

DULUTH READY MIX, INC.
5671 HWY 53
SAGINAW, MN 55779
218-729-7728 FAX 218-729-7336

COMMERCIAL DRIVER APPLICATION

FILL IN ALL BLANKS & PROVIDE ALL INFORMATION REQUESTED--PRINT OR TYPE

Date: _____

Name: First _____ Middle _____ Last _____

Address _____ Home telephone: _____

City _____ State _____ Zip _____ Cellular telephone: _____

Date of Birth: _____ Social Security Number: _____ - _____ - _____

If your above address is less than 3 years continue listing them below to cover the previous 3 year period:

1 Street _____ Dates: From _____ To _____

City _____ State _____ Zip _____

.....
2 Street _____ Dates: From _____ To _____

City _____ State _____ Zip _____

.....
3 Street _____ Dates: From _____ To _____

City _____ State _____ Zip _____

Use backside of sheet for additional addresses

Driver's License Information: all licenses held, last 3 years:

State _____ Number _____ Type: _____ Expiration Date _____

State _____ Number _____ Type: _____ Expiration Date _____

State _____ Number _____ Type: _____ Expiration Date _____

Experience:

_____	_____ to _____	_____
Type of vehicle driven	Dates	Approximate mileage driven
_____	_____ to _____	_____
Type of vehicle driven	Dates	Approximate mileage driven
_____	_____ to _____	_____
Type of vehicle driven	Dates	Approximate mileage driven

All Accidents, last 3 years: (If none, write NONE)

Date_____ Describe_____ Fatalities_____ Injuries_____

Date_____ Describe_____ Fatalities_____ Injuries_____

Date_____ Describe_____ Fatalities_____ Injuries_____

List all Traffic Violations Convictions, last 3 years: (If none, write NONE)

Date_____ Violation_____ State_____ Commercial Vehicle: Yes / No

Date_____ Violation_____ State_____ Commercial Vehicle: Yes / No

Date_____ Violation_____ State_____ Commercial Vehicle: Yes / No

Date_____ Violation_____ State_____ Commercial Vehicle: Yes / No

Date_____ Violation_____ State_____ Commercial Vehicle: Yes / No

Date_____ Violation_____ State_____ Commercial Vehicle: Yes / No

Date_____ Violation_____ State_____ Commercial Vehicle: Yes / No

Date_____ Violation_____ State_____ Commercial Vehicle: Yes / No

Have you ever had any driver license denied, suspended, revoked or canceled by any issuing state agency?

☐ Yes ☐ No If yes; state of issuance; explanation: _____

Employment History, last 3 years (383.35)—account for gaps between employers: (If owner/operator, list carriers leased to)

1) Employer:_____ Dates: _____ to_____

Address: _____ Supervisor: _____

City, State, Zip code:_____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? ☐ Yes ☐ No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? ☐ Yes ☐ No

Reason for Leaving: _____

2) Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip code: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? ☐ Yes ☐ No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? ☐ Yes ☐ No

Reason for Leaving: _____

3) Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip code: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? ☐ Yes ☐ No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? ☐ Yes ☐ No

Reason for Leaving: _____

4) Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip code: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? ☐ Yes ☐ No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? ☐ Yes ☐ No

Reason for Leaving: _____

5) Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip code: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? ☐ Yes ☐ No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? ☐ Yes ☐ No

Reason for Leaving: _____

6) Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip code: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? ☐ Yes ☐ No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? ☐ Yes ☐ No

Reason for Leaving: _____

7) Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip code: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? ☐ Yes ☐ No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? ☐ Yes ☐ No

Reason for Leaving: _____

Use backside of sheet for additional employers

For driver applicants of commercial motor vehicles that require a Commercial Driver License (CDL) the applicant must disclose their controlled substance and alcohol status per the requirements of 49 CFR part 40.25(j).

Certification

TO BE READ AND SIGNED BY APPLICANT

As a prospective driver employee, you have the right to review information provided by previous employers. You have the right to have errors in the information corrected by the previous employer(s) and for that previous employer(s) to re-send the corrected information to the prospective employer; 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.

Driver employees who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer provided investigative information, must submit a written request to the prospective employer, which may be done at anytime, including when applying or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five (5) business day deadlines will begin when the prospective employer receives the requested safety performance history information.

Certification (cont'd)

If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived their request to review the records.

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

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

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

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

Applicant's Signature

Date Signed

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

TO BE COMPLETED BY THE EMPLOYER:

Application received by:

Name

Title

Date

Application reviewed for completeness by:

Name

Title

Date

SIGNIFICANT DATES:

Date of Hire:

Time & Date of Pre-Employment CST:

Time & Date of Pre-Employment CST Results Received:

Date First Used in Safety Sensitive Position:

Date of Termination:

**COMBINED DISCLOSURE NOTICE AND AUTHORIZATION
REGARDING BACKGROUND CONSUMER REPORTS
DISCLOSURE/RELEASE/AUTHORIZATION FORM**

(Important: Please read carefully before signing)

The Fair Credit Reporting Act requires that we inform you that a background investigation may be conducted as part of our screening and hiring process. This may include an inquiry to obtain information regarding your character, employment history, general reputation, personal characteristics, police record, education, qualifications, motor vehicle record, mode of living and/or credit and indebtedness. The primary objective of any investigation will be to verify information you provided on your application or during the interview process in connection with your application for and/or continued employment (or contract) with the company. A consumer report and/or an investigative consumer report may be obtained at any time during the application process or during your employment with the company. Upon timely written request to our personnel department, and within 5 days of the request, the name, address and phone number of the reporting agency and the nature and scope of the report (if one is made) will be provided to you. You have the right to request details of the report from the consumer-reporting agency. Before any adverse action is taken, based in whole or in part of the information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency, a summary of your rights under the Fair Credit Reporting Act, as well as additional information on your rights under the law. The items of information requested below are required to process your background investigation. They are intended solely for that purpose and will not be used in a discriminatory manner for the making of business decisions.

AUTHORIZATION

By signing below, you hereby authorize without reservation, any party or agency contacted by this employer to furnish the above mentioned information. You further authorize ongoing procurement of the above mentioned reports at any time during your employment (or contract). You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about you to furnish **DULUTH READY MIX, INC**, with any and all background information in their possession regarding you, in order that your employment qualifications may be evaluated.

PLEASE PRINT LEGIBLY IN BLOCK CAPITAL LETTERS

Print Full Name of Applicant: _____

Other or Former Names: _____

Telephone Number: _____

Current Address: _____ City: _____ State: _____ Zip: _____

Previous Address: _____ City: _____ State: _____ Zip: _____

Social Security Number: _____

Driver's License State: _____ License Number: _____

The following is for identification purposes only to perform the background check:

Date of Birth (MM/DD/YY): _____ Race: _____ Gender (M or F) _____

Professional License _____ State: _____ Type: _____ Number: _____

Signature: _____ **Date:** _____

DULUTH READY MIX, INC.
5671 HWY 53
SAGINAW, MN 55779
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Driver's Name

Driver's Operators Lic. No.

Driver's Social Sec. No.

Dear

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

In accordance with Section 391.23(a)(1) and (b) of the Federal Motor Carrier Safety Regulations, we are required to make inquiry into the driving record during the preceding 3 years of every State in which an applicant-driver has held a motor vehicle operator's license or permit during those 3 years.

Therefore, please certify to us what the individual's driving record is for the preceding 3 years, or certify that no record exists if that be the case.

In the event that this inquiry does not satisfy your requirements for making such inquiries, please send us such forms of yours as are necessary for us to complete our inquiry into the driving record of this individual.

Respectfully yours,

Tom Robertson
(printed) name of person making inquiry

Vice President
Title of person making inquiry

Duluth Ready Mix, Inc.
Motor Carrier Name

<u>5671 Hwy 53</u>	<u>Saginaw</u>	<u>MN</u>	<u>55779</u>
Street	City	State	Zip

**ALCOHOL & CONTROLLED SUBSTANCES TESTING INFORMATION
REQUEST/CONSENT FORM FROM PREVIOUS EMPLOYER**

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

TO: _____ **DATE:** _____

Former Employer's Name

Mailing Address

City / State / Zip

Telephone #

Fax Number

I, _____, hereby authorize _____ to release all records of employment, including assessments of my job performance, ability, and fitness, including the dates of any and all alcohol or drug tests, with confirmed results, and/or my refusal to submit to any alcohol and drug tests and any rehabilitation completion under direction of Substance Abuse Professional (SAP) and/or Medical Review Officer (MRO) to each and every company (or their authorized agents) making such request in connection with my application for employment with said company. I, hereby, release the above named 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.

In compliance with CFR 40.24(g) and 391.223(h), release of this information must be made in written form that ensures confidentiality, such as fax, e-mail, or letter.

Applicant's Printed Name: _____

Applicant's SSN: _____

Applicant's Signature & Date _____

Witness's Signature & Date _____

REQUEST FROM:

Company: _____ DULUTH READY MIX, INC.

Address: _____ 5671 HIGHWAY 53

City, State, Zip: _____ SAGINAW, MN 55779

Telephone Number: _____ 218-729-7728 Secure Fax Number: _____ 218-729-7336

Contact Person & Title: _____

Email: _____ SALES@DULUTHRM.COM

INQUIRY INTO EMPLOYMENT HISTORY, PRECEDING 3 YEARS

- Did applicant work for you as a _____ from ____/____/____ to ____/____/____ YES or NO
IF NO, please explain: _____
- If employed as driver, please answer the following: Company Driver? ____ Owner/Operator? ____ Other? ____
Type of truck(s) and/or truck/tractor(s) operated: _____
Commodities transported: _____ Area of operations: _____
- Accidents? YES or NO IF YES, please give date(s) and brief description of each accident:

- Why did this employee leave your company?

- Would you re-employ this person? YES or NO IF NO, please explain:

Additional comments:

INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION, PRECEDING 2 YEARS

- Alcohol tests with a result of 0.04 or greater? YES or NO If yes, please give date(s): _____
- Verified positive controlled substances test results? YES or NO If yes, please give date(s): _____
- Refusals to be tested? YES or NO If yes, please give date(s): _____
- Other violations of DOT agency drug and alcohol testing regulations?
YES or NO If yes, please give date(s): _____
- Information obtained from previous employers of a drug and alcohol rule violation?
YES or NO If yes, please give date(s): _____
- Documentation, if any, of completion of the return-to-duty process following a rule violation?
YES or NO If yes, please give date(s): _____

Person providing the above information:

Name: _____

Title: _____

Phone# _____

Date: _____

DULUTH READY MIX, INC.
5671 HWY 53
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COMMERCIAL VEHICLE DRIVER APPLICANT
Controlled Substance and Alcohol Questionnaire
Pursuant to 49 CFR part 40.25(j)

.....
Application Date _____

Name _____
First Middle Last

Address _____ Home Telephone _____

City _____ State _____ Zip _____ Cell Telephone _____

Date of Birth _____ Social Security Number _____ - _____ - _____

49 CFR 40.25(j)

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

Applicant's Signature

Date Signed

TO BE COMPLETED BY EMPLOYER:

Received by:

Reviewed by:

Title:

Date:

Title:

Date:

The original should be retained in the driver file with a copy to the Prospective Employee

HOURS OF SERVICE RECORD FOR FIRST TIME OR INTERMITTENT DRIVERS

Instructions: When using a driver for the first time or intermittently, a signed statement must be obtained, giving the total time on duty (driving and on duty) during the immediate preceding seven days and the time at which the driver was last relieved from duty prior to beginning work.

Name: (print) _____
First Middle Last

DAY TOTAL TIME ON DUTY

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

TOTAL _____

I hereby certify that the information contained herein is true to the best of my knowledge and belief, and that my last period of release from duty was from

_____ to _____
(Hour/Date) (Hour/Date)

Signature _____ Date _____

**ALCOHOL AND CONTROLLED SUBSTANCE
EMPLOYEE'S CERTIFICATE OF ACKNOWLEDGMENT**

I do hereby certify that I have received education materials that explain the requirements of 382.601 and my employer's policies and procedures with respect to meeting these requirements. The materials include information on the following checked items:

- _____ 1. The identity of the person designated by the employer to answer driver questions about the materials.
- _____ 2. The categories of drivers who are subject to the provisions of this part.
- _____ 3. Sufficient information about safety-sensitive functions performed by those drivers to make clear what period of the workday the driver will be required to be in compliance with this part.
- _____ 4. Specific information concerning driver conduct that is prohibited by this part.
- _____ 5. The circumstances under which a driver will be tested for alcohol and/or controlled substances including post-accident testing under 49CFR Part 382.303(d)
- _____ 6. The procedures that will be used to test for the presence of alcohol and controlled substances, protect the driver and the integrity of the testing processes, safeguard the validity of the test results, and ensure that those results are attributed to the correct driver, including post-accident information, procedures, and instructions required by 49CFR Part 382.303(d).
- _____ 7. The requirement that a driver submit to alcohol and controlled substance tests administered in accordance with this part.
- _____ 8. An explanation of what constitutes a refusal to submit to an alcohol or controlled substance test and the attendant consequences.
- _____ 9. The consequences for a driver found to have violated subpart B of the part, including the requirement that the driver be immediately removed from safety-sensitive functions, and the procedures under 49CFR Part 382.605.
- _____ 10. Information concerning the effects of alcohol and controlled substance use on an individual's health, work, and person life; signs and symptoms of an alcohol and/or controlled substance problem (the driver's or a co-worker's); and available methods of intervening when an alcohol or controlled substance problem is suspected, including confrontation, referral to any employee assistance program and referral to management.
- _____ 11. A discussion of what an adulterant is and what happens to an employee who has provided a specimen that is found to have an adulterant in it.

I, _____ certify that I have received a copy of the Alcohol & Controlled Substance and policies and procedures.

Employee's Signature

Authorized Employer Representative

Date

Date

ANNUAL MOTOR VEHICLE DRIVER CERTIFICATION OF VIOLATIONS

DULUTH READY MIX, INC.
5671 HWY 53
SAGINAW, MN 55779

In accordance with 49 CFR 391.27, 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.

License# _____ State: _____

() I have had no violations

() Violation are listed below

Date	Offense	Location (City/State)	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.

Driver's Signature

Date of Certification

=====

=====

ANNUAL REVIEW OF DRIVING RECORD

In accordance with 49 CFR 391.25, I certify that I have carefully reviewed the driving record of _____ to determine whether or not he/she meets the minimum requirements for safe driving specified in 49 CFR 391.11 or is disqualified to drive a motor vehicle pursuant to 49 CFR 391.15.

In reviewing this driver's record, I certify that I have considered any evidence that the driver has violated any applicable Federal Motor Carrier Safety Regulations or Hazardous Materials Regulations; and considered the driver's accident record and any evidence that the driver has violated laws governing the operations of motor vehicles, and I have given great weight to violations, such as speeding, reckless driving, and operating while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard of the safety of the public.

A copy of the response from each State agency to the inquiry required by 49 CFR 391.25(b) is attached. This form shall be maintained in the driver's qualification file, as required by 49 CFR 391.51.

Motor Carrier's Name

Review Date

Motor Carrier's Address

Reviewed By: Signature Title

DULUTH READY MIX, INC.
5671 HWY 53
SAGINAW, MN 55779

Cell Phone Usage Company Policy Acknowledgment

Our Company recognizes that the employees are our most valuable asset, and the most important contributors to our continued growth and success. Our Company is firmly committed to the safety of our employees and will do everything possible to prevent workplace accidents and is committed to providing a safe working environment for all employees.

To further this goal, **DULUTH READY MIX, INC.** has developed this Cell Phone/Hand Held Device Use Policy effective January 1, 2012.

Driver inattention is a factor in a majority of motor vehicle accidents. We are not only concerned about your welfare as a **DULUTH READY MIX, INC.** employee, but also the welfare of others who could be put in harms' way by inattentive driving.

Employee Statement:

I _____ acknowledge that I have received a copy of this policy and I will not dial, reach for or hold my cell phone/PDA while driving a Commercial Motor Vehicle for **DULUTH READY MIX, INC.**

Employee Signature

Date

PREVIOUS EMPLOYER DRUG & ALCOHOL
GOOD FAITH EFFORT – 49 CFR 382.413/40.25

DULUTH READY MIX, INC.

DRIVER NAME:	SOCIAL SECURITY NUMBER:

1. Call the prior employer and ask to speak to someone that can verify employment or obtain a fax number of the person needed to verify employment and record who was contacted. Fax the required Request form, signed by the driver, to the designated person. After a reasonable amount of time, if not received, go to step 2.
2. Re-fax the information and call the prior employer again to verify the fax was received and ask for the information back. Record who was contacted. Go to step 3.
3. If not received within a reasonable amount of time or within 30 days of hire, make note & cease all attempts.

If the prior employer refuses to release the information according to the 391.23(k) (2), record it below and file with the driver's original release of information.

1.

Date of Contact:	By Telephone / Fax?	Name of Contact at prior employer
Notes:		

2.

Date of Contact:	By Telephone / Fax?	Name of Contact at prior employer
Notes:		

Conducted By:

**** This must be completed within 30 days from date of hire ****

ACCIDENT REGISTER

FROM _____, 20____ TO _____, 20____

[illegible]

DRIVER'S ROAD TEST EXAMINATION

Driver's Name: _____

Driver's Address: _____

City: _____ State: _____ Zip: _____

The road test shall be given by the motor carrier or a person designated by it. However, a driver who is a motor carrier must be given the test by another person. The test shall be given by a person who is competent to evaluate and determine whether the person who takes the test has demonstrated that he or she is capable of operating the vehicle and associated equipment that the motor carrier intends to assign.

Rating of Performance

_____ The pre-trip inspection (as required by 49 CFR 392.7).

_____ Coupling and uncoupling of combination units, if the equipment he or she may drive includes combination units.

_____ Placing the equipment in operation.

_____ Use of vehicle's controls and emergency equipment.

_____ Operating the vehicle in traffic and while passing other vehicles.

_____ Turning the vehicle.

_____ Braking and slowing the vehicle by means other than braking.

_____ Backing and parking the vehicle.

_____ Other, explain: _____

Type of equipment used in giving the test: _____

Examiner's signature: _____ Date: _____

Remarks:

If the road test is successfully completed, the person who gave it shall complete a certificate of driver's road test.

CERTIFICATE OF DRIVER'S ROAD TEST

Instructions: If the road test is successfully completed, the person who gave it shall complete a certificate of the driver's road test. The original or copy of the certificate shall be retained in the employing motor carrier's driver qualification file of the person examined and a copy given to the person who was examined. (49 CFR 391.31(e)(f)(g))

CERTIFICATION OF ROAD TEST

Driver's Name _____

Social Security Number _____

Operator's or Chauffeur's License Number _____

State _____

Type of Power Unit _____

Type of Trailer(s) _____

If passenger carrier, type of bus _____

This is to certify that the above-named driver
was given a road test under my supervision on
_____, 20____, consisting of
approximately _____ miles of driving.

It is my considered opinion that this driver
possesses sufficient driving skill to operate safely the
type of commercial motor vehicle listed above.

(Signature of Examiner)

(Title)

(Organization and Address of Examiner)