

APPLICATION FOR EMPLOYMENT

COMPANY _____ STREET ADDRESS _____
 CITY, STATE AND ZIP CODE _____
 NAME _____
 (FIRST) (MIDDLE) (Maiden Name, if any) (LAST)
 ADDRESS _____ HOW LONG? _____
 (STREET) (CITY) (STATE & ZIP CODE)
 DATE OF BIRTH _____ SOCIAL SECURITY NO. _____ HIRE DATE _____
 TELEPHONE NUMBER _____ E-MAIL ADDRESS _____

PREVIOUS THREE YEARS RESIDENCY

(STREET) _____ (CITY) _____ (STATE & ZIP CODE) _____ # YEARS _____
 (STREET) _____ (CITY) _____ (STATE & ZIP CODE) _____ # YEARS _____
 (STREET) _____ (CITY) _____ (STATE & ZIP CODE) _____ # YEARS _____

(ATTACH SHEET IF MORE SPACE IS NEEDED)

LICENSE INFORMATION

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

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.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>

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

DATE CONVICTED (month/year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, collateral and/or points)

(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 _____

If yes, explain _____

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

If yes, explain _____

EMPLOYMENT RECORD
(ATTACH SHEET IF MORE SPACE IS NEEDED)

Applicants that desire to drive in intrastate or interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

Must list the complete mailing address: street number and name, city, state and zip code.

LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49CFR Part 40? Yes No

SECOND LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49CFR Part 40? Yes No

THIRD LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49CFR Part 40? Yes No

TO BE READ AND SIGNED BY APPLICANT

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

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

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 49CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; 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."

DATE

APPLICANT'S SIGNATURE

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.

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.

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PART 1:	TO BE COMPLETED BY PROSPECTIVE EMPLOYEE
I, (Print Name) _____	
Hereby authorize:	First _____ M.I. _____ Last _____ Social Security Number _____ Date of Birth _____
Previous Employer:	E mail: _____
Street _____	Telephone: _____
City, State, Zip: _____	Fax No.: _____
To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____ (employment application date)	
To: Prospective Employer: _____	Telephone: _____
Attention: _____	Street _____
City, State, Zip: _____	
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 fax number: _____	
Prospective employer's email address: _____	
Applicant's Signature _____	Date _____
This information is being requested in compliance with §40.25(g) and 391.23.	

PART 2	TO BE COMPLETED BY PREVIOUS EMPLOYER
ACCIDENT HISTORY	
The applicant named above was employed by us. Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employed as _____ from (m/y) _____ to (m/y) _____	
1. Did he/she drive motor vehicle for you? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type? Straight Truck <input type="checkbox"/> Tractor-Semitrailer <input type="checkbox"/> Bus <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Other (Specify) _____	
2. Reason for leaving your employ: Discharged <input type="checkbox"/> Resignation <input type="checkbox"/> Lay Off <input type="checkbox"/> Military Duty <input type="checkbox"/>	
If there is no safety performance history to report, check here <input type="checkbox"/> , 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 <input type="checkbox"/> here if there is no accident register data for this driver.	
Date	Location
# Injuries	# 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: _____	Date: _____
Title: _____	

RECORDS REQUEST FOR DRIVER/APPLICANT SAFETY PERFORMANCE HISTORY

This request is made by the driver/apPLICANT in compliance with the Department of Transportation regulations.

§ 391.23(i)(2) Drivers 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 any time, 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-business-days deadline will begin when the prospective employer receives the requested safety-performance history information. 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 his/her request to review the records.

PART 1: COMPLETED BY THE DRIVER/APPLICANT

TO:

Prospective Employer: _____

Street/P.O. Box: _____

City, State, Zip: _____ Telephone # _____

FROM

Driver/APPLICANT: _____ Social Security A.D. # _____

Street: _____

City, State, Zip: _____ Telephone # _____

I am submitting this written request to obtain copies of my Department of Transportation Safety Performance History for the preceding three years. I understand, for records requested from a prospective employer, that I must arrange to pick up or receive the requested records within thirty (30) days of the records being made available or I have waived my request to review the records.

This information should be: sent to me at the above address.
 I will arrange to pick up.

Driver/APPLICANT Signature: _____ Date: _____
M / D / Y

PART 2: COMPLETED BY THE PROSPECTIVE EMPLOYER

The information must be provided 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-business-days deadline will begin when the prospective employer receives the requested safety performance history information.

Information supplied to:

Name: _____

Street: _____

City, State, Zip: _____

Comments: _____

By:

Signature person providing information

Telephone # _____

Release Date: _____
M / D / Y

COPY 1 PROSPECTIVE EMPLOYER



Colony Foods has requested that you complete a Predictive Index Behavioral Assessment.

Name _____ Date _____

Position _____

DIRECTIONS: Please read the words in the list below and check those that you feel describe **the way you are expected to act by others**. Please select at least 6 words and leave at least 6 words unselected. You may select multiple words per row and column.

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> Social | <input type="checkbox"/> Contemplative | <input type="checkbox"/> Engaging |
| <input type="checkbox"/> Neat | <input type="checkbox"/> Constant | <input type="checkbox"/> Firm |
| <input type="checkbox"/> Patient | <input type="checkbox"/> Understanding | <input type="checkbox"/> Responsive |
| <input type="checkbox"/> Reasonable | <input type="checkbox"/> Bold | <input type="checkbox"/> Careful |
| <input type="checkbox"/> Content | <input type="checkbox"/> Conventional | <input type="checkbox"/> Aware |
| <input type="checkbox"/> Persistent | <input type="checkbox"/> Charismatic | <input type="checkbox"/> Relentless |
| <input type="checkbox"/> Realistic | <input type="checkbox"/> Convincing | <input type="checkbox"/> Fascinating |
| <input type="checkbox"/> Relaxed | <input type="checkbox"/> Polished | <input type="checkbox"/> Rational |
| <input type="checkbox"/> Dominant | <input type="checkbox"/> Caring | <input type="checkbox"/> Gentle |
| <input type="checkbox"/> Analytical | <input type="checkbox"/> Formal | <input type="checkbox"/> Competitive |
| <input type="checkbox"/> Satisfied | <input type="checkbox"/> Loyal | <input type="checkbox"/> Organized |
| <input type="checkbox"/> Exciting | <input type="checkbox"/> Alert | <input type="checkbox"/> Lively |
| <input type="checkbox"/> Serene | <input type="checkbox"/> Popular | <input type="checkbox"/> Logical |
| <input type="checkbox"/> Unassuming | <input type="checkbox"/> Commanding | <input type="checkbox"/> Proper |
| <input type="checkbox"/> Serious | <input type="checkbox"/> Sympathetic | <input type="checkbox"/> Outstanding |
| <input type="checkbox"/> Assertive | <input type="checkbox"/> Precise | <input type="checkbox"/> Resolute |
| <input type="checkbox"/> Disciplined | <input type="checkbox"/> Dutiful | <input type="checkbox"/> Harmonious |
| <input type="checkbox"/> Charming | <input type="checkbox"/> Accurate | <input type="checkbox"/> Earnest |
| <input type="checkbox"/> Orderly | <input type="checkbox"/> Powerful | <input type="checkbox"/> Nice |
| <input type="checkbox"/> Tolerant | <input type="checkbox"/> Eager | <input type="checkbox"/> Appealing |
| <input type="checkbox"/> Principled | <input type="checkbox"/> Courageous | <input type="checkbox"/> Stable |
| <input type="checkbox"/> Pleasant | <input type="checkbox"/> Agreeable | <input type="checkbox"/> Influential |
| <input type="checkbox"/> Observant | <input type="checkbox"/> Factual | <input type="checkbox"/> Dignified |
| <input type="checkbox"/> Consistent | <input type="checkbox"/> Polite | <input type="checkbox"/> Outgoing |
| <input type="checkbox"/> Calm | <input type="checkbox"/> Determined | <input type="checkbox"/> Respectful |
| <input type="checkbox"/> Tidy | <input type="checkbox"/> Talkative | <input type="checkbox"/> Unobtrusive |
| <input type="checkbox"/> Judicious | <input type="checkbox"/> Daring | <input type="checkbox"/> Communicative |
| <input type="checkbox"/> Meticulous | <input type="checkbox"/> Esteemed | <input type="checkbox"/> Easy going |
| <input type="checkbox"/> Formidable | | <input type="checkbox"/> Objective |



Name _____

Start on page 1.

DIRECTIONS: Continue by reading the words in the list below, now checking those **that you yourself believe really describe you**. Please select at least 6 words and leave at least 6 words unselected. You may select multiple words per row and column.

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> Social | <input type="checkbox"/> Contemplative | <input type="checkbox"/> Engaging |
| <input type="checkbox"/> Neat | <input type="checkbox"/> Constant | <input type="checkbox"/> Firm |
| <input type="checkbox"/> Patient | <input type="checkbox"/> Understanding | <input type="checkbox"/> Responsive |
| <input type="checkbox"/> Reasonable | <input type="checkbox"/> Bold | <input type="checkbox"/> Careful |
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| <input type="checkbox"/> Meticulous | <input type="checkbox"/> Esteemed | <input type="checkbox"/> Easy going |
| <input type="checkbox"/> Formidable | | <input type="checkbox"/> Objective |