

I. DRIVER QUALIFICATION

GENERAL

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Do you have a Class A CDL license? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you at least 23 years old? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Can you provide proof of your age? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you legally authorized to work in the United States? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you had a positive result or refusal of drug or alcohol test within the last three years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have a minimum of 2 years verifiable experience with tractor trailers (80,000 lbs GVW) within the last 5 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Can you supply a copy of a valid long form physical DOT exam? | <input type="checkbox"/> | <input type="checkbox"/> |

ACCIDENTS

- | | | |
|---|--------------------------|--------------------------|
| 8. Have you had a major accident within the last 3 years (property damage \$5,000 or more, injury, or fatality) | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you had more than two minor preventable accidents within the past 3 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you had a preventable accident within the past 6 months? | <input type="checkbox"/> | <input type="checkbox"/> |

MOVING VIOLATIONS

- | | | |
|---|--------------------------|--------------------------|
| 11. Have you had more than 3 moving violations within the last 3 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Have you had a speeding conviction in excess of 15 mph over the Posted speed within the last 3 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Have you ever had a dui/dwi, reckless, or careless driving conviction? | <input type="checkbox"/> | <input type="checkbox"/> |

CRIMINAL BACKGROUND

- | | | |
|---|--------------------------|--------------------------|
| 14. Have you ever had a felony or misdemeanor conviction? | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

II. GENERAL INFORMATION

PLEASE PRINT LEGIBLY

Name _____
First MI Last

SSN _____ - _____ - _____ DOB _____ / _____ / _____ (required for comm. drivers)

Position Applied For _____ Date of Application _____

Current Address _____
Street City State Zip

How long at current address? _____ (years/mos)

Previous Address _____
Street City State Zip

How long at current address? _____ (years/mos)

Previous Address _____
Street City State Zip

How long at current address? _____ (years/mos)

Home Phone (_____) _____ - _____

Cell Phone (_____) _____ - _____

Emergency (_____) _____ - _____

Name/Relationship _____

If no telephone, how may we contact you?

If you answered yes to felony or misdemeanor convictions from question 14, please explain:

III. EDUCATION

Please list below any educational experience that you have.

SCHOOL	NAME & CITY/STATE	COURSE OF STUDY	# YEARS	GRADUATE?	DEGREE
HIGH SCHOOL					
TECHNICAL COLLEGE					
COLLEGE OR UNIVERSITY					
OTHER					

IV. REFERENCES

Please list below three business references who are not relatives or employed by this company.

Name _____	Job Title _____
Address _____	Company _____
Phone (_____) _____ - _____	Relationship _____
Name _____	Job Title _____
Address _____	Company _____
Phone (_____) _____ - _____	Relationship _____
Name _____	Job Title _____
Address _____	Company _____
Phone (_____) _____ - _____	Relationship _____

V. EMPLOYMENT HISTORY

All driver applicants to drive interstate or intrastate commerce must provide the following information on all employers during the preceding ten (10) years. Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional seven years information on those employers for whom the applicant operated such vehicle. Please list the most recent employer first and add additional sheets if necessary.

Employer		Dates Employed	
Address City/State/Zip		From	To
		Job Title	
		Supervisor	
Telephone Fax		Base Pay	
Reason for Leaving?			
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>	Was the job designated as a "safety sensitive function" in the DOT-regulated mode subject to alcohol and drug testing requirements as required by 49CFR Part 40? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Employer		Dates Employed	
Address City/State/Zip		From	To
		Job Title	
		Supervisor	
Telephone Fax		Base Pay	
Reason for Leaving?			
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>	Was the job designated as a "safety sensitive function" in the DOT-regulated mode subject to alcohol and drug testing requirements as required by 49CFR Part 40? YES <input type="checkbox"/> NO <input type="checkbox"/>		

EMPLOYMENT HISTORY (CONT'D)

Employer		Dates Employed	
Address City/State/Zip		From	To
		Job Title	
Telephone Fax		Supervisor	
Reason for Leaving?		Base Pay	
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>	Was the job designated as a "safety sensitive function" in the DOT-regulated mode subject to alcohol and drug testing requirements as required by 49CFR Part 40? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Employer		Dates Employed	
Address City/State/Zip		From	To
		Job Title	
Telephone Fax		Supervisor	
Reason for Leaving?		Base Pay	
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>	Was the job designated as a "safety sensitive function" in the DOT-regulated mode subject to alcohol and drug testing requirements as required by 49CFR Part 40? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Employer		Dates Employed	
Address City/State/Zip		From	To
		Job Title	
Telephone Fax		Supervisor	
Reason for Leaving?		Base Pay	
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>	Was the job designated as a "safety sensitive function" in the DOT-regulated mode subject to alcohol and drug testing requirements as required by 49CFR Part 40? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Employer		Dates Employed	
Address City/State/Zip		From	To
		Job Title	
Telephone Fax		Supervisor	
Reason for Leaving?		Base Pay	
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>	Was the job designated as a "safety sensitive function" in the DOT-regulated mode subject to alcohol and drug testing requirements as required by 49CFR Part 40? YES <input type="checkbox"/> NO <input type="checkbox"/>		

VI. DRIVERS LICENSE

STATE	DRIVERS LICENSE NUMBER	ENDORSEMENTS	CLASS	EXPIRATION DATE

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? YES NO

Has any license, permit or privilege ever been suspended or revoked? YES NO

If you answered "yes" to either of the above, please explain in detail the fact and circumstances for each incident:

What is the date of your last DOT prescribed physical examination? _____ (dd/mm/yy)

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST THREE (3) YEARS (OTHER THAN PARKING VIOLATIONS)			
LOCATION	DATE	CHARGE	PENALTY

IF NONE, WRITE "NONE"

ACCIDENT RECORDS FOR THE PAST THREE (3) YEARS OR MORE			
NATURE OF ACCIDENT	DATE	INJURIES	FATALITIES

VII. DRIVING EXPERIENCE

CLASS OF EQUIPMENT	EQUIPMENT TYPE (eg. VAN, TANK, REEFER, FLAT, etc.)	FROM DATE	TO DATE	APPROX # OF TOTAL MILES DRIVEN
Straight Truck				
Tractor/Semi Trailer				
Tractor/Two Trailer				

List states operated in for the last five (5) years _____

Any special courses or training that has helped/will help you as a driver _____

Do you have any safe driving awards and from whom were they given? _____

Please list any trucking, transportation, or other experience that may help you in your work for this company _____

TO BE READ AND SIGNED BY THE 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. I understand that an offer of employment is contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.
- I authorize this Company and its representatives to contact my prior employers, former supervisors and company personnel, schools and all others for the purpose of verifying the information I have supplied. I authorize my prior employers to provide this Company any job-related information, personal or otherwise, they may have regarding me and I release this Company and them from any liability resulting from the release of this information. I further authorize all employers, schools and other personal to provide any information or transcripts that may be requested by this Company which will be used to determine if I am qualified to perform the job duties for which I am applying.
- Finally, if hired, I agree to abide by and conform to the rules, regulations, policies, and procedures of the Company, and acknowledge that these rules, regulations, policies and procedures may be changed, interpreted, withdrawn, or added to by the Company at any time.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND, AND AGREE WITH THE ABOVE STATEMENTS

DATE _____ SIGNATURE _____

PRINT NAME _____



Bethel Farms Transportation
8780 NW Bethel Farms Road
Arcadia, FL 34266
P 863.494.0918
F 863.494.0586

CONFIDENTIAL

CONSENT/REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER ON PROSPECTIVE EMPLOYEE

NOTE TO APPLICANT: PLEASE ONLY FILL OUT THE SHADED AREAS ON THIS PAGE AND THE NEXT ONE. THANK YOU.

NOTE TO PREVIOUS EMPLOYERS: Effective October 30, 2004, employers will be required to provide three years' worth of accident and drug/alcohol testing information to prospective employers, as well as general driver identification and employment verification (see FMCSA Sec.391.21 Safety Performance History). Employers who refuse to provide the requested information or respond to the request risk being reported to the FMCSA. Employers will also be required to notify driver-applicants of their rights to review the information obtained from previous employers, and their right to correct errors in that information.

I hereby authorize the below listed previous employer to release the following information to Bethel Farms Transportation for the purpose of investigation as required by Section 392.23 and allowed by Section 383.35 of the FMCSRs. I authorize the release of all records of employment, including assessments of my job performance, ability and fitness, to each and every company which may request such information in connection with my application for employment for this Company. I hereby release the below listed previous employer from all liability of any type as a result of providing the following information to the below mentioned person and/or Company.

Driver Applicant
Printed Name

Driver Applicant
Signature

Date

Prospective Employer: Bethel Farms Transportation (see contact information above)

Previous Employer: Name _____

Address _____

Attn _____

Fax _____

To whom it may concern:

The above named person has applied to this company for employment in a safety-sensitive position. The applicant lists your company as a previous employer. **Please kindly reply to this inquiry respecting this applicant and fax back to us at 863.494.8754.** As you will note from the waiver statement above, all liability of you and your company has been released by the applicant. We appreciate your time in completing, in confidence, the information requested.

Thank you,
Safety Department
Bethel Farms Transportation

CONFIDENTIAL PREVIOUS EMPLOYER INFORMATION

Applicant's Name _____ SSN _____

1. Did the applicant work for you from _____ to _____ as a _____? YES NO

If not, please explain _____

2. Was separation from your company voluntary? YES NO
3. Would you rehire this person? YES NO UPON REVIEW
4. Was the drivers general conduct satisfactory? YES NO
5. Did the driver have any accidents/tickets/arrests? YES NO

If so, please explain _____

6. What was the reason for leaving? _____

7. Type of driving: OTR Regional Local
8. Equipment Operated: Straight Van Reefer Flatbed Tanker
9. Areas Driven: 48 States Canada Other _____
10. Applicant's estimated average weekly mileage? _____
11. Did the applicant sustain any job related injuries? YES NO

If so, please explain _____

Drug and Alcohol Testing Verification is in Accordance with FMCSR Section 382.413:

1. Did driver ever test positive for a controlled substance? YES NO
2. Did driver ever have an alcohol test greater than 0.04? YES NO
3. Did driver ever refuse to be tested for alcohol or controlled substance? YES NO
4. Did driver commit other violations of DOT drug & alcohol testing regulations? YES NO
5. If driver has violated a DOT drug & alcohol regulation, do you have documentation of his successful completion of DOT return-to-duty requirements, including follow-up tests? YES NO

Person providing information:

Print Name _____ Signature _____

Date _____



Bethel Farms Transportation
8780 NW Bethel Farms Rd
Arcadia, FL 34266
P 863.494.0918
F 863.494.0586

AUTHORIZATION FORM TO CONDUCT A BACKGROUND INVESTIGATION

I, _____ do hereby authorize Bethel Farms Transportation to conduct a thorough investigation into the accuracy of any and all statements and information contained on this authorization for, as well as on an application for employment. I do hereby authorize any and all persons or businesses that may be contacted regarding the investigation to release any and all information requested by Bethel Farms Transportation or other information that they may deem important. I understand that this release will include any or all information about me including, but not limited to: Credit Bureau reports, Criminal History information, Driver's License Checks, Military Information, Employment information, References Interviewed, and any other information that may be requested. I also release any and all parties related to this investigation from any civil actions or liability, in regards to providing information they may have about me, personal or otherwise. I also understand and agree that this form shall be legally binding whether presented as an original form, as a copy thereof, or if submitted as a fax transmittal.

Applicant Name _____ Signature _____
Date _____

Name _____				
First	MI	Last		
Address _____				
Street	City	State	Zip	
Telephone Number (_____) _____ - _____				
DOB _____ / _____ / _____ (dd/mm/yy)				
SSN _____ - _____ - _____				
Driver's License Number _____ State Issued _____				