

**DRIVER EMPLOYMENT APPLICATION**  
 The Daniel Co. Of Springfield  
 3725 W. Division St.  
 Springfield, Mo.65803

COMPLETE IN FULL OR IT WILL NOT BE CONSIDERED.

APPLICANT INFORMATION					
FIRST NAME		MIDDLE NAME		LAST NAME	
PHONE		EMAIL			
DATE OF BIRTH		SOCIAL SECURITY #			
DATE OF APPLICATION		POSITION APPLIED FOR		DATE AVAILABLE FOR WORK	

Do you have legal right to work in the United States?       YES     NO

PREVIOUS THREE YEARS RESIDENCY					
<i>Attach additional sheet if more space is needed</i>					
	STREET	CITY	STATE	ZIP CODE	# OF YEARS AT ADDRESS
CURRENT					
MAILING					
PREVIOUS					
PREVIOUS					
PREVIOUS					

LICENSE INFORMATION				
No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed.				
STATE	LICENSE #	TYPE/CLASS	ENDORSEMENTS	EXPIRATION DATE
PREVIOUSLY HELD LICENSES				

DRIVING EXPERIENCE				
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROX # OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR & 2 TRAILERS				
TRACTOR & TANKER				
OTHER				

**ACCIDENT RECORD FOR THE PAST 3 YEARS**

Attach additional sheet if more space is needed. Check this box if none

DATES (List most recent first)	NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.)	# FATALITIES	# INJURIES	CHEMICAL SPILLS (Y/N)

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)**

Attach additional sheet if more space is needed. Check this box if none

DATE CONVICTED (Month/Year)	VIOLATION	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral and/or points)

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

If yes, explain

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

If yes, explain

**EMPLOYMENT HISTORY**

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. ***In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.***

Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

CURRENT (MOST RECENT) EMPLOYER					
NAME				PHONE	
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					

While employed here, were you subject to the Federal Motor Carrier Safety Regulations?  YES  NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?  YES  NO

**SECOND (MOST RECENT) EMPLOYER**

NAME				PHONE		
ADDRESS						
POSITION HELD			FROM MO/YR			TO MO/YR
REASON FOR LEAVING					SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)						

While employed here, were you subject to the Federal Motor Carrier Safety Regulations?  YES  NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?  YES  NO

**THIRD (MOST RECENT) EMPLOYER**

NAME				PHONE		
ADDRESS						
POSITION HELD			FROM MO/YR			TO MO/YR
REASON FOR LEAVING					SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)						

While employed here, were you subject to the Federal Motor Carrier Safety Regulations?  YES  NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?  YES  NO

**EDUCATION**

SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRADUATE		DETAILS
				Y	N	
High School				<input type="checkbox"/>	<input type="checkbox"/>	
College				<input type="checkbox"/>	<input type="checkbox"/>	
Other				<input type="checkbox"/>	<input type="checkbox"/>	

**OTHER QUALIFICATIONS**

Please list any other qualifications that you have and which you believe should be considered.

**TO BE READ AND SIGNED BY APPLICANT**

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. 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 also understand that I am required to abide by all rules and regulations of the Company.

I understand that the information I provide regarding my current and/or prior 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. I understand that I have the right to:

- Review information provided by current/prior employers;
- Have errors in the information corrected by previous employers, and for those previous employers to resend the corrected information to the prospective employer; and
- 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.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

Applicant Signature		Date	
Applicant Name (printed)			

**Previous Pre-Employment Employee  
Alcohol and Drug Test Statement**

Sec. 40.25(j) As the employer, you must also ask the employee 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 testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety sensitive functions for you until and unless the employee documents successful completion of the return-to-duty process (see Sec. 40.25(b)(5) and (e)).

The Daniel Company Of Springfield  
Company Name  
3725 W. Division Street  
Street  
Springfield Missouri 65803  
City State Zip Code

→ \_\_\_\_\_  
Prospective Employee Name (print) ID Number

The prospective employee is required by Sec. 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, can you provide/obtain proof that you have successfully completed the DOT return-to-duty requirements?  
 Yes       No

→ \_\_\_\_\_  
Prospective Employee Signature Date

\_\_\_\_\_ Date  
Witnessed By (signature)

TO BE READ BY AND SIGNED BY APPLICANT

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*This certifies that I completed this application, and that all entries, and information documented by me are true and complete to the best of my knowledge. By my signature heretofore, I acknowledge having been given by this carrier which has presented me with this application, a statement of my right to due process as outlined by all parts of 49 CFR Part 391.23 of the Federal Motor Carrier Safety Regulations effective October 29, 2004. Having made this acknowledgment, I therefore authorize you to make such previous employment and background investigations and inquiries of my personal, employment, financial or medical history, and other related matters as may be necessary to arrive at a possible employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I understand that false or misleading information given in my application or interviews may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature



# Safety Performance History Records Request

**Section II** TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) \_\_\_\_\_  
First, M.I., Last Social Security Number \_\_\_\_\_

heraby authorizes: \_\_\_\_\_  
 Previous Employer: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street: \_\_\_\_\_ Email: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

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

To: \_\_\_\_\_

Prospective Employer: The Daniel Company Of Springfield Telephone: 417-869-7511

Attention: \_\_\_\_\_

Street: 3725 West Division Street

City, State, Zip: Springfield, MO 65803

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: 417-869-0240

Prospective employer's confidential email address: office@tdc.ofs.net

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This information is being requested in compliance with §40.25(g) and 391.23(h).*

**Section III** TO BE COMPLETED BY PREVIOUS EMPLOYER

### ACCIDENT HISTORY

The applicant named above was employed by us. Yes  No

Employed as \_\_\_\_\_ from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_

If driver was involved in a safety-sensitive position subject to drug and alcohol testing under Part 40, check here.

1. Did he/she drive motor vehicle for you? Yes  No  If yes, what type? Straight Truck  Tractor-Semi Trailer   
 Bus  Cargo Tank  Doubles/Triples  Other (specify): \_\_\_\_\_

2. Reason for leaving your employ: Discharged  Resignation  Layoff  Military Duty

If there is no safety performance history to report, check here , sign below and return.

**Accidents:** 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 data shown above, or check here  if there is no accident register data for this driver.

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

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

Any other remarks: \_\_\_\_\_  
 \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

# Safety Performance History Records Request - Side 2

**SECTION 3** TO BE COMPLETED BY PREVIOUS EMPLOYER

**DRUG AND ALCOHOL HISTORY**

If a driver was not subjected to Department of Transportation testing requirements while employed by this employer, please check here . Fill in the dates of employment from \_\_\_\_\_ to \_\_\_\_\_, complete bottom of Section 3, sign and return.

Driver was subject to Department of Transportation testing requirements from \_\_\_\_\_ to \_\_\_\_\_.

	YES	NO
1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substances test?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has this person committed other violations of Subpart B of Part 382 or Part 40?	<input type="checkbox"/>	<input type="checkbox"/>
5. If this person has violated a DOT drug and alcohol regulation, did this person complete an SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form.	<input type="checkbox"/>	<input type="checkbox"/>
6. For a driver who successfully completed an SAP's rehabilitation referral and remained in your employment, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?	<input type="checkbox"/>	<input type="checkbox"/>

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

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Section 3 Completed by (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 4a** TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one):  Faxed to previous employer  Mailed  Emailed  Other \_\_\_\_\_

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

**SECTION 4b** TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when information is obtained.

Information obtained from: \_\_\_\_\_

Recorded by: \_\_\_\_\_

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

Method:  Fax  Mail  Email  Telephone  
 Other



Any Other Remarks:

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

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

Title: \_\_\_\_\_

Previous Employer: Keep a record of this request and the response for one year, including the date, the party to whom it was release, and a summary identifying what was provided.

# Safety Performance History Records Request

**Section I**

TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) \_\_\_\_\_  
 First, M.I., Last \_\_\_\_\_

hereby authorize:  
 Previous Employer: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

Date of Birth \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

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

To:  
 Prospective Employer: The Daniel Company Of Springfield Telephone: 417-869-7511  
 Attention: \_\_\_\_\_  
 Street: 3725 West Division Street  
 City, State, Zip: Springfield, MO 65803

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: 417-869-0240

Prospective employer's confidential email address: office@tdc.o's.net

Applicant's Signature: [Signature] Date: \_\_\_\_\_

*This information is being requested in compliance with §40.25(g) and 391.23(h).*

**Section II**

TO BE COMPLETED BY PREVIOUS EMPLOYER

### ACCIDENT HISTORY

The applicant named above was employed by us. Yes  No

Employed as \_\_\_\_\_ from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_

If driver was involved in a safety-sensitive position subject to drug and alcohol testing under Part 40, check here.

- Did he/she drive motor vehicle for you? Yes  No  If yes, what type? Straight Truck  Tractor-Semi Trailer  Bus  Cargo Tank  Doubles/Triples  Other (specify): \_\_\_\_\_
- Reason for leaving your employ: Discharged  Resignation  Layoff  Military Duty

If there is no safety performance history to report, check here , sign below and return.

**Accidents:** 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 above, or check here  if there is no accident register data for this driver.

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

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

Any other remarks: \_\_\_\_\_  
 \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

# Safety Performance History Records Request - Side 2

**SECTION 3** TO BE COMPLETED BY PREVIOUS EMPLOYER

### DRUG AND ALCOHOL HISTORY

If a driver was not subjected to Department of Transportation testing requirements while employed by this employer, please check here , fill in the dates of employment from \_\_\_\_\_ to \_\_\_\_\_, complete bottom of Section 3, sign and return.

Driver was subject to Department of Transportation testing requirements from \_\_\_\_\_ to \_\_\_\_\_.

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substances test?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person committed other violations of Subpart B of Part 382 or Part 40?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If this person has violated a DOT drug and alcohol regulation, did this person complete an SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. For a driver who successfully completed an SAP's rehabilitation referral and remained in your employment, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?         | <input type="checkbox"/> | <input type="checkbox"/> |

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

Name: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Section 3 Completed by (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 4** TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one):  Faxed to previous employer  Mailed  Emailed  Other \_\_\_\_\_  
 By: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 4** TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when information is obtained.  
 Information obtained from: \_\_\_\_\_  
 Recorded by: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Method:  Fax  Mail  Email  Telephone  
 Other

Any Other Remarks:

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

Title: \_\_\_\_\_

Previous Employer: Keep a record of this request and the response for one year, including the date, the party to whom it was release, and a summary identifying what was provided.

# The Daniel Company of Springfield

3725 W Division Street  
Springfield, MO. 65803

Phone (417)869-7511  
Fax (417)869-0240

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

To: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

\_\_\_\_\_, Social Security Number \_\_\_\_\_ has made applications to this company for a position as \_\_\_\_\_ and states that he/she was employed by you as \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_. We would appreciate you furnishing us with as much information requested below as possible. Your reply will be held in strict confidence and will in no way involve you in any responsibility.

1. Date employed by you? \_\_\_\_\_

2. What kind(s) of work did he/she do? \_\_\_\_\_  
If driver, number of axles on tractor \_\_\_\_\_ Types of trailers \_\_\_\_\_  
Product(s) hauled \_\_\_\_\_ Areas of operation \_\_\_\_\_  
Single or team operation \_\_\_\_\_ If team, lead or second seat \_\_\_\_\_

3. Number of accidents \_\_\_\_\_

Date	Type	Preventable (yes or no)
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. What was driver's license number? \_\_\_\_\_

5. To your knowledge, was license ever suspended or revoked? \_\_\_\_\_

6. Reason for leaving employment? Discharged \_\_\_\_\_ Laid Off \_\_\_\_\_ Resigned \_\_\_\_\_

7. Was general conduct satisfactory? Yes \_\_\_\_\_ No \_\_\_\_\_ If No, reason? \_\_\_\_\_

8. In your opinion, would you consider this person  
a. Malicious Yes ( ) NO ( )  
b. Dishonest Yes ( ) No ( )  
c. Careless Yes ( ) No ( )  
d. Lazy Yes ( ) No ( )

9. Would you rehire? Yes \_\_\_\_\_ No \_\_\_\_\_

10. Any remarks with regard to the above questions? \_\_\_\_\_

Company Name \_\_\_\_\_ Date \_\_\_\_\_  
Signature \_\_\_\_\_ Title \_\_\_\_\_

Detach here for your files

You are hereby authorized to give The Daniel Company of Springfield all information regarding my services, character, and conduct while in our employ, and you are released from any and all liability which may result from furnishing such information.

Witness \_\_\_\_\_ Signed \_\_\_\_\_



Requesting Employer / Company Name: The Daniel Company of Springfield

City: Springfield

State: Missouri

Phone #: (417) 869-7511

**PART I - DOT DRUG AND ALCOHOL RELEASE**

I authorize, per 49 CFR Part 40, the release of information from my DOT regulated drug and alcohol testing records by the carriers (company/school) listed below for the sole purpose of transmitting such records to the above listed employer. I authorize release of the following information concerning DOT drug and alcohol testing violations during the past three years: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including verified adulterated or substituted results); (iv) other violations of DOT drug and alcohol testing regulations; (v) information obtained from previous employers of a drug and alcohol rule violation(s); and (vi) documents, if any, of completion of a return-to-duty process following a violation.

The information that I have authorized involves tests required by DOT. If any carrier (company/school) listed below furnishes information concerning items (i) through (vi) above, I also authorize that carrier (company/school) to release and furnish the dates of my negative drug and/or alcohol tests and tests with results below 0.04 during the three-year period and the name and phone number of any substance abuse professional who evaluated me during the past three years.

Company	City	State
_____	_____	_____
_____	_____	_____

⇒ Print Applicant Name: \_\_\_\_\_

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

➤ Social Security No: \_\_\_\_\_

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

**FMCSA Notification of Driver Rights**

In compliance with 49 CFR Part §391.23 you have certain rights regarding the performance history information that will be provided to prospective employers. I) You have the right to review information provided by previous employers. II) You have the right to have errors in this information corrected by the previous employer and for that previous employer to re-send the corrected information to prospective employer. III) You have 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. (2) Drivers who have previous DOT regulated employment history in the preceding three years and wish to review previous employer-provided investigative information must submit a written request to prospective employers. This may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. Prospective employers must provide this information within five business days of receiving the written request. If prospective employers have not yet received the requested information from the previous employer, then the five day deadline will begin when the requested safety performance history information is received. If you have not arranged to pick up or receive the requested records within 30 days of prospective employers making them available Prospective employers may consider you to have waived your request to review the record.

**PART II - CONSUMER REPORT DISCLOSURE AND RELEASE**

In connection with your employment or application for employment (including contract for services), consumer reports may be requested from USIS Commercial Services ("USIS"). These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, and drugs/alcohol use.

You have the right to make a request to USIS, upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the sources of information and the recipients of any reports on you that USIS has previously furnished within the two-year period preceding your request. USIS may be contacted by mail at P.O. Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800) 381-0645.

I AUTHORIZE, WITHOUT RESERVATION, USIS, AND ANY PARTY OR AGENCY CONTACTED BY USIS, TO FURNISH THE ABOVE-MENTIONED INFORMATION. THIS AUTHORIZATION DOES NOT APPLY TO DRUG AND ALCOHOL INFORMATION OBTAINED UNDER PART I.

I hereby consent to your obtaining the above information from USIS. I hereby authorize procurement of consumer report(s). If hired or contracted this authorization, for Part II reports only, shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment or contract period.

Print Applicant Name: \_\_\_\_\_

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

**Notice to California Applicants**

Under California law, the consumer reports we order on you for employment purposes within the State of California are defined as investigative consumer reports. These reports may contain information on your character, general reputation, personal characteristics and mode of living. Under section 1786.22 of the California Civil Code, you may view the file maintained on you by USIS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at USIS in person or by mail. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

I request to receive a free copy of any investigative consumer report ordered on me by checking this box.  (California applicants only)

**CONSUMER REPORT DISCLOSURE & RELEASE  
(EMPLOYMENT)**

**DISCLOSURE**

In connection with your employment or application for employment (including contract for services), consumer reports may be requested from USIS Commercial Services ("USIS"). These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, academic history, professional credentials, and drugs/alcohol use. Such reports may contain public record information concerning your driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from USIS concerning previous driving record requests made by others from such state agencies and state provided driving records.

You have the right to make a request to USIS, upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the sources of information and the recipients of any reports on you that USIS has previously furnished within the two-year period preceding your request. USIS may be contacted by mail at P. O. Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800) 381-0645.

- Oklahoma Applicants Only: I request a copy of any *credit* report requested on me.
- Minnesota Applicants Only: I request a copy of any consumer report requested on me.

**RELEASE**

I AUTHORIZE, WITHOUT RESERVATION, USIS, AND ANY PARTY OR AGENCY CONTACTED BY USIS, TO FURNISH THE ABOVE-MENTIONED INFORMATION.

USIS is authorized to disclose all information obtained to the requesting entity for the purpose of making a determination as to my eligibility for employment, promotion or any other lawful purpose. I agree that such information which USIS has or obtains, and my employment history if I am hired, may be supplied by USIS to other companies that subscribe to USIS. If hired or contracted, this authorization shall remain on file and shall serve as ongoing authorization for the procurement of consumer reports at any time during my employment or contract period.

By signing below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired, my employment, or my eligibility for promotion.

→ \_\_\_\_\_  
Print Applicant Name

\_\_\_\_\_  
Applicant Signature ←

→ \_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date ←

**Notice to California Applicants**

Under California law, the consumer reports we order on you for employment purposes within the State of California are defined as investigative consumer reports. These reports may contain information on your character, general reputation, personal characteristics and mode of living.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by USIS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at USIS in person, by mail, or by telephone. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

I request to receive a free copy of any investigative consumer report ordered on me by checking this box.  
 (California applicants only)

## IMPORTANT DISCLOSURE

### REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In connection with your application for employment with The Daniel Co. of Springfield ("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:

The Daniel Co. of

I authorize Springfield ("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: \_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

Name (Please Print)

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



## VIOLATION AND REVIEW RECORD

Driver's Name \_\_\_\_\_  
(Please Print or Type)

### I. 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.

Date of Conviction	Offense	Location	Type of Vehicle Operated

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.

<small>(Date of Certification)</small> THE DANIEL COMPANY OF SPRINGFIELD	<small>(Driver's Signature)</small>	3725 W. DIVISION SPRINGFIELD, MO 65803
<small>(Motor Carrier's Name)</small>	<small>(Motor Carrier's Address)</small>	
<small>(Reviewed by: Signature)</small>	<small>(Title)</small>	

### II. REVIEW AND EVALUATION OF DRIVER'S RECORD:

In accordance with Section 391.25, Motor Carrier Safety Regulations, all information pertinent to the above 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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<small>(Motor Carrier's Name)</small>	<small>(Motor Carrier's Address)</small>
<small>(Reviewed by: Signature)</small>	<small>(Date)</small>
	<small>(Title)</small>

## Drivers "Due Process Rights" Statement

**Prologue:** World events over the past decade have virtually re-shaped the landscape of our employment environment and its corresponding process. The horrific and tragic events that occurred on September 11, 2001, have accelerated the implementation of Federal and State regulations that have changed how we the employer, and you the employee/contractor, must cooperatively share information back and forth, making sure we are who we say we are. The regulations have made provisions for the protection of personal rights, and the right to due process in dealing with any and all information shared, whether it be right or wrong. Federal Motor Carrier Safety Regulation 49 CFR Part 391.23(i)(j)(k) specifically provides for the due process rights for you, our prospective driver/employee/contractor. In complying with all parts of this specific regulation, The Daniel Co of Spfld is providing the following "Due Process Statement" that will outline your individual rights and the procedures for enacting them. If you have questions or need clarification on anything that is written here, please bring it immediately to the attention of your recruiter or the administrator assisting you in this hiring process.

### Expressed Notification

**391.23(i)(1):** If, on our driver's application, you disclose that you have been employed or contracted in a position that was specifically regulated by the Department of Transportation in the preceding three years of the date of the application, then you are hereby advised of your right to due process regarding any and all data obtained through investigative means used during the pre-employment hiring process.

**391.23(i)(1)(i):** Provides you the right to review any and all information that upon our investigative request was provided by your previous Department of Transportation-regulated employers;

**391.23(i)(1)(ii):** This rule provision affords you the right to have errors in the information that we obtained from all previous DOT Regulated employers be corrected by that previous employer, and to resend the corrected information to us, your prospective employer.

**391.23(i)(1)(iii):** This particular part of 392.23 allows you the right to have a rebuttal statement attached to the alleged erroneous information if your previous employer and you cannot agree on the accuracy of the information.

**391.23(i)(2):** If you wish to exercise your right to due process and review safety related information provided by those previous Department of Transportation regulated employers you have disclosed being employed by for the previous three years, then you must submit a written request to our recruiter or supervisor we have indicated to you who would be responsible for this information. You can make your request at any time, including during this application process, or as late as 30 days after being employed or being notified of denial of employment with our company. If your request is made in writing and submitted within the time frame allowed by rule, and if we have received the information you are requesting from your previous Department of Transportation regulated employers, we then will make the specific information you are requesting available to you within 5 days of having made your request. If you have not made suitable arrangements with our Safety Department or Personnel Department to view the requested records at our main office within thirty (30) days after we have indicated they were available for you, then we will automatically assume that you have waived or abandoned your right to due process regarding your specific request.

**391.23(j)(1):** If you wish to have your previous employer retract, alter, or otherwise correct any erroneous information in your safety performance history provided by that previous Department of Transportation regulated employer pursuant to paragraph (i) of this section, then you must send the request for said correction to that previous employer that provided the records to The Daniel Co of Springfield.

**391.23(j)(2):** After October 29, 2004, the previous Department of Transportation Regulated employers must either correct and forward the information to The Daniel Co of Springfield or notify you personally within 15 days of receiving your written request that they, (your previous employer), do not agree to correct the data, and that they stand by their original submission.

**391.23(j)(3):** If you wish to offer up, or have entered into the record a statement that rebuts information received pursuant to paragraph (i) of this section, then you must send your rebuttal to that previous

Department of Transportation employer who submitted the information you're intending to rebut. You must send along specific instructions to include the rebuttal in your safety performance history record/file.

391.23.(j)(4): So that this notification fully informs you of all your rights within this regulatory due process, we ask that you be advised that as of October 29, 2004, and beyond, your previous Department of Transportation employer who submitted the information you're intending to rebut. You must send along specific instructions to include the rebuttal in your safety performance history record/file.

391.23(j)(4): So that this notification fully informs you of all your rights within this regulatory due process, we ask that you be advised that as of October 29, 2004, and beyond, your previous Department of Transportation employer(s) must, within five business days of receiving a rebuttal from you, do the following:

- (i) Forward a copy of the rebuttal to us, your prospective motor carrier employer.
- (ii) We will then include the rebuttal in your driver's information file, to be included as part of the response for any subsequent investigating prospective employers for the duration of the three-year data retention requirement period.

391.23(j)(5): You may submit a rebuttal initially without a request for correction, or subsequent to a request for correction.

391.23(k)(6): You may report failures of previous employers to correct information or to include your rebuttal(s) as part of the safety performance information, to the FMCSA following procedures specified at §386.12.

391.23.(k)(1): We here, or any other future prospective motor carrier employer must use the information only as part of deciding whether to extend you an offer of employment or not.

391.23(k)(2): This section of the rules obligates us, as your prospective employer, to take all precautions reasonably necessary to protect the records from disclosure to any person not directly involved in deciding whether to hire you or not. We also disclose to you that this part of the rules restricts us from providing any alcohol or controlled substances information to our insurance carrier.

391.23(l)(1): This part advises and informs you that "no" action, or proceeding for defamation, invasion of privacy, or interference with a contract that is based on the furnishing or use of information in accordance with this section may be brought against---

- (i) A motor carrier investigating the information, described in paragraphs (d) and (e) of this section, of an individual under consideration for employment as a commercial motor vehicle driver.
- (ii) A person who has provided such information; or
- (iii) The agents or insurers of a person described in paragraph (l)(1)(i) or (ii) of this section, except insurers are not granted a limitation on liability for any alcohol and controlled substance information.

391.23(l)(2): The protections in paragraph (l)(1) of this section do not apply to persons who knowingly furnish false information, or who are not in compliance with the procedures specified for these investigations.

Essential Job Functions For Drivers  
The Daniel Company of Springfield

1. Must meet all Federal and State requirements for certification and CDL licensing for Class A, combination vehicles with air brakes. Must also pass a current DOT medical physical, meeting the requirements set forth by section 391.41, as well as pass a pre-employment DOT drug screen.
2. Must be able to properly load, unload, and secure cargo including all related duties. Must be able to lift up to 60 pound containers as required over four feet high. Must be able to stow cartons or merchandise over head that weighs as much as 50 pounds.
3. Must be able to accurately and legibly complete all required paperwork associated with delivery of freight.
4. Must be able to safely and correctly operate a combination, Class A vehicle under all types of circumstances, including inter-city travel and maneuvering in the close confines of customer facilities.
5. Must be able to perform duties requiring drivers to repeatedly bend at the waist, neck, wrist, and shoulders; twist and rotate hands, elbows, and forearms. Ability to grip and grasp repeatedly and operate foot pedals.
6. Must be able to climb to a height of 4 to 6 feet. Balancing and accelerated physical activity in awkward positions. Drivers may enter and exit the vehicle cab and/or trailer 8 to 10 times a day. Cab level is generally from 36 inches to 66 inches from ground level, with an exit achieved by the assistance of one or two steps or hand holds. Drivers are expected to use the "3 point stance" at all times when entering and exiting a vehicle.
7. Must be able to maintain a daily record of duty status log according to the Federal DOT, State, and company requirements.
8. Must be able to drive for extended periods of time, up to the maximum allowable time (up to 11 hours) in a safe manner under a variety of conditions including night driving.
9. Must be able to read, understand, and apply information relating to trip planning for delivery of freight; able to read and use a road atlas, city maps, and other geographical documents to plan trips and to deliver cargo in a timely manner with minimum variance using the shortest, correct, legal routing. Able to communicate on the telephone for assignments, directions, and safety information.
10. Ability to hook and unhook various tractor/trailer combinations, lowering and raising landing gear, opening, and closing cargo doors.

I have read and understand the Essential Job Functions for Drivers.

\_\_\_\_\_ I am able to meet the essential job functions listed.

\_\_\_\_\_ I am not able to meet the essential job functions listed.

If you are not able to meet the essential job functions, please explain.

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

\_\_\_\_\_  
Date

TO BE READ BY AND SIGNED BY APPLICANT

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*This certifies that I completed this application, and that all entries, and information documented by me are true and complete to the best of my knowledge. By my signature heretofore, I acknowledge having been given by this carrier which has presented me with this application, a statement of my right to due process as outlined by all parts of 49 CFR Part 391.23 of the Federal Motor Carrier Safety Regulations effective October 29, 2004. Having made this acknowledgment, I therefore authorize you to make such previous employment and background investigations and inquiries of my personal, employment, financial or medical history, and other related matters as may be necessary to arrive at a possible employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I understand that false or misleading information given in my application or interviews may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.*

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Date

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Applicant's Signature