

EMPLOYMENT HISTORY

Note: DOT requires employment information for the 3 years previous and/or commercial driving experience for the past 10 years from the date of application. List the most recent (or present) employer first.

EMPLOYER _____ FROM _____ TO _____ SALARY _____

ADDRESS _____ PHONE _____

POSITION HELD _____ REASON FOR LEAVING _____

- Were you subject to the FMCSRs while employed by the previous employer? Yes No
- Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No
- ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON:

EMPLOYER _____ FROM _____ TO _____ SALARY _____

ADDRESS _____ PHONE _____

POSITION HELD _____ REASON FOR LEAVING _____

- Were you subject to the FMCSRs while employed by the previous employer? Yes No
- Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No
- ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON:

EMPLOYER _____ FROM _____ TO _____ SALARY _____

ADDRESS _____ PHONE _____

POSITION HELD _____ REASON FOR LEAVING _____

- Were you subject to the FMCSRs while employed by the previous employer? Yes No
- Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No
- ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON:

EMPLOYER _____ FROM _____ TO _____ SALARY _____

ADDRESS _____ PHONE _____

POSITION HELD _____ REASON FOR LEAVING _____

- Were you subject to the FMCSRs while employed by the previous employer? Yes No
- Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No
- ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON:

EMPLOYMENT HISTORY - CONTINUED

<p>EMPLOYER _____ FROM _____ TO _____ SALARY _____</p> <p>ADDRESS _____ PHONE _____</p> <p>POSITION HELD _____ REASON FOR LEAVING _____</p> <ul style="list-style-type: none">• Were you subject to the FMCSRs while employed by the previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No• Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No• ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON:
<p>EMPLOYER _____ FROM _____ TO _____ SALARY _____</p> <p>ADDRESS _____ PHONE _____</p> <p>POSITION HELD _____ REASON FOR LEAVING _____</p> <ul style="list-style-type: none">• Were you subject to the FMCSRs while employed by the previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No• Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No• ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON:
<p>EMPLOYER _____ FROM _____ TO _____ SALARY _____</p> <p>ADDRESS _____ PHONE _____</p> <p>POSITION HELD _____ REASON FOR LEAVING _____</p> <ul style="list-style-type: none">• Were you subject to the FMCSRs while employed by the previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No• Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No• ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON:
<p>EMPLOYER _____ FROM _____ TO _____ SALARY _____</p> <p>ADDRESS _____ PHONE _____</p> <p>POSITION HELD _____ REASON FOR LEAVING _____</p> <ul style="list-style-type: none">• Were you subject to the FMCSRs while employed by the previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No• Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No• ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON:

REQUIRED DOCUMENTS

Current copy of the following documents must be attached to the application for employment.

DOCUMENT	REQUIRED	RECEIVED
DRIVER'S LICENSE	YES	
SOCIAL SECURITY CARD	YES	
MEDICAL CARD	YES	
MOTOR VEHICLE RECORD (MVR) SUMMARY <u>(or signed consent form)</u>	YES	
SAFETY PERFORMANCE HISTORY RECORDS REQUEST FOR <u>EACH</u> PREVIOUS EMPLOYER <u>(or one signed blank form)</u>	YES	

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company and the Federal Motor Carrier Safety Administration.

"I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information."

I do hereby certify that this application was completed by me and that all entries on it and information contained in it are true and complete to the best of my knowledge.

APPLICANT'S SIGNATURE

DATE

**State of Oklahoma
Department of Public Safety
RECORDS REQUEST and CONSENT TO RELEASE**

I hereby request the following driver record(s):	Per Record Fee	
	Regular	Certified
<input checked="" type="checkbox"/> Oklahoma driving record summary (Motor Vehicle Report, or MVR) [state law limits this summary to three years]	\$25.00	\$28.00
<input type="checkbox"/> Collision Report. Provide Date: _____ City/County _____	\$ 7.00	\$10.00
<input type="checkbox"/> Other Record(s) [please be specific] _____	\$ 0.25	\$ 3.25

related to:

Name: **X** _____

Driver License Number: **X** _____ Date of Birth: **X** _____

Check the following applicable statement:

- I am the person named in the record(s) sought. I am requesting the record(s) of another person.

If you are not the person named in the record(s) sought, provide the reason(s) you are entitled to this record without approval of the named person [please check all that apply. If none of these reasons apply, you must have the named person sign the Consent to Release below.]:

- Business: To verify the accuracy of personal information submitted by the individual. If the information submitted is not correct, to obtain the correct information for the purpose of preventing fraud or recovering on a debt or security interest against the individual
- Legal: For use in connection with any court, agency or self-regulatory proceeding, including the service of process, investigation in anticipation of litigation, and the execution or enforcement of judgments or orders, or pursuant to an order of any court
- Licensed Private Investigative Agency, Licensed Security Service: For any purpose pursuant to 18 U.S.C. §2721, subsection (b)
- Insurer, Insurance Support Organization, Self-insured Entity: For claims investigation activities, antifraud activities, rating or underwriting
- Toll Transportation Facilities: For operation of facilities or for use in providing notice to the owners of towed or impounded vehicles.
- Court, Law Enforcement Agency, Other Government Agency: For use in carrying out official functions
- Research Activities and Statistical Reports. Personal information shall not be published, redisclosed, or used to contact individuals
- Other Matters: Driver safety; motor vehicle safety, theft, emissions, products (alterations, recalls, advisories), performance monitoring, market/survey research; removal of non-owner records from records of motor vehicle manufacturers; any other use specifically authorized under the laws of the State of Oklahoma related to the operation of a motor vehicle or public safety

CONSENT TO RELEASE by Person Named in Request [if none of the reasons above apply, consent to release is required]

X _____ **X** _____
Printed Name of Person Named in Request Signature of Person Named in Request

By signing above, I voluntarily give consent to the Department of Public Safety or any Motor License Agency to release the above-named record(s) to the person making this Records Request. I understand, as required by the Federal Driver Privacy Protection Act (DPPA), 18 U.S.C. Section 2721, the Department of Public Safety or any Motor License Agency will not release personal information from my driving record unless I consent by waiving my right to privacy under the DPPA; **OR**, unless the Department is required or authorized by DPPA to release personal information without my consent as enumerated above.

AFFIRMATION of Person Making Request

Pursuant to 12 O.S. §426, I state under the penalty of perjury that the requested information is being solicited solely for the reason(s) checked above or at the consent of the named person. I understand the personal information furnished is confidential under Federal and State laws and is being released to me only for the reason I have indicated above or at the consent of the named person, and that it is unlawful for me to furnish the information to any unauthorized person or entity or to be used for any unauthorized purpose.

Printed Name of Person Making Request Signature of Person Making Request

A & H Incorporated _____
Print Name of Company (if applicable) Date

23986 E. 1013 Road **Weatherford** **OK** **73096**
Address City State Zip



Mail completed form along with appropriate fees to:
Department of Public Safety
Records Management Division
P. O. Box 11415
Oklahoma City, OK 73136-0415

Fees are listed above.
Please send total amount due in form of:
Cashier's Check, Money Order, Personal or Business Check
Cash is accepted only when paying in person.
Record fees are in accordance with Oklahoma Statutes.

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

I hereby authorize you to release the following information to **A & H Incorporated** for the purpose of investigations as required by Part 391.23, 382.413, 40.25 and Title 49 CFR 40.25, 49 CFR 382.413 and 382.405(f) of the Federal Motor Carrier Safety Regulations. You are released from any and all liability, which may result from furnishing such information.

X

APPLICANT'S SIGNATURE

X

DATE

APPLICANT _____ APPLICANT'S SSN: _____

PREVIOUS EMPLOYER _____

The above named individual has made application to this company and stated that he was employed by you as a

_____ from _____ to _____.

1. Are the dates listed above correct? _____ Correct Dates are from _____ to _____

2. Did the applicant drive motor vehicles for you? Passenger Car Straight Truck Bus
 Tractor-Semitrailer Other _____

3. Was the applicant a safe and efficient driver? _____

4. Please give the dates of any vehicle accidents in which he was involved. _____

5. Reason for leaving your employ? Discharged Resignation Lay Off Other _____

6. Was the applicant's general conduct satisfactory? _____

7. Is the applicant competent for the position sought? _____

For Applicants Who Have Been Employed As a Driver Subject To Part 382 Drug & Alcohol Testing in the Past 2 Years

Part 382.413, 382.405(f) and 40.25 requires employers to make inquiry for alcohol and controlled substances information from previous employers, and previous employers to provide such information upon receipt of a written request from the driver.

Did the applicant named above:

- Have an alcohol test with a result of 0.04 alcohol concentration or greater while your employee? Yes No
- Have a verified positive controlled substances test while in your employment? Yes No
- Refuse to complete a drug or alcohol test required under Part 382 while in your employment? Yes No
- Violate drug and alcohol regulations of any other DOT agency? Yes No
- If "Yes" above, can you provide documentation of completion of return-to-duty process? Yes No

Information provided by:

SIGNATURE

TITLE

DATE

**IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS
FROM THE PSP Online Service**

In connection with your application for employment with A & H Incorporated (“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 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. 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 A & H 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 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.

Date: X _____

X _____
Signature

Name (Please Print)