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DRIVER'S APPLICATION FOR EMPLOYMENT

Cross Creek Trucking

7111 Blackwell Rd / PO Box 3127

Central Point, OR 97502-

Ph. (541) 423-1346 | Fax (541) 423-1353

In compliance with federal and state equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non job-related medical condition or handicap. All motor carriers regulated under Federal Motor Carrier Safety Regulations must meet the requirements of Title 49 CFR Part 391 and Part 382 as they apply to qualifying the applicant for a driving position.

Answer all questions. Please print legibly.

Position (s) applied for:		2. Date of application (Month/Day/Year):		/	/
3. Name:			3A. DOB (Month/Day/Year):		
4. Addresses for past three years (Write on back if there's not enough room)				4A. SSI No.:	
Street address		Home Ph		Cell Ph	
City	State	Zip	How long?		
Street address					
City	State	Zip	How long?		
Are you eligible to work in the US?					
In case of emergency notify:					
Address			Phone		
Have you worked for this company before?			If yes, where?		
Dates:	From:	To:	Rate of pay:	Position:	
Reason for leaving?					
Are you now employed?					
If not, how long since leaving last employment?					
Who referred you?			Rate of pay expected?		

PHYSICAL HISTORY

List any limitations that prevent you from performing the duties of a commercial motor vehicle driver. Specify any medical waivers.
Are you physically capable of heavy manual work?
Would you be willing to take an examination?

ALL INFORMATION MUST BE COMPLETED BEFORE AN APPLICATION CAN BE CONSIDERED.

CFR 391.21

Applicants for positions that require the driving of commercial motor vehicles must provide an additional 7 years information on those employers for whom the applicant operated such vehicles, or up to 10 years employment history. All information must be completed before an application can be considered. Use the back of this page or attach sheets if more room is needed.

Did you operate vehicles weighing 10,000 lbs or more? Y ___ N ___ Were you subject to drug/alcohol testing? Y ___ N ___

1. Employer Name _____	From ___/___/___
Address _____	To ___/___/___
City _____ State _____ Zip _____	Position _____
Contact Person & Phone _____	Reason for Leaving _____

Did you operate vehicles weighing 10,000 lbs or more? Y ___ N ___ Were you subject to drug/alcohol testing? Y ___ N ___

2. Employer Name _____	From ___/___/___
Address _____	To ___/___/___
City _____ State _____ Zip _____	Position _____
Contact Person & Phone _____	Reason for Leaving _____

Did you operate vehicles weighing 10,000 lbs or more? Y ___ N ___ Were you subject to drug/alcohol testing? Y ___ N ___

3. Employer Name _____	From ___/___/___
Address _____	To ___/___/___
City _____ State _____ Zip _____	Position _____
Contact Person & Phone _____	Reason for Leaving _____

Did you operate vehicles weighing 10,000 lbs or more? Y ___ N ___ Were you subject to drug/alcohol testing? Y ___ N ___

4. Employer Name _____	From ___/___/___
Address _____	To ___/___/___
City _____ State _____ Zip _____	Position _____
Contact Person & Phone _____	Reason for Leaving _____

Did you operate vehicles weighing 10,000 lbs or more? Y ___ N ___ Were you subject to drug/alcohol testing? Y ___ N ___

5. Employer Name _____	From ___/___/___
Address _____	To ___/___/___
City _____ State _____ Zip _____	Position _____
Contact Person & Phone _____	Reason for Leaving _____

6. ACCIDENT RECORD FOR PAST 3 YEARS.
If none, write "None."

DATES	NATURE OF ACCIDENT	FATALITIES	INJURY
LAST ACCIDENT			
NEXT PREVIOUS			

7. TRAFFIC CONVICTIONS & FORFEITURES FOR PAST 3 YEARS.
If none, write "None."

LOCATION	DATE	CHARGE	PENALTY

8. EXPERIENCE & QUALIFICATIONS - *Valid licenses currently held.*

STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

9. DRIVING EXPERIENCE - *Type of equipment & approximate miles/hours driven.*

CLASS	TYPE (Van, Tank, Flat, etc.)	FROM	TO	MILES
STRAIGHT TRUCK				
TRACTOR/TRAILER				
DOUBLES				

- 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 _____
 C.) If you answered "yes" to question B, explain the details: _____

In the past 2 years, have you tested positive, or refused to test, on a pre-employment drug or alcohol test administered by an employer where you applied for a safety sensitive position and were not hired? YES _____ NO _____

LIST STATES LICENSED IN FOR PAST 5 YEARS: _____

10. 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. I understand that the employment information I provided in the Employment History section of this application may be used, and my previous employers will be contacted, for the purpose of investigating my safety performance history information as required by 49 CFR 391.23(d) and (e). I authorize Cross Creek and its agents to contact my former employers for the purpose of fulfilling the requirements of the 49 CFR Parts 391.23 and 382.413. I further authorize Cross Creek Trucking and its agents to make any such additional inquiries beyond the FMCSR minimum requirements that are necessary to qualify this application. I do hereby release Cross Creek Trucking, its agents and any of my former employers from any and all liability which may result from obtaining and/or furnishing such information. I have received a copy of and been advised of my rights under 49 CFR 391.23(h) to (i) review information provided by previous employers upon submitting a written request within 30 days after being notified of denial of employment, (ii) have errors in information corrected, and (iii) have a rebuttal statement attached to alleged erroneous information. _____ (Applicant's initials)



_____ (Applicant's signature) _____ (Date)

ALL INFORMATION MUST BE COMPLETED BEFORE AN APPLICATION CAN BE CONSIDERED.

Cross Creek Trucking
 PO Box 3127, Central Point, OR 97502
 PH: 541-423-1346 FX: 541-423-1353

Applicant Name	Social Security #	Your Company DOT #	Date

By my signature on the bottom of this document I authorize for release the following information to Cross Creek Trucking, and it's agents for the purpose of past employment verifications per FMCSA regulations. You are released from any and all liability which may result from furnishing such information. **APPLICANT, PLEASE ONLY READ AND SIGN THE BOTTOM OF THIS DOCUMENT!**

Previous Employer _____ Telephone # _____

Address _____ Fax# _____

City, State, Zip _____

The applicant named above states that he/she worked for you/your company. Y ___ N ___

Dates of employment provided are from ___/___/___ to ___/___/___ & from ___/___/___ to ___/___/___

Are these dates accurate? Y ___ N ___ If not please list dates. From ___/___/___ to ___/___/___

Did applicant drive: ___ straight truck ___ tractor trailer ___ Bus ___ Cargo Tank ___ Reefer ___ Flat bed

Kind of freight hauled _____

Reason for leaving your company: ___ Termination ___ resignation ___ lay off ___ military duty

How many accidents did applicant have? ___ none ___ # preventable ___ # non-preventable ___ # DOT recordable

Date of accidents _____

Would you rehire this person ___ Y ___ N ___ upon review

3 YEAR DRUG AND ALCOHOL TESTING

Was this driver subject to DOT drug and alcohol testing?	Yes	No
Has this person had an alcohol test with a result of 0.04 or higher?	Yes	No
Has the person tested positive or adulterated or substituted a test specimen?	Yes	No
Has this person refused to submit to a DOT drug or alcohol test?	Yes	No
Has this person committed other violations of Subpart B of Part 382 or Part 40?	Yes	No
Did you receive information from a previous employer that this person had violated Subpart B of 382 or Part 40?	Yes	No
If this person violated a DOT drug and/or alcohol regulation, did this person complete a SAP prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes please list SAP information below.	Yes	No

 SAP Name Address Phone Number

 Name of person supplying information Title

Applicant Signature

Date

DOT REGULATED DRIVER APPLICANT'S RIGHTS

As an applicant for a driver position regulated by the United States Department of Transportation, Federal Motor Carrier Safety Administration, you are advised that all information supplied by you in connection with your application will be investigated as required under 49 CFR 391.23 and may be used in the determination of the suitability of your application for the position that is being offered. As a driver applicant you have the following rights:

(i) The right to review information provided by previous employers; (ii) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer; (iii) 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 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 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.

(j)(1) Drivers wishing to request correction of erroneous information in records received pursuant to paragraph (i) of this section must send the request for the correction to the previous employer that provided the records to the prospective employer. (2) After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer, or notify the driver within 15 days of receiving a driver's request to correct the data that it does not agree to correct the data. If the previous employer corrects and forwards the data as requested, that employer must also retain the corrected information as part of the driver's safety performance history record and provide it to subsequent prospective employers when requests for this information are received. If the previous employer corrects the data and forwards it to the prospective motor carrier employer, there is no need to notify the driver. (3) Drivers wishing to rebut information in records received pursuant to paragraph (i) of this section must send the rebuttal to the previous employer with instructions to include the rebuttal in that driver's safety performance history. (4) After October 29, 2004, within five business days of receiving a rebuttal from a driver, the previous employer must:

(i) Forward a copy of the rebuttal to the prospective motor carrier employer;

(ii) Append the rebuttal to the driver's information in the carrier's appropriate 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.

(5) The driver may submit a rebuttal initially without a request for correction, or subsequent to a request for correction. (6) The driver may report failures of previous employers to correct information or include the driver's rebuttal as part of the safety performance information, to the FMCSA following procedures specified at §386.12.

(Approved by the Office of Management and Budget under control number 2126-0004)

THIS CERTIFIES THAT I HAVE READ AND RECEIVED A COPY OF THE 'APPLICANTS RIGHTS.'

(Applicant's printed name & signature)

(Date)

THIS DOCUMENT IS TO BE PROVIDED TO EACH DRIVER APPLICANT AT THE TIME AN APPLICATION IS SUBMITTED FOR CONSIDERATION. EACH DRIVER APPLICANT MUST ACKNOWLEDGE RECEIPT OF THIS DOCUMENT BY INITIALLING WHERE INDICATED ON PAGE 1.3 OF THE APPLICATION.

Driver Pre-Employment Screening



The Federal Motor Carrier Safety Administration complies and makes available to motor carriers the crash and roadside inspection history of regulated commercial drivers. The driver's consent to obtain the report is required. Please read the information below carefully and sign where indicated.

■ In connection with your application for employment with **Cross Creek Trucking** ("Prospective Employer"), it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below –

I authorize **Cross Creek Trucking** ("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 consenting to 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.

How to correct the record. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging 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 have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, 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.



Signed: _____ Name: _____ Date: _____
Signature *Please Print*