



Commercial Driver's Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Driver's License No & State
City State ZIP Code

Phone: () _____ E-mail Address: _____

Birth Date: _____ Social Security No: _____ Desired Salary: \$ _____

Position Applied for: _____ Date Available: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

How did you hear about Alpine? Indeed: Craigslist: Recruiter: Friend: Other:

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Email Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Email Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____



Applicants for positions that require the driving of commercial motor vehicles must provide an additional 7 years' information on those employers for whom the applicant operated such vehicles, or up to 10 years' employment history.

ALL INFORMATION MUST BE COMPLETED BEFORE AN APPLICATION CAN BE CONSIDERED. USE THE BACK OF THIS PAGE IF MORE ROOM IS NEEDED

EMPLOYMENT HISTORY

Employer _____ Phone: () _____
Address: _____ Supervisor: _____
City _____ State _____ Zip _____
Phone Number _____
Dates _____ To: _____ Reason for Leaving: _____
Did you operate vehicles weighing 10,000 lbs. or more? YES NO Subject to D&A Rules? Yes or NO

Employer _____ Phone: () _____
Address: _____ Supervisor: _____
City _____ State _____ Zip _____
Phone Number _____
Dates _____ To: _____ Reason for Leaving: _____
Did you operate vehicles weighing 10,000 lbs. or more? YES NO Subject to D&A Rules? Yes or NO

Employer _____ Phone: () _____
Address: _____ Supervisor: _____
City _____ State _____ Zip _____
Phone Number _____
Dates _____ To: _____ Reason for Leaving: _____
Did you operate vehicles weighing 10,000 lbs. or more? YES NO Subject to D&A Rules? Yes or NO

Employer _____ Phone: () _____
Address: _____ Supervisor: _____
City _____ State _____ Zip _____
Phone Number _____
Dates _____ To: _____ Reason for Leaving: _____
Did you operate vehicles weighing 10,000 lbs. or more? YES NO Subject to D&A Rules? YES NO



DISCLAIMER AND SIGNATURE

I understand and certify that all information supplied in this application, and any attached resume, is complete and correct. Any false, misleading or incomplete information furnished by me regarding this application may result in the rejection of this application or if employed, dismissal. I understand that in consideration of my employment, I agree to conform to the rules and regulations of the Employer, and further agree that my employment and compensation are at the will of the Employer and can be terminated, with or without cause, and with or without notice, at any time at the option of either the Employer or myself. I understand and agree that these terms can only be modified in writing and signed by the President. No supervisor, representative, agent, or other employee of the Employer has now or has had in the past the authority to enter into any agreement for employment for a specified period of time, or to make any agreement which is contrary to or in modification of the above terms, nor can any policies or practices of the Employer either written or oral, modify the above terms.

I understand and agree to take any physical examination, and pre-employment test, including drug screening test, all such tests will be administered in compliance with the Americans with Disabilities Act.

I understand and hereby authorize all persons, schools, companies, employers, and/or their representatives to furnish verification to the Employer, its representatives or agents, any and all information set forth in this application and/or attached resume. In addition, I hereby agree to hold harmless and to release from all liability all said persons, schools, companies, employers and/or their representatives from any and all claims that I may have, or which may arise, against any and/or all of them, including the Employer, as a result of them furnishing information to the Employer. I authorize the Employer, should they employ me, to release employment references, if my employment becomes terminated for any reason. I also authorize the Employer to conduct credit, police, criminal and driving record inquiries, or any other employment related inquiries in compliance with the provisions of the Fair Credit Reporting Act, 15 U.S.C. Section 1681, et. seq. I understand that the decision to hire me and my continued employment will be subject to the results of these inquiries.

We consider applicants for all positions on the basis of qualifications and without regard to race, color, religion, gender (sex), national origin, age, marital status, veteran status, disability, sexual orientation, use of lawful products during non-work hours and any other legally protected status.

I understand this application will be active for employment consideration for 30 days. After 30 days, if I wish to be considered for employment, I must contact the Employer to determine if applications are being accepted.

I have read, understand and agree with this statement.

Signature: _____ Date: _____



**PREVIOUS PRE-EMPLOYMENT EMPLOYEE
ALCOHOL AND DRUG TEST STATEMENT**

Prospective Employee Name: _____
(please print)

ID Number: _____

As required by Section 40.25(j), please respond to the following questions:

1. Have you 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, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

YES

NO

2. If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

YES

NO

I certify that the information provided on this document is true and correct.

Prospective Employee Signature: _____

Date: _____

Witnessed by: _____

Date: _____

Section 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she has had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process (see Section 40.25(b)(5) and (e))



CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain certain driver licensing requirements that you as a driver must comply with, including the following:

1. **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.
2. **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION, OR CANCELLATION:** Sections 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you are convicted of violating a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (if the violation occurs in a state other than the one which issued your license.) The notification to both the employer and state must be in writing.
3. **CDL DOMICILE REQUIREMENT:** Section 383.23(a)(2) requires that your commercial driver's license be issued by your legal state of domicile, where you have your true, fixed, and permanent home and principle residence and to which you have the intention of returning whenever you are absent. If you establish a new domicile in another state, you must apply to transfer your CDL within 30 days.

The following license is the only one I possess:

Driver's License Number: _____

State: _____ Exp. Date: _____

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.

Driver's Name: _____
(Please Print)

Driver's Signature: _____ Date: _____



**CERTIFICATION OF VIOLATIONS/
ANNUAL REVIEW OF DRIVING RECORD**

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall at least once every 12 month, require each driver it employs to prepare and furnish them a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (Section 391.27.) Drivers who have provided information required by Section 338.31 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he/she shall so certify (Section 391.27.)

COMPLETED BY DRIVER – CERTIFICATION OF VIOLATIONS

Name of Driver: (Print)	ID Number	Date of Employment	
Home Terminal (City & State)	Driver's License Number	State	Expiration Date

I certify that the following is a true and complete list of all traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

(If you have had no violations, check the following box - None)

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

Date: _____ Driver's Signature: _____

COMPLETED BY MOTOR CARRIER – ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Review the Certification of Violations listed above and other information described in Section 39.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one):

- Meets minimum requirements for safe driving Is disqualified to drive a motor vehicle pursuant to Section 391.25
- Does not adequately meet satisfactory safe driving performance

Action taken with driver: _____

Reviewed by: _____ Date: _____
Signature

_____ Title: _____
Printed Name

Alpine Food Distributing, Inc.
Motor Carrier Name

PO Box 22529 Milwaukie OR 97267
Motor Carrier Address



REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to Alpine Food Distributing, Inc. for purposes of investigation as required by Section 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

(Applicant's Signature) (Date)

In accordance with the provisions of Section 604 and 607 of the **Fair Credit Reporting Act**, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the **Driver's Privacy Protection Act of 1994** (Public Law 103-322, Title XXX, Section 300002(a))

(Requestor's Signature) (Date)

TO: _____

DEAR SIR/MADAM:

- The following named person has applied with our company for the position of Truck Driver. In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.
- The following named person is employed with our company in the position of Truck Driver. In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past year.

Name of Applicant/Driver _____

Address _____

Former Address _____

Date of Birth _____ SSN _____ License No. _____

REQUESTED BY

Alpine Food Distributing, Inc

PO Box 22529

Portland, OR 97267

Sheri Doerfler

Human Resources Manager



REQUEST FOR DRIVER INFORMATION

Most states require their specific form to be used to obtain an individual's driving record. The following states *do not* require the use of a state-specific form. This information is current through January 15, 2010, and is subject to change.

State/General Contact Information	State/General Contact Information
<p>District of Columbia Department of Motor Vehicles Driver's Records PO Box 90120 Washington, DC 20090 (202) 727-5000</p>	<p>Kentucky Transportation Cabinet Division of Driver Licensing Fee Accounting Section 200 Mero St. Frankfort, KY 40622 (502) 564-0278</p>
<p>Florida¹ Bureau of Records PO Box 5775, MS 90 Tallahassee, FL 32314-5775 (850) 617-2000</p>	<p>Maine Bureau of Motor Vehicles State House Station 29 Attn: Driving Records Augusta, ME 04333-0029 (207) 624-9000 Ext. 52116</p>
<p>Hawaii Traffic Violations Bureau Abstract Section 1111 Alakea Street, 2nd Floor Honolulu, HI 96813 (808) 538-5500</p>	<p>Maryland¹ State Motor Vehicle Administration Driver Records Unit, Room 145 6601 Ritchie Highway, NE Glen Burnie, MD 21062 (410) 768-7034/7035</p>
<p>Idaho¹ Idaho Transportation Department Driver Services Section PO box 34 Boise, ID 83731-0034 (208) 334-8735</p>	<p>North Dakota¹ Driver's License Division 608 E. Boulevard Ave. Bismarck, ND 58505 (701) 328-2604</p>
<p>Indiana¹ Bureau of Motor Vehicles 100 N. Senate Ave., Room N405 Indianapolis, IN 46204 (317) 233-6000, option #2</p>	<p>Rhode Island¹ Operator Control John O. Pastore Bldg. Harrington Hall – Lower Level 30 Howard Ave., Bldg. 58 Cranston, RI 02920 (401) 462-0800</p>
<p>Kansas¹ Department of Revenue Driver Control PO Box 12021 Topeka, KS 66612 (785) 296-3671</p>	

¹State-issued form or other form of written request is considered acceptable.



SAFETY PERFORMANCE HISTORY RECORDS REQUEST

Recipient Employer: The individual identified on Section 1 below has indicated that you employ(ed) or use(d) him/her with the last 3 years in a position that involved the operation of a commercial motor vehicle and/or that was subject to US Department of Transportation (DOT)-regulated drug and alcohol testing.

I accordance with 49 CFR §§40.25 and 391.23, we are hereby requesting that you supply us with the Safety Performance History of this individual. **Under DOT rule §391.23(g), you must respond to this inquiry within 30 days of receipt.**

Please complete Section 2 through 4 (as applicable) and return it to the prospective employer shown in Section 1.

Applicant: Complete Section 1 and submit to prospective employer.

Prospective Employer: Complete Section 5a and send form to current/previous employer. Upon receipt of completed form, complete Section 5b and retain.

SECTION 1:	TO BE COMPLETED BY PROSPECTIVE EMPLOYEE
I, (Print Name) _____	_____
First, M.I., Last	Social Security Number
Hereby authorize: _____	
Date of Birth	
Previous Employer: _____	Email: _____
Address: _____	Telephone: _____
City, State, Zip: _____	Fax No.: _____
to release and forward the information requested by section 4 of this document concerning my Alcohol and Controlled Substance Testing records within the previous 3 years from _____.	
(date of employment application)	
To:	
Prospective Employer: <u>Alpine Food Distributing, Inc.</u>	
Attention: <u>Debbie Turrentine/ HR Manager</u>	
Address: <u>PO Box 22529</u>	
City, State, Zip: <u>Milwaukie OR 97267</u>	
In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.	
Prospective employer's confidential fax number: <u>(503) 548-2621</u>	
Prospective employer's confidential email address: <u>sdoerfler@alpinefoods.com</u>	
_____ Applicant's Signature	_____ Date

SECTION 2:	TO BE COMPLETED BY PREVIOUS EMPLOYER
EMPLOYMENT VERIFICATION	
The applicant named above was or is employed by us. Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employed as (job title) _____ from (m/y) _____ to (m/y) _____	
Did he/she drive a motor vehicle for you? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type? Straight Truck <input type="checkbox"/> Tractor-Semi trailer <input type="checkbox"/> Bus <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Other (Specify) _____	
Completed by: _____	
Company: _____	
Street: _____	
City, State, Zip: _____ Telephone: _____	
Signature: _____ Date: _____	
If there is no safety performance history to report, check here <input type="checkbox"/> and return. Otherwise, complete Sections 3 and 4 on Side 2 before returning.	



SECTION 3: TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY

Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown on Side 1 or check here if there is no accident register data for this driver.

	Date	Location	# of Injuries	# of Fatalities	Hazmat Spill
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Please provide information concerned any other commercial motor vehicle accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

SECTION 4: TO BE COMPLETED BY PREVIOUS EMPLOYER

DRUG AND ALCOHOL HISTORY

If the applicant was not subject to DOT testing requirements and 49 CFR Part 40 while employed by you, please check here and return.

Applicant was subject to DOT testing requirements from _____ to _____.

In answering these questions, include any required DOT drug or alcohol testing information you obtained from other employers in the 3 years prior to the application date shown on Side 1.

Within the past 3 years from the application date shown on Side 1:

- Has this person violated any of the drug and/or alcohol prohibitions under 49 CFR Part 40 or Subpart B of Part 382, including:
 - An alcohol test with a result of 0.04 or higher alcohol concentration.
 - A controlled substances test result of positive, adulterated, or substituted,
 - A refusal to submit to a random, post-accident, reasonable suspicion, or follow-up controlled substances or alcohol test.
 - Alcohol use while performing or within 4 hours before performing safety-sensitive functions.
 - Alcohol use after an accident, in violation of §382.303.
 - Controlled substance use while on duty, except as allowed under §382.213.

Yes No
- If this person violated a DOT drug and/or alcohol prohibition, did he/she fail to begin or complete rehabilitation program prescribed by a Substance Abuse Professional (SAP)? If rehabilitation was required but you do not know if he/she began or completed such a program, check here .

Yes No N/A
- If this person successfully completed a SAP's rehabilitation referral and remained in your employ, did he/she subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refusal to be tested?

Yes No N/A

SECTION 5A: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) Faxed to previous employer Mailed Emailed Other _____

By: _____ Date: _____

Subsequent attempts to contact previous employer (§391.23(c)(1)): _____

SECTION 5B: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when information is obtained.

Information received from: _____

Recorded by: _____ Method: Fax Mail Email Telephone

Date: _____ Other _____



SAFETY PERFORMANCE HISTORY RECORDS REQUEST

Recipient Employer: The individual identified on Section 1 below has indicated that you employ(ed) or use(d) him/her with the last 3 years in a position that involved the operation of a commercial motor vehicle and/or that was subject to US Department of Transportation (DOT)-regulated drug and alcohol testing.

I accordance with 49 CFR §§40.25 and 391.23, we are hereby requesting that you supply us with the Safety Performance History of this individual. **Under DOT rule §391.23(g), you must respond to this inquiry within 30 days of receipt.**

Please complete Section 2 through 4 (as applicable) and return it to the prospective employer shown in Section 1.

Applicant: Complete Section 1 and submit to prospective employer.

Prospective Employer: Complete Section 5a and send form to current/previous employer. Upon receipt of completed form, complete Section 5b and retain.

SECTION 1:	TO BE COMPLETED BY PROSPECTIVE EMPLOYEE
I, (Print Name) _____	_____
First, M.I., Last	Social Security Number
Hereby authorize: _____	
Date of Birth	
Previous Employer: _____	Email: _____
Address: _____	Telephone: _____
City, State, Zip: _____	Fax No.: _____
to release and forward the information requested by section 4 of this document concerning my Alcohol and Controlled Substance Testing records within the previous 3 years from _____.	
(date of employment application)	
To:	
Prospective Employer: <u>Alpine Food Distributing, Inc.</u>	
Attention: <u>Debbie Turrentine/ HR Manager</u>	
Address: <u>PO Box 22529</u>	
City, State, Zip: <u>Milwaukie OR 97267</u>	
In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.	
Prospective employer's confidential fax number: <u>(503) 548-2621</u>	
Prospective employer's confidential email address: <u>sdoerfler@alpinefoods.com</u>	
_____ Applicant's Signature	_____ Date

SECTION 2:	TO BE COMPLETED BY PREVIOUS EMPLOYER
EMPLOYMENT VERIFICATION	
The applicant named above was or is employed by us. Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employed as (job title) _____ from (m/y) _____ to (m/y) _____	
Did he/she drive a motor vehicle for you? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type? Straight Truck <input type="checkbox"/> Tractor-Semi trailer <input type="checkbox"/> Bus <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Other (Specify) _____	
Completed by: _____	
Company: _____	
Street: _____	
City, State, Zip: _____ Telephone: _____	
Signature: _____ Date: _____	
If there is no safety performance history to report, check here <input type="checkbox"/> and return. Otherwise, complete Sections 3 and 4 on Side 2 before returning.	



SECTION 3: TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY

Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown on Side 1 or check here if there is no accident register data for this driver.

	Date	Location	# of Injuries	# of Fatalities	Hazmat Spill
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Please provide information concerned any other commercial motor vehicle accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

SECTION 4: TO BE COMPLETED BY PREVIOUS EMPLOYER

DRUG AND ALCOHOL HISTORY

If the applicant was not subject to DOT testing requirements and 49 CFR Part 40 while employed by you, please check here and return.

Applicant was subject to DOT testing requirements from _____ to _____.

In answering these questions, include any required DOT drug or alcohol testing information you obtained from other employers in the 3 years prior to the application date shown on Side 1.

Within the past 3 years from the application date shown on Side 1:

- Has this person violated any of the drug and/or alcohol prohibitions under 49 CFR Part 40 or Subpart B of Part 382, including:
 - An alcohol test with a result of 0.04 or higher alcohol concentration.
 - A controlled substances test result of positive, adulterated, or substituted,
 - A refusal to submit to a random, post-accident, reasonable suspicion, or follow-up controlled substances or alcohol test.
 - Alcohol use while performing or within 4 hours before performing safety-sensitive functions.
 - Alcohol use after an accident, in violation of §382.303.
 - Controlled substance use while on duty, except as allowed under §382.213.

Yes No
- If this person violated a DOT drug and/or alcohol prohibition, did he/she fail to begin or complete rehabilitation program prescribed by a Substance Abuse Professional (SAP)? If rehabilitation was required but you do not know if he/she began or completed such a program, check here .

Yes No N/A
- If this person successfully completed a SAP's rehabilitation referral and remained in your employ, did he/she subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refusal to be tested?

Yes No N/A

SECTION 5A: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) Faxed to previous employer Mailed Emailed Other _____

By: _____ Date: _____

Subsequent attempts to contact previous employer (§391.23(c)(1)): _____

SECTION 5B: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when information is obtained.

Information received from: _____

Recorded by: _____ Method: Fax Mail Email Telephone

Date: _____ Other _____



SAFETY PERFORMANCE HISTORY RECORDS REQUEST

Recipient Employer: The individual identified on Section 1 below has indicated that you employ(ed) or use(d) him/her with the last 3 years in a position that involved the operation of a commercial motor vehicle and/or that was subject to US Department of Transportation (DOT)-regulated drug and alcohol testing.

I accordance with 49 CFR §§40.25 and 391.23, we are hereby requesting that you supply us with the Safety Performance History of this individual. **Under DOT rule §391.23(g), you must respond to this inquiry within 30 days of receipt.**

Please complete Section 2 through 4 (as applicable) and return it to the prospective employer shown in Section 1.

Applicant: Complete Section 1 and submit to prospective employer.

Prospective Employer: Complete Section 5a and send form to current/previous employer. Upon receipt of completed form, complete Section 5b and retain.

SECTION 1:	TO BE COMPLETED BY PROSPECTIVE EMPLOYEE
I, (Print Name) _____	_____
First, M.I., Last	Social Security Number
Hereby authorize: _____	
Date of Birth	
Previous Employer: _____	Email: _____
Address: _____	Telephone: _____
City, State, Zip: _____	Fax No.: _____
to release and forward the information requested by section 4 of this document concerning my Alcohol and Controlled Substance Testing records within the previous 3 years from _____.	
(date of employment application)	
To:	
Prospective Employer: <u>Alpine Food Distributing, Inc.</u>	
Attention: <u>Debbie Turrentine/ HR Manager</u>	
Address: <u>PO Box 22529</u>	
City, State, Zip: <u>Milwaukie OR 97267</u>	
In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.	
Prospective employer's confidential fax number: <u>(503) 548-2621</u>	
Prospective employer's confidential email address: <u>sdoerfler@alpinefoods.com</u>	
_____ Applicant's Signature	_____ Date

SECTION 2:	TO BE COMPLETED BY PREVIOUS EMPLOYER
EMPLOYMENT VERIFICATION	
The applicant named above was or is employed by us. Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employed as (job title) _____ from (m/y) _____ to (m/y) _____	
Did he/she drive a motor vehicle for you? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type? Straight Truck <input type="checkbox"/> Tractor-Semi trailer <input type="checkbox"/>	
Bus <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Other (Specify) _____	
Completed by: _____	
Company: _____	
Street: _____	
City, State, Zip: _____ Telephone: _____	
Signature: _____ Date: _____	
If there is no safety performance history to report, check here <input type="checkbox"/> and return. Otherwise, complete Sections 3 and 4 on Side 2 before returning.	



SECTION 3: TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY

Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown on Side 1 or check here if there is no accident register data for this driver.

	Date	Location	# of Injuries	# of Fatalities	Hazmat Spill
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Please provide information concerned any other commercial motor vehicle accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

SECTION 4: TO BE COMPLETED BY PREVIOUS EMPLOYER

DRUG AND ALCOHOL HISTORY

If the applicant was not subject to DOT testing requirements and 49 CFR Part 40 while employed by you, please check here and return.

Applicant was subject to DOT testing requirements from _____ to _____.

In answering these questions, include any required DOT drug or alcohol testing information you obtained from other employers in the 3 years prior to the application date shown on Side 1.

Within the past 3 years from the application date shown on Side 1:

- Has this person violated any of the drug and/or alcohol prohibitions under 49 CFR Part 40 or Subpart B of Part 382, including:
 - An alcohol test with a result of 0.04 or higher alcohol concentration.
 - A controlled substances test result of positive, adulterated, or substituted,
 - A refusal to submit to a random, post-accident, reasonable suspicion, or follow-up controlled substances or alcohol test.
 - Alcohol use while performing or within 4 hours before performing safety-sensitive functions.
 - Alcohol use after an accident, in violation of §382.303.
 - Controlled substance use while on duty, except as allowed under §382.213.

Yes No
- If this person violated a DOT drug and/or alcohol prohibition, did he/she fail to begin or complete rehabilitation program prescribed by a Substance Abuse Professional (SAP)? If rehabilitation was required but you do not know if he/she began or completed such a program, check here .

Yes No N/A
- If this person successfully completed a SAP's rehabilitation referral and remained in your employ, did he/she subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refusal to be tested?

Yes No N/A

SECTION 5A: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) Faxed to previous employer Mailed Emailed Other _____

By: _____ Date: _____

Subsequent attempts to contact previous employer (§391.23(c)(1)): _____

SECTION 5B: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when information is obtained.

Information received from: _____

Recorded by: _____ Method: Fax Mail Email Telephone

Date: _____ Other _____