

SINDALL TRANSPORT, INC.
PRE-APPLICATION DRIVER QUESTIONNAIRE

Important Note: If you apply for a CDL driving position at Sindall Transport, Inc. your employment and safety performance history will be investigated.

Dear Applicant:

Thank you for choosing our company for your employment consideration as a tractor/trailer driver.

PLEASE GIVE YOUR DRIVERS LICENSE, MEDICAL CARD AND YOUR SOCIAL SECURITY CARD TO THE RECEPTIONIST TO COPY.

Date: _____ Where did you hear about our company? _____

Print Full Name: _____ DOB: _____

Address: _____

Phone:() _____ - _____ Social Security # : _____ - _____ - _____

1. How many years of Tractor/Trailer experience have you had? _____ Years
2. How many years of Flatbed experience have you had? _____ Years
3. Can you prove your previous work experience? **Y / N** (circle one)
4. Has your driver's license EVER been suspended, revoked, or restricted? **Y / N** (circle one)
If Yes, explain: _____
5. Do you have a Commercial Driver's License (CDL)? **Y / N** (circle one) What state? _____ License No.: _____
Class _____ List any endorsements to your CDL: _____

If you do not have Hazardous, are you willing to get it prior to beginning employment here? **YES NO**

6. Sindall Transport is mainly a flatbed operation. Are you willing and physically capable of tarping loads, setting up sidekits, and helping to secure & unsecure cargo? **YES NO** If no, are there reasonable accommodations that can be made to allow you to perform the job? _____ If yes, please explain: _____

7. Have you ever been convicted of a felony and / or misdemeanor? **YES NO** If yes, please explain fully

NOTE: CONVICTION OF A CRIME IS NOT AN AUTOMATIC BAR TO EMPLOYMENT – ALL CIRCUMSTANCES WILL CONSIDERED.

8. In the past three years have you at any employer or prospective employer covered by the DOT drug and alcohol testing rule:
 1. Tested positive for drug and/or alcohol? _____
 2. Refused to test for drugs and/or alcohol? _____
9. Check the make of tractor(s) driven:

_____ Mack Cab over Conventional	_____ Freightliner Cab Over Conventional
_____ IHC/Navistar Cab Over Conventional	_____ Peterbuilt Cab Over Conventional
_____ Kenworth Cab Over Conventional	_____ Ford Cab Over Conventional
_____ Other: _____	
10. Check the type of transmission(s) familiar with:

_____ 4 x 4 (16 speed)	_____ 5 speed	_____ Fuller 913 (13 speed)	_____ 9 speed
_____ 10 speed	_____ RT 910	_____ 5 speed main - 3 speed aux.	
_____ Fuller 12513 (13 speed)	_____ 6 speed	_____ Triplex (15 speed)	
_____ Other: _____			
11. Check the type of trailer(s) pulled:

_____ Regular van	_____ Reefer unit	_____ Flatbed	_____ Drop deck	_____ Liquid bulk tanker
_____ Grain	_____ Hopper	_____ Livestock	_____ Bulk tanker	
_____ Other: _____				

OVER

12. **Check the commodities transported:**

LTL freight _____ Livestock _____ Suspended meat _____ Reefer products _____
 Dairy products _____ Grain _____ Feed _____ Steel _____
 Lumber _____ Heavy equipment _____ Sand/gravel _____ Household goods _____
 Petroleum _____ Haz. Mat. _____ Bulk Liquid _____ Note: Type of Liquid _____
 Other _____

13. **States operated in:** _____ **All 48 Continental States or check states operated in**

Ala. _____ Ariz. _____ Ark. _____ Calif. _____ Colo. _____ Conn. _____
 Del. _____ Fla. _____ Ga. _____ Idaho _____ Ill. _____ Ind. _____
 Iowa. _____ Kans. _____ Ky. _____ La. _____ Maine _____ Md. _____
 Mass. _____ Mich. _____ Mn. _____ Miss. _____ Mo. _____ Mont. _____
 Neb. _____ Nev. _____ N.H. _____ N.J. _____ N.M. _____ N.Y. _____
 N.C. _____ N.D. _____ Ohio. _____ Okla. _____ Oreg. _____ Pa. _____
 R.I. _____ S.C. _____ S.D. _____ Tenn. _____ Texas _____ Utah _____
 Vt. _____ Virg. _____ Wash _____ W.V. _____ Wisc. _____ Wy. _____

List any Canadian providences operated in: _____

14. **List motor carriers driven for:**

Name	City, State	Company Driver?	Owner Operator?	How Long?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

15. **List ALL accidents and/or traffic violations for past 3 years:**

Mo./Yr.	Location	Type/Circumstance/Description	Car?	Truck?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Signature

Date

OWNER OPERATOR PERSONAL HISTORY

SINDALL TRANSPORT, INC.
461 DILLER AVENUE, SUITE 200
P.O. BOX 165
NEW HOLLAND, PA

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition of handicap.

Position Desired		Date
First Name	Middle Name	Last Name
		Home Phone ()
		Cell Phone ()
Street Address		E-mail address
		Work Phone ()
City, State, Zip		How Long?
		Social Security Number
Previous Addresses: Three Years address history required:		How Long?
Previous Address		How Long?
Previous Address		How Long?
Have you ever applied for employment with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Month and Year		Pay expected
Have you ever been employed here before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Month and Year		Reason For Leaving
How did you learn about Sindall Transport Inc?		Date of Birth (required for CDL Drivers only)
Have you ever held this position or done this kind of work before? <input type="checkbox"/> Yes <input type="checkbox"/> No		When will you be available to begin work?
Do you wish to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Are you on layoff and subject to recall?
Are you working now? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Who referred you?		

DRIVER LICENSES

Do you have a current CDL license? Yes No List Below all states that you have or had a commercial vehicle license or permit in the last 10 years

State	License Number	Class/Endorsements	Expiration Date

If you have held a drivers license in any other name within the last 10 years, please provide the other name:

Last: _____ First: _____ Middle: _____

EXPERIENCE

Dates - From / To	Tractor & Trailer Type	Approx. total miles driven
Tractor/Trailer		
Straight Truck		
Other		

In what areas have you driven? Circle all that apply or list states under other: Northeast, East of Mississippi, Southeast, Midwest, West of Rocky Mountains, Canada,

Other _____

I first started driving tractor trailer in _____(month) _____(year). The date of my last accident while driving a Commercial Vehicle was ____/____/____. Since that time I have driven approximately _____ accident-free miles

Have you ever had your drivers license suspended or denied? Yes No. If yes, please explain

**LIST ALL EMPLOYERS AND PHONE NUMBERS
EMPLOYMENT**

Are you employed now? ___ Yes ___ No
IF yes, may we contact your present employer? ___ Yes

Please give accurate, **COMPLETE** full-time and part-time employment record. Start with present or most recent employer.

Current (Last) Employer	Telephone Number ()
Address	Employed (Include Month, Day and Year) From To
Name of Supervisor	Weekly Pay Areas in which you drove: Start Last
Position Held, Equipment Driven, Describe your work	Reason For Leaving
Were you subject to the FMCSRs* while employed here? 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?	

Second Last Employer	Telephone Number ()
Address	Employed (State Month, Day and Year) From To
Name of Supervisor	Weekly Pay Areas in which you drove: Start Last
Position Held, Equipment Driven, Describe your work	Reason For Leaving
Were you subject to the FMCSRs* while employed here? 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?	

Third Last Employer	Telephone Number ()
Address	Employed (State Month, Day and Year) From To
Name of Supervisor	Weekly Pay Areas in which you drove: Start Last
Position Held, Equipment Driven, Describe your work	Reason For Leaving
Were you subject to the FMCSRs* while employed here? 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?	

Fourth Last Employer	Telephone Number ()
Address	Employed (State Month, Day and Year) From To
Name of Supervisor	Weekly Pay Areas in which you drove: Start Last
Position Held, Equipment Driven, Describe your work	Reason For Leaving
Were you subject to the FMCSRs* while employed here? 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?	

*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weighs 10,001 pounds or more, (2) is desinated or used to transport nine or more passengers, or (3) is of nay size, used to transport hazardous materials in a quantity requiring placarding.

*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weighs 10,001 pounds or more, (2) is designated or used to transport nine or more passengers, or (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD (LIST ALL) - Commercial, Personal, Preventable and Non-Preventable

Date	City/State	Type of vehicle/Nature of accident(Head-on/Rear End)/What Happened	Fatalities Yes/No	Injuries Yes/No

TRAFFIC CONVICTIONS AND FORFEITURES (LIST ALL) - Commercial, Personal, Preventable and Non-Preventable

Date	City/State	Charge – if speeding how fast?	Fine/Penalty

Do you have a current D.O.T. physical certificate? If yes, Name of Dr. _____ City/State _____ Exam Date: _____

Are you physically capable of heavy manual work that may be required in the securing of cargo and the operation of over-the-road tractors and semi-trailers? Yes No If no, are there reasonable accommodations that can be made to allow you to perform the essential functions of the job? Please explain: _____

References (Not employers or Relatives - List Three)

Name and Address	How Long Known	Occupation	Phone

Are you legally allowed to work in the United States? Yes No

If not a U.S. Citizen, do you possess an alien registration card? Yes No If yes, give alien registration number: _____

Education/Training

School	Name and Location Of School	Course of Study	No of Years Completed	Did you graduate? If yes, note date	Degree or Diploma
Driver Training Courses/Schools					
College					
High School					

completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. All written requests for records must be sent to the attention of the VP Administration, P.O. Box 165 New Holland, PA 17557.

I agree to furnish such information and complete such examinations as may be required to complete my Driver Qualification and application File.

I HEREBY ACKNOWLEDGE THAT THIS APPLICATION WAS COMPLETED BY ME, AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE & COMPLETE TO THE BEST OF MY KNOW I ALSO CERTIFY THAT I HAVE READ, UNDERSTAND, AND AGREE TO THE PRECEDING STATEMENT

Signature of Applicant _____ **Date** _____

8/10/08 C:\Documents and Settings\deb\My Documents\Files - Word & Word perfect\Applicants\Owner Operator Complete Application.doc

AUTHORIZATION AND CONSENT

Applicant's Name: _____ Social Security Number: ____ - ____ - ____

Alcohol and Drug Testing: I hereby authorize Sindall Transport Inc, to obtain from my prior employers during the three (3) year period preceding the date of this application, information about me regarding alcohol tests with a concentration result of 0.04 or grater, positive drug test results, refusals to be tested (including verified adulterated or substituted drug test results), other violations of Federal Motor Carrier Safety Administration drug or alcohol regulations and, if applicable, completion of return-to-duty requirements following violation of a DOT drug or alcohol regulation. I hereby **authorize and consent** to the release of such information by my prior employers to Sindall Transport VP Administration or Sindall Transport Office Clerk in person, by telephone, in writing or by other method of transmission ensuring confidentiality. I hereby authorize the Sindall Transport Vice President Administration or Office Clerk to release such information to any employee of Sindall Transport whose duties require them to assess this application or to make any recommendations or decisions with respect to it.

Consumer Reports: I hereby **authorize** Sindall Transport Inc to obtain one or more consumer reports containing information regarding my employment history, driving record and arrest/conviction record in connection with this application and, if I am hired or qualified to; 1) obtain additional consumer reports in connection with this application and 2)to obtain additional consumer reports in connection with continuation of my employment or qualification.

Employment References: I hereby authorize my prior employers to provide Sindall Transport with all information regarding my performance, safety performance, character, and conduct while in their employ and I hereby release my prior employers from any liability for providing such information.

Date: ____/____/____ **APPLICANT SIGN HERE:** _____
DATE AND SIGN ABOVE WHEN COMPLETING APPLICATIONS.

SINDALL TRANSPORT, INC.
CONTROLLED SUBSTANCE & ALCOHOL TESTING
INFORMATION ACKNOWLEDGEMENT/CONSENT FORM

As a condition of employment with Sindall Transport, Inc. (Motor Carrier), Commercial Motor Vehicle (CMV) Driver Applicants must submit to a pre-employment controlled substances test as required by the Federal Motor Carrier Safety Regulations (FMCSR) Section 382.301. A motor carrier must receive verified negative test results for the applicant driver for the applicant to be eligible for employment.

If you are hired, you will be subject to laws requiring additional controlled substances and alcohol testing on you under numerous situations including, but not limited to, the following:

- Post-Accident – Section 382.303
- Random– Section 382.305
- Reasonable Suspicion – Section 382.307
- Return to Duty – Section 382.309
- Follow-up – Section 382.311

A driver who tests positive for a controlled substance(s) and/or alcohol test, will be immediately removed from a safety-sensitive position as required by Part 382 of the FMCSR. Federal law prohibits a driver from returning to a safety-sensitive position for any motor carrier until and unless the driver completes the Substance Abuse Professionals (SAP) evaluation, referral and educational/treatment process, as described in FMCSR Part 40, Subpart O.

NAME _____

ADDRESS _____

PHONE # _____

All my employers during the past 3 years are listed on my employment record. Following is a list of all the companies for which I applied to work as a driver during the past 3 years.

<u>COMPANY NAME</u>	<u>Application Date</u>
_____	_____
_____	_____
_____	_____
_____	_____

All controlled substances and alcohol testing will be conducted in accordance with Parts 40 and 382 of the FMCSR.

I _____ have read the above controlled substances and alcohol
(Print Name)
testing requirements and understand them.

(Applicant's Signature)

(Date)

(Employer Representative)

DRIVER'S RIGHTS PERTAINING TO RELEASE OF DRIVER INFORMATION UNDER REGULATION 391.23

Motor carriers have the responsibility to make the following investigations and inquiries with respect to each driver employed, other than a person who has been a regularly employed driver of the motor carrier for a continuous period which began before January 1, 1971.

- (a)(1) An inquiry into the driver's driving record during the preceding three years to the appropriate agency of every State in which the driver held a motor vehicle operator's license or permit during those three years;
and
- (a)(2) An investigation of the driver's employment record during the preceding three years.
- (b) A copy of the driver record(s) obtained in response to the inquiry or inquiries to each State driver Record agency as required must be placed in the Driver Qualification File within 30 days of the date the driver's employment begins and be retained in compliance with 391.51.
- (c) Replies to the investigations of the driver's safety performance history must be placed in the Driver Investigation History File within 30 days of the date the driver's employment begins. This goes into Effect after October 29, 2004.
- (d) Prospective motor carrier must investigate the information from all previous employers of the Applicant that employed the driver to operate a CMV within the previous three years. This information must cover general driver identification and employment verification information, data elements as specified in 390.15 for accident involving the driver that occurred in the three-year period preceding the date of the employment application, and any accidents the previous employer may wish to provide.
- (e) Prospective motor carrier must investigate the information from all previous DOT regulated Employers that employed the driver within the previous three years from the date of the employment application in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40.

Drivers have the following rights:

1. The right to review information provided by previous employers.
2. The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer.
3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous Employer and the driver cannot agree on the accuracy of the information.

Drivers who wish to review previous employer-provided investigative information must submit a written request to the prospective employer when applying or as late as 30 days after employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five business days of receiving the written request. If the driver has not arranged to pick up or receive the requested records within 30 days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Drivers wishing to request correction of erroneous information in records must send the request for the correction to the previous employer that provided the records. After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer or notify the driver within 15 days of receiving the driver's request to correct the data that it does not agree to correct the data. Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instruction to include the rebuttal in the driver's Safety Performance History.

I acknowledge that I have read and understand the contents of this document

Driver's Signature: _____ Date: _____

Driver Name (Printed): _____

DRIVER APPLICANT DRUG AND ALCOHOL PRE-EMPLOYMENT STATEMENT

CFR Part 40.25(j) requires the employer to ask any applicant, 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 rules during the past two years. If the potential employee admits that he or she had a positive test or refusal to test, we must not use the employee to perform safety-sensitive functions, until and unless the potential employee provides documentation of successful completion of the return-to-duty process. (See Section 40.25(b)(5) and (e).

Applicant Name: _____ SS Number: _____
(Please Print)

As an applicant, applying to perform safety-sensitive functions for our company, you are required by CFR Part 40.25(j) to 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, to the above question, can you provide proof that you have successfully completed the DOT return-to-duty requirements?

Yes No

My signature below certifies that the information provided is true and correct.

Applicant Signature: _____ Date: _____

To: _____

Date: _____

@: _____

Page: 1 of _____

Fax #: _____

Request for Driver's Safety Performance History Information from DOT Regulated Previous Employer (s)

Carrier Name: Sindall Transport, Inc. **Contact Person:** Deborah L. Sindall

Address: 461 Diller Ave Suite 100 **City, State, Zip:** New Holland, PA 17557

Phone #: (717) 354-0606 **Confidential Fax #:** (717) 355-2071

Driver to Complete This Section

As a Commercial Motor Vehicle (CMV) Driver, I understand that per, the Federal Motor Carrier Safety Regulations (FMCSRs) Part 391.21, the following information will be requested from all previous employers for which I operated a CMV, subject to the FMCSR Parts 390 and/or 40, 382 & 383, ***within the past three years***, from date shown below. I also acknowledge that this information will be used in determining my eligibility to be hired, that I have the right to review this information and rebut any errors in these statements from my prior employers, as described in the FMCSR Part 391.23.

I _____, hereby authorize this company to release all records of employment, including assessments

Print Name

of my job performance, ability and fitness, including dates of any and all alcohol or drug tests. Those confirmed results and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of (SAP/MRO) 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, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing information to the above-mentioned person and/or company.

Applicant's Signature

SSN or ID Number

D.O.B.

Today's Date

SECTION I – Past Employer to Complete >> DRUG & ALCOHOL INFORMATION

Please provide the following drug and alcohol information as required by FMCSR Part 391.23 & 40.25.

If no drug and alcohol information is available on above-named applicant check here.

1. Any alcohol test with a result of 0.04 or higher alcohol concentration? Yes No
2. Any verified positive drug test? Yes No
3. Any refusals to be tested (including verified adulterated or substituted drug test results)? Yes No
4. Any other violations of DOT agency drug and alcohol testing regulations (Part 382 or Part 40)? Yes No
5. If this driver did successfully complete a SAP rehabilitation referral and remained in your employ, did he/she have any subsequent violations for: an alcohol test result of 0.04 or greater, a verified positive drug test or a refusal to test (including a verified adulterated/substituted drug test result)? Yes No
6. If yes to any of the above questions, please provide documentation of successful completion of a SAP evaluation, prescribed treatment and return-to-duty requirements (including follow-up tests) if they remained in your employ.*

* If this information is not available from the previous employer, you as a prospective employer, must get this information from the driver/applicant.

Drug and alcohol information needs to be kept in a separate personnel and/or confidential file.

Request for Driver's Safety Performance History Information from DOT Regulated Previous Employer(s)

SECTION II – Past Employer to Complete >> ACCIDENT INFORMATION

Please provide the following information as required by 391.23(d) (1) (2) on any accidents, as defined by 390.5 and/or from your Accident Register (FMCSR 391.15) which the above-named driver/applicant was involved within the past three years while under your employment. If possible also may include information on minor accidents/ incidents at their discretion.

If there is no accident information for this driver, please check here.

Date	Location (please give city/town, or most near and state)	Any Vehicles Towed?	Hazmat Spill	Number of Fatalities?	Number of Injuries?

Please list all Out of Service (OOS) violations applicant had in the past 3 years.

If there were no OOS violations please check here.

Date	Violation Description	Locations

SECTION III– Past Employer to Complete >> WORK HISTORY INFORMATION

Please provide the following information on the above-name driver/applicant;

He/She was employed for you as a: _____ from ___/___/___ to ___/___/___

If employed as a driver, what type of equipment did he/she operate?

Straight Trucks Tractor/Trailer Doubles Triples Other

Type of trailer(s) pulled: _____

Was he /she a: Company Driver? Yes No ; Contractor? Yes No ; Contractor's Driver? Yes No Other? _____

General area traveled: _____ Commodities transported: _____

While under your employment was he/she:

a. Bonded: Yes No

b. Convicted of any traffic violations: Yes No If yes, please list all, including date and type: _____

c. License(s) suspended, revoked or denied: Yes No If yes, please explain: _____

Reason for leaving: _____

Would you re-employ this person: Yes No Upon Review If no, please explain: _____

Additional Comments: _____

Previous Employer Representative Supplying Information:

Print Name Title

Signature Date

Please remember to retain a copy for your records; your timely response is appreciated.