

DAUM TRUCKING, INC.
RECRUITING & SAFETY DEPARTMENT
P.O. BOX 69
PLAINFIELD, IN 46168

Job Description: Over the Road Driver

We define an Over the Road Driver as having driven professionally for a regulated carrier or a private fleet, operating a tractor and semi-trailer combination. You must be familiar with and able to qualify under all U.S. Department of Transportation Requirements. You will be required to take and pass a DOT physical, including a drug screen and a road test.

You must have a valid Commercial Driver's License (CDL) with Haz-Mat endorsement. The CDL must be issued from the state in which you reside as of the date you submit your application.

The enclosed application is provided to you in an effort to see if we can qualify you for the position of OTR Driver. The DOT requires that you account for all of your time that you were driving until you have completed a 10-year work history. We suggest that you read all statements at the end of the application and be sure to sign and date this statement.

You will be required to drive conventional tractor equipment and pull a 48- or 53-foot trailer. You will need to be familiar with various types of engines and transmissions.

Drivers are required to present a neat and clean appearance. You must be accessible by phone and you must be customer and service oriented

All necessary paperwork required by this job must be turned in in a timely manner, i.e., logs required, bills of lading, fuel receipts, fuel and mileage reports and any other paperwork prescribed by the company.

You will be required to take a pre-employment physical, including a mandated DOT drug screen. The cost of your first physical will be deducted from your first payroll check and then reimbursed after six months.

We will conduct a safety and employment background check of your work history. We will request a copy of your driving record from the Bureau of Motor Vehicles in the state that your CDL was issued.

If you meet the requirements as we have outlined them, and we are able to qualify you, we may have other questions when we make you a conditional job offer.

Have you ever refused or tested positive to a pre-employment drug test from a carrier who never offered you a job or who you never accepted a job from? _____ **Yes or No?**

I authorize Daum Trucking, Inc. to inspect my driving record.

Print Name _____ Signature _____

Date _____

APPLICATION FOR EMPLOYMENT

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DAUM TRUCKING, INC.

1-317-839-4173 P. O. BOX 69, PLAINFIELD, IN 46168 FAX 1-317-839-1520

NAME _____ PHONE NO. _____
 (First) (Middle) (Maiden Name, if any) (Last)

ADDRESS _____ HOW LONG? _____
 (Street) (City) (State & Zip Code)

DATE OF BIRTH _____ SOCIAL SECURITY NO. _____

ADDRESS _____ HOW LONG? _____
 (Street) (City) (State & Zip Code)

ADDRESS FOR PAST THREE YEARS } _____ HOW LONG? _____
 (Street) (City) (State & Zip Code)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS - DRIVER

DRIVER	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
LICENSES				

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR—TWO TRAILERS				
OTHER				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

	DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

AN EQUAL OPPORTUNITY EMPLOYER

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

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

- 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 _____

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

EMPLOYMENT RECORD (Attach Sheet If More Space Is Needed)

NOTE: DOT Requires That Employment for at Least 3 Years and/or Commercial Driving Experience for the Past 10 Years Be Shown

LAST EMPLOYER: NAME _____
 ADDRESS _____
 POSITION HELD _____ FROM _____ TO _____ SALARY _____
 REASONS FOR LEAVING _____

SECOND LAST EMPLOYER: NAME _____
 ADDRESS _____
 POSITION HELD _____ FROM _____ TO _____ SALARY _____
 REASONS FOR LEAVING _____

THIRD LAST EMPLOYER: NAME _____
 ADDRESS _____
 POSITION HELD _____ FROM _____ TO _____ SALARY _____
 REASONS FOR LEAVING _____

TO BE READ AND SIGNED BY APPLICANT

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.

Date

Applicant's Signature

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

EMPLOYMENT RECORD

DAUM TRUCKING, INC.

1-317-839-4173 P. O. BOX 69, PLAINFIELD, IN 46168 FAX 1-317-839-1520

ADDITIONAL SPACE

EMPLOYER NAME _____

ADDRESS _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

EMPLOYER NAME _____

ADDRESS _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

EMPLOYER NAME _____

ADDRESS _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

EMPLOYER NAME _____

ADDRESS _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

EMPLOYER NAME _____

ADDRESS _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

DAUM TRUCKING, INC.

PHONE: 1-317-839-4173 – P. O. BOX 69, PLAINFIELD, IN 46168 – FAX: 1-317-839-1520

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYERS FOR EMPLOYMENT DRIVING RECORDS, DRUG & ALCOHOL RESULTS

COMPANY NAME _____

I hereby authorize you to release the following information to Daum Trucking, Inc. for purpose of investigation as required by Federal Motor Carrier Safety Regulations, 49 CFR, Part 391 & 49 CFR, Part 40.

PRINT APPLICANT'S NAME

APPLICANT'S SOCIAL SECURITY NUMBER

APPLICANT'S AUTHORIZATION BY SIGNATURE

DATE

1. The individual named above has submitted his/her application to this company for a position as a driver and states his/her employment with you as a driver was from _____ to _____ .
Are these dates correct? _____ YES or NO
2. **If No**, please give correct dates _____ to _____.
3. Give dates of preventable accidents: _____.
4. Reason for leaving: _____ Driving Skills: _____
5. Was applicant's general conduct satisfactory? _____ YES or NO
Comments: _____
6. Has this person had an alcohol test with a confirmed breath alcohol concentration of 0.04 or greater in the past 3 years? _____ YES or NO
If YES, date(s) _____
7. Has this person had a controlled substance test with a positive result in the past 3 years? _____ YES or NO
If Yes, date(s) _____
8. Has this person refused (includes verified adulterated or substituted results) a controlled substance test and/or alcohol test in the past 3 years? _____ YES or NO
If Yes, date(s) _____
9. Has this person violated other DOT drug/alcohol regulations in the past 3 years? _____ YES or NO
10. Have you received information from a previous employer that this person violated DOT drug/alcohol regulations in the past 3 years? _____ YES or NO
11. **If yes** to any of the above, please provide the following:

Substance Abuse Professional Name

Telephone Number

Address

Date

City State Zip

Date of Positive Test or Refusal

Check here if never tested by your company, then please explain.

TYPE/PRINT NAME & TITLE

DATE

COMPANY REPRESENTATIVE'S SIGNATURE

DRIVER BRIEFING AND INSTRUCTIONS FOR DRUG TESTING

YOU HAVE BEEN SELECTED FOR URINE DRUG TESTING

The collection of your urine will be conducted under the procedures required by mandatory regulations of the Department of Transportation, and the Federal Highway Administration. These regulations allow for individual privacy unless there is reason to believe that a particular individual may alter or substitute the urine specimen to be provided. The collection site persons will take precautions to ensure that your specimen is not adulterated or diluted during the collection procedure. Your specimen collection must also follow strict chain of custody and security procedures.

In addition:

Photo identification must be presented at the collection site or personal individual identification is necessary.

You will be asked to remove any unnecessary outer garments such as a coat and jacket.

All personal belongings like briefcases will remain with the outer garments. You may retain your wallet.

You will be instructed to wash and dry your hands prior to providing a specimen.

Your specimen will be provided in the privacy of a stall or otherwise partitioned area that allows for individual privacy.

After handing the specimen bottle to the collector, you should keep the specimen in full view at all times until it is sealed and labeled. This protects you against the wrong label being put on your bottle or someone possibly tampering with your specimen.

If the collection site person has reason to believe that you may have altered or substituted the specimen, the person will notify a higher level supervisor. Should you tamper, adulterate or in any way attempt to dilute the specimen, the collection site person will request authorization to collect a second specimen under the direct observation by the same gender collection site person.

You will be asked to initial the identification label on the specimen container for the purpose of certifying that it came from you.

You will also be asked to sign the chain or custody form, certifying that the urine specimen identified as having been collected from you is in fact the specimen you provided.

After the laboratory analysis, the results will be forwarded to the Medical Review Officer working for your employer. Prior to making a final decision to verify a positive test result to your employer, the Medical Review Officer will give you an opportunity to discuss the test results and submit medical documentation of legally prescribed medications.

The results or the drug test will not be released to a third party without your written consent. The results are made known to the Medical Review Officer and a management official having the authority to take adverse action against you for drug use.

Pre-Employment Urinalysis Consent Form

I understand that as required by the Federal Motor Carrier Safety Regulations Title 49 United States Code of Federal Regulations, Section 391.105, and company policy, all prospective drivers must submit to a controlled substance test.

A urine sample will be collected and tested for controlled substances.

I also understand that if I test positive for use of controlled substances, I am not medically qualified to operate a commercial motor vehicle.

The results of the drug test will be maintained by the Medical Review Officer for the company who will report whether the test results were negative or positive to the motor carrier. The results will not be released to any additional parties without my written authorization.

I hereby agree to submit to a drug screen urinalysis.

Print Applicant's Name

Date

Applicant's Signature

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

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

In connection with your application for employment with DAUM TRUCKING INC. (“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:

I authorize DAUM TRUCKING INC. (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am 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.

LAST UPDATED 12/22/2015