



COMPANY POLICY STATEMENT

The (name of company) is committed to providing a safe work environment and to fostering the well being and health of its employees. That commitment is jeopardized when any (name of company) employee illegally uses drugs on the job, comes to work under the influence, or possesses, distributes, or sells drugs in the workplace. Therefore, the (name of company) has established the following policy: (1) It is a violation of company policy for any employee to possess, sell, trade, or offer for sale illegal drugs or otherwise engage in the illegal use of drugs on the job. (2) It is a violation of company policy for anyone to report to work under the influence of illegal drugs. (3) It is a violation of the company policy for anyone to use prescription drugs illegally. (However, nothing in this policy precludes the appropriate use of legally prescribed medications.) (4) Violations of this policy are subject to disciplinary action up to and including termination. It is the responsibility of the company's management to counsel employees whenever they see changes in performance or behavior that suggest an employee has a drug problem. Although it is not management's job to diagnose personal problems, managers should encourage such employees to seek help and advise them about available resources for getting help. Everyone shares responsibility for maintaining a safe work environment and co-workers should encourage anyone who may have a drug problem to seek help. The goal of this policy is to balance our respect for individuals with the need to maintain a safe, productive and drug-free environment. The intent of this policy is to offer a helping hand to those who need it, while sending a clear message that the illegal use of drugs is incompatible with employment at (name of company). As a condition of employment, employees must abide by the terms of this policy and must notify (name of company) in writing of any conviction of a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.

I have read the Company Policy and I fully understand the terms and conditions used in this policy statement. Any questions that I had concerning this statement have been answered and explained to my satisfaction. I will abide by this Company Policy Statement.

I hereby acknowledge that I have received the Company Policy Statement as set forth above.

SSN

Firstname

Lastname

Driver signature

Date

Witness signature

Date



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Downing Trucking, Inc.
RR 3 Box 31
Medford, OK 73759

COMMERCIAL MOTOR VEHICLE DRIVER'S APPLICATION FOR EMPLOYMENT

(answer all questions - please print)

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 non-job related disability.

List your addresses of residency for the past 3 years.

First Name: _____ Middle Initial: _____ Last Name: _____

SSN #: _____

Current Address

Street _____		City _____	
State _____	Zip Code _____	() - _____	How Long? _____
		Phone _____	

Previous Addresses

Street _____			City _____	State / Zip Code _____	How Long? _____
Street _____			City _____	State / Zip Code _____	How Long? _____
Street _____			City _____	State / Zip Code _____	How Long? _____
Street _____			City _____	State / Zip Code _____	How Long? _____

Do you have the legal right to work in the United States? Yes No

Date of Birth: _____ Can you produce proof of age?: _____

(Required for commercial motor vehicle drivers.)

Have you worked for this company before? _____ Where? _____

From _____ To _____ Rate of Pay _____ Position _____

Reason for Leaving _____

Currently employed? _____ If not, how long since leaving last employment? _____

Were you referred? _____ By whom? _____ Rate of pay expected _____

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)?

If yes, explain if you wish.

EXPERIENCE AND QUALIFICATIONS - OTHER

List any trucking, transportation or other experience that may help in your work for this company.

Any special equipment or technical materials you can work with (other than those already shown)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL 1 2 3 4 COLLEGE 1 2 3 4

LAST SCHOOL ATTENDED _____

(NAME)

(ADDRESS)

LIST ANY SPECIAL COURSES, CLASSES OR PROGRAMS THAT WILL HELP YOU AS A DRIVER _____

EXPERIENCE AND QUALIFICATIONS - DRIVER

DRIVER
LICENSES

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

- A. HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? YES ___ NO ___
- B. HAVE YOU EVER BEEN DISQUALIFIED FOR VIOLATIONS OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? YES ___ NO ___
- C. HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? YES ___ NO ___

IF THE ANSWER TO A, B OR C IS YES, ATTACH STATEMENT GIVING DETAILS

DRIVING EXPERIENCE

IF NONE, WRITE NONE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI				
TRACTOR 2 TRAILERS				
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EMPLOYMENT HISTORY

ALL DRIVER APPLICANTS TO DRIVE IN INTERSTATE COMMERCE MUST PROVIDE THE FOLLOWING INFORMATION ON ALL DURING THE PRECEDING 3 YEARS. LIST COMPLETE MAILING ADDRESS, STREET NUMBER, CITY, STATE AND ZIP CODE.

APPLICANTS TO DRIVE A COMMERCIAL MOTOR VEHICLE* IN INTRASTATE OR INTERSTATE COMMERCE SHALL ALSO PROVIDE AN ADDITIONAL 7 YEARS INFORMATION ON THOSE EMPLOYERS FOR WHOM THE APPLICANT OPERATED SUCH VEHICLE.

(NOTE: LIST EMPLOYERS IN REVERSE ORDER STARTING WITH THE MOST RECENT. ADD ANOTHER SHEET IF NECESSARY.)

EMPLOYER			DATE	
NAME			FROM MO.	YR.
ADDRESS			TO MO.	
CITY			YR.	
STATE	ZIP	POSITION HELD		
CONTACT			SALARY/WAGE	
PHONE NUMBER			REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM MO.	YR.
ADDRESS			TO MO.	
CITY			YR.	
STATE	ZIP	POSITION HELD		
CONTACT			SALARY/WAGE	
PHONE NUMBER			REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM MO.	YR.
ADDRESS			TO MO.	
CITY			YR.	
STATE	ZIP	POSITION HELD		
CONTACT			SALARY/WAGE	
PHONE NUMBER			REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM MO.	YR.
ADDRESS			TO MO.	
CITY			YR.	
STATE	ZIP	POSITION HELD		
CONTACT			SALARY/WAGE	
PHONE NUMBER			REASON FOR LEAVING	

* A COMMERCIAL MOTOR VEHICLE INCLUDING VEHICLES HAVING A GVW RATING OF 26,000 POUNDS OR OVER; VEHICLES DESIGNED TO TRANSPORT 15 OR MORE PASSENGERS, INCLUDING THE DRIVER OF ANY SIZE VEHICLE USED TO TRANSPORT HAZARDOUS MATERIALS IN SUCH QUANTITY REQUIRING PLACARDS.

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.

I authorize you to make such investigations and inquiries of 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 and are 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.

_____ Date

_____ Applicant's Signature

TO BE COMPLETED BY PERSONNEL DEPARTMENT

Applicant Hired Yes No (circle one)	If yes, date of hire
Terminal location:	Classification:
Supervisor:	
IF APPLICANT IS NOT HIRED, REPORT REVIEW SHOULD BE PLACED IN FILE	

TO BE COMPLETED BY RESPONSIBLE COMPANY REPRESENTATIVE

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
APPLICATION INTERVIEW						
LAST EMPLOYMENT						
WRITTEN EXAM						
ROAD TEST						
CRIMINAL RECORD AND TRAFFIC CONVICTIONS						
PHYSICAL EXAM (DRIVER APPLICANTS)						

SIGNATURE OF INTERVIEWING REPRESENTATIVE: _____

TRANSFERS

FROM: _____ TO: _____	FROM: _____ TO: _____
DATE: _____	DATE: _____
REASON FOR TRANSFER _____	REASON FOR TRANSFER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

ACCIDENT RECORD FOR THE PAST 3 YEARS (ATTACH SHEET IF MORE ROOM IS NEEDED) IF NONE, WRITE NONE.

	NATURE OF ACCIDENT		
	DATES	FATALITIES (HEAD-ON, REAR-END, UPSET, ETC.)	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

(ATTACH SHEET IF MORE SPACE IS NEEDED.)

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS(OTHER THAN PARKING VIOLATIONS)IF NONE, WRITE NONE.

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED.)



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DRUG AND ALCOHOL POLICY STATEMENT

The (name of company) is committed to providing a safe work environment and to fostering the well being and health of its employees. That commitment is jeopardized when any (name of company) employee illegally uses drugs on the job, comes to work under the influence, or possesses, distributes, or sells drugs in the workplace. Therefore, the (name of company) has established the following policy: (1) It is a violation of company policy for any employee to possess, sell, trade, or offer for sale illegal drugs or otherwise engage in the illegal use of drugs on the job. (2) It is a violation of company policy for anyone to report to work under the influence of illegal drugs. (3) It is a violation of the company policy for anyone to use prescription drugs illegally. (However, nothing in this policy precludes the appropriate use of legally prescribed medications.) (4) Violations of this policy are subject to disciplinary action up to and including termination. It is the responsibility of the company's management to counsel employees whenever they see changes in performance or behavior that suggest an employee has a drug problem. Although it is not management's job to diagnose personal problems, managers should encourage such employees to seek help and advise them about available resources for getting help. Everyone shares responsibility for maintaining a safe work environment and co-workers should encourage anyone who may have a drug problem to seek help. The goal of this policy is to balance our respect for individuals with the need to maintain a safe, productive and drug-free environment. The intent of this policy is to offer a helping hand to those who need it, while sending a clear message that the illegal use of drugs is incompatible with employment at (name of company). As a condition of employment, employees must abide by the terms of this policy and must notify (name of company) in writing of any conviction of a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.

I have read this Drug and Alcohol Policy and I fully understand the terms and conditions used in this policy statement. Any questions that I had concerning this statement have been answered and explained to my satisfaction. I will abide by this Drug and Alcohol Policy.

I hereby acknowledge that I have received the Drug and Alcohol Policy as set forth above.

SSN

Firstname

Lastname

Driver signature

Date

Witness signature

Date



**DRUG AND ALCOHOL TESTING
RESULTS REQUEST - RELEASE FORM**

DRUG AND ALCOHOL TESTING RESULTS REQUEST

MAIL TO FORMER EMPLOYER:

I, _____, do hereby authorize
to contact my previous employer(s) in accordance with current US DOT rules and regulations as setforth in 49 CFR 382.413
in order to obtain the following information for the preceding two years:

1. Alcohol test with a result of 0.04 alochol concentration or greater;
2. verified positive controlled substances test results; and
3. refusals to be tested.

I fully understand the above, and do hereby give my consent to obtain the information required by 49 CFR 382.413.

Driver's signature

Date



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Downing Trucking, Inc.
RR 3 Box 31
Medford, OK 73759

**REQUEST INFORMATION FROM
PREVIOUS EMPLOYER**

DRIVER'S NAME: _____
ADDRESS: _____
CITY: _____

DRIVER'S CDL #: _____

MAIL TO FORMER EMPLOYER:

REQUESTED BY PROSPECTIVE EMPLOYER:
Downing Trucking, Inc.
RR 3 Box 31
Medford, OK 73759

Employment History

THE ABOVE REFERENCED INDIVIDUAL STATES THAT HE/SHE WAS EMPLOYED BY YOU AS A COMMERCIAL MOTOR VEHICLE DRIVER _____ TRUCK DRIVER _____ BUS DRIVER _____ OTHER _____ FROM _____ TO _____. WILL YOU PLEASE REPLY TO THE INQUIRY BELOW RESPECTING THIS APPLICANT. YOUR REPLY WILL BE HELD IN STRICT CONFIDENCE AND WILL IN NO WAY INVOLVE YOU IN ANY RESPONSIBILITY. FOR YOUR CONVENIENCE IN REPLYING BY RETURN MAIL, WE HAVE ENCLOSED A STAMPED SELF-ADDRESSED ENVELOPE.

NAME OF CARRIER OFFICIAL: _____
SIGNATURE OF CARRIER OFFICIAL: _____ DATE: _____

1. Is the employment record with your company correct as stated? _____
2. What kind(s) of work did the applicant do? _____
3. Did the applicant drive motor vehicles for you? _____ Passenger car _____ Straight truck _____ Bus _____
Tractor-Semi-trailer _____ Other(specify) _____
4. Was the applicant a safe and efficient driver? _____
5. Give the dates of vehicle accidents in which he/she was involved. _____
6. Reason for leaving employment: Discharged _____ Laid off _____ Resigned _____
7. Was the applicant's general conduct satisfactory? _____
8. Is the applicant competent for the position sought? _____
9. Did the applicant drink any alcoholic beverages while on duty? _____

Alcohol & Drug History

- | | Yes | No |
|---|-----|-----|
| 1. Has the above named driver had an alcohol test with a result of 0.04 alcohol concentration or greater? | [] | [] |
| 2. Has the above named driver verified positive for a controlled substances test result? | [] | [] |
| 3. Has the above named driver refused a required test for alcohol or drugs during the past 24 months? | [] | [] |

If the answer to any of the above is yes, please identify the Substance Abuse Professional that administered treatment as required by the U.S. Department of Transportation.

_____ or [] check here if it is unknown if the driver received treatment.
Name Telephone

Authorization to Release

I, _____, do hereby authorize _____ to contact my previous employer(s) in accordance with current US DOT rules and regulations as set forth in 49 CFR 382.413 in order to obtain the following information for the preceding two years:
I fully understand the above, and do hereby give my consent to obtain the information required by 49 CFR 382.413.

Driver's signature Date Witness's Signature Date

Downing Trucking, Inc
RR 3 Box 31
Medford, OK 73759
Ph # 580-395-2387 Fax # 580-395-2386

RELEASE & DOCUMENTATION OF PRE-EMPLOYMENT TESTING INFORMATION APPLICANT/DRIVER
REQUIRED BY PART 40.25(j).

PART 40.25(j) requires Employers to ask Applicant/Driver whether he/she has tested positive or refused to test on any Pre-employment alcohol or drug test administered by an Employer to which the Applicant/Driver applied but did not obtain safety sensitive transportation work covered by DOT agency alcohol and drug testing rules during the past two (3) years.

Applicant/Driver to answer items listed below.

Date: _____

During the past (3) three years, have you **tested positive** on a 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 the Department of Transportation (DOT) drug and alcohol testing rules?

YES NO

During the past (3) three years, have you **refused to test** on a 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 the Department of Transportation (DOT) drug and alcohol testing rules?

YES NO

If you answered yes to either of the questions above, please provide documentation of your successful completion of the return-to-duty process required by Part 40 Subpart O.

Dated this _____ day of _____, _____.

Name of Driver _____

Signature of driver _____

Social Security Number _____ Witness _____