

DRIVER APPLICATION FOR EMPLOYMENT

Sudbury Transportation Inc.

1020 E English, Suite C
Wichita Ks 67211

In compliance with federal and state equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, age, sex, national origin, marital status or non-job related disabilities. **Substance and Alcohol Testing is required of application driver if operating CDL equipment (GVWR 26,001 # or greater.)**

_____ Date _____ Telephone number with Area Code _____

Last Name First Name Middle Initial

Complete Social Security Number Date of Birth

_____ Address - Number & Street City, State Zip Code Length of time at this Residence _____

Note: If you have resided at the above address for less than three years, please list all address of residence in last three years: (Including number & Street, City, State, Zip code and Length.

_____ Driver's License Number State Expiration Date _____

Please Answer the following questions by circling Yes or No

- Are you 21 years of age or older? Yes / No
- Can you provide proof of age? Yes / No
- Have you ever worked for this company before? Yes / No
- Are you currently employed? Yes / No
- If you are currently employed, may we contract your employer? Yes / No

If you are currently employed, what was the last day you worked for your last employer? _____

- Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes / No
- Have you ever had a license, permit or privilege revoked or suspended? Yes / No
- Have you ever been convicted of a felony? Yes / No

If any of the above questions are answered YES, please attach a statement with details

Accident Record

List all traffic accidents in which you were involved, regardless of fault, for the last years

Date of Accident	What was the nature of the Accident	Were there Fatalities	DOT Recordable	Were their Injuries	Preventable	Chargeable

Traffic Convictions and Forfeitures for the Past Three Years

Date	Location	Charge	Penalty

Experience - Qualifications

List all drivers' licenses issued to you in the past five years

State	License Number	Type of Equipment	Dates	Approximate number of Miles

List the states you have operated a Commercial Motor Vehicle in during the past five years: _____

I certify that I have read and understand all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern per FMCSA Regulations Subpart C & Subpart F. I release all employers and other person's names herein, from all liability for damages by furnishing such information. I understand that as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks, which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test. If hired, I agree to abide by all rules and policies of the employer and those agencies which regulate this employer.

This certifies that I complete this application, and all entries of information on it are true and complete to the best of my knowledge.

_____ Date

_____ Applicant's Signature

Motor Vehicle Records

(Driver's license and Vehicle Title/Registration Records)

3rd Party Consent

(Please print or type)

I hereby certify that my name is _____
(First Name) (Middle Initial) (Last Name)

I further certify that my date of birth is: _____

My Driver's License Number is _____

My Current address is _____
(Street) (apt/unit) (City) (State) (Zip)

And my telephone number is : _____

I hereby authorize: **Sudbury Transportation Inc.**

to obtain my driver's license record and/or vehicle registration information including my personal information on those records.

Date

Signature

Part 1: TO BE COMPLETED BY PROSPECTIVE OWNER / OPERATOR

I, (Print Name) _____ Social Security # _____
First Middle Initial Last
Date of Birth: _____

Hereby Authorize: _____

Previous Employer: _____
Email Address

Street: _____
Telephone Number

City, State, Zip: _____
Fax Number

To release and forward the informational requested by section 3 of this document concerning my Alcohol and Controlled Substances testing records within the previous 3 years.

To: Prospective Employer: **Sudbury Transportation Inc.**
Attention: Patty Burnett Telephone: **316-682-1628**
1020 E English, Suite C
Wichita, Ks 67211

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: **316-682-1666**

Prospective employer's email address: pburnettl@sudburytrans.com

Date Applicant's Signature
This information is being requested in compliance with 40.25(g) and 391.23

CFR 391.23(4) Investigation and inquires - Exception

For drivers with no previous employment experience working for the DOT regulated employer during the preceding three years, documentation that no investigation was possible must be placed in the driver history investigation file, after October 29, 2004 with required 30 days of the date the driver's employment begins.



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Privacy Form

Date: _____

By signing this form you authorize Sudbury Transportation Inc. to obtain any and all information pertaining to the DOT physical. All information will be kept private and confidential and will only be used as record for Federal and State regulations as set forth by FMCSA.

Driver's Name (PLEASE PRINT)

Driver's Signature

Witness Signature

PRE-EMPLOYMENT DRUG AND ALCOHOL STATEMENT
Previous Pre-Employment History of Applicant

CFR 49 Sec. 40.25(j): As an employer, you must ask the owner / operator 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 Department of Transportation 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 paragraphs (b)(5) and (e) of section 40.25)

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Applicant Name _____

Social Security Number: _____

The prospective owner / operator is required by Section 40.24(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 Department of Transportation drug and alcohol testing during the past two years?
Yes _____ No _____
2. If you answered yes to question one, can you provide or obtain proof that you successfully completed the Department of Transportation Return-To-Duty requirements?
Yes _____ No _____

Date

Driver's Signature

Date

Witness Signature

MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS/ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall at least once every 12. Require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or an account of which he/she has forfeited bond or collateral during the preceding 12 months (Section 391.27). Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he/she shall so certify (Section 391.27).

COMPLETED BY DRIVER – CERTIFICATION OF VIOLATIONS

NAME OF DRIVER:(PRINT)	SOCIAL SECURITY NUMBER	DATE OF EMPLOYMENT
HOME TERMINAL (CITY AND STATE)	DRIVERS LIC. NUMBER/STATE	EXPIRATION DATE

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

If you have no violations, check the following box.

DATE	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 (other than those I have provided under Part 383) required to be listed during the past 12 months.

(Today's Date)

Date of Certification _____ Driver's Signature _____

COMPLETED BY MOTOR CARRIER – ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one):

- Meets minimum requirements for safe driving
- Is disqualified to drive a motor vehicle pursuant to Section 391.15
- Does not adequately meet satisfactory safe driving performance

Action Taken with Driver: _____

Reviewed by : _____ Date: _____

Patty Burnett, President

Sudbury Transportation Inc. 1020 E English, Suite C Wichita, Ks 672011 316-682-1628

EMPLOYMENT HISTORY

All driver applicants, to drive in interstate commerce, must provide the following information on all employers during the preceding three years. Applicants to drive a commercial motor vehicle in intrastate and interstate commerce shall also provide an additional seven years information on those employers for whom the applicant operated such vehicles. Failure to list all previous employers for the preceding ten years, applicant will not be considered for employment. Failing to list telephone numbers for those employers will delay the processing.

List your most recent employer first then work backwards showing all employers for past 3 years (non-CDL) or 10 years (CDL)

Employer: _____ Supervisor's Full Name _____
Full Address: _____ Zip: _____ Phone#(____) _____
Position Held: _____ From: _____ To: _____ Salary: _____
Month/year Month/year

Reason for leaving: ___Quit ___Termination ___Layoff
Please explain: _____

Was your job designated as a Safety-Sensitive Function in any DOT-Regulated Mode subject to the Drug and Alcohol testing requirements of 49CFR part 40? ___Yes ___No

Employer: _____ Supervisor's Full Name _____
Full Address: _____ Zip: _____ Phone#(____) _____
Position Held: _____ From: _____ To: _____ Salary: _____
Month/year Month/year

Reason for leaving: ___Quit ___Termination ___Layoff
Please explain: _____

Was your job designated as a Safety-Sensitive Function in any DOT-Regulated Mode subject to the Drug and Alcohol testing requirements of 49CFR part 40? ___Yes ___No

Employer: _____ Supervisor's Full Name _____
Full Address: _____ Zip: _____ Phone#(____) _____
Position Held: _____ From: _____ To: _____ Salary: _____
Month/year Month/year

Reason for leaving: ___Quit ___Termination ___Layoff
Please explain: _____

Was your job designated as a Safety-Sensitive Function in any DOT-Regulated Mode subject to the Drug and Alcohol testing requirements of 49CFR part 40? ___Yes ___No

This certifies that this application was completed by me, and that all entries on it are true and complete to the best of my knowledge. I authorize you to make such investigations and inquire per FMCSA Regulations states in Subpart C-Background & Character and Subpart F Files & Records (391) 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, 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 the employment, I understand that false or misleading information given in my application or interview(s) may result in discharge/termination. I understand, also that I'm required to abide by all rules and regulations of the company.

Date _____

Applicant's signature _____

ADDITIONAL EMPLOYMENT HISTORY INFORMATION

Employer: _____ Supervisor's Full Name _____
Full Address: _____ Zip: _____ Phone#(____) _____
Position Held: _____ From: _____ To: _____ Salary: _____
Month/year Month/year

Reason for leaving: Quit Termination Layoff

Please explain: _____

Was your job designated as a Safety-Sensitive Function in any DOT-Regulated Mode subject to the Drug and Alcohol testing requirements of 49CFR part 40? Yes No

Employer: _____ Supervisor's Full Name _____
Full Address: _____ Zip: _____ Phone#(____) _____
Position Held: _____ From: _____ To: _____ Salary: _____
Month/year Month/year

Reason for leaving: Quit Termination Layoff

Please explain: _____

Was your job designated as a Safety-Sensitive Function in any DOT-Regulated Mode subject to the Drug and Alcohol testing requirements of 49CFR part 40? Yes No

Employer: _____ Supervisor's Full Name _____
Full Address: _____ Zip: _____ Phone#(____) _____
Position Held: _____ From: _____ To: _____ Salary: _____
Month/year Month/year

Reason for leaving: Quit Termination Layoff

Please explain: _____

Was your job designated as a Safety-Sensitive Function in any DOT-Regulated Mode subject to the Drug and Alcohol testing requirements of 49CFR part 40? Yes No

Employer: _____ Supervisor's Full Name _____
Full Address: _____ Zip: _____ Phone#(____) _____
Position Held: _____ From: _____ To: _____ Salary: _____
Month/year Month/year

Reason for leaving: Quit Termination Layoff

Please explain: _____

Was your job designated as a Safety-Sensitive Function in any DOT-Regulated Mode subject to the Drug and Alcohol testing requirements of 49CFR part 40? Yes No

Employer: _____ Supervisor's Full Name _____
Full Address: _____ Zip: _____ Phone#(____) _____
Position Held: _____ From: _____ To: _____ Salary: _____
Month/year Month/year

Reason for leaving: Quit Termination Layoff

Please explain: _____

Was your job designated as a Safety-Sensitive Function in any DOT-Regulated Mode subject to the Drug and Alcohol testing requirements of 49CFR part 40? Yes No

Employer: _____ Supervisor's Full Name _____
Full Address: _____ Zip: _____ Phone#(____) _____
Position Held: _____ From: _____ To: _____ Salary: _____
Month/year Month/year

Reason for leaving: Quit Termination Layoff

Please explain: _____

Was your job designated as a Safety-Sensitive Function in any DOT-Regulated Mode subject to the Drug and Alcohol testing requirements of 49CFR part 40? Yes No