

**MANDATORY USE FOR ALL ACCOUNT HOLDERS**  
**IMPORTANT NOTICE**  
**REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

1. In connection with your application for employment with \_\_\_\_\_ (“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.

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:

**2. I authorize \_\_\_\_\_ (“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.**

3. 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.

4. Please note: 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 FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

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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: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please Print)

NOTICE: This form is made available to monthly account holders by NICT 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 provided in paragraphs 1-4 of this document to obtain an Applicant’s consent. The language must be used in whole, exactly as provided. **The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.**

LAST UPDATED 10/29/2012

# Application for Qualification

## KARRIERS INC.

809 48<sup>th</sup> St S, Grand Forks, ND 58201

The purpose of this application is to determine whether or not the applicant is qualified to operate Motor Carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and the Company named above.

### Instructions to Applicant

Please answer all questions. If the answer to any question is "No" or "None", do not leave the item blank, but write "No" or "None".

Date \_\_\_\_\_ Position applying for; Check One: ☐ Contractor ☐ Driver ☐ Contractor's Driver

Name \_\_\_\_\_  
(First) (Middle) (Last)

Phone Number (\_\_\_\_\_) \_\_\_\_\_ Emergency Phone Number (\_\_\_\_\_) \_\_\_\_\_

\*Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_

\*The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

Physical Exam Expiration Date: \_\_\_\_\_

### Current & Three Years Previous Addresses:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

Have you worked for this company before? ☐ Yes ☐ No

If yes, give dates: From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

### Education History

Please circle the highest grade completed:

Grade School: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 Post-Graduate: 1 2 3 4

## Employment History

Give a Complete Record of all employment for the past three years, including any unemployment or self employment, and all commercial driving experience for the past ten years.

Mo/Yr \_\_\_\_\_ Mo/Yr \_\_\_\_\_ Present or Last Employer:  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_  
(Street) (City) (State/Zip)

Reason For Leaving \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Were you subject to the FMCSRs\* while employed here? ☐ Yes ☐ No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ☐ Yes ☐ No

From Mo/Yr To Mo/Yr Present or Last Employer: Name

Position Held \_\_\_\_\_ Address \_\_\_\_\_  
(Street) (City) (State/Zip)

Reason For Leaving \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_  
(Street) (City) (State/Zip)

Were you subject to the FMCSRs\* while employed here? ☐ Yes ☐ No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ☐ Yes ☐ No

From Mo/Yr To Mo/Yr Present or Last Employer: Name

Position Held \_\_\_\_\_ Address \_\_\_\_\_  
(Street) (City) (State/Zip)

Reason For Leaving \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_  
(Street) (City) (State/Zip)

Were you subject to the FMCSRs\* while employed here? ☐ Yes ☐ No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ☐ Yes ☐ No

From Mo/Yr To Mo/Yr Present or Last Employer: Name

Position Held \_\_\_\_\_ Address \_\_\_\_\_  
(Street) (City) (State/Zip)

Reason For Leaving \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_  
(Street) (City) (State/Zip)

Were you subject to the FMCSRs\* while employed here? ☐ Yes ☐ No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ☐ Yes ☐ No

From \_\_\_\_\_ Mo/Yr To \_\_\_\_\_ Mo/Yr Present or Last Employer: \_\_\_\_\_ Name \_\_\_\_\_

Position Held: \_\_\_\_\_ Address \_\_\_\_\_  
 \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State/Zip)

Reason For Leaving \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_  
(Street) (City) (State/Zip)

Were you subject to the FMCSRs\* while employed here? ☐ Yes ☐ No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ☐ Yes ☐ No

*\*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weighs 10,001 pounds or more, (2) is designed or used to transport nine or more passengers, or (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.*

## Employment History

Give a Complete Record of all employment for the past three years, including any unemployment or self employment, and all commercial driving experience for the past ten years.

Mo/Yr Mo/Yr Present or Last Employer:  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_  
Position Held \_\_\_\_\_ Address \_\_\_\_\_  
Reason For Leaving \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_ (Street) (City) (State/Zip)  
Were you subject to the FMCSRs\* while employed here? ☐ Yes ☐ No  
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ☐ Yes ☐ No

Mo/Yr \_\_\_\_\_ Mo/Yr \_\_\_\_\_ Present or Last Employer: \_\_\_\_\_  
 From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_  
 Position Held \_\_\_\_\_ Address \_\_\_\_\_  
 Reason For Leaving \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_ (Street) (City) (State/Zip)  
 Were you subject to the FMCSRs\* while employed here? ☐ Yes ☐ No  
 Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ☐ Yes ☐ No

Mo/Yr \_\_\_\_\_ Mo/Yr \_\_\_\_\_ Present or Last Employer: \_\_\_\_\_  
 From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_  
 Position Held \_\_\_\_\_ Address \_\_\_\_\_  
 Reason For Leaving \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State/Zip) \_\_\_\_\_  
 Were you subject to the FMCSRs\* while employed here? ☐ Yes ☐ No  
 Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ☐ Yes ☐ No

Mo/Yr \_\_\_\_\_ Mo/Yr \_\_\_\_\_ Present or Last Employer: \_\_\_\_\_  
 From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_  
 Position Held \_\_\_\_\_ Address \_\_\_\_\_  
 Reason For Leaving \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State/Zip) \_\_\_\_\_  
 Were you subject to the FMCSRs\* while employed here? ☐ Yes ☐ No  
 Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ☐ Yes ☐ No

Mo/Yr \_\_\_\_\_ Mo/Yr \_\_\_\_\_ Present or Last Employer:

From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason For Leaving \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_ (Street) (City) (State/Zip)

Were you subject to the FMCSRs\* while employed here? ☐ Yes ☐ No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ☐ Yes ☐ No

*\*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weighs 10,001 pounds or more, (2) is designed or used to transport nine or more passengers, or (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.*

## Driving Experience

Class of Equipment	Dates		Approximate Number of Miles (Total)
	From	To	
Straight Truck			
Tractor and Semi-trailer			
Tractor-two trailers			
Tractor-three trailers (triples)			
Other			

List states operated in, for the last five years: \_\_\_\_\_

List special courses/training competed (PTD/DDC, Haz Mat, etc.): \_\_\_\_\_

List any Safe Driving Awards you hold and from whom: \_\_\_\_\_

### Accident Record for past three years (attach sheet if more space is needed)

Date of Accident	Nature of Accidents (Head on, rear end, upset, etc.)	Location of Accident	# of Fatalities	# of People Injured

### Traffic Convictions and Forfeitures for the last three years (other than parking violations)

Date	Location	Charge	Penalty

### Driver's License (list each driver's license held in the past three years)

State	License #	Type	Endorsements	Expiration Date

- 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. Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)?..... YES ☐ NO ☐
- D. Have you ever been convicted of a felony?..... YES ☐ NO ☐
- If the answers to A, B, C or D is "YES", give details \_\_\_\_\_

## Personal References

List three persons for references, other than family members, who have knowledge of your safety habits.

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

## To Be Read and Signed by Applicant

*It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.*

*It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.*

*It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.*

*I agree to furnish such additional information and complete such examinations as may be required to complete my application file.*

*It is agreed and understood that this Application for Qualification in no way obligates the motor carrier to employ or hire the applicant.*

*It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.*

*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.*

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Remarks (For office use only)

This form is courtesy of:



# KARRIERS INC.

809 48<sup>th</sup> St S, Grand Forks, ND 58201

## DRIVER APPLICANT DRUG AND ALCOHOL PRE-EMPLOYMENT STATEMENT

*CFR Part 40.25(j) requires the employer to ask any applicant, whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol rules during the past two years. If the potential employee admits that he or she had a positive test or refusal to test, we must not use the employee to perform safety-sensitive functions, until and unless the potential employee provides documentation of successful completion of the return-to-duty process.  
(See Section 40.25(b)(5) and (e).*

Applicant Name: \_\_\_\_\_ ID Number: \_\_\_\_\_  
(Please Print)

As an applicant, applying to perform safety-sensitive functions for our company, you are required by CFR Part 40.25(j) to respond to the following questions.

1. Have you 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, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?  
Yes ☐ No ☐
2. If you answered yes, to the above question, can you provide proof that you have successfully completed the DOT return-to-duty requirements?  
Yes ☐ No ☐

My signature below certifies that the information provided is true and correct.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This form is courtesy of:



# **DRIVER'S RIGHTS PERTAINING TO RELEASE OF DRIVER INFORMATION UNDER REGULATION 391.23**

Motor carriers have the responsibility to make the following investigations and inquiries with respect to each driver employed, other than a person who has been a regularly employed driver of the motor carrier for a continuous period which began before January 1, 1971.

- (a)(1) An inquiry into the driver's driving record during the preceding three years to the appropriate agency of every State in which the driver held a motor vehicle operator's license or permit during those three years; and
- (a)(2) An investigation of the driver's employment record during the preceding three years.
- (b) A copy of the driver record(s) obtained in response to the inquiry or inquiries to each State driver record agency as required must be placed in the Driver Qualification File within 30 days of the date the driver's employment begins and be retained in compliance with 391.51.
- (c) Replies to the investigations of the driver's safety performance history must be placed in the Driver Investigation History File within 30 days of the date the driver's employment begins. This goes into effect after October 29, 2004.
- (d) Prospective motor carrier must investigate the information from all previous employers of the applicant that employed the driver to operate a CMV within the previous three years. This information must cover general driver identification and employment verification information, data elements as specified in 390.15 for accident involving the driver that occurred in the three-year period preceding the date of the employment application, and any accidents the previous employer may wish to provide.
- (e) Prospective motor carrier must investigate the information from all previous DOT regulated employers that employed the driver within the previous three years from the date of the employment application in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40.

Drivers have the following rights:

1. The right to review information provided by previous employers.
2. 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.
3. 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.

Drivers who wish to review previous employer-provided investigative information must submit a written request to the prospective employer when applying or as late as 30 days after employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five business days of receiving the written request. If the driver has not arranged to pick up or receive the requested records within 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.

Drivers wishing to request correction of erroneous information in records must send the request for the correction to the previous employer that provided the records. 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 the driver's request to correct the data that it does not agree to correct the data. Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instruction to include the rebuttal in the driver's Safety Performance History.

*I acknowledge that I have read and understand the contents of this document*

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Driver Name (Printed): \_\_\_\_\_

(OVER)





P.O. Box 12417

Grand Forks, North Dakota 58208-2417

## **DRIVERS CONSENT TO DRUG & ALCOHOL TESTING**

I understand that as required by the Federal Motor Carrier Safety Regulations Parts 382 and 40, and also Karriers Inc drug and alcohol policy, I am required to submit to drug and alcohol testing as a condition of my employment (or contract) with Karriers Inc.

I understand that a refusal to submit, a positive test result for controlled substances, or a B.A.C. over .02 medically disqualifies me from the operation of a commercial motor vehicle.

The Medical Review Officer for Karriers Inc will report the results of the drug tests to the motor carrier. The motor carrier will maintain the testing records on file and will not release them to any additional parties without my written authorization.

By signing this consent form I agree to submit to drug and alcohol testing, and that I have received a copy of Karriers drug and alcohol policy. I have read it and understand that violating this policy will result in immediate termination.

\_\_\_\_\_  
APPLICANT'S NAME (PRINT)

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE



P.O. Box 12417

Grand Forks, North Dakota 58208-2417

## INFORMATION ON DRIVER BEING ADDED

For purposes of going into Canada and to be added to Karriers insured driver list, please answer the following questions.

NAME

SOCIAL SECURITY #

DRIVERS LICENSE #

STATE OF ISSUE

DATE OF BIRTH

PLACE OF BIRTH

CITY, STATE, COUNTRY

LIST ANY FELONY CONVICTIONS

LIST ANY D.U.I. CONVICTIONS:

SIGNATURE

DATE



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## DISCLOSURE AND RELEASE

In response to the "Fair Credit Reporting Act", a federal law enacted on Oct. 1<sup>st</sup>, 1997, prospective employers are now required to inform job applicants, and independent contractors in writing, that a background check will be made of their employment history, **COMPLETE** driving record (including minor offenses), drug & alcohol tests and results, financial statements, bankruptcy proceedings, criminal records, and workman's comp claims by outside resources and/or agencies retained by the prospective employer to provide this information in a non-discriminatory manner.

In order to comply with this law, we are hereby informing you (by this notice) that the above mentioned pre-employment checks will be made pursuant to your authorization by signing this notice. All information obtained, will be used exclusively for employment purposes, and released to other persons only upon their request. As the party being investigated, you also have the right to request these reports from the agencies providing this information.

Please be informed, that a refusal on your part to sign this notice, will result in immediate termination of the hiring process, and further consideration for employment will be denied until such time that this notice is signed.

I hereby authorize **Karriers Inc, TLT Research, DAC Services** or any other research service to conduct any background checks needed for employment purposes. I understand this authorization will remain on file and shall serve as **ongoing authorization** for any further background checks during my employment (or contract) period with Karriers Inc.

\*Driving records shall include all offenses including minor traffic violations.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SOCIAL SECURITY NO.

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
DRIVERS LICENSE NO. AND STATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



P.O. Box 12417

Grand Forks, North Dakota 58208-2417

## PAST EMPLOYMENT INQUIRY

I hereby authorize any and all of my past employers to release all records of employment, including assessments of my job performance, ability, and fitness (including dates of any and all alcohol or drug tests, those confirmed results, and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of SAP/MRO) to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release this company, 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.

Applicant's signature and date \_\_\_\_\_

Witness Signature and date \_\_\_\_\_

Dear Personnel Manager:

The person herein has applied to this company for employment in a safety-sensitive position. Your firm is listed by the applicant as a past employer, will you kindly reply to this inquiry respecting this applicant. As you will note from the waiver stated above, all liability of you and your company has been released by the applicant. Please be as factual as possible. You may reply to the fax number listed below, or you can also mail it to the address listed on this letterhead, which ever is more convenient to you. Please complete the following information and return to us within 30 days as required by FMCSR section 391.23g.

Thank you,  
Curtus Sherman / Safety Director

Previous employer: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Social Security # \_\_\_\_\_

Position held while employed: \_\_\_\_\_ Dates of employment: \_\_\_\_\_ to \_\_\_\_\_

Company driver? \_\_\_\_\_ Owner/Operator? \_\_\_\_\_ Other? \_\_\_\_\_

Type of equipment operated? \_\_\_\_\_

Area of operation? \_\_\_\_\_

**Accidents:** Complete the following for any accidents on file or in your accident register (390.15(b)) that involved the applicant in the past three years. If there were no accidents just leave write "None"

Date	Location	No. of injuries	No. of fatalities	Hazmat spill?
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Traffic Violations? Y / N Dates and descriptions \_\_\_\_\_

License suspended? Y / N Date suspended \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_

Eligible for rehire? Y / N If no, please explain: \_\_\_\_\_



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## PAST EMPLOYMENT INQUIRY

I hereby authorize any and all of my past employers to release all records of employment, including assessments of my job performance, ability, and fitness (including dates of any and all alcohol or drug tests, those confirmed results, and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of SAP/MRO) to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release this company, 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.

Applicant's signature and date \_\_\_\_\_

Witness Signature and date \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

## DRUG AND ALCOHOL INFORMATION FOR PREVIOUS 3 YEARS:

Name of previous employer: \_\_\_\_\_

Does your company do drug and alcohol testing, in accordance with FMCSR's? Y / N

Dates of drug tests: \_\_\_\_\_ Alcohol: \_\_\_\_\_

1. Did the employee ever test positive for drugs or alcohol (0.04 or greater)? Y / N Date \_\_\_\_\_
2. Did the employee ever refuse to submit to drug or alcohol testing? Y / N Date \_\_\_\_\_
3. Did the employee ever complete any rehab under the direction of a SAP/MRO? Y / N Date \_\_\_\_\_
4. Was employee involved in a safety sensitive function subject to drug and alcohol testing under part 40 of the Federal Motor Carrier Safety regulations? Y/N
5. Did the employee violate any other DOT agency drug and alcohol testing regulations?
6. If you answered yes to any of the above questions, please provide documentation of successful SAP evaluation, prescribed treatment and return to duty requirements including follow-up tests if they remained in your employ.

Company/Name/Title: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date \_\_\_\_\_

Response to this inquiry is required to be completed and returned to this prospective employer within 30 days in accordance with federal regulations.

# SINGLE DRIVER LICENSE CERTIFICATION

§383.21 Number of drivers' licenses. (a) No person who operates a commercial motor vehicle shall at any time have more than one driver's license.

This Form Should Be Read And Signed By The Driver,  
Then Placed In Driver Qualification File

The Commercial Motor Vehicle Safety Act of 1986 provides for a set of controls over the drivers of commercial vehicles. The law applies to all drivers operating vehicles and combinations with a Gross Vehicle Weight Rating over 26,000 pounds, and to any vehicle, regardless of weight, transporting hazardous materials.

The following provisions of this legislation are effective on and after July 1, 1987:

1. No driver may possess more than one license, and no motor carrier may use a driver having more than one license. A limited exception is made for drivers who are subject to nonresident licensing requirements of any state. This exception does not apply after December 31, 1989.
2. A driver convicted of a traffic violation (other than parking) must notify the motor carrier AND the state which issued the license to that driver of such conviction within 30 days.
3. Any person applying for a job as a commercial vehicle driver must inform the prospective employer of all previous employment as the driver of a commercial vehicle for the past 10 years, in addition to any other required information about the applicant's employment history.
4. Any violation is punishable by a fine not to exceed \$2,500. In addition, the Federal Motor Carrier Safety Regulations now require that a driver who loses any privilege to operate a commercial vehicle or who is disqualified from operating a commercial vehicle, must advise the motor carrier the next business day after receiving notification of such action.

I hereby certify that I have read and understand the driver provisions of the Commercial Motor Vehicle Safety Act of 1986 which are effective on and after July 1, 1987.

Driver's Name (print) \_\_\_\_\_ Soc. Sec. \_\_\_\_\_

Driver's Address \_\_\_\_\_

License: State \_\_\_\_\_ Type/Class \_\_\_\_\_ ID No. \_\_\_\_\_

I further certify that the above commercial vehicle license is the only one held and that I have surrendered the following licenses to the state indicated. (If None, Write None)

State \_\_\_\_\_ Type/Class \_\_\_\_\_ ID No. \_\_\_\_\_

State \_\_\_\_\_ Type/Class \_\_\_\_\_ ID No. \_\_\_\_\_

Driver's Signature \_\_\_\_\_ Date \_\_\_\_\_

## SEVEN-DAY PRIOR LOG FORM

(data sheet for new, casual, or temporary drivers)

NAME: \_\_\_\_\_

SOC. SEC. #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_

STATE: \_\_\_\_\_

### Instructions:

*At the time of initial employment as a driver, or when being employed occasionally, the regulations of the Department of Transportation [Section 395.8 (j)(2)] require the motor carrier to obtain from you a signed statement giving the total time on duty during the immediately preceding 7 days and the time at which you were last relieved from duty prior to beginning work for the motor carrier. 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 belief, and that I was last relieved from work at:*

\_\_\_\_\_ on \_\_\_\_\_  
time day month year

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_  
company representative

Date: \_\_\_\_\_

COURTESY OF:



31(030)  
ERO: bkm: 1/95

# VIOLATION AND REVIEW RECORD

Driver's  
Name \_\_\_\_\_

(Please Print or Type)

## Certification of Violations

- I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

<u>Date of</u>	<u>Offense</u>	<u>Location</u>	<u>Type of Vehicle Operated</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If **NO** violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

\_\_\_\_\_  
(Date of Certification)

**Karriers Inc.**

\_\_\_\_\_  
(Motor Carrier's Name)

\_\_\_\_\_  
(Reviewed By: Signature)

\_\_\_\_\_  
(Driver's Signature)

**809 48th St S. Grand Forks, ND 58201**

\_\_\_\_\_  
(Motor Carrier's Address)

**Safety Director**

\_\_\_\_\_  
(Title)

## REVIEW AND EVALUATION OF DRIVER'S RECORD

- In accordance with Section 391.25, Motor Carrier Safety Regulations, all information pertinent to the driver's safety of operations, including the list of violations furnished by him in accordance with Section 391.27, has been reviewed for the past 12 months.

Action Taken: \_\_\_\_\_

**Karriers Inc.**

\_\_\_\_\_  
(Motor Carrier's Name)

**809 48th St S. Grand Forks, ND 58201**

\_\_\_\_\_  
(Motor Carrier Address)

**Safety Director**

\_\_\_\_\_  
(Reviewed by: Signature)

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

\_\_\_\_\_  
(Title)



# DRIVER ROAD TEST

**§391.33(2)(c)** A motor carrier may require any person who presents a license or certificate as equivalent to the road test to take a road test or any other test of his driving skill as a condition to his employment as a driver.

Driver's Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License Number \_\_\_\_\_ Issuing State \_\_\_\_\_ Class \_\_\_\_\_

Type of Unit Driver is Most Accustomed to \_\_\_\_\_

Type of Unit Tested On (Power) \_\_\_\_\_ (Trailing) \_\_\_\_\_

If Passenger Carrier, Type of Bus \_\_\_\_\_  
(School Bus, Taxi, Mini-Van, Coach)

Grade driver in the below areas of operation on the basis of  
(E) excellent; (G) good; (F) fair; (P) poor

AREA OF OPERATION	DAY TEST			NIGHT TEST		
	mo	day	yr	mo	day	yr
Pretrip inspection of entire unit						
If combination unit, coupling and uncoupling						
Placing vehicle in operation						
Use of seat belt						
Acceleration						
Upshifting						
Operating the vehicle in traffic						
Lane holding						
Multi-lane road maneuvering						
Space management						
Distance scanning (following/gap judgement)						
Use of mirrors in traffic						
Observance of posted speed limits						
Maneuvering through curves						
Use of turn signals during lane change						
Use of mirrors during lane change						
Speed adjustment during lane change						
Cancelling turn signal after lane change completion						
Lane change return						
Intersection scanning						
Downshifting						
Braking						
Slowing the vehicle by means other than braking						
Turning the vehicle at an intersection						
Use of turn signal during turns						
Avoidance of squeeze situations when turning						
Handling uphill operations						
Handling downhill operations						
Recognition and following of road signs and signals						
Lighting the road with the use of high/low beams						
Courtesy of driver to other motorists and pedestrians						
Recognition and avoidance of potential unsafe road conditions and traffic problems						
Backing and parking the vehicle						
Post trip inspection						
Overall use of vehicle controls (horn, wipers, clearance lights, etc.)						
Knowledge and overall use of vehicle safety equipment						

This is to certify that the above named driver was given a road test under my supervision on \_\_\_\_\_ mo / day / yr  
consisting of \_\_\_\_\_ miles of driving.

It is my considered opinion that this driver PASSED \_\_\_\_\_ DID NOT PASS \_\_\_\_\_ with sufficient driving skills  
to operate safely the type of commercial motor vehicle listed above.

\_\_\_\_\_  
(Signature of Examiner) (Title)

\_\_\_\_\_  
(Company Name)

\_\_\_\_\_  
(Address of Examiner)

## EQUIPMENT INFORMATION

### TRUCK

YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_

UNIT # \_\_\_\_\_ VIN \_\_\_\_\_

TIRE SIZE \_\_\_\_\_ PLATE # \_\_\_\_\_ STATE \_\_\_\_\_

### TRAILER

YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_

UNIT # \_\_\_\_\_ VIN \_\_\_\_\_

TIRE SIZE \_\_\_\_\_ PLATE # \_\_\_\_\_ STATE \_\_\_\_\_



P.O. Box 12417

Grand Forks, North Dakota 58208-2417

**All Drivers/Owners:**

The following is the Federal Motor Carrier Safety Regulation on radar detectors, followed by a copy of Karriers Inc. policy concerning radar detectors.

**Section 392.71 Radar Detectors; use and/or possession:**

1. No driver shall use a radar detector in a commercial motor vehicle, *or* operate a commercial motor vehicle that is equipped with or contains any radar detector.
2. No motor carrier shall require *or* permit a driver to violate paragraph (1) of this section.

**\*\*\*\*\*KARRIERS INC. RADAR DETECTOR POLICY\*\*\*\*\***

Karriers Inc., in support of Section 392.71, does not encourage, support, *or* allow the use and/or possession of radar detectors in the trucks that are leased to our company.

Company policy as follows:

- 1<sup>st</sup> offense.....Written warning *and* verbal explanation.
- 2<sup>nd</sup> offense.....In person meeting with Safety Director and possible suspension of dispatch.
- 3<sup>rd</sup> offense.....Noncompliance letter of reprimand retained in personal file. A suspension or termination of lease is possible at this time.

This policy is not intended to be severe, but to reduce speeding and prevent you and the company from being assessed needless fines.

Signature\_\_\_\_\_

Company Official\_\_\_\_\_

Date\_\_\_\_\_



P.O. Box 12417

Grand Forks, North Dakota 58208-2417

**Driver Orientation:**

Rules *and* Guidelines

1. NO unauthorized passengers: In order to transport a passenger, you **must** call the office for clearance *and* obtain a **Passenger Authorization Form**.
2. **You** are responsible for knowing what states in which you are prorated. You are also responsible for knowing the date of renewal.
3. Damages *and* Shortages are your responsibility. Make sure that product count matches the Bill of Lading count. Call dispatch **before** leaving with the load if there is any damage. Also **do not** sign bills without checking with Dispatch if there is damage.
4. Fire Extinguishers **must** be charged *and* mounted.
5. **Monthly Maintenance** forms are required to be complete *and* turned into the office monthly.
6. You are required to call dispatch **before** 10am daily.
  - Office hours are 7am to 5pm M-F (closed from noon to 1pm)  
8am to noon Saturday
  - Walk-in settlements are paid until 4:30pm M-F  
and 11:30am Saturday

I have read *and* understand the above, *and* I agree to follow the contents therein.

Signature\_\_\_\_\_

Witness\_\_\_\_\_



P.O. Box 12417

Grand Forks, North Dakota 58208-2417

## INSTRUCTIONS FOR DRIVERS

1. Be sure to fill out trip envelopes accurately and completely.
2. **Call dispatch between 8:00 and 10:00 a.m. weekday mornings and by 4:00 p.m. in the afternoons. On Saturday call between 8:30 and 10:30 a.m.**
3. Be sure to get desired shipping temperature from the shipper when loading your load.
4. Pulp your product before loading and record the temperature on the shipping papers.
5. Get pulp temperature daily and give to dispatch daily when you call in. Make sure your produce chute is in good condition to avoid cargo claims.
6. Check the product and cartons before loading. If product seems bad, cartons crushed or leaning, call dispatch right away **BEFORE** you load. Leave enough room around the product to ensure proper air circulation.
7. When loading, make sure you count all product and pallets. You are responsible for the count.
8. Watch your driving when hauling produce. Often the cartons are unstable.
9. Set reefer on Manual or "Continuous Run" for all loads and use # 1 fuel in sub-zero weather.
10. Be sure to do a good pretrip inspection everyday including the reefer unit.
11. **No riders, unless approved by the safety department and you have a passenger authorization in hand.**
12. All logs are to be turned in and legal with each trip envelope or every 2 weeks.
13. **Remember, FALSE, ILLEGAL, or LATE logs are unacceptable and will delay your settlement. NO EXCEPTIONS.**
14. If you have problems or questions please call right away, someone will be able to help you.
15. Anticipate needed supplies and pick them up when you get in the office.



P.O. Box 12417

Grand Forks, North Dakota 58208-2417

### **EMPLOYEE ASSISTANCE PROGRAM and TRAINING ACKNOWLEDGEMENT FOR OWNER/OPERATORS**

In compliance with DOT regulations, I hereby certify that I have both listened to *and* read an Employee Assistance Program set forth by Karriers Inc. to make me aware of:

- The dangers of using a controlled substance in the workplace.
- My company's policy on controlled substance use.
- Reading material of the effects *and* consequences of using controlled substances on personal health, safety, *and* production in the environment.
- Identifying the signs of illegal substance use *and/or* abuse.
- I have been made aware of available help or rehabilitation for assistance in overcoming drug abuse.
- I have been provided with a card stating the name *and* telephone number of a source of professional help that I may contact **at any time.**

I certify that I have participated in a program of at least 60 minutes in length, during which I received the above information. I have also been informed that at any time I can call or visit with Karriers Inc. *and* discuss or ask questions concerning their substance abuse policy or the EAP program.

Signature\_\_\_\_\_

Print Name\_\_\_\_\_

Date\_\_\_\_\_

Department of Homeland Security  
U.S. Citizenship and Immigration Services

# Form I-9, Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

## Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- ☐ A citizen or national of the United States  
☐ A lawful permanent resident (Alien #) A \_\_\_\_\_  
☐ An alien authorized to work until \_\_\_\_\_  
 (Alien # or Admission #)

Employee's Signature	Date (month/day/year)
----------------------	-----------------------

**Preparer and/or Translator Certification:** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

**Section 2. Employer Review and Verification.** To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

**CERTIFICATION -** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_\_\_ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

## Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.	
Document Title:	Document #: _____
Expiration Date (if any): _____	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.	
Signature of Employer or Authorized Representative	Date (month/day/year)

## Request for Taxpayer Identification Number and Certification

Give form to the  
requester. Do NOT  
send to the IRS.

Please print or type

Name (If joint names, list first and circle the name of the person or entity whose number you enter in Part I below. See instructions on page 2 if your name has changed.)

Business name (Sole proprietors see instructions on page 2.)

Please check appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership ☐ Other ▶

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code:

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). For sole proprietors, see the instructions on page 2. For other entities, it is your employer identification number (EIN). If you do not have a number, see **How To Get a TIN** below.

Social security number

| | | + | | | |

OR

Employer identification number

| | + | | | | |

**Note:** If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

List account number(s) here (optional)

### Part II For Payees Exempt From Backup Withholding (See Part II instructions on page 2)

### Part III Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

**Certification Instructions.**—You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, the acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (Also see Part III instructions on page 2.)

Sign  
here

Signature ▶

Date ▶

Section references are to the Internal Revenue Code.

**Purpose of Form.**—A person who is required to file an information return with the IRS must get your correct TIN to report income paid to you, real estate transactions, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA. Use Form W-9 to give your correct TIN to the requester (the person requesting your TIN) and, when applicable, (1) to certify the TIN you are giving is correct (or you are waiting for a number to be issued), (2) to certify you are not subject to backup withholding, or (3) to claim exemption from backup withholding if you are an exempt payee. Giving your correct TIN and making the appropriate certifications will prevent certain payments from being subject to backup withholding.

**Note:** If a requester gives you a form other than a W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**What Is Backup Withholding?**—Persons making certain payments to you must withhold and pay to the IRS 31% of such

payments under certain conditions. This is called "backup withholding." Payments that could be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

If you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return, your payments will not be subject to backup withholding. Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester, or
2. The IRS tells the requester that you furnished an incorrect TIN, or
3. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
4. You do not certify to the requester that you are not subject to backup withholding under 3 above (for reportable

interest and dividend accounts opened after 1983 only), or

5. You do not certify your TIN. See the Part III instructions for exceptions.

Certain payees and payments are exempt from backup withholding and information reporting. See the Part II instructions and the separate **Instructions for the Requester of Form W-9**.

**How To Get a TIN.**—If you do not have a TIN, apply for one immediately. To apply, get Form SS-5, Application for a Social Security Number Card (for individuals), from your local office of the Social Security Administration, or Form SS-4, Application for Employer Identification Number (for businesses and all other entities), from your local IRS office.

If you do not have a TIN, write "Applied For" in the space for the TIN in Part I, sign and date the form, and give it to the requester. Generally, you will then have 60 days to get a TIN and give it to the requester. If the requester does not receive your TIN within 60 days, backup withholding, if applicable, will begin and continue until you furnish your TIN.