



Position Applying For:

- Company Driver**
- Owner Operator/Independent**

AMERICAN ROAD LINES, INC.
2250 EAST 15TH AVE. GARY, IN 46402
 219-882-0105 OFFICE 219-882-6811 FAX
DRIVER APPLICATION

MINIMUM REQUIREMENTS NECESSARY TO ACCEPT APPLICATION

- MUST COMPLETE THIS DRIVER APPLICATION
- MUST BE 23 YEARS OF AGE
- MUST HAVE A MINIMUM OF 2 YEARS VERIFIABLE TRACTOR/TRAILER EXPERIENCE IN THE PAST 10 YEARS
- MUST HAVE CURRENT MEDICAL OR PASS NEW DOT MEDICAL CERTIFICATION (SUBMIT COPY OF MEDICAL CARD)
- MUST HAVE VALID CDL WITH HAZMAT & TANK ENDORSEMENT IN STATE OF RESIDENCE
- (SUBMIT LEGIBLE COPY OF DRIVERS LICENSE WITH ENDORSEMENTS AND SOCIAL SECURITY CARD)
- MUST NEVER HAVE TESTED POSITIVE FOR CONTROLLED SUBSTANCE OR REFUSED TO TAKE AN ALCOHOL OR CONTROLLED SUBSTANCE TEST
- MUST NOT HAVE HAD A DUI IN THE PAST 5 YEARS
- MUST NOT HAVE HAD A REVOKED OR SUSPENDED LICENSE IN THE PAST 5 YEARS
- MUST NOT HAVE HAD 2 OR MORE SERIOUS TRAFFIC VIOLATIONS IN THE PAST 3 YEARS
- MUST NOT HAVE HAD A MAJOR PREVENTABLE DOT REPORTABLE ACCIDENT IN THE PAST 3 YEARS
- MUST BE CAPABLE OF READING AND SPEAKING ENGLISH
- MUST HAVE HOME ADDRESS HISTORY FOR LAST 3 YEARS
- MUST HAVE LAST 10 YEARS EMPLOYMENT HISTORY (IF NONE PUT NONE THERE CAN BE NO GAPS)

THIS APPLICATION IS NOT AN EMPLOYMENT CONTRACT. THIS APPLICATION IS INTENDED TO EVALUATE SUITABILITY FOR EMPLOYMENT AND WILL REMAIN ACTIVE FOR NINETY (90) DAYS. IN COMPLIANCE WITH FEDERAL AND STATE EQUAL EMPLOYMENT LAWS, QUALIFIED APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, CREED, RELIGION, SEX, NATIONAL ORIGIN, AGE, DISABILITY, MARITAL STATUS, PARTICIPATION IN THE MILITARY, OR ANY OTHER PROTECTED GROUP STATUS.

DATE OF APPLICATION: _____ PHONE NUMBER: _____ E-MAIL ADDRESS: _____

EMERGENCY CONTACT NAME AND NUMBER: _____

- ARE YOU CURRENTLY DISQUALIFIED FROM DRIVING A COMMERCIAL MOTOR VEHICLE? (49 CFR 391.15) YES __ NO __
- HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? (49 CFR (b) (9)) YES __ NO __

IF YES WHEN? _____

PLEASE PROVIDE A STATEMENT SETTING FORTH THE FACTS AND CIRCUMSTANCES OF THE DENIAL:

- HAS YOUR LICENSE, PERMIT, OR DRIVING PRIVILEGE EVER BEEN SUSPENDED OR REVOKED FOR ANY REASON? (49 CFR 391.21 (b)(9)) YES __ NO __

IF YES WHEN? _____

PLEASE PROVIDE A STATEMENT SETTING FORTH THE FACTS AND CIRCUMSTANCES OF THE SUSPENSION OR REVOCATION:

- WITHIN THE PAST TWO YEARS, HAVE YOU TESTED POSITIVE, OR REFUSED TO TEST, ON A PRE-EMPLOYMENT DRUG OR ALCOHOL TEST BY AN EMPLOYER TO WHOM YOU APPLIED, BUT DID NOT OBTAIN, SAFETY-SENSITIVE TRANSPORTATION WORK COVERED BY DOT AGENCY DRUG AND ALCOHOL TESTING RULES? (49 CFR 40.25(J)) YES ___ NO ___
- IN THE PAST (3) YEARS, HAVE YOU EVER BEEN CONVICTED OF ANY OF THE FOLLOWING OFFENSES COMMITTED DURING ON-DUTY TIME (49 CFR 391.15 AND 49 CFR 395.2) YES ___ NO ___
 - o DRIVING A COMMERCIAL MOTOR VEHICLE WITH A BLOOD ALCOHOL CONCENTRATION OF .04 PERCENT OR MORE
 - o DRIVING UNDER THE INFLUENCE OF ALCOHOL, AS PRESCRIBED BY STATE LAW
 - o REFUSAL TO UNDERGO DRUG AND ALCOHOL TESTING AS REQUIRED BY ANY JURISDICTION FOR THE ENFORCEMENT OF FEDERAL MOTOR CARRIER SAFETY ACT REGULATIONS
 - o DRIVING A COMMERCIAL MOTOR VEHICLE UNDER THE INFLUENCE OF ANY 21 CFR 1308.11 SCHEDULE I IDENTIFIED CONTROLLED SUBSTANCE, AN AMPHETAMINE, A NARCOTIC DRUG, A FORMULATION OF AMPHETAMINE, OR A DERIVATIVE OF A NARCOTIC DRUG
 - o TRANSPORTATION, POSSESSION, OR UNLAWFUL USE OF A 21 CFR 1308.11 SCHEDULE I IDENTIFIED CONTROLLED SUBSTANCE, AMPHETAMINES, NARCOTIC DRUGS, FORMULATIONS OF AN AMPHETAMINE, OR DERIVATIVES OF NARCOTIC DRUGS WHILE YOU WERE ON DUTY DRIVING FOR A MOTOR CARRIER
 - o LEAVING THE SCENE OF AN ACCIDENT WHILE OPERATING A COMMERCIAL MOTOR VEHICLE
 - o OR ANY OTHER FELONY INVOLVING THE USE OF A COMMERCIAL MOTOR VEHICLE
- HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES ___ NO ___ IF YES WHEN AND CHARGE: _____
- DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES? YES ___ NO ___
- HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE: YES ___ NO ___ IF YES WHEN? _____
- CAN YOU READ, WRITE, AND SPEAK ENGLISH: YES ___ NO ___
- CAN YOU PROVIDE PROOF OF AGE? YES ___ NO ___

CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF A COMMERCIAL DRIVER FOR A TANK TRUCK MOTOR CARRIER WITHOUT LIMITATIONS? YES ___ NO ___

ARE YOU CURRENTLY EMPLOYED AS A COMMERCIAL DRIVER? YES ___ NO ___ IF NO LAST DATE OF EMPLOYMENT: _____

HAVE YOU BEEN REFERRED BY ANOTHER DRIVER TO OUR COMPANY, IF SO NAME OF REFERRING DRIVER: _____

NAME: _____ DATE OF BIRTH: _____
FIRST MIDDLE LAST (MONTH/DAY/YEAR)

SOCIAL SECURITY NUMBER: _____ DRIVERS LICENSE #: _____ STATE ISSUED: _____ EXPIRATION DATE: _____

ENDORSEMENTS: _____ LICENSE CLASS: _____ PHYSICAL EXPIRATION: _____

PRESENT ADDRESS: _____ HOW LONG: _____
ADDRESS CITY STATE ZIP

IF LESS THAN THREE (3) YEARS AT PRESENT ADDRESS YOU MUST LIST ALL PREVIOUS ADDRESS(ES) FOR THE PAST THREE YEARS.

PREVIOUS ADDRESS: _____ HOW LONG: _____
ADDRESS CITY STATE ZIP

PREVIOUS ADDRESS: _____ HOW LONG: _____
ADDRESS CITY STATE ZIP

PAST EMPLOYMENT HISTORY

ALL APPLICANTS MUST PROVIDE THE FOLLOWING INFORMATION FOR THE PAST 10 YEARS, THE COMPANY NAME, MAILING ADDRESS, PHONE NUMBER, AND DATES OF EMPLOYMENT EVEN IF APPLICANT WAS IN A NON-DRIVING POSITION, MILITARY OR SCHOOL. ALL TIME MUST BE ACCOUNTED FOR SO THERE CAN BE NO GAPS AND IF YOU WERE UNEMPLOYED YOU MUST LIST DATES OF UNEMPLOYMENT. LIST MOST RECENT EMPLOYER FIRST.

EMPLOYER (MOST RECENT)			DATES FROM: (MONTH/DAY/YEAR) _____
NAME _____			DATES TO: (MONTH/DAY/YEAR) _____
ADDRESS _____			POSITION HELD: COMPANY DRIVER _____ LEASE OPERATOR _____ OTHER: _____
CITY _____	STATE _____	ZIP _____	
PHONE _____	CONTACT PERSON _____		

REASON FOR LEAVING: _____ WERE YOU TERMINATED: Y OR N _____

WERE YOU SUBJECT TO FMCSR WHILE EMPLOYED THERE? YES ___ NO ___

WAS THE JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO ALCOHOL AND DRUG TESTING REQUIREMENTS AS REQUIRED BY 49 CFR § 40? YES ___ NO ___

EMPLOYER			DATES FROM: (MONTH/DAY/YEAR) _____
NAME _____			DATES TO: (MONTH/DAY/YEAR) _____
ADDRESS _____			POSITION HELD: COMPANY DRIVER _____ LEASE OPERATOR _____ OTHER: _____
CITY _____	STATE _____	ZIP _____	
PHONE _____	CONTACT PERSON _____		

REASON FOR LEAVING: _____ WERE YOU TERMINATED: Y OR N _____

WERE YOU SUBJECT TO FMCSR WHILE EMPLOYED THERE? YES ___ NO ___

WAS THE JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO ALCOHOL AND DRUG TESTING REQUIREMENTS AS REQUIRED BY 49 CFR § 40? YES ___ NO ___

EMPLOYER			DATES FROM: (MONTH/DAY/YEAR) _____
NAME _____			DATES TO: (MONTH/DAY/YEAR) _____
ADDRESS _____			POSITION HELD: COMPANY DRIVER _____ LEASE OPERATOR _____ OTHER: _____
CITY _____	STATE _____	ZIP _____	
PHONE _____	CONTACT PERSON _____		

REASON FOR LEAVING: _____ WERE YOU TERMINATED: Y OR N _____

WERE YOU SUBJECT TO FMCSR WHILE EMPLOYED THERE? YES ___ NO ___

WAS THE JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO ALCOHOL AND DRUG TESTING REQUIREMENTS AS REQUIRED BY 49 CFR § 40? YES ___ NO ___

EMPLOYER			DATES FROM: (MONTH/DAY/YEAR) _____
NAME _____			DATES TO: (MONTH/DAY/YEAR) _____
ADDRESS _____			POSITION HELD: COMPANY DRIVER _____ LEASE OPERATOR _____ OTHER: _____
CITY _____	STATE _____	ZIP _____	
PHONE _____ CONTACT PERSON _____			
REASON FOR LEAVING: _____			WERE YOU TERMINATED: Y OR N _____
WERE YOU SUBJECT TO FMCSR WHILE EMPLOYED THERE? YES ___ NO ___			
WAS THE JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO ALCOHOL AND DRUG TESTING REQUIREMENTS AS REQUIRED BY 49 CFR § 40? YES ___ NO ___			

EMPLOYER			DATES FROM: (MONTH/DAY/YEAR) _____
NAME _____			DATES TO: (MONTH/DAY/YEAR) _____
ADDRESS _____			POSITION HELD: COMPANY DRIVER _____ LEASE OPERATOR _____ OTHER: _____
CITY _____	STATE _____	ZIP _____	
PHONE _____ CONTACT PERSON _____			
REASON FOR LEAVING: _____			WERE YOU TERMINATED: Y OR N _____
WERE YOU SUBJECT TO FMCSR WHILE EMPLOYED THERE? YES ___ NO ___			
WAS THE JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO ALCOHOL AND DRUG TESTING REQUIREMENTS AS REQUIRED BY 49 CFR § 40? YES ___ NO ___			

EMPLOYER			DATES FROM: (MONTH/DAY/YEAR) _____
NAME _____			DATES TO: (MONTH/DAY/YEAR) _____
ADDRESS _____			POSITION HELD: COMPANY DRIVER _____ LEASE OPERATOR _____ OTHER: _____
CITY _____	STATE _____	ZIP _____	
PHONE _____ CONTACT PERSON _____			
REASON FOR LEAVING: _____			WERE YOU TERMINATED: Y OR N _____
WERE YOU SUBJECT TO FMCSR WHILE EMPLOYED THERE? YES ___ NO ___			
WAS THE JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO ALCOHOL AND DRUG TESTING REQUIREMENTS AS REQUIRED BY 49 CFR § 40? YES ___ NO ___			

EMPLOYER			DATES FROM: (MONTH/DAY/YEAR) _____
NAME _____			DATES TO: (MONTH/DAY/YEAR) _____
ADDRESS _____			POSITION HELD: COMPANY DRIVER _____ LEASE OPERATOR _____ OTHER: _____
CITY _____	STATE _____	ZIP _____	
PHONE _____ CONTACT PERSON _____			
REASON FOR LEAVING: _____			WERE YOU TERMINATED: Y OR N _____
WERE YOU SUBJECT TO FMCSR WHILE EMPLOYED THERE? YES ___ NO ___			
WAS THE JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO ALCOHOL AND DRUG TESTING REQUIREMENTS AS REQUIRED BY 49 CFR § 40? YES ___ NO ___			

EMPLOYER			DATES FROM: (MONTH/DAY/YEAR) _____
NAME _____			DATES TO: (MONTH/DAY/YEAR) _____
ADDRESS _____			POSITION HELD: COMPANY DRIVER _____ LEASE OPERATOR _____ OTHER: _____
CITY _____	STATE _____	ZIP _____	
PHONE _____	CONTACT PERSON _____		

REASON FOR LEAVING: _____ WERE YOU TERMINATED: Y OR N _____
 WERE YOU SUBJECT TO FMCSR WHILE EMPLOYED THERE? YES ___ NO ___
 WAS THE JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO ALCOHOL AND DRUG TESTING REQUIREMENTS AS REQUIRED BY 49 CFR § 40? YES ___ NO ___

EMPLOYER			DATES FROM: (MONTH/DAY/YEAR) _____
NAME _____			DATES TO: (MONTH/DAY/YEAR) _____
ADDRESS _____			POSITION HELD: COMPANY DRIVER _____ LEASE OPERATOR _____ OTHER: _____
CITY _____	STATE _____	ZIP _____	
PHONE _____	CONTACT PERSON _____		

REASON FOR LEAVING: _____ WERE YOU TERMINATED: Y OR N _____
 WERE YOU SUBJECT TO FMCSR WHILE EMPLOYED THERE? YES ___ NO ___
 WAS THE JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO ALCOHOL AND DRUG TESTING REQUIREMENTS AS REQUIRED BY 49 CFR § 40? YES ___ NO ___

EMPLOYER			DATES FROM: (MONTH/DAY/YEAR) _____
NAME _____			DATES TO: (MONTH/DAY/YEAR) _____
ADDRESS _____			POSITION HELD: COMPANY DRIVER _____ LEASE OPERATOR _____ OTHER: _____
CITY _____	STATE _____	ZIP _____	
PHONE _____	CONTACT PERSON _____		

REASON FOR LEAVING: _____ WERE YOU TERMINATED: Y OR N _____
 WERE YOU SUBJECT TO FMCSR WHILE EMPLOYED THERE? YES ___ NO ___
 WAS THE JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO ALCOHOL AND DRUG TESTING REQUIREMENTS AS REQUIRED BY 49 CFR § 40? YES ___ NO ___

EMPLOYER			DATES FROM: (MONTH/DAY/YEAR) _____
NAME _____			DATES TO: (MONTH/DAY/YEAR) _____
ADDRESS _____			POSITION HELD: COMPANY DRIVER _____ LEASE OPERATOR _____ OTHER: _____
CITY _____	STATE _____	ZIP _____	
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REASON FOR LEAVING: _____ WERE YOU TERMINATED: Y OR N _____
 WERE YOU SUBJECT TO FMCSR WHILE EMPLOYED THERE? YES ___ NO ___
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EMPLOYER			DATES FROM: (MONTH/DAY/YEAR) _____
NAME _____			DATES TO: (MONTH/DAY/YEAR) _____
ADDRESS _____			POSITION HELD: COMPANY DRIVER _____ LEASE OPERATOR _____ OTHER: _____
CITY _____	STATE _____	ZIP _____	
PHONE _____		CONTACT PERSON _____	

REASON FOR LEAVING: _____ WERE YOU TERMINATED: Y OR N _____
 WERE YOU SUBJECT TO FMCSR WHILE EMPLOYED THERE? YES ___ NO ___
 WAS THE JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO ALCOHOL AND DRUG TESTING REQUIREMENTS AS REQUIRED BY 49 CFR § 40? YES ___ NO ___

ACCIDENT RECORD PAST 3 YEARS

ACCIDENT	MONTH/DAY/YEAR	TYPE OF ACCIDENT (HEAD ON, REAR END, UPSET, ETC.)	FATALITIES	INJURIES
LAST _____	_____	_____	_____	_____
PREVIOUS _____	_____	_____	_____	_____
PREVIOUS _____	_____	_____	_____	_____

VIOLATIONS OF MOTOR VEHICLE LAWS OR ORDINANCES (INCLUDING FOREITURE OF A BOND OR COLLATERAL IN THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS))

LAST	LOCATION	MONTH/DAY/YEAR	LICENSE #	LICENSE TYPE	STATE ISSUED	CHARGE	PENALTY
_____	_____	_____	_____	_____	_____	_____	_____
PREVIOUS _____	_____	_____	_____	_____	_____	_____	_____
PREVIOUS _____	_____	_____	_____	_____	_____	_____	_____

DRIVER'S LICENSE(S) HELD IN PAST 3 YEARS & ALL UNEXPIRED COMMERCIAL MOTOR VEHICLE OPERATOR'S LICENSE(S) AND/OR PERMITS

STATE	LICENSE NUMBER	CLASS	ENDORSEMENTS	EXPIRATION DATE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT FLAT VAN TANK DUMP REFER	MILES DRIVEN	DATES FROM MONTH & YEAR	DATES TO MONTH & YEAR
STRAIGHT TRUCK: YES ___ NO ___	_____	_____	_____	_____
TRACTOR & TRAILER YES ___ NO ___	_____	_____	_____	_____
TRACTOR & DOUBLE TRAILERS: YES ___ NO ___	_____	_____	_____	_____
OTHER (PLEASE LIST): _____				

LIST STATES AND CANADIAN PROVINCES OPERATED IN PAST 5 YEARS: _____

LIST SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD IF ANY AND FROM WHOM? _____

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 _____ HIGH SCHOOL: 9 10 11 12 _____ COLLEGE: 1 2 3 4 _____

LAST SCHOOL ATTENDED: _____
NAME CITY STATE

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 AUTHORIZE THE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION, RESUME AND ANY ATTACHMENTS. I RELEASE FROM ALL LIABILITY ANY PERSONS OR EMPLOYERS SUPPLYING SUCH INFORMATION. I ALSO RELEASE AMERICAN ROAD LINES, INC. FROM ALL LIABILITY THAT MIGHT RESULT FROM ANY INVESTIGATION.

I CERTIFY THAT THE FACTS AND INFORMATION SET FORTH IN THIS APPLICATION ARE TRUE AND COMPLETE IN THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSIFICATION, MISREPRESENTATION, OR OMISSION OF FACTS ON THE APPLICATION, RESUME AND ANY ATTACHMENTS (OR ON ANY REQUIRED DOCUMENT) WILL BECAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW IT WAS DISCOVERED.

I AGREE, IF I AM OFFERED AND ACCEPT EMPLOYMENT, TO CONFORM TO ALL EXISTING AND FUTURE COMPANY RULES AND REGULATIONS, AND I UNDERSTAND THAT THE COMPANY RESERVES THE RIGHT TO CHANGE WAGES, HOURS AND WORKING CONDITIONS AS DEEMED NECESSARY. I ALSO UNDERSTAND THAT, IF HIRED, MY EMPLOYMENT WILL BE AT-WILL, WHICH MEANS THAT EITHER PARTY CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON.

I UNDERSTAND THAT ANY EMPLOYMENT OFFER IS CONTINGENT UPON MY PROVIDING, WITHIN THREE WORKING DAYS OF EMPLOYMENT, VALID PROOF OF IDENTITY AND ELIGIBILITY TO WORK IN ORDER TO COMPLY WITH THE IMMIGRATION REFORM AND CONTROL ACT OF 1956.

I UNDERSTAND THAT I HAVE THE RIGHT TO REVIEW INFORMATION PROVIDED BY PREVIOUS EMPLOYERS, I HAVE THE RIGHT TO HAVE ERRORS IN THE INFORMATION CORRECTED BY THE PREVIOUS EMPLOYER AND THE FOR THE PREVIOUS EMPLOYER TO RE-SEND THE CORRECTED INFORMATION TO ARL, AND I HAVE THE RIGHT TO HAVE A REBUTTAL STATEMENT ATTACHED TO THE ALLEGED ERRONEOUS INFORMATION, IF THE PREVIOUS EMPLOYER AND I CANNOT AGREE ON THE ACCURACY OF THE INFORMATION.

I HAVE READ AND REVIEWED THE INFORMATION PROVIDED IN THIS APPLICATION AND THE ABOVE STATEMENTS. BY SIGNING THIS APPLICATION FOR EMPLOYMENT, I CERTIFY THAT ALL THE INFORMATION PROVIDED BY ME, INCLUDING ANY RESUMES, TEST ANSWERS OR ATTACHMENTS IS TRUTHFUL AND ACCURATE.

SIGNATURE: _____

DATE: _____

CONTROLLED SUBSTANCE TESTING

I UNDERSTAND THAT AS REQUIRED BY FEDERAL MOTOR CARRIER SAFETY REGULATIONS AND COMPANY POLICY, ALL DRIVER APPLICANTS MUST SUBMIT TO A CONTROLLED SUBSTANCE TEST, AND ARE SUBJECT TO TESTING AND THAT I AGREE TO SUBMIT THE REQUIRED SAMPLE FOR DRUG SCREEN TESTING. THESE ARE CONDUCTED AT PRE EMPLOYMENT AND RANDOMLY THROUGHOUT EMPLOYMENT. I UNDERSTAND THAT IF I TEST POSITIVE FOR CONTROLLED SUBSTANCES, I AM NOT QUALIFIED TO OPERATE A COMMERCIAL VEHICLE. THE RESULTS OF THE DRUG TEST WILL BE MAINTAINED BY THE MEDICAL REVIEW OFFICER FOR THE COMPANY THAT REPORTS WHETHER THE TEST RESULTS WERE NEGATIVE OR POSITIVE, AND IF POSITIVE, THE IDENTITY OF THE CONTROLLED SUBSTANCE WILL BE NAMED. I ACKNOWLEDGE RECEIPT OF THE TRANSPORTATION DRUG AND ALCOHOL POLICY MANUAL.

(SIGNATURE)

DATE: _____

DRIVER POST ACCIDENT AUTHORIZATION RELEASE

BY REASON OF MY INABILITY TO PROVIDE A BREATH AND OR URINE SAMPLE AFTER A RECORDABLE ACCIDENT AS DEFINED BY FHWA OR FOR WHICH I WAS A SURVIVING DRIVER INVOLVING A LOSS OF HUMAN LIFE OR I RECEIVED A CITATION FOR A MOVING TRAFFIC VIOLATION ARISING FROM THE ACCIDENT I AUTHORIZE THE RELEASE TO AMERICAN ROAD LINES, INC. ALL HOSPITAL REPORTS AND DOCUMENTS WHICH WOULD INDICATE WHETHER THERE WAS ALCOHOL AND OR ANY CONTROLLED SUBSTANCES IN MY SYSTEM FOLLOWING AN ACCIDENT I WAS INVOLVED IN.

(SIGNATURE)

DATE: _____

MOTOR VEHICLE RECORDS

FORM#ARL002-1

IN CONNECTION WITH MY APPLICATION FOR EMPLOYMENT INCLUDING CONTRACT SERVICES, I CERTIFY THAT I HAVE PROVIDED AN ACCURATE LIST OF ALL VIOLATIONS OF MOTOR VEHICLE TRAFFIC LAWS AND ORDINANCES (OTHER THAN VIOLATIONS INVOLVING PARKING) OF WHICH I HAVE BEEN CONVICTED, OR ON ACCOUNT OF WHICH I HAVE FORFEITED BOND OR COLLATERAL DURING THE PRECEDING 36 MONTHS. I ALSO UNDERSTAND THAT WITH MY CONTINUED EMPLOYMENT THIS WILL NEED TO BE COMPLETED ANNUALLY AND EACH TIME MY EMPLOYER WILL PULL MY MVR INCLUDING PRE-EMPLOYMENT.

I AUTHORIZE ANY AGENCY OR PARTY CONTACTED BY ARL TO FURNISH THE ABOVE MENTIONED INFORMATION.

(SIGNATURE)

DATE: _____

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

IN ACCORDANCE WITH THE PROVISIONS OF SECTION 604(b)(2)(A) OF THE FAIR CREDIT REPORTING ACT, PUBLIC LAW 91-508, AS AMENDED BY THE CONSUMER CREDIT REPORTING ACT OF 1996 (TITLE II, SUBTITLE D, CHAPTER I, OF PUBLIC LAW 104-208), YOU ARE BEING INFORMED THAT REPORTS VERIFYING YOUR PREVIOUS EMPLOYMENT, PREVIOUS DRUG AND ALCOHOL RESULTS, AND YOUR DRIVING RECORD MAY BE OBTAINED ON YOU FOR EMPLOYMENT PURPOSES. THESE REPORTS ARE REQUIRED BY SECTIONS 382.413, 391.23, AND 391.25 OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS.

I AUTHORIZE ANY AGENCY OR PARTY CONTACTED BY ARL TO FURNISH THE ABOVE MENTIONED INFORMATION.

(SIGNATURE)

DATE: _____

(PRINTED NAME)

SOCIAL SECURITY NUMBER

DAC SERVICES

IN CONNECTION WITH MY APPLICATION FOR EMPLOYMENT INCLUDING CONTRACT SERVICES, I UNDERSTAND THAT DAC SERVICES MAY PROVIDE REPORTS WHICH CONTAIN PUBLIC RECORD INFORMATION AND THAT THESE REPORTS MAY INCLUDE NAMES OF PREVIOUS EMPLOYERS, DATES OF EMPLOYMENT, REASON FOR TERMINATION, WORK EXPERIENCE, ACCIDENTS AND DRIVING RECORD, WORKER COMPENSATION CLAIMS AND CRIMINAL RECORDS.

I AUTHORIZE ANY AGENCY OR PARTY CONTACTED BY DAC SERVICES TO FURNISH THE ABOVE MENTIONED INFORMATION.

(SIGNATURE)

DATE: _____

NOTICE

NO PASSENGERS/UNAUTHORIZED PASSENGERS

AMERICAN ROAD LINES, INC. AND MOTOR CARRIERS INSURANCE COMPANY DOES NOT ALLOW ANY UNAUTHORIZED PASSENGER IN ANY COMPANY OWNED OR INDEPENDENT CONTRACTOR LEASED EQUIPMENT THAT IS NOT A QUALIFIED DRIVER FOR AMERICAN ROAD LINES, INC. OR A COMPANY OFFICAL OR AUTHORIZED REPRESENTATIVE OF THE COMPANY AND ANY VIOLATION OF THIS POLICY WILL RESULT IN DISQUALIFICATION.

(SIGNATURE)

DATE: _____

DRIVER RECEIPT

I ACKNOWLEDGE RECEIPT OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS POCKETBOOK (347). IN ADDITION, I AGREE TO FAMILIARZE MYSELF WITH THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS (FMCSR) OF THE U.S. DEPARTMENT OF TRANSPORTATION, PARTS 40, 380, 382, 383, 390-397, 399 SUBCHAPTER B, CHAPTER 3, TITLE 49 OF THE CODE OF FEDERAL REGUALTIONS, AS CONTAINED THEREIN. I HAVE ALSO RECEIVED A COPY OF THE HAZARDOUS MATERIALS POCKETBOOK (42456) WHICH DETAILS DRIVER RESPONSIBILITIES AND DUTIES IN THE TRANSPORTATION OF HAZARDOUS MATERIALS, AS PRESCRIBED BY THE U.S. DEPARTMENT OF TRANSPORTATION IN TITLE 49 CFR PARTS 107, 171-180 AND 390-397. I HAVE ALSO RECEIVED A COPY OF THE EMERGENCY RESPONSE GUIDEBOOK DETAILING EMEREGENCY RESPONSE PROCEDURES.

(SIGNATURE)

(COMPANY REPRESENTATIVE)

DATE: _____

**OCCUPATIONAL ACCIDENT COVERAGE OR WORKERS COMPENSATION COVERAGE
(INDEPENDENT CONTRACTORS AND FLEET OPERATORS AND THEIR DRIVERS ONLY)**

AMERICAN ROAD LINES INC. RECOGNIZES THE POTENTIAL OF BEING INJURED ON THE JOB AND IT IS MANDATORY THAT ALL INDEPENDENT CONTRACTORS, FLEET OPERATORS AND THEIR DRIVERS HAVE THE REQUIRED OCCUPATIONAL ACCIDENT POLICY OR WORKERS COMPENSATION COVERAGE WHILE OPERATING UNDER MOTOR CARRIERS AUTHORITY. AMERICAN ROAD LINES MAY PROVIDE OCCUPATIONAL ACCIDENT COVERAGE TO INDEPENDENT CONTRACTORS AND FLEET OPERATORS AND THEIR REPECTIVE DRIVERS AND PAYROLL DEDUCT FROM DRIVERS' WEEKLY SETTLEMENTS. IN THE EVÉNT AN INDEPENDENTANT CONTRACTOR, FLEET OPERATOR AND THEIR DRIVERS DO NOT PURCHASE WORKERS' COMPENSATION THROUGH AMERICAN ROAD LINES, INC, A CURRENT CERTIFICATE OF COVERAGE FOR EITHER OCCUPATIONAL ACCIDENT OR WORKERS COMPENSATION COVERAGE MUST BE ON FILE WITH AMERICAN ROAD LINES, INC.

I AUTHORIZE AMERICAN ROAD LINES, INC. TO DEDUCT FROM MY SETTLEMENTS THE APPROPRIATE AMOUNT FOR OCCUPATIONAL ACCIDENT COVERAGE AND I HAVE COMPLETED THE ENROLLMENT FORM.

(NAME - PRINT)

(SIGNATURE)

(DATE)

NOTICE TO DRIVER'S AND DRIVER'S CERTIFICATION OF NON-MOTOR CARRIER COMPENSATED WORK

NOTICE TO DRIVER'S:

IN ACCORDANCE WITH 49 CFR § 395.2 OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS, DRIVERS ARE TO INCLUDE AS "ON DUTY" TIME ANY TIME A DRIVER SPENDS "PERFORMING ANY COMPENSATED WORK FOR ANY NON-MOTOR CARRIER ENTITY."

DRIVER'S CERTIFICATION OF NON-MOTOR CARRIER COMPENSATED WORK:

I HEREBY CERTIFY THAT I HAVE READ THE FORGOING "NOTICE TO DRIVER'S" AND UNDERTSAND THAT ANY TIME I SPEND PERFORMING ANY COMPENSATED WORK FOR A NON-MOTOR CARRIER ENTITY MUST BE INCLUDED AS "ON DUTY" TIME UNDER FEDERAL HOURS OF SERVICE REGULATIONS.

I FURTHER STATE: (CHECK APPROPRIATE BOX)

() CURRENTLY, I AM NOT PERFORMING ANY COMPENSATED WORK FOR A NON-MOTOR CARRIER ENTITY; IN THE EVENT THAT I DO PERFORM WORK FOR A NON-MOTOR CARRIER ENTITY FOR WHICH I AM COMPENSATED, I WILL IMEDIATELY NOTIFY CARRIER THAT SUCH WORK HAS BEEN OR WILL BE PERFORMED, AND I WILL PROVIDE DETAILS ON THE NATURE OF THE WORKED PERFORMED.

{ } I AM PERFORMING WORK FOR A NON-MOTOR CARRIER ENTITY FOR WHICH I AM BEING OR WILL BE COMPENSATED AND WILL PROVIDE DETAILS ABOUT THE NATURE OF THAT WORK.

(SIGNATURE)

(DATE)

CERTIFICATION OF COMPLIANCE

DRIVER REQUIREMENTS: PARTS 383 AND 391 OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS CONTAIN SOME REQUIREMENTS THAT YOU AS A DRIVER MUST COMPLY WITH. THEY ARE AS FOLLOWS:

1) YOU, AS A COMMERCIAL VEHICLE DRIVER, MAY NOT POSSESS MORE THAN ONE CDL.

IF YOU CURRENTLY HAVE MORE THAN ONE LICENSE, YOU SHOULD KEEP THE CDL FROM YOUR STATE OF RESIDENCE AND RETURN THE ADDITIONAL LICENSE TO THE STATE THAT ISSUED THEM. DESTROYING A LICENSE DOES NOT CLOSE THE RECORD IN THE STATE THAT ISSUED IT; YOU MUST NOTIFY THE STATE. IF A MULTIPLE LICENSE HAS BEEN LOST, STOLEN, OR DESTROYED, YOU SHOULD CLOSE YOUR RECORD BY NOTIFYING THE STATE OF ISSUANCE THAT YOU NO LONGER WANT TO BE LICENSED BY THAT STATE.

2) 49 CFR § 383.33 OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS REQUIRE THAT YOU NOTIFY YOUR EMPLOYER THE NEXT BUSINESS DAY OF ANY REVOCATION OR SUSPENSION OF YOUR DRIVER'S LICENSE. IN ADDITION, 49 CFR § 383.31 REQUIRES THAT ANY TIME YOU VIOLATE A STATE OR LOCAL TRAFFIC LAW (OTHER THAN PARKING) YOU MUST REPORT IT TO YOUR EMPLOYING MOTOR CARRIER AND THE STATE THAT ISSUED YOUR LICENSE WITHIN 10 DAYS.

DRIVER CERTIFICATION; I CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE REQUIREMENTS.

THE FOLLOWING CDL IS THE ONLY ONE I WILL POSSESS:

DRIVERS LICENSE NUMBER: _____ STATE _____ EXPIRATION DATE _____

DRIVERS SIGNATURE: _____

DRIVER DATA SHEET FORM#ARL002-2

NAME: _____
 (PRINT)

SOCIAL SECURITY NUMBER: _____

MOTOR VEHICLE OPERATOR'S LICENSE NUMBER: _____

TYPE OF LICENSE: _____ ISSUING STATE: _____

INSTRUCTIONS: THE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION RULE 40 CFR § 395 REQUIRES YOU TO FURNISH A STATEMENT OF THE AMOUNT OF TIME WORKED DURING THE LAST PERIOD OF SEVEN (7) CONSECUTIVE DAYS. IN THE SPACES BELOW, SHOW THE NUMBER OF HOURS WORKED (ON DUTY) IN EACH OF THE LAST 7 DAYS.

DAY	1	2	3	4	5	6	7	TOTAL
DATE								
HOURS WORKED								

I HEREBY CERTIFY THAT THE INFORMATION GIVEN ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT I WAS LAST RELIEVED FROM WORK AT _____ ON _____
 (TIME) (DAY) (MONTH) (YEAR)

SIGNATURE: _____

WITNESS: _____
 (COMPANY REPRESENTATIVE)

DATE: _____

PSP DISCLOSURE AND AUTHORIZATION FORM

FORM#ARL002-3 AND ARL002-4

FORM#ARL-002-3

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

IMPORTANT DISCLOSURE
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In connection with your application for employment with American Road Lines, Inc. ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize American Road Lines, Inc. ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault.

Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____ Name (Please Print): _____

Signature: _____

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 12/22/2015

RECIPIENT EMPLOYER: The individual identified in SECTION 1 below has indicated that you employ(ed) or use(d) him/her within the last 3 years in a position that involved the operation of a commercial motor vehicle and/or that was subject to U.S. Department of Transportation (DOT)-regulated drug and alcohol testing.

In accordance with 49 CFR §§40.25 and 391.23, we are hereby requesting that you supply us with the Safety Performance History of this individual. Under DOT rule §391.23(g), you must respond to this inquiry within 30 days of receipt.

Please complete SECTIONS 2 through 4 (as applicable) and return to the prospective employer shown in SECTION 1.

APPLICANT: Complete SECTION 1 and submit to prospective employer.

PROSPECTIVE EMPLOYER: Complete SECTION 5a and send form to current/previous employer. Upon receipt of completed form, complete SECTION 5b and retain.

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) _____ First, M.I., Last _____ Social Security Number _____
hereby authorize: _____ Date of Birth _____

Previous Employer: _____ Email: _____
Street: _____ Telephone: _____
City, State, Zip: _____ Fax No.: _____

to release and forward the information requested by section 4 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____ (date of employment application)

To:
Prospective Employer: American Road Lines
Attention: Tanya Richman Telephone: 219-882-3986
Street: 2250 E 15th Ave
City, State, Zip: Gary In 46402

In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's confidential fax number: 219-882-6811
Prospective employer's confidential email address: tanya@arlinc.net

Applicant's Signature _____ Date _____

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

EMPLOYMENT VERIFICATION

The applicant named above was or is employed or used by us. Yes [] No []
Employed as (job title) _____ from (m/y) _____ to (m/y) _____
Did he/she drive a motor vehicle for you? Yes [] No [] If yes, what type? Straight Truck [] Tractor-Semitrailer [] Bus []
Cargo Tank [] Doubles/Triples [] Other (Specify) _____

Completed by: _____
Company: _____
Street: _____
City, State, Zip: _____ Telephone: _____
Signature: _____ Date: _____

Complete Sections 3 and 4 on SIDE 2 before returning.

Handwritten initials

SECTION 3:

TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY

Check here if there is no accident register data for this driver and skip to Section 4. Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown on SIDE 1.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other commercial motor vehicle accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

SECTION 4:

TO BE COMPLETED BY PREVIOUS EMPLOYER

DRUG AND ALCOHOL HISTORY

Check here and return if applicant was not subject to DOT testing requirements under 49 CFR Part 40 while employed by you.

Applicant was subject to DOT testing requirements from _____ to _____

In answering these questions, include any required DOT drug or alcohol testing information you obtained from other employers in the 3 years prior to the application date shown on SIDE 1.

Within the past 3 years from the application date shown on SIDE 1:

- | | | |
|---|--------------------------|--------------------------|
| | YES | NO |
| 1. Has this person violated any of the drug and/or alcohol prohibitions under 49 CFR Part 40 or Subpart B of Part 382, including: | <input type="checkbox"/> | <input type="checkbox"/> |
| • An alcohol test with a result of 0.04 or higher alcohol concentration. | | |
| • A controlled substances test result of positive, adulterated, or substituted. | | |
| • A refusal to submit to a random, post-accident, reasonable-suspicion, or follow-up controlled substances or alcohol test. | | |
| • Alcohol use while performing or within 4 hours before performing safety-sensitive functions. | | |
| • Alcohol use after an accident, in violation of §382.303. | | |
| • Controlled substances use while on duty, except as allowed under §382.213. | | N/A |
| 2. If this person violated a DOT drug and/or alcohol prohibition, did he/she fail to begin or complete a rehabilitation program prescribed by a Substance Abuse Professional (SAP)? If rehabilitation was required but you do not know if he/she began or completed such a program, check here <input type="checkbox"/> . | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. If this person successfully completed a SAP's rehabilitation referral and remained in your employ, did he/she subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refusal to be tested? | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION 5a:

TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) Faxed to previous employer Mailed Emailed Other _____

By: _____ Date: _____

Subsequent attempts to contact previous employer (§391.23(c)(1)): _____

SECTION 5b:

TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when information is obtained.

Information received from: _____

Recorded by: _____ Method: Fax Mail Email Telephone

Date: _____ Other _____