

## DOT REGULATED DRIVER APPLICANT'S RIGHTS

As an applicant for a driver position regulated by the United States Department of Transportation, Federal Motor Carrier Safety Administration, you are advised that all information supplied by you in connection with your application will be investigated as required under 49 CFR 391.23 and may be used in the determination of the suitability of your application for the position that is being offered. As a driver applicant you have the following rights:

(i) The right to review information provided by previous employers; (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; (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.

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

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

(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.

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

(Approved by the Office of Management and Budget under control number 2126-0004)

THIS CERTIFIES THAT I HAVE READ AND RECEIVED A COPY OF THE 'APPLICANTS RIGHTS.'

\_\_\_\_\_  
(Applicant's printed name & signature)

\_\_\_\_\_  
(Date)

THIS DOCUMENT IS TO BE PROVIDED TO EACH DRIVER APPLICANT AT THE TIME AN APPLICATION IS SUBMITTED FOR CONSIDERATION. **EACH DRIVER APPLICANT MUST ACKNOWLEDGE RECEIPT OF THIS DOCUMENT BY INITIALLING WHERE INDICATED ON PAGE 1.3 OF THE APPLICATION.**

APP	MVR
PEI	MED
D&A	ROAD

PERM



*QuickFile Applications™*

## DRIVER'S APPLICATION FOR EMPLOYMENT

**Interstate Wood Products, Inc.**

**2308 Talley Way  
Kelso, WA 98626-  
Ph. (360) 425-8390**

In compliance with federal and state equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non job-related medical condition or handicap. All motor carriers regulated under Federal Motor Carrier Safety Regulations must meet the requirements of Title 49 CFR Part 391 and Part 382 as they apply to qualifying the applicant for a driving position.

**Answer all questions. Please print legibly.**

Position (s) applied for:		2. Date of application (Month/Day/Year):    /    /	
3. Name:		3A. DOB (Month/Day/Year):	
4. Addresses for past three years (Write on back if there's not enough room)		4A. SSI No.:	
Street address		Home Ph	Cell Ph
City	State	Zip	How long?
Street address			
City	State	Zip	How long?
Are you eligible to work in the US?			
In case of emergency notify:			
Address		Phone	
Have you worked for this company before?		If yes, where?	
Dates: From:	To:	Rate of pay:	Position:
Reason for leaving?			
Are you now employed?			
If not, how long since leaving last employment?			
Who referred you?		Rate of pay expected?	

### PHYSICAL HISTORY

List any limitations that prevent you from performing the duties of a commercial motor vehicle driver. Specify any medical waivers.
Are you physically capable of heavy manual work?
Would you be willing to take an examination?

**ALL INFORMATION MUST BE COMPLETED BEFORE AN APPLICATION CAN BE CONSIDERED.**

5. EMPLOYMENT HISTORY

1.2

CFR 391.21

Applicants for positions that require the driving of commercial motor vehicles must provide an additional 7 years' information on those employers for whom the applicant operated such vehicles, or up to 10 years employment history. **ALL INFORMATION MUST BE COMPLETED BEFORE AN APPLICATION CAN BE CONSIDERED. USE THE BACK OF THIS PAGE IF MORE ROOM IS NEEDED.**

Date of Birth:

Date of Application:

Date of Hire:

CHECK AND DATE EACH PREVIOUS EMPLOYMENT PE AND DRUG & ALCOHOL DA INQUIRY WHEN COMPLETED.

PE / / / DA / / /	<b>1. EMPLOYER</b> <i>Did you operate vehicles weighing 10,001 lbs or more? Yes <input type="checkbox"/> No <input type="checkbox"/> Were you subject to Part 382 drug &amp; alcohol rules? Yes <input type="checkbox"/> No <input type="checkbox"/></i>			
	NAME		From	To
	ADDRESS <i>Position</i>			
	CITY	STATE	ZIP	Wage
	CONTACT PERSON & PHONE		<i>Reason for leaving</i>	

PE / / / DA / / /	<b>2. EMPLOYER</b> <i>Did you operate vehicles weighing 10,001 lbs or more? Yes <input type="checkbox"/> No <input type="checkbox"/> Were you subject to Part 382 drug &amp; alcohol rules? Yes <input type="checkbox"/> No <input type="checkbox"/></i>			
	NAME		From	To
	ADDRESS <i>Position</i>			
	CITY	STATE	ZIP	Wage
	CONTACT PERSON & PHONE		<i>Reason for leaving</i>	

PE / / / DA / / /	<b>3. EMPLOYER</b> <i>Did you operate vehicles weighing 10,001 lbs or more? Yes <input type="checkbox"/> No <input type="checkbox"/> Were you subject to Part 382 drug &amp; alcohol rules? Yes <input type="checkbox"/> No <input type="checkbox"/></i>			
	NAME		From	To
	ADDRESS <i>Position</i>			
	CITY	STATE	ZIP	Wage
	CONTACT PERSON & PHONE		<i>Reason for leaving</i>	

PE / / / DA / / /	<b>4. EMPLOYER</b> <i>Did you operate vehicles weighing 10,001 lbs or more? Yes <input type="checkbox"/> No <input type="checkbox"/> Were you subject to Part 382 drug &amp; alcohol rules? Yes <input type="checkbox"/> No <input type="checkbox"/></i>			
	NAME		From	To
	ADDRESS <i>Position</i>			
	CITY	STATE	ZIP	Wage
	CONTACT PERSON & PHONE		<i>Reason for leaving</i>	

PE / / / DA / / /	<b>5. EMPLOYER</b> <i>Did you operate vehicles weighing 10,001 lbs or more? Yes <input type="checkbox"/> No <input type="checkbox"/> Were you subject to Part 382 drug &amp; alcohol rules? Yes <input type="checkbox"/> No <input type="checkbox"/></i>			
	NAME		From	To
	ADDRESS <i>Position</i>			
	CITY	STATE	ZIP	Wage
	CONTACT PERSON & PHONE		<i>Reason for leaving</i>	

PE / / / DA / / /	<b>6. EMPLOYER</b> <i>Did you operate vehicles weighing 10,001 lbs or more? Yes <input type="checkbox"/> No <input type="checkbox"/> Were you subject to Part 382 drug &amp; alcohol rules? Yes <input type="checkbox"/> No <input type="checkbox"/></i>			
	NAME		From	To
	ADDRESS <i>Position</i>			
	CITY	STATE	ZIP	Wage
	CONTACT PERSON & PHONE		<i>Reason for leaving</i>	

\_\_\_\_\_ Please initial here to indicate that all required driving history where you drove a vehicle weighing more than 26,001 lbs. GCVWR, or was designed to carry 16 or more passengers including the driver, or which transported hazardous materials in placardable quantities for the period described above has been included in this application.

**6. ACCIDENT RECORD FOR PAST 3 YEARS.**  
*If none, write "None."*

DATES	NATURE OF ACCIDENT	FATALITIES	INJURY
LAST ACCIDENT			
NEXT PREVIOUS			

**7. TRAFFIC CONVICTIONS & FORFEITURES FOR PAST 3 YEARS.**  
*If none, write "None."*

LOCATION	DATE	CHARGE	PENALTY

**8. EXPERIENCE & QUALIFICATIONS - Valid licenses currently held.**

STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

**9. DRIVING EXPERIENCE - Type of equipment & approximate miles/hours driven.**

CLASS	TYPE (Van, Tank, Flat, etc.)	FROM	TO	MILES
STRAIGHT TRUCK				
TRACTOR/TRAILER				
DOUBLES				

- 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 \_\_\_\_\_
- C.)If you answered "yes" to question B, explain the details: \_\_\_\_\_

In the past 2 years, have you tested positive, or refused to test, on a pre-employment drug or alcohol test administered by an employer where you applied for a safety sensitive position and were not hired? YES \_\_\_\_\_ NO \_\_\_\_\_

LIST STATES LICENSED IN FOR PAST 5 YEARS: \_\_\_\_\_

**10. This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.** I understand that the employment information I provided in the Employment History section of this application may be used, and my previous employers **will be contacted**, for the purpose of investigating my safety performance history information as required by 49 CFR 391.23(d) and (e). I authorize **Interstate Wood Products and its agents** to contact my former employers for the purpose of fulfilling the requirements of the 49 CFR Parts 391.23 and 382.413. I further authorize **Interstate Wood Products, Inc. and its agents** to make any such additional inquiries beyond the FMCSR minimum requirements that are necessary to qualify this application. I do hereby release **Interstate Wood Products, Inc., its agents and any of my former employers** from any and all liability which may result from obtaining and/or furnishing such information. I have received a copy of and been advised of my rights under 49 CFR 391.23(h) to (i) review information provided by previous employers upon submitting a written request within 30 days after being notified of denial of employment, (ii) have errors in information corrected, and (iii) have a rebuttal statement attached to alleged erroneous information. \_\_\_\_\_ *(Applicant's initials)*



\_\_\_\_\_ (Applicant's signature)

\_\_\_\_\_ (Date)

**ALL INFORMATION MUST BE COMPLETED BEFORE AN APPLICATION CAN BE CONSIDERED.**