

ADDENDUM FOR DRIVER APPLICATION

NAME _____ **DATE** _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? Yes No

License Information

Section 383.21 FMCSR states, "No person who operates a commercial motor vehicle shall at any time have more than one driver's license." I certify that I do not have more than one motor vehicle license, the information for which is listed below.

State	License No.	Type	Expiration Date

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates from To	Approx. No. of Miles (total)
Straight Truck			
Tractor and Semi- Trailer			
Tractor - Two Trailers			
Other			

Accident Record for Past 3 Years or More (attach sheet if more space is needed)

Dates	Nature of Accident (Head-on, Rear-end, Upset, etc.)	Number Fatalities	Number Injuries	Hazmat Spills
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Traffic Convictions and Forfeitures for the Past 3 Years (other than parking violations)

Date Convicted	Violation	State of Violation Location	Penalty (forfeited bond, collateral and/or prints)

(attach sheet if more space is needed)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
If yes, explain _____

B. Has any license, permit or privilege ever been suspended or revoked? Yes No
If yes, explain _____

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

To be completed by prospective employee.

Print Name _____ SS # _____ DOB _____

Hereby Authorize _____

Previous Employer _____ Email _____

Address _____ Ph _____ Fx _____

Request for Information from Previous Employer

I hereby authorize _____ to give Sorrento Lumber Company Inc. all information
Employer
regarding my services, character/conduct, and accidents while in your employ and or released from any and all liability which may result from furnishing such information. Pursuant to section £391.23, please release any information on alcohol test with a result of .04 or greater, verified positive drug test, any refusals to test (including verified adulterated or substituted drug test results) and any violations DOT drug and alcohol testing rules for the previous three years. On my own authority, I further allow the release of positive drug test results and any refusal to test for the entire length while in your employ. This response is being provided to the perspective employer noted below in compliance with the department of transportation regulations £391.23 (g) (1) and £40.321 (b).

To Prospective Employer: Sorrento Lumber Company, Inc. **Attention:** HR **Ph:** 225 675 5375 **Address:** 9563 Airline Hwy, 70778 **Fax:** 225 675 2752 **Email:** HR@sorrentolumber.com

Applicant's Signature _____ Date _____

The following information to be completed by previous employer

ACCIDENT HISTORY

The applicant named above was employed by us? Yes No

Employed as _____ from (m/y) _____ to (m/y) _____

Did employee drive for you? Yes No If so, what vehicle? _____

Reason for leaving? _____

Accident Record

Date	Location	Fatalities	Injuries	Chemical Spills

Please provide any information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company polices.

DRUG AND ALCOHOL 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 _____, and complete signature, title, and date.

Driver was subject to Department of Transportation testing requirements from _____ to _____

Please answer Y/N to the following questions:

1. Has this person had an alcohol test with results of .04 or higher alcohol concentration? Yes No
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?
Yes No
3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? Yes No
4. Has this person committed other violations of Subpart B of Part 382, or Part 40? Yes No
5. 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 test? Yes No If yes, please send back documentation with this form.
6. 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 .04 or greater, a verified positive drug test, or refuse to be tested? Yes No

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on other page.

If YES to any of the above questions regarding drug/alcohol testing information obtained from previous the SAP referral information:

Name _____ Address _____

City & State _____ Phone Number _____

Form completed by: _____ Title: _____ Date: _____

Signature _____ **Title** _____

Date _____

OFFICE USE ONLY

Form was delivered	Fax	Mail	Email
Form was filled out by		On	

