

IDM TRUCKING INC

73 Railside Drive
Weyers Cave, VA. 24486
(540) 234-9185
Fax (540) 234-9318

Dear Applicant,

Thank you for your interest in IDM Trucking, Inc. We are often looking for dependable, professional drivers.

Enclosed is an application and an "Employment Verification and Safety Performance History" form. Please fill out the application in full. Please **sign** and **date (at the bottom of the 2nd page)** the "Employment Verification and Safety Performance History Request form. Make sure to fill out the area; Applicant Name, SSN#, which is highlighted in "Yellow".. The rest of the information will be filled out by I.D.M. Trucking, Inc.

Return these items along with a **photocopy of your CDL, medical card, social security card or birth certificate**, and a **recent copy (within 30 days) of your driving record**. After receiving these items processing of your application will begin. You will be called when this processing is completed. Please feel free to call if you have any questions or if you have not heard from us in a timely fashion.

Thank you,

Randy Hill
Director of Safety, Risk Management

Driver's Application For Employment

Applicant Name _____ Date of Application _____

Company I.D.M. Trucking, Inc. _____

Address 73 Railside Drive _____

City Weyers Cave State Virginia Zip Code 24486 _____

In compliance with Federal and State equal employment opportunities laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

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 will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other personal 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.

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 49 CFR 391.23(d) and (e). I understand that I have the right to:

* Review information provided by previous employers;

* Have errors in the information 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 _____

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____

(IF REJECTED SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING AGENT _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

APPLICANT TO COMPLETE

(answer all questions - please print)

Position(s) Applied for _____

Last Name _____ First Name _____ Middle _____ SSN _____

List your addresses for the past 3 years.

Current Addresses
Address _____ City _____ State _____
Zip _____ Phone _____ How Long? _____

Previous Addresses

Address _____ City _____ State _____ Zip _____ How Long? _____
Address _____ City _____ State _____ Zip _____ How Long? _____
Address _____ City _____ State _____ Zip _____ How Long? _____
Address _____ City _____ State _____ Zip _____ How Long? _____

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

Date of Birth _____ (Required for Commercial Drivers) Can you provide proof of age? Yes No

Have you worked for this company before? Yes No Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? Yes No If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? Yes No Name of bonding company _____

(Answer only if a job requirement)

Have you ever been convicted of a felony? Yes No If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]? Yes No

If yes, explain if you wish _____

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers 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 as necessary.)

EMPLOYER		DATE	
Name _____	_____	From _____	To: _____
Address _____	_____	_____	_____
City _____	State _____	Zip _____	Position Held _____
Contact Person _____	Phone Number _____	Salary/Wage _____	_____
Were you subject to the FMCRs^ While Employed? <input type="radio"/> Yes <input type="radio"/> No		Reason For Leaving _____	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="radio"/> Yes <input type="radio"/> No			

EMPLOYMENT HISTORY (continued)

EMPLOYER		DATE	
Name _____	From _____	To: _____	
Address _____	_____	_____	
City _____ State _____ Zip _____	Position Held _____		
Contact Person _____ Phone Number _____	Salary/Wage _____		
Were you subject to the FMCRs [^] While Employed? <input type="radio"/> Yes <input type="radio"/> No	Reason For Leaving _____		
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to teh drug and alcohol testing requirements of 49 CFR Part 40? <input type="radio"/> Yes <input type="radio"/> No			

EMPLOYER		DATE	
Name _____	From _____	To: _____	
Address _____	_____	_____	
City _____ State _____ Zip _____	Position Held _____		
Contact Person _____ Phone Number _____	Salary/Wage _____		
Were you subject to the FMCRs [^] While Employed? <input type="radio"/> Yes <input type="radio"/> No	Reason For Leaving _____		
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to teh drug and alcohol testing requirements of 49 CFR Part 40? <input type="radio"/> Yes <input type="radio"/> No			

EMPLOYER		DATE	
Name _____	From _____	To: _____	
Address _____	_____	_____	
City _____ State _____ Zip _____	Position Held _____		
Contact Person _____ Phone Number _____	Salary/Wage _____		
Were you subject to the FMCRs [^] While Employed? <input type="radio"/> Yes <input type="radio"/> No	Reason For Leaving _____		
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to teh drug and alcohol testing requirements of 49 CFR Part 40? <input type="radio"/> Yes <input type="radio"/> No			

EMPLOYER		DATE	
Name _____	From _____	To: _____	
Address _____	_____	_____	
City _____ State _____ Zip _____	Position Held _____		
Contact Person _____ Phone Number _____	Salary/Wage _____		
Were you subject to the FMCRs [^] While Employed? <input type="radio"/> Yes <input type="radio"/> No	Reason For Leaving _____		
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to teh drug and alcohol testing requirements of 49 CFR Part 40? <input type="radio"/> Yes <input type="radio"/> No			

*Includes vehicles having GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in the quantity requiring placarding.

[^]The Federal Motor Carrier Safety Regulations (FMCSR) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD for past 3 years or more (attach sheet if more space is required). If non, write **none**.

Dates	Nature of Accident (Head-on, Rear-End, Upset, etc.)	Fatalities	Injuries	Hazardous Material Spill
Last Accident _____	_____	_____	_____	_____
Next Previous _____	_____	_____	_____	_____
Next Previous _____	_____	_____	_____	_____

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 required)

EXPERIENCE AND QUALIFICATIONS - DRIVER

List all driver licenses or permits held in the past 3 years

State	Licence Number	Type	Expiration Date
DRIVER	_____	_____	_____
LICENSES	_____	_____	_____

A. Have you ever been denied a licens, permit or privilege to operate a motor vehicle? Yes No

B. Has any license, permit or privilege ever bee suspended or revoked? Yes No

IF THE ANSWER IS TO EITHER A OR B IS YES, GIVE DETAILS

DRIVING EXPERIENCE check yes or no

Class of Equipment	Equipment Type	From	Dates	To	Approx. No. of Miles (Total)
Straight Truck <input type="radio"/> Yes <input type="radio"/> No	_____	_____	_____	_____	_____
Tractor and Semi-Trailer <input type="radio"/> Yes <input type="radio"/> No	_____	_____	_____	_____	_____
Tractor - Two Trailers <input type="radio"/> Yes <input type="radio"/> No	_____	_____	_____	_____	_____
Tractor - Three Trailers <input type="radio"/> Yes <input type="radio"/> No	_____	_____	_____	_____	_____
Motorcoach - School Bus <input type="radio"/> Yes <input type="radio"/> No More than 8 passengers.	_____	_____	_____	_____	_____
Motorcoach - School Bus <input type="radio"/> Yes <input type="radio"/> No More than 15 passengers.	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____

List states operated in for last five years: _____

Which safe driving awards do you hold and from whom? _____

EXPERIENCE AND QUALIFICATIONS - OTHER

Show any tricking, transportation or other experience that may help in your work for this company

List courses and training other than shown elsewhere in the application

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

EDUCATION

Highest Grade Completed _____

Last School Attended & Location (city & state) _____

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.

Signature: _____

Date: _____



EMPLOYMENT VERIFICATION AND SAFETY PERFORMANCE HISTORY

First Request Date _____

From
Contact Randy Hill, Safety Director
Fax # 540-234-9318
Phone # 540-234-9185
73 Railside Drive
Weyers Cave, VA 24486

To
Company _____
Contact _____
Fax # _____
Street _____
City, State, Zip _____

The person named below has applied to this company for employment. Please answer as many questions as possible. Applicant signature authorizing release of information is found at the end of this inquiry.

Applicant Name: _____

Social Security Number: _____

Position Applied For: _____

Company Reported

Start Date: _____

End Date: _____

Last Job Title: _____

Reason for Leaving: _____

Applicant Reported

Start Date: _____

End Date: _____

Last Job Title: _____

Reason for Leaving: _____

Please check the appropriate response:

- 1. Employed: full time part time casual
- 2. Is this person eligible for rehire? yes no
- 3. Did this person have repeated and/or major disciplinary problems? yes no
- 4. Is applicant related to you? yes no If yes, how? _____
- 5. Did this person hold a DOT sensitive position? yes no

IF EMPLOYED AS A DRIVER - PLEASE CONTINUE

- 6. No documentation possible due to above names applicant did no work for a DOT regulated employer or in a DOT regulated position within the preceding 3 years.
- 7. Equipment operated: tractor semi-trailer tractor double-trailer straight truck other _____
- 8. Was action ever taken against this person for accidents or other safety issues while at this job? yes no
- 9. The following information is required by Part 382.405 and Part 40.25 of the Federal Motor Carrier Safety Regulations. Please indicate an affirmative response by making an "X" after the question / statement if within the past 3 years of any of the following apply to the above named applicant:
 - a. Had an alcohol test with a result of 0.04 or higher alcohol concentration?
 - b. Had a verified positive test for a controlled substance?
 - c. Violated any other DOT agency drug / alcohol regulations?
 - d. Have you ever received information from a previous employer that the applicant violated DOT drug or alcohol regulations while with that employer?
 - e. Reported for duty or remained on duty in a safety-sensitive function while having an alcohol concentration of 0.04 or greater?
 - f. Used alcohol while performing safety-sensitive functions?
 - g. Used alcohol within 4 hours of performing safety-sensitive functions?
 - h. Used alcohol within 8 hours following an accident which required the driver to take a post-accident alcohol test, when the driver had not yet been tested?
 - i. Reported for duty or remained on duty in a safety-sensitive function while using any controlled substance unless prescribed by a licensed medical practitioner?
 - j. Reported for duty or remained on duty in a safety-sensitive function after testing positive or adulterating or substituting a test specimen for controlled substances?
 - k. Refused to submit to any DOT required alcohol or controlled substance test?

Applicant Name: _____ SSN: _____

10. Within the 3 years preceding, was the applicant named above involved in any accident(s) as defined by 390.5 (DOT Recordable Accidents) of the Federal Motor Carrier Safety Regulations? If so, please answer the data elements below:

- a. Date of accident(s): 1st _____ 2nd _____ 3rd _____
- b. Nearest city / town and state to where the accident occurred:
1st accident _____
2nd accident _____
3rd accident _____
- c. Number of injuries, if any: 1st _____ 2nd _____ 3rd _____
- d. Number of fatalities, if any: 1st _____ 2nd _____ 3rd _____
- e. Whether any hazardous materials, other than fuel from the fuel tanks, were released (mark space with an "X" if applicable):
1st _____ 2nd _____ 3rd _____

11. Although voluntary, if your policy allows it, please list the nature of any other accidents not meeting the definition of 390.5:

Additional Comments:

Verified By: _____ Title: _____ Date: _____

I authorize the completion of this form to make an investigation and inquiry of my previous employment records. I hereby release employers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

Applicant Signature: _____ Date: _____

PRE-EMPLOYMENT URINALYSIS

CONSENT AGREEMENT

The Federal Motor Carrier Safety Regulations Title 49 United States Code of Federal Regulations, Section 391.103 Pre-employment testing requirement apply to driver-applicant for this company.

391.103 Pre-employment testing requirements.

- (a) A motor carrier shall require a driver applicant who the motor carrier intends to hire or use to be tested for the use of controlled substances as a prequalification condition.
- (b) A driver-applicant shall submit to controlled substance testing as a prequalification condition.
- (c) Prior to collection of urine sample under Section 391.107 of this subpart, a driver-applicant shall be notified that the sample will be tested for the presence of controlled substances.

As a condition of my Employment Application, I consent to the urine sample collection controlled substance testing.

I understand a positive test for controlled substances based on the Urinalysis Test medically disqualify me from the operation of a commercial motor vehicle for this company.

The Medical Review Officer will maintain the results of the Urinalysis Test. Negative positive results will be reported to the company.

My written authorization is required for the Urinalysis Test results to be given to other parties.

I have read and understand the above conditions for the Pre-Employment Urinalysis Consent Agreement.

APPLICANT'S NAME (Type or Print)

APPLICANT'S SIGNATURE

_____/_____/_____
MONTH DAY YEAR

WITNESSED BY:

COMPANY REPRESENTATIVE'S SIGNATURE

_____/_____/_____
MONTH DAY YEAR

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 I.D.M. Trucking, 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 I.D.M. Trucking, 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.**