On: | Faxed On: |
| Verified by Phone On: | |
| Signature: | Date: |