

DRIVER EMPLOYMENT APPLICATION

Jamaica Cottage Shop, Inc is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

| Internal Use Only Start Date | |
|------------------------------|--|
| Compensation | |
| Position | |
| Supervisor | |

COMPLETE IN FULL OR IT WILL NOT BE CONSIDERED.

| FIRST NAME | E | | NAME | | | NAME | | | | |
|-----------------------|---|-------------------------|--------------|------------|------------|----------|--------------|-------|-------------|--------------------------|
| PHONE | | | EMAIL | | | | | | | |
| DATE OF BII | RTH | | SOCIAL SE | CURITY | | | | | | |
| DATE OF APPLICATIO | N . | POSITION APPLIED FOR | | • | | | DATE AVAILAB | LE | | |
| → Do | you have legal right to v | | | | S □ NO | | | | | |
| | | | | | nore space | | | | | |
| | STREET | | | | CITY | | | STATE | ZIP CODE | # OF YEARS AT ADDRESS |
| CURRENT | | | | | | | | | | |
| MAILING | | | | | | | | | | |
| PREVIOUS | | | | | | | | | | |
| PREVIOUS | | | | | | | | | | |
| PREVIOUS | | | | | | | | | | |
| | | | LICEN | ISE INFOR | MATION | | | | | |
| not have i | n who operates a commerci more than one motor vehic I sheets if needed. | | shall at any | y time hav | e more tha | | | | | |
| TATE | LICENSE # | T | YPE/CLASS | | E | NDORSEME | ENTS | | | EXPIRATION DATE |
| | | | PREVO | DIUSLY HEL | D LICENSES | | | | | |
| | | | | | | | | | | |
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| | | | | | | _ | | | | |

APPLICANT INFORMATION

| | DRIVING EXP | ERIENCE | | | | | | |
|---|--|-----------------------|------------------|----------|--------|-----------------|----------------|-------------------|
| CLASS OF EQUIPMENT | TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.) | | DATE FRO | М | DATE | ТО | APPRO MILES | X # OF (TOTAL) |
| STRAIGHT TRUCK | | | | | | | | |
| TRACTOR & SEMI-TRAILER | | | | | | | | |
| TRACTOR &2 TRAILERS | | | | | | | | |
| TRACTOR & TANKER | | | | | | | | |
| OTHER | | | | | | | | |
| | ACCIDENT RECORD FOR | THE PAST 3 | YEARS | | | | | |
| | Attach additional sheet if more space is | needed. Che | ck this box if n | one 🗌 | | | | |
| DATES (List most recent first) | NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.) # FATALITIES | | | | ITIES | # INJURIES | CHEMI (Y/N) | CAL SPILLS |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PA | | | | G VIO | LATIONS) | | |
| | Attach additional sheet if more space is | needed. Che | ck this box if n | one 🗀 | | | | |
| DATE CONVICTED (Month/Year) | VIOLATION | STATE OF VIOLATION | PENALTY (Forf | eited bo | nd, co | llateral and/or | points) | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | YES | |
| → Have you ever been denied a license, permit, or privilege to operate a motor vehicle? | | | | | | | | □ NO |
| | s, explain: | | 10 | | | | | |
| | any license, permit, or privilege ever been suspended s, explain: | d or revoked | 1? | | | | YES | □ NO |
| | | | | | | | | |

EMPLOYMENT HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.

Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

| CURRENT (MOST RECENT) EMPLOYER | | | | | | | | | |
|----------------------------------|--|---------------------|---|---------------|----------|--------------------|-------------|---------------|--------------|
| NAME | | | | | | PHONE | | | |
| ADDRESS | | | | | | | | | |
| POSITION | HELD | | | FROM MO/YR | | | TO MO/YR | | |
| | | | | WO/ TK | | | | | |
| REASON F | | | | | | | SALARY | | |
| EMPLOYM month/ye | 1ENT (Ir | clude | | | | | | | |
| While er | mploy | ed her | e, were you subject to the Federal Motor Ca | arrier Sa | fety R | egulations? | | \square YES | \square NO |
| | - | _ | ted as a safety-sensitive function in any Dep phol and controlled substances testing as re | | | - | ated | ☐ YES | □ NO |
| | | | SECOND (MOST | RECEN | T) EN | //PLOYER | | | |
| NAME | | | | | | PHONE | | | |
| ADDRESS | | | | | | | | | |
| | | | | FROM | | | ТО | | |
| POSITION | HELD | | | MO/YR | | | MO/YR | | |
| REASON F | | | | | | | SALARY | | |
| EXPLAIN A EMPLOYM month/ye | 1ENT (Ir | ıclude | | | | | | | |
| While er | mploy | ed her | e, were you subject to the Federal Motor Ca | arrier Sa | fety R | egulations? | | ☐ YES | \square NO |
| Was the | job de | esigna [.] | ted as a safety-sensitive function in any Dep | artmen | t of Tra | ansportation-regul | ated | | |
| mode su | ıbject | to alco | ohol and controlled substances testing as re | | | | | ☐ YES | □ NO |
| | | | THIRD (MOST R | RECENT |) EM | PLOYER | | | |
| NAME | | | | | | PHONE | | | |
| ADDRESS | | 1 | | · · · · · · | | | | 1 | |
| POSITION | HELD | | | FROM MO/YR | | | TO MO/YR | | |
| REASON F | OR LEA | VING | | | | | SALARY | | |
| EMPLOYN | EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason) | | | | | | | | |
| While er | mploy | ed her | re, were you subject to the Federal Motor Ca | arrier Sa | fety R | egulations? | | ☐ YES | □NO |
| | - | _ | ted as a safety-sensitive function in any Dep phol and controlled substances testing as re | | | | ated | ☐ YES | □ NO |

| EDUCATION | | | | | | | | |
|-------------|-----------------|-----------------|--------------------|-----------|-----------|---------|--|--|
| SCHOOL | NAME & LOCATION | COURSE OF STUDY | YEARS COMPLETED | GRAD Y | UATE N | DETAILS | | |
| High School | | | | | | | | |
| College | | | | | | | | |
| Other | | | | | | | | |

| OTHER QUALIFICATIONS | | | | | | | |
|--|--|--|--|--|--|--|--|
| Please list any other qualifications that you have and which you believe should be considered. | | | | | | | |
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TO BE READ AND SIGNED BY APPLICANT

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, 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 release Jamaica Cottage Shop, Inc and all its officers, employees, and affiliates from all liability arising from any investigation.

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

I understand that the information I provide regarding my current and/or prior employers may be used, and those employer(s) will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23. 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 resend 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.

I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with Jamaica Cottage Shop, Inc creates an actual or implied contract of employment. I understand that, if I accept employment with Jamaica Cottage Shop, Inc, it will be on an at-will basis which means that either Jamaica Cottage Shop, Inc or I have the right to terminate the employment relationship at any time, for any reason, with or without cause.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the bestof my knowledge. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

| Applicant Signature | Date | |
|--------------------------|------|--|
| Applicant Name (printed) | | |

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

| PART 1: | ТО В | E COMPLETI | ED BY PROSPE | CTIVE EMPLOYEE | | | |
|--|---|-------------------------------------|--|------------------------|---|--|--|
| I, (Print Name) | | | | | | | |
| | First | M.I. | Last | Soc | ial Security Number | | |
| Hereby authorize: | | | | | Date of Birth | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| To release and fo Substances Testi | rward the information re ng records within the pro | equested by sec evious 3 years f | tion 3 of this docun from (employr | nent concerning my A | lcohol and Controlled | | |
| То: | Prospective Employer: | | | | | | |
| | Attention: | | | Telephone: | 802-366-3020 | | |
| | Street: | 170 WINHA | LL STATION ROAL |) | | | |
| | City, State, Zip: | SOUTH LO | NDONDERRY, VT | 05155 | | | |
| confidentiality, su | h §40.25(g) and 391.23(ch as fax, email, or lette | r. | nis information mus | t be made in a written | form that ensures | | |
| | oyer's fax number: 80 | | | | | | |
| Prospective empl | oyer's email address: <u>K</u> | FLECK@JAMA | ICACOTTAGESHO | <u>DP.CO</u> M | | | |
| | Applicant's | Signature | | | Date | | |
| This information is | s being requested in cor | mpliance with §4 | 40.25(g) and 391.2 | 3. | | | |
| PART 2: | ТО | BE COMPLE | TED BY PREVIO | US EMPLOYER | | | |
| | | | DENT HISTORY | | | | |
| | ned above was employe | - | | | | | |
| Employed as | | from (m/y |) | to (m/y) | | | |
| Bus ☐ Cargo Ta | ve motor vehicle for younk Doubles/Triples | ☐ Other (Spe | cify) | - | | | |
| | aving your employ: Disc ty performance history to | | | | 1 | | |
| | | | | | 15(b)) that involved the accident register data for | | |
| Date | Locati | on | # Injuries | # Fatalities | Hazmat Spill | | |
| 1 | | | | | | | |
| 2 | | | | | | | |
| | | | | | | | |
| 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 | S: | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Signature: | | | | | |
| | | • | | | | | |
| | | 11110. <u></u> | | Dute. | | | |

PREVIOUS EMPLOYER - COMPLETE PAGE 2 PART 3

| PART 3: | TO BE COMPLETED BY | PREVIOUS EMPLOYER | | | | | | | |
|--|---|----------------------|------------------------------|--|--|--|--|--|--|
| | DRUG AND ALCO | HOL HISTORY | | | | | | | |
| If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here , fill in the dates of employment from to, complete bottom of Part 3, sign, and return. | | | | | | | | | |
| Driver was subject | Driver was subject to Department of Transportation testing requirements from to | | | | | | | | |
| Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration? YES □ NO□ Has this person tested positive or adulterated or substituted a test specimen for controlled substances? YES □ NO□ Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? YES□ NO□ Has this person committed other violations of Subpart B of Part 382, or Part 40? YES□ NO□ If this person has violated a DOT drug and 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 send documentation back with this form. YES□ NO□ For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? YES□ NO□ | | | | | | | | | |
| employers in the p | e questions, include any required DOT drug o revious 3 years prior to the application date s | nown on page 1. | obtained from prior previous | | | | | | |
| Name: | | | | | | | | | |
| Company: | | | | | | | | | |
| Street: | | | | | | | | | |
| City, State, Zip: | | Telephor | ne: | | | | | | |
| Part 3 Completed b | by (Signature): | Da | te: | | | | | | |
| PART 4a: | TO BE COMPLETED B | Y PROSPECTIVE EMPL | OYER | | | | | | |
| This form was (che | eck one) | I Mailed ☐ Emailed | □ Other | | | | | | |
| Ву: | By: Date: | | | | | | | | |
| PART 4b: | TO BE COMPLETED B | Y PROSPECTIVE EMPL | OYER | | | | | | |
| Complete below w | hen information is obtained. | | | | | | | | |
| Information receive | ed from: | | | | | | | | |
| | | Method: ☐ Fax ☐ Mail | ☐ Email ☐ Telephone | | | | | | |
| Date: | | | • | | | | | | |
| | | | | | | | | | |

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PAGE 1 PART 1: Prospective Employee

- Complete the information required in this section
- Sign and date
- Submit to the Prospective Employer

PAGE 2 PART 4a: Prospective Employer

- Complete the information
- Send to Previous Employer

PAGE 1 PART 2: Previous Employer

- Complete the information required in this section
- Sign and date
- Turn form over to complete SIDE 2 SECTION 3

PAGE 2 PART 3: Previous Employer

- Complete the information required in this section
 - Sign and date
- Return to Prospective Employer

PAGE 2 PART 4b: Prospective Employer

- Record receipt of the information
- Retain the form

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

| PART 1: | TO BE | COMPLETED | BY PROSPEC | TIVE EMPLOYEE | | | | |
|--|---|-----------------------------------|-------------------|----------------------|--|--|--|--|
| | | | | | | | | |
| I, (Print Name) | F | 241 | Locat | Coo | '- LO it - Ni- mah aw | | | |
| Hereby authorize: | | M.I. | Last | 500 | ial Security Number | | | |
| 110100, 444 | | | | | Date of Birth | | | |
| Previous Employe | er: | | | Email: _ | | | | |
| 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) | | | | | | | | |
| | Prospective Employer: | | | | | | | |
| | | | | Telephone: | 802-366-3020 | | | |
| | | | STATION ROAD | • | | | | |
| | Street: | | | | | | | |
| | | | | 05155 | | | | |
| confidentiality, suc | n §40.25(g) and 391.23(h ch as fax, email, or letter. | • | nformation must | be made in a writter | form that ensures | | | |
| Prospective emplo | oyer's fax number: 802 | 2-366-3020 | | | | | | |
| Prospective emplo | oyer's email address: KF | LECK@JAMAICA | COTTAGESHO | P.COM | | | | |
| | Applicant's | Signature | | | Date | | | |
| This information is | s being requested in com | pliance with §40.2 | 5(g) and 391.23 | | | | | |
| PART 2: | TO I | BE COMPLETE | D BY PREVIOU | JS EMPLOYER | | | | |
| | | | IT HISTORY | | | | | |
| The applicant nan | ned above was employed | d by us. Yes □ I | No □ | | | | | |
| Employed as | | from (m/y) | | to (m/y) | | | | |
| Did he/she dri Bus ☐ Cargo Ta | ve motor vehicle for you? nk | ? Yes □ No □] Other (Specify) | If yes, what type | ? Straight Truck 🗆 | Tractor-Semitrailer □ | | | |
| | aving your employ: Disch | | | |] | | | |
| | emplete the following for a years prior to the applica | | | | .15(b)) that involved the accident register data for | | | |
| | Locatio | n # | 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 | 3: | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | Signature: _ | | | | | | |
| | | | | _ | | | | |
| | | | | | | | | |

PREVIOUS EMPLOYER - COMPLETE PAGE 2 PART 3

| PART 3: | TO BE COMPLETED BY PREVIOUS EMPLOYER | | | | | | | |
|--|---|--|--|--|--|--|--|--|
| | DRUG AND ALCOHOL HISTORY | | | | | | | |
| If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here \Box , fill in the dates of employment from to, complete bottom of Part 3, sign, and return. | | | | | | | | |
| Oriver was subject to Department of Transportation testing requirements from to to | | | | | | | | |
| Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration? YES □ NO □ Has this person tested positive or adulterated or substituted a test specimen for controlled substances? YES □ NO □ Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? YES □ NO □ Has this person committed other violations of Subpart B of Part 382, or Part 40? YES □ NO □ If this person has violated a DOT drug and 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 send documentation back with this form. YES □ NO □ For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? YES □ NO □ | | | | | | | | |
| employers in the p | questions, include any required DOT drug or alcohol testing information obtained from prior previous revious 3 years prior to the application date shown on page 1. | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | Telephone: | | | | | | | |
| Part 3 Completed b | by (Signature): Date: | | | | | | | |
| PART 4a: | TO BE COMPLETED BY PROSPECTIVE EMPLOYER | | | | | | | |
| This form was (che | ck one) Faxed to previous employer Mailed Emailed Other | | | | | | | |
| By: | Date: | | | | | | | |
| PART 4b: | TO BE COMPLETED BY PROSPECTIVE EMPLOYER | | | | | | | |
| | hen information is obtained. | | | | | | | |
| Information receive | ed from: | | | | | | | |
| | Method: □ Fax □ Mail □ Email □ Telephone | | | | | | | |
| | Other | | | | | | | |
| | | | | | | | | |

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PAGE 1 PART 1: Prospective Employee

- Complete the information required in this section
- Sign and date
- Submit to the Prospective Employer

PAGE 2 PART 4a: Prospective Employer

- Complete the information
- Send to Previous Employer

PAGE 1 PART 2: Previous Employer

- Complete the information required in this section
- Sign and date
- Turn form over to complete SIDE 2 SECTION 3

PAGE 2 PART 3: Previous Employer

- Complete the information required in this section
 - Sign and date
- Return to Prospective Employer

PAGE 2 PART 4b: Prospective Employer

- Record receipt of the information
- Retain the form

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

| PART 1: | ТО ВЕ | COMPLETED B | Y PROSPECTIV | /E EMPLOYEE | | | |
|--|---|---------------------|------------------|-------------------|-----------------------|--|--|
| I (Drint Name) | | | | | | | |
| I, (Print Name) | First | M.I. | Last | Soc | ial Security Number | | |
| Hereby authorize: | | | | | Date of Birth | | |
| Previous Employe | <mark>er:</mark> | | | Email: _ | | | |
| Street: | | | | Telephone: | | | |
| City, State, Zip: | | | | Fax No.: | | | |
| | rward the information req ng records within the prev | | | | | | |
| To: | Prospective Employer: _ | JAMAICA COTTA | | · · | | | |
| | Attention: | KATRINA | | Telephone: | 802-366-3020 | | |
| | Street: _ | 170 WINHALL ST | ATION ROAD | | | | |
| | City, State, Zip: | SOUTH LONDON | IDERRY, VT 051 | 55 | | | |
| confidentiality, suc | n §40.25(g) and 391.23(h ch as fax, email, or letter. | | ormation must be | made in a writter | n form that ensures | | |
| | oyer's fax number: 802 | | | _ | | | |
| Prospective emplo | oyer's email address: KF | LECK@JAMAICAC | OTTAGESHOP.C | <u>O</u> M | | | |
| | Applicant's | Signature | | | Date | | |
| This information is | s being requested in com | pliance with §40.25 | (g) and 391.23. | | | | |
| PART 2: | TO E | BE COMPLETED | BY PREVIOUS | EMPLOYER | | | |
| | 1 | ACCIDENT | | | | | |
| The applicant nan | ned above was employed | lby us. Yes □ No | | | | | |
| Employed as | | from (m/y) | | to (m/y) | | | |
| | ve motor vehicle for you? nk | | | | Tractor-Semitrailer □ | | |
| | aving your employ: Disch | | | |] | | |
| | omplete the following for a years prior to the applica | | | | | | |
| Date | | n # lı | njuries | # Fatalities | Hazmat Spill | | |
| | | | | | | | |
| | | | | | | | |
| 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 | S: | | | | | | |
| _ | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Signature: | | | | | |
| | | _ | | | | | |
| | | | | | | | |

PREVIOUS EMPLOYER - COMPLETE PAGE 2 PART 3

| PART 3: | TO BE COMPLETED BY PREVIOUS EMPLOYER |
|---|---|
| | DRUG AND ALCOHOL HISTORY |
| | bject to Department of Transportation testing requirements while employed by this employer, please in the dates of employment from to, complete bottom of Part 3, |
| Driver was subject | to Department of Transportation testing requirements from to |
| YES 2. Has this person YES 3. Has this person YES 4. Has this person YES 5. If this person rehabilitation documentati YES 6. For a driver | son refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or abstance test? NO □ son committed other violations of Subpart B of Part 382, or Part 40? NO □ has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed a program in your employ, including return-to-duty and follow-up tests? If yes, please send on back with this form. NO □ who successfully completed a SAP's rehabilitation referral and remained in your employ, did this quently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? |
| employers in the p | questions, include any required DOT drug or alcohol testing information obtained from prior previous revious 3 years prior to the application date shown on page 1. |
| | |
| | |
| | |
| | Telephone: |
| Part 3 Completed b | by (Signature): Date: |
| PART 4a: | TO BE COMPLETED BY PROSPECTIVE EMPLOYER |
| This form was (che | ck one) Faxed to previous employer Mailed Emailed Other |
| By: | Date: |
| PART 4b: | TO BE COMPLETED BY PROSPECTIVE EMPLOYER |
| | hen information is obtained. |
| Information receive | ed from: |
| | Method: □ Fax □ Mail □ Email □ Telephone |
| | Other |
| | |

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PAGE 1 PART 1: Prospective Employee

- Complete the information required in this section
- Sign and date
- Submit to the Prospective Employer

PAGE 2 PART 4a: Prospective Employer

- Complete the information
- Send to Previous Employer

PAGE 1 PART 2: Previous Employer

- Complete the information required in this section
- Sign and date
- Turn form over to complete SIDE 2 SECTION 3

PAGE 2 PART 3: Previous Employer

- Complete the information required in this section
- Sign and date
- Return to Prospective Employer

PAGE 2 PART 4b: Prospective Employer

- Record receipt of the information
- Retain the form

MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATORS 391.27

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

| Date | Offense | Location | Type of Vehicle Operated |
|-------------------------|---|--------------------------|-------------------------------|
| | | | · |
| | | | |
| | | | |
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| | | | |
| | | | |
| | listed above, I certify that I ha ation required to be listed dur | | rfeited bond or collateral or |
| (Date of Certification) | | (Driver's Signature) | |
| (Motor Carrier's Name |) | (Motor Carrier's Address | 3) |
| (Reviewed by: Signatu | ire) | (Title) | |

CERTIFICATE OF DRIVERS ROAD TEST

Instructions: If the road test is successfully completed, the person who gave it shall complete a certificate of the driver's road test. The original or copy of the certificate shall be retained in the employing motor carrier's driver qualification file of the person examined and a copy given to the person who was examined. (49 CFR 391.31(e)(f)(g))

| | Certification of Road Test | |
|-----------------|---|--|
| Driver's Name_ | | |
| Social Security | Number | |
| | hauffeur's License Number | |
| State | | |
| | Unit | |
| | (s) | |
| | rier, type of bus | |
| | was given a road test under my supervision on | |
| | (Signature of Examiner) (Title) | |
| | (Tille) | |
| | | |