

Application For Employment

Forrest Hodges Operations, INC
10922 US HWY21E ALTO, TX 75925

Hire Date _____

The civil Rights act of 1964 prohibits discrimination because of race, color, religion, sex, or national origin. PL 90-202 prohibits discrimination because of age. The American With Disabilities Act prohibits discrimination on the basis of non-job related disability. COMPLETE ENTIRE APPLICATION AND SIGN.

Name: _____
First Middle Maiden (if any) Last

Address: _____
Street City State & Zip **How Long?**

Previous Addresses _____
Street City State & Zip **How Long?**

(If above is less than 3 Years) _____
Street City State & Zip **How Long?**
(Attach sheet if more space is needed)

Phone # _____ **Date Of Birth:** _____ **Social Security #** _____

Cell # _____ **DL Number** _____
Education: Highest grade completed _____

To be read and signed by applicant.

I authorize you to make such investigations and inquiries of my personal, employment or medical history and other related matters as may be necessary in arriving at an employment decision. 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.

I understand that you will contact my former employers and obtain any positive drug or alcohol results. 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 DOT regulations. I understand that I have the right to:

- * Review information provided by previous employers;
- * Have errors 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.

Signature _____ Date _____

Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you unsuccessfully applied for safety sensitive transportation work covered by DOT drug and alcohol testing rules during the last 2 years? Yes No
If you answered yes, can you provide proof that you've successfully completed the DOT return-to-duty Yes No

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Experience And Qualifications - Driver

List all driver licenses or permits held for last 3 years

Driver Licenses	State	License Number	Type	Expiration Date

Driving Experience

Equipment Class	Type of Equipment (van, flat, tank, etc.)	Dates		Approximate # of Miles Driven
		From	To	
Straight Truck				
Tractor/Trailer				
Tractor/Two Trailers				
Other				

Accident Record Past 3 Years Or More (Attach sheet if more space is needed)

Dates	Nature of Accident (head-on, rear-end, upset, etc.)	# Fatalities
Last Accident		
Next Previous		
Next Previous		

Traffic Convictions and Forfeitures for the Past Three 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 priveledge to operate a motor vehicle? Yes No
- (B) Has any license, permit or priveledge ever been suspended or revoked? Yes No
- If yes give details _____

Have you ever been convicted of a felony? Yes No If so, please explain fully below. _____

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Employment Record (Attach sheet if needed) **COMPLETE EVERY BLANK AND, CIRCLE YES/NO WHERE IT APPLIES**

Note The: DOT requires that the previous CDL driving employment must be listed for the last 10 years. .

Last Employer: _____ Phone: _____
Address: _____
Position Held: _____ From: _____ To: _____ Salary: _____
Reason for Leaving: _____
Were you subject to federal Motor Carrier Safety Regulations while at this employer? Yes No
Was this job designated as a safety sensitive function subject to the drug and alcohol testing requirements of 49 CFR Part 40?

2nd Last Employer: _____ Phone: _____
Address: _____
Position Held: _____ From: _____ To: _____ Salary: _____
Reason for Leaving: _____
Were you subject to federal Motor Carrier Safety Regulations while at this employer? Yes No
Was this job designated as a safety sensitive function subject to the drug and alcohol testing requirements of 49 CFR Part 40?

3rd Last Employer: _____ Phone: _____
Address: _____
Position Held: _____ From: _____ To: _____ Salary: _____
Reason for Leaving: _____
Were you subject to federal Motor Carrier Safety Regulations while at this employer? Yes No
Was this job designated as a safety sensitive function subject to the drug and alcohol testing requirements of 49 CFR Part 40?

4th Last Employer: _____ Phone: _____
Address: _____
Position Held: _____ From: _____ To: _____ Salary: _____
Reason for Leaving: _____
Were you subject to federal Motor Carrier Safety Regulations while at this employer? Yes No
Was this job designated as a safety sensitive function subject to the drug and alcohol testing requirements of 49 CFR Part 40?

5th Last Employer: _____ Phone: _____
Address: _____
Position Held: _____ From: _____ To: _____ Salary: _____
Reason for Leaving: _____
Were you subject to federal Motor Carrier Safety Regulations while at this employer? Yes No
Was this job designated as a safety sensitive function subject to the drug and alcohol testing requirements of 49 CFR Part 40?

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: _____

Signature: _____



RELEASE OF CDL HOLDER'S REPORTED POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST RESULTS



Use this form to obtain the CDL holder's reported positive alcohol or controlled substance test results information.

This form should ONLY be used if you wish to inquire whether or not a prospective driver (CDL Holder) has had a positive alcohol or controlled substance test result reported to the Texas Department of Public Safety in compliance with state law.

THIS FORM IS NOT REQUIRED FOR REPORTING A POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST.

1. This form must be completed in full and include the driver's original signature.

Texas Department of Public Safety
Motor Carrier Bureau, MSC #0521
6200 Guadalupe, Building P
Austin, Texas 78752-4019

2. Deliver, mail or FAX the completed form to:

Facsimile: 512-424-5310

I, _____
Print Name of CDL Holder

of _____
Print Address of CDL Holder

authorize release of the CDL holder's reported positive alcohol or controlled substance test results reported under state law

to _____
Print Name

of _____
Print Address

Driver License Number _____ State _____ Date of Birth _____

Signature of Driver

Date

X

If you wish to request and receive this information by electronic mail, submit a completed and notarized Electronic Mail Verification Form (MCS-32), available at the following web address: <http://www.txdps.state.tx.us/forms/index.htm>.

MANDATORY USE FOR ALL ACCOUNT HOLDERS

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

1. In connection with your application for employment with Forrest Hodges Operations, 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.

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:

2. I authorize Forrest Hodges Operations, 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 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.

3. 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 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.

4. Please note: 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 FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

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.

Date: _____

Signature _____

Name (Please Print) _____

NOTICE: This form is made available to monthly account holders by NICT 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 provided in paragraphs 1-4 of this document to obtain a prospective Applicant's consent. The language must be used in whole, exactly as provided. The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.

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.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 2/11/2016

This form is an example only. Questionnaires may look different, but should include, at minimum, the two questions below.

PRE-EMPLOYMENT DRUG AND ALCOHOL QUESTIONNAIRE

Applicant Name _____

Yes No

Within the last three (3) years, 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, safety-sensitive transportation work?

If yes, have you successfully completed the return-to-duty process?

REFERENCE CHECK

APPLICANT'S NAME: _____

Employer's Name: _____

Spoke To: _____

Dates From: _____ To: _____

Occupation: _____

Type Truck _____ Trailer: _____

Commodity _____ Tarp? _____

Accidents WC Injury: _____

Reason for leaving: _____

Rehirable: Yes No Upon Review: _____

Comments: _____

Drug Alcohol Test performed? _____ Positives? _____

Employer's Name: _____

Spoke To: _____

Dates From: _____ To: _____

Occupation: _____

Type Truck _____ Trailer: _____

Commodity _____ Tarp? _____

Accidents WC Injury: _____

Reason for leaving: _____

Rehirable: Yes No Upon Review: _____

Comments: _____

Drug Alcohol Test performed? _____ Positives? _____