

Recruiting Edge, USA
Rhonda Alton-Dick
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Earl L. Henderson Trucking
1 Industrial Drive
Salem, Illinois 62881

I hereby certify that all information on this form is correct and complete to the best of my knowledge. I hereby authorize Earl L. Henderson Trucking, to do a complete background investigation in accordance with state and federal laws. I authorize release of any information, including all information related to my alcohol and controlled substances testing and training records required by the Federal Highway Administration (FHWA) 49 CFR Parts 391 or 382, by any past or current employers. I hereby release all such persons from any liability or damages. I consent to the procurement and use of any consumer reports, including reports from DAC Services, Inc., deemed necessary by Earl L. Henderson Trucking or its subsidiaries in their consideration of my employment.

I understand that I have the right to review information provided by previous employers, have errors corrected by previous employer and resubmitted to Earl L. Henderson Trucking and/or have a rebuttal statement attached to erroneous information if my previous employer and I cannot agree on the accuracy of the information. I understand that I must request past employer information obtained by Earl L. Henderson Trucking in writing within 30-days of employment or denial of employment.

ADVERTING SOURCE, CHECK ONLY ONE:

Newspaper Radio Driver Trade Magazine

Recruiting Edge, USA/Rhonda Alton-Dick

Name _____ Date of Birth _____

Social Security # _____ Phone (____) _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ E-Mail: _____

License # _____ State _____ Endorsements _____

Tickets in last 3 years? _____

Accidents in last 3 years? _____

Are you 23 years or older? Yes No

Have you worked for this company before? Yes No If yes, when? _____

Do you have a legal right to live and work in the U.S.? _____

Any Felony Convictions? If so, what was conviction and when? _____

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 employment during the past three years? Yes No

Current/Most Recent Employer: Name _____ Phone: (____) _____

Are you presently employed? Yes No May we call your current employer? Yes No

Address _____

Position Held _____ From _____ To _____

Why do you want to change employers? _____

Were you subject to the FMCSR's? Yes ___ No ___ Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes ___ No ___

Second Last Employer: Name _____ Phone: (____) _____

Address _____

Position Held _____ From _____ To _____

Why did you quit? _____

Were you subject to the FMCSR's? Yes ___ No ___ Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes ___ No ___

Third Last Employer: Name _____ Phone: (____) _____

Address _____

Position Held _____ From _____ To _____

Why did you quit? _____

Were you subject to the FMCSR's? Yes ___ No ___ Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes ___ No ___

Signed _____ Date _____

10 year

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide and 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 as necessary.)

EMPLOYER			DATE			
NAME			FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE			
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING			
WERE YOU SUBJECT TO FMCSR UNDER THIS EMPLOYER?			DID YOU PERFORM SAFETY SENSITIVE FUNCTION FOR THIS EMPLOYER?			

EMPLOYER			DATE			
NAME			FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE			
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING			
WERE YOU SUBJECT TO FMCSR UNDER THIS EMPLOYER?			DID YOU PERFORM SAFETY SENSITIVE FUNCTION FOR THIS EMPLOYER?			

EMPLOYER			DATE			
NAME			FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE			
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING			
WERE YOU SUBJECT TO FMCSR UNDER THIS EMPLOYER?			DID YOU PERFORM SAFETY SENSITIVE FUNCTION FOR THIS EMPLOYER?			

EMPLOYER			DATE			
NAME			FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE			
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING			
WERE YOU SUBJECT TO FMCSR UNDER THIS EMPLOYER?			DID YOU PERFORM SAFETY SENSITIVE FUNCTION FOR THIS EMPLOYER?			

EMPLOYER			DATE			
NAME			FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE			
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING			
WERE YOU SUBJECT TO FMCSR UNDER THIS EMPLOYER?			DID YOU PERFORM SAFETY SENSITIVE FUNCTION FOR THIS EMPLOYER?			

EMPLOYER			DATE			
NAME			FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE			
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING			
WERE YOU SUBJECT TO FMCSR UNDER THIS EMPLOYER?			DID YOU PERFORM SAFETY SENSITIVE FUNCTION FOR THIS EMPLOYER?			

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

PREMIUM TRANSPORTATION STAFFING, INC.

Phone: 800-725-5608

Fax: ~~330-723-3767~~ 618-548-1597 Medina, OH

Applicant: _____	Subject: <u>EMPLOYMENT VERIFICATION</u>
Social Security # _____	Dates per applicant: _____
Name of Company: _____	Phone: _____ Fax: _____
City, State: _____	Contact: _____

Dates of employment: _____ Full time Part time

Position with your company: _____ Type of Cargo Hauled _____

Type of Vehicle Operated: Tractor/Trailer Straight Truck Other _____

Type of Driving: Local Regional Over the Road

Quit Discharged please explain _____ Eligible for rehire Yes No Upon review

Total # of accidents while with your company in the last 3 years: Preventable _____ Non Preventable _____

List all DOT accidents driver had while with your company in the past 3 years and provide details as required by FMCSR §390.15(b)

Date	Description	# Fatalities	# Injuries	Hazmat Spill?

Pursuant to §382.409 of FMCSR, please provide information concerning the following questions. Within the last 3 years has this driver ever: Please circle Yes or No.

- Had an alcohol test with a concentration level result of 0.04 or greater? Yes No
- Tested positive, adulterated or substituted test specimen for controlled substances? Yes No
- Refused to submit to any mandated alcohol or controlled substance test? Yes No
- Have you ever received information from a previous employer that this person violated DOT drug or alcohol regulations? Yes No
- Violated any DOT Drug & Alcohol Return-To-Duty requirements (including follow-up testing) requiring successful completion from a SAP rehabilitation referral? Yes No

If answering yes to any of the above questions, please give the following SAP information further reference. Name _____ Address: _____ Phone: _____

Completed By:

Name: _____ Title: _____ Date: _____

Authorization/Liability Release

I hereby authorize the above stated company to release all record of employment, including assessments of my job performance, ability and fitness to include drug and alcohol test results and accidents to each and every company (or their authorized agents), which may request such information in connection with my application for employment with said company. I hereby release this company from any and all liability of any type as a result of providing this information to the company requesting this information. This information is being requested in compliance with §40.25 and §391.23

Applicant Signature: _____ Witness: _____

Date: _____ Date: _____

fax back to 618-548-1597

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

In connection with your application for employment with E. L. Henderson 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). 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. 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 E. L. Henderson 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. 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.

Date: _____

Signature

Name (Please Print)