



CDL APPLICANT'S ONLY

YOU MUST SIGN, DATE AND RETURN the following 2 pages with your completed application. These forms are required to proceed with processing your application.
Thank You

DRIVER NOTIFICATION AND RELEASE

In connection with my application for employment with you, I understand that a consumer report, which may contain public record information, is being requested from DAC Services. This report may include the following types of information: names and dates of previous employers, reasons for termination of employment, work experience, accidents, etc.

I further understand that such report may contain public record information concerning my driving record, worker's compensation claims, credit, bankruptcy proceedings, etc. from federal, states and other agencies which maintain such records as well as information from DAC concerning (1) previous driving record requests may be others from such state agencies (2) State provided driving record (3) claims involving me in the files of insurance companies.

I AUTHORIZE, WITHOUT RESERVATION; ANY PARTY OR AGENCY CONTACTED BY DAC TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to make a request to DAC, upon proper identification, to request the nature and substance of all information in its file on me at the time of my request, including the source of information; and the recipients of any reports on me which DAC has previously furnished within the two year period preceding by request. I hereby consent to your obtaining the above information from DAC, and I agree that such information which DAC has or obtains, and my employment history with you if I am hired, will be supplied by DAC to other companies, which subscribe to DAC Service.

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

Date

Applicant Signature

Printed Name

Driver's License No.

_____-_____-_____
Social Security Number



Previous Employer Inquiry

APPLICANT: PLEASE SIGN AT THE "X" AT THE BOTTOM - DO NOT FILL OUT FORM.

To Former Employer: _____ Date: _____

_____ Social Security # _____ - _____ - _____
has completed an application to STLP for the position of CDL driver, and states that he/she was employed by you
from _____ to _____. Will you kindly reply to the inquiry below regarding this application?
Your reply will be held in strict confidence and will in no way involve you in any responsibility.

Is employment record with your company correct as stated above? Yes No

What kind(s) of work did he/she do? _____

Did he/she have custody of money or valuables? _____

If employed as a driver, specify equipment driven. _____

Number of accidents: _____ Number of preventable accidents: _____

Dates and nature of accidents: _____

Was his/her driver's license ever suspended or revoked? _____

Reason for leaving your employment? _____

Was his/her general conduct satisfactory? _____

Would you re-employ? _____

Any remarks with regard to the questions above?

By: _____ Title: _____
(Signature of Person Supplying Information)

By signing below I authorize the above named employer to release to STLP any and all information concerning my
employment in compliance with 49CFR 391.23. I also agree that any information obtained by this inquiry becomes
the sole and exclusive property of STLP.

X _____ Date: _____
Driver Signature:

Requested By:

HR Administrator
903-595-6800



VERIFICATION OF CONTROLLED SUBSTANCE / ALCOHOL TESTING (COMPLIANCE TO 49 CFR 40 FMCSR)

APPLICANT: PLEASE SIGN AT BOTH —“X’s” BELOW - DO NOT FILL OUT FORM.

_____ Social Security # _____ - _____ - _____
Name of Applicant

The above individual has applied for employment as a driver with Striping Technology, L.P.

1. Has this person tested positive for a controlled substance within the past three years? **YES NO**
2. Has this person tested .04 or higher for breath alcohol within the past three years? **YES NO**
3. Has this person refused to comply with a legal request or a controlled substance or breath alcohol test within the past three years? **YES NO**
4. Has this person violated any other areas of DOT drug and alcohol testing regulations in the past three years? **YES NO**
5. Have you received information from a previous employer that this individual violated DOT drug and alcohol regulations (40.25c). **YES NO**
6. Please explain any “**YES**” answers. In space below:

By: _____ Title: _____
(Signature of Person Supplying Information)

I hereby authorize the individual named above to release the specified information concerning my employment with this company.

X _____ Date: _____
Driver Signature:

I certify, in accordance with 49 CFR 40.25, that I have not tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which I have applied, but was not hired, to perform safety-sensitive transportation work covered by a DOT agency drug and alcohol testing rules during the past three years.

X _____ Date: _____
Driver Signature:

Requested By:

HR Administrator
903-595-6800

Violation and Review Record

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 refused or failed a successful completion of the DOT return to duty process in the past 2 years after testing positive or refusal to submit to a DOT required drug/alcohol test? Yes ___ No ___
4. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes ___ No ___

If you answered "Yes" to 1, 2, 3 or 4 please provide details

Traffic Convictions

List all traffic convictions and forfeitures for the past 12 months (other than parking violations). If none, write none.

Date	Offense	Type of Vehicle	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Accident Record

List all accident's for the Past 5 Years (Attach sheet if more space is needed) If none, write none

Date	Type of Accident	Fatalities?		Injuries?	
		Yes ___	No ___	Yes ___	No ___
_____	_____	Yes ___	No ___	Yes ___	No ___
_____	_____	Yes ___	No ___	Yes ___	No ___
_____	_____	Yes ___	No ___	Yes ___	No ___

I certify that the above is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the last 12 months and Accident Record for the past 5 years.

X _____
 Driver Signature Date

For Employees with Class "A" CDL – Driver Data Sheet Requirement

Instructions: Motor carriers when using a driver for the first time or intermittently shall obtain from the driver a signed statement giving the total time on duty during the immediately preceding 7 days and the time at which such driver was last relieved from duty prior to beginning work for such carrier.
 (49 CFR 395.8(j)(2))

Day	1	2	3	4	5	6	7	Total
Date	_____	_____	_____	_____	_____	_____	_____	_____
Hours	_____	_____	_____	_____	_____	_____	_____	_____

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from prior work at _____ am or pm on the _____ day of _____, _____.
 (Month) (Year)

_____ X _____
 Driver Name (print) Driver Signature Date