

EMPLOYMENT DATA

LIST ALL EMPLOYERS FOR THE LAST 10 YEARS BEGINNING WITH YOUR MOST RECENT EMPLOYER

<u>EMPLOYER</u>		<u>ADDRESS</u>	
WERE YOU SUBJECT TO FEDERAL MOTOR CARRIER SAFETY REGULATIONS <input type="checkbox"/> NO <input type="checkbox"/> YES		<u>SUPERVISOR'S NAME</u>	
WERE YOU SUBJECT TO 49 CFR PART 40 DRUG AND ALCOHOL TESTING DURING THIS PERIOD <input type="checkbox"/> NO <input type="checkbox"/> YES		<u>TELEPHONE NUMBER</u>	
<u>EMPLOYMENT PERIOD</u> FROM _____ TO _____ mo/yr mo/yr		<u>FAX NUMBER</u>	
<u>REASON FOR LEAVING</u>			

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LICENSE INFORMATION

LIST ALL COMMERCIAL DRIVER'S LICENSES HELD IN THE PAST THREE YEARS

STATE	CDL#	HAZMAT (YES or NO)	EXPIRATION

TRAFFIC VIOLATIONS / CONVICTIONS

LIST ALL MOVING TRAFFIC VIOLATIONS AND CONVICTIONS FOR THE PAST FIVE YEARS (if none, write NONE)

DATE	CITY/STATE	CHARGE / OFFENSE	CITED
			YES or NO
			YES or NO
			YES or NO

ACCIDENT RECORD

LIST ALL ACCIDENTS / INCIDENTS FOR THE PAST THREE YEARS INCLUDING PEVENTABLE & NON-PREVENTABLE (if none, write NONE)

DATE	NATURE OF ACCIDENT / INCIDENT	INJURIES	FATALITIES	CITED
		YES or NO	YES or NO	YES or NO
		YES or NO	YES or NO	YES or NO
		YES or NO	YES or NO	YES or NO

EXPERIENCE

LIST ALL DRIVING EXPERIENCE IN THE LAST 10 YEARS

TYPE OF EQUIPMENT	DATES	MILES	STATES OPERATED IN
VAN/REEFER/FLATBED/OTHER	FROM _____ TO _____ mo/yr mo/yr		
VAN/REEFER/FLATBED/OTHER	FROM _____ TO _____ mo/yr mo/yr		
VAN/REEFER/FLATBED/OTHER	FROM _____ TO _____ mo/yr mo/yr		

HAVE YOU EVER:

- HAD A LICENSE, PERMIT, OR PRIVILIDEG SUSPENDED OR REVOKED? YES or NO
- BEEN DENIED A LICENSE, PERMIT, OR PRIVELIDGE TO OPERATE A MOTOR VEHICLE YES or NO
- BEEN CONVICTED FOR D.U.I. OR D.W.I. YES or NO
- IF YOU ANSWERED **YES** TO ANY OF THE ABOVE QUESTIONS, PROVIDE DETAILS AND DATES

HAVE YOU EVER:

- WORKED UNDER ANY OTHER NAME FOR ANY OF THE ABOVE LISTED CARRIERS YES or NO
- RECEIVED ANY SAFE DRIVING AWARDS YES or NO
- ATTENDED TRUCK DRIVING SCHOOL OR TRAINING YES or NO
- BEEN DISQUALIFIED TO DRIVE BY FEDERAL REGULATIONS YES or NO
- FAILED A PRE-EMPLOYMENT DRUG/ALCOHOL SCREENING YES or NO
- BEEN CONVICTED OF A FELONY YES or NO
- IF YOU ANSWERED **YES** TO ANY OF THE ABOVE QUESTIONS, PROVIDE DETAILS AND DATES

“I certify 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.”

Driver's Signature

Date

TO BE COMPLETED BY ROADLINK EXPRESS:

Application received and reviewed by

Title

Signature

Date

SIGNICANT DATES:

DATE OF HIRE _____

TIME & DATE OF PRE-EMPLOYMENT CST _____

TIME & DATE OF PRE-EMPLOYMENT CST RESULTS RECEIVED _____

DATE FIRST USED IN SAFETY SENSITIVE POSITION _____

DATE OF TERMINATION _____

AUTHORIZATION TO RELEASE DRIVER BACKGROUND INFORMATION (PSP)

In connection with your application for employment with **Roadlink Express** (“Prospective Employer”), it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). 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 right 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. The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize **Roadlink Express** (“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 consenting to 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 am challenging 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 have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, 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.

Signature: _____ Date: _____

Name: _____

Roadlink Express Motor Vehicle Registration (MVR) Release

I, _____, authorize Roadlink Express to obtain a copy of my MVR from the information listed below. In accordance with Section 391.23(a)(1) and (b) of the Federal Motor Carrier Safety Regulations, Roadlink Express is required to make inquiry into the driving record during the preceding three years of every State in which an applicant-driver has held a motor vehicle operator's license or permit during those three years.

Please certify to Roadlink Express what my driving record is for the preceding three years, or certify that no record exists if that be the case.

In the event that this inquiry does not satisfy your requirements for making such inquiries, please send Roadlink Express such forms of yours as are necessary for them to complete their inquiry into my driving record.

Driver's Name

Driver's License Number and State

Driver's Social Security Number

Driver's Signature

Date

The above listed individual has made application with us for employment as a driver. The applicant has indicated that the above numbered operator's license or permit has been issued by your State and that it is in good standing.

Print Name of Person Making Inquiry

Title of Person Making Inquiry

Signature of Person Making Inquiry

Date

8340 89th Avenue N
Brooklyn Park, MN 55445
763-398-6695 (Main)
763-398-6699 (Fax)

Roadlink Express
8340 89th Avenue N
Brooklyn Park, MN 55445
Main: 763-398-6695
Fax: 763-398-6699

COMMERCIAL VEHICLE DRIVER APPLICANT

Controlled Substance and Alcohol Questionnaire
Pursuant to 49 CFR Part 40.25(j)

Application Date: _____

Name: _____

Address: _____ Phone #1 _____

City: _____ Phone #2 _____

D. O. B. _____ Social Security # _____ - _____ - _____

49 CFI 40.25(j)

Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, <u>safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules</u> during the past two years?		YES	NO
If YES -	Have you successfully completed the return-to-duty process	YES	NO
If YES -	Documentation <u>MUST BE PROVIDED</u> before any safety-sensitive transportation function is performed!		

Applicant's Signature _____

Date _____

TO BE COMPLETED BY EMPLOYER:

Received by _____

Title _____

Signature _____

Date _____

Roadlink Express Drug and Alcohol Testing Consent Form

I, _____, hereby authorize Roadlink Express to conduct a DOT Pre-employment Drug Test
Print Name
and Random Drug & Alcohol Test (when selected) in accordance with FMCSR Parts 40, 382, and 392.

I consent to give urine, blood/saliva sample to be used for drug and alcohol analysis under the conditions by the FMCSR.

I understand that any offer to contract and continued contractual relationship is contingent on passing any drug and alcohol test required.

Please complete if applicable

1. List any prescription or over-the-counter medications that you are or recently have been taking:

2. Any other personal information that may affect the drug and/or alcohol testing:

PLEASE NOTE:

Within three (3) working days of a positive drug and/or alcohol test, you may submit to Roadlink Express, any information which will explain the positive test.

Signature

Date

Roadlink Express Employment Verification Form

The Federal Motor Carrier Safety Regulations require all previous employers of this applicant to respond to this request for information within 30 days. Failure to comply with this request is in violation of 49 CFR 391.23 and 40.25, for which you may be prosecuted. Questions concerning the requirements of this regulation should be directed to the Minnesota Division Office of the Federal Carrier Safety Administration at 651-291-6150, during business hours.

Section I: To be completed by driver

I, _____, hereby authorize the release of all records of employment, including assessments of my job performance, ability, and fitness. This
Print Name
 should include the dates of any and all alcohol and/or drug tests, with confirmed results, and/or my refusal to submit to any alcohol and drug tests and any rehabilitation completed under the direction of a Substance Abuse Professional (SAP) and/or Medical Review Officer (MRO) to each and every company (or their authorized agents) making such requests in connection with my application for employment with said company. A photocopy of this authorization may be accepted by anyone as though it were the original. I, hereby, release the company named in Section II, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing the following information to the below mentioned person and/or company.

Driver's Signature: _____ Social Security #: _____ - _____ - _____ Date: _____

Section II: (to be completed by *ROADLINK EXPRESS*)

TO: _____

Former Carrier Name _____ Date Faxed _____

Address _____

City / State / ZIP Code _____

Phone # _____ Fax # _____

Section III: To be completed by the previous carrier and transmitted by mail / email / fax to:

Roadlink Express
 8340 89th Avenue N
 Brooklyn Park, MN 55445
 Main: 763-398-6695
 Fax: 763-398-6699
 DER: Toby Mickelson, Director of Safety & Recruiting – tmickelson@roadlinkexpress.com

- Employment dates: _____ to _____
- Driver Type: Company _____ O/O _____ Lease/Purchase _____ Other _____
 - Miles driven weekly _____
 - Commodity _____
- Trailer: 53' Trailer _____ 48' Trailer _____ Straight Truck _____ Reefer _____ Inter-model _____ Dbl./Trpl. _____ Flatbed _____
- Area: OTR _____ Regional _____ Local _____ Other _____
- Responsible for maintaining logs: YES or NO
- Subject to FMCSR's: YES or NO
- Was the driver in a safety sensitive function: YES or NO

Accidents: (if none, write zero (0))		# of preventable	# of non-preventable	# of DOT reportable		
Date	City, State	Description	# of fatalities	# of injuries	# of towed vehicles	Preventable YES or NO

- Reason for leaving: Terminated _____ Voluntary _____ Quit w/o notice _____ Reason _____
- Available for re-hire: YES _____ NO _____ Upon review _____
- In the three years prior to the date of the employee's signature (on the release) for DOT – regulated testing:
 1. Did the driver have alcohol test with a result of 0.04 or higher? YES or NO
 2. Did the driver have verified positive controlled substance test results? YES or NO
 3. Did the driver refuse to be tested? YES or NO
 4. Did the employee have other violations of DOT agency Drug & Alcohol Testing Regulations? YES or NO
 5. Did a previous employer report a drug and alcohol rule violation to you? YES or NO
 6. Did the employee complete the return to duty process? N/A or YES or NO

Report completed by _____

Date _____