

DRIVER'S APPLICATION FOR EMPLOYMENT

Dear Applicant: Per FMCSR 391.21(d) before an application is submitted, the motor carrier shall inform the applicant that the information he/she provides for the employment history may be used, and the applicant's prior employers may be contacted for the purpose of investigating the applicant's safety performance history information. The prospective employer must also notify the driver in writing of his/her due process rights as specified in §391.23(i) regarding information received as a result of these investigations. You the applicant have the following rights: (i) The right to review information provided by previous employers; (ii) The right to have errors in the information corrected by the previous employer and for that previous employer to resend the corrected information to the prospective employer; and (iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and driver cannot agree on the accuracy of the information.

Print Name _____ **Signature** _____ **Date** _____

Company Name **All-Ways Transit, Inc.** Phone **(715) 568-4652**

Street Address **PO Box 194** City, State, Zip **Bloomer, WI 54724**

Name _____ Phone _____

Current Address _____
Street City State Zip

If at the above residence for less than 3 years, list below all residences for the past 3 years. Attach a separate sheet if necessary.

Previous Address _____
Street City State Zip

Previous Address _____
Street City State Zip

Date of Birth* ____/____/____ (*Drivers only to complete Date of Birth) Social Security Number _____

In Case of Emergency Notify _____
Name Phone _____

Contact's Address _____
Street City State Zip

Position Applying For _____ Rate of Pay? _____

Temporary Part-Time Full-Time Who Referred You _____

Have you worked for this company before? Yes No Dates ____/____/____ - ____/____/____

Where? _____ Rate of Pay _____

Position _____ Reason for Leaving _____

Have you ever worked for this company under another name? Yes No

(If job requirement) Have you ever been bonded? Yes No Name of Bonding Company _____

List of names of relatives working for this company: _____

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

EDUCATION

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Last School Attended _____
Name Address

List special courses or training that will help you as a driver _____

EMPLOYMENT RECORD

Complete all data for EACH last employer COMPLETELY. The U.S. Department of Transportation requires that the driver applicants show all employment for the past **three years**. Effective July 1, 1987 they **must also show commercial driver employment for the seven years preceding this three year period.** Sec. 391.21 (b) (10) (11). **Account for any gaps in employment between employers.**

Last Employer:

Name _____ Phone _____

Current Address _____
Street City State Zip

Position Held _____ Dates ____/____/____ to ____/____/____

Type Equip. Driven _____ Were you regulated by FMCSA during this job? Yes No

Areas Driven In _____ Was this job a FMCSA safety sensitive function
position subject to DOT regulated controlled
substance and alcohol testing? Yes No

Reasons for Leaving _____

Second Last Employer:

Name _____ Phone _____

Current Address _____
Street City State Zip

Position Held _____ Dates ____/____/____ to ____/____/____

Type Equip. Driven _____ Were you regulated by FMCSA during this job? Yes No

Areas Driven In _____ Was this job a FMCSA safety sensitive function
position subject to DOT regulated controlled
substance and alcohol testing? Yes No

Reasons for Leaving _____

Third Last Employer:

Name _____ Phone _____

Current Address _____
Street City State Zip

Position Held _____ Dates ____/____/____ to ____/____/____

Type Equip. Driven _____ Were you regulated by FMCSA during this job? Yes No

Areas Driven In _____ Was this job a FMCSA safety sensitive function
position subject to DOT regulated controlled
substance and alcohol testing? Yes No

Reasons for Leaving _____

Fourth Last Employer:

Name _____ Phone _____

Current Address _____
Street City State Zip

Position Held _____ Dates ____/____/____ to ____/____/____

Type Equip. Driven _____ Were you regulated by FMCSA during this job? Yes No

Areas Driven In _____ Was this job a FMCSA safety sensitive function
position subject to DOT regulated controlled
substance and alcohol testing? Yes No

Reasons for Leaving _____

EMPLOYMENT RECORD

Complete all data for EACH last employer COMPLETELY. The U.S. Department of Transportation requires that the driver applicants show all employment for the past **three years**. Effective July 1, 1987 they **must also show commercial driver employment for the seven years preceding this three year period**. Sec. 391.21 (b) (10) (11). **Account for any gaps in employment between employers.**

Fifth Last Employer:

Name _____ Phone _____

Current Address _____
Street City State Zip

Position Held _____ Dates ____/____/____ to ____/____/____

Type Equip. Driven _____ Were you regulated by FMCSA during this job? Yes No

Areas Driven In _____ Was this job a FMCSA safety sensitive function
position subject to DOT regulated controlled
substance and alcohol testing? Yes No

Reasons for Leaving _____

Sixth Last Employer:

Name _____ Phone _____

Current Address _____
Street City State Zip

Position Held _____ Dates ____/____/____ to ____/____/____

Type Equip. Driven _____ Were you regulated by FMCSA during this job? Yes No

Areas Driven In _____ Was this job a FMCSA safety sensitive function
position subject to DOT regulated controlled
substance and alcohol testing? Yes No

Reasons for Leaving _____

Seventh Last Employer:

Name _____ Phone _____

Current Address _____
Street City State Zip

Position Held _____ Dates ____/____/____ to ____/____/____

Type Equip. Driven _____ Were you regulated by FMCSA during this job? Yes No

Areas Driven In _____ Was this job a FMCSA safety sensitive function
position subject to DOT regulated controlled
substance and alcohol testing? Yes No

Reasons for Leaving _____

Eighth Last Employer:

Name _____ Phone _____

Current Address _____
Street City State Zip

Position Held _____ Dates ____/____/____ to ____/____/____

Type Equip. Driven _____ Were you regulated by FMCSA during this job? Yes No

Areas Driven In _____ Was this job a FMCSA safety sensitive function
position subject to DOT regulated controlled
substance and alcohol testing? Yes No

Reasons for Leaving _____

DRIVER EXPERIENCE & QUALIFICATION

LICENSES: List all licenses held in the last 3 years

STATE	License Number	Type/Endorsements	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____

Do you currently hold more than one valid license? Yes No

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

Has any license, permit or privilege ever been suspended or revoked? Yes No

Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes No

If you answered YES to any of the above questions, please explain: _____

EXPERIENCE

Class of Equipment	Type (Van, Tank, Etc)	Dates (From and To)
_____	_____	_____
_____	_____	_____
_____	_____	_____

List states operated in during the last five (5) years: _____

List safe driving awards held and who given by: _____

ACCIDENT REVIEW FOR THE PAST THREE (3) YEARS

Date	City, State	# Fatalities	# Injuries	Nature of Accident (Head-On, Rear-End, etc.)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

MOTOR VEHICLE LAWS & ORDINANCES for the past three (3) years other than parking violation:

Location	Date	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Applicant: Read and sign before submitting this application.

I understand that the information in this application will be used and that prior employers will be contacted for the purposes of investigating my safety performance history information as required by 391.23 (d) & (e). I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

Applicant Signature

Date

SAFETY PERFORMANCE HISTORY INVESTIGATION

Applicant Complete
One for each past employer

I, (Print Name) _____, Social Security Number _____-_____-_____ hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer listed below to the POTENTIAL EMPLOYER. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer is limited to the following DOT regulated testing terms: 1) Alcohol tests with a result of 0.04 or higher; 2) Verified positive drug tests; 3) Refusals to be tested; 4) Other violations of DOT agency drug and alcohol testing regulations; 5) Information obtained from previous employers of a drug and alcohol rule violation; and 6) Documentation, if any, of completion of the return-to-duty process following a rule violation. I further authorize my former employer to release my safety performance history information to my perspective employer for investigation purposes as required by FMCSR 391.23, 382.405 (f) and 382.413 (b) for the 3 years preceding this release. You are released from any and all liability that may result from furnishing such information. A photocopy of this release shall be valid as the original.

Past Employer: _____ Contact Name: _____
 Phone #: _____ Fax #: _____
 Address: _____ City, State, Zip: _____

Applicant Signature _____ **Date** _____

Dear Previous Employer:

The above driver has made application with our Company and states that s/he worked for you from ___/___/___ until ___/___/___. We appreciate your time completing, in confidence, the information requested below. Thank you.

- 1) Employment dates: ___/___/___ to ___/___/___ 2) Job Title(s): _____
 3) Did s/he drive a motor vehicle? ___ Yes ___ No If yes, what type: _____
 4) 3-Year ACCIDENT HISTORY

Date	City/State	# Injuries	# Fatalities	Tow
				Y/N
				Y/N
				Y/N
				Y/N

- 5) Was s/he a safe & efficient driver? ___ Yes ___ No Explain: _____
 6) Reason for leaving your company: ___ Discharged ___ Resignation ___ Lay-off ___ Military Duty ___ Other _____
 7) Was his/her general conduct satisfactory? ___ Yes ___ No Explain: _____

In the 3 years prior to the employee's dated signature above, for DOT regulated testing did the employee have:

- 8) Alcohol test with a result of 0.04 or higher? ___ Yes ___ No
 9) Verified positive drug tests? ___ Yes ___ No
 10) Any refusals to be tested? ___ Yes ___ No
 11) Other violation of DOT agency drug and alcohol testing regulations? ___ Yes ___ No
 12) Did a previous employer report a drug and alcohol rule violation to you? ___ Yes ___ No
 13) If you answered YES to any of the above items, did the employee complete a return-to-duty process? ___ Yes ___ No
 14) ___ No safety performance history exists for this driver with our company

If you answered YES to 12, you must provide the previous employer's report. If you answered YES to 13, you must also forward the appropriate return-to-duty documentation (e.g. SAP report(s), follow-up testing record).

Completed by: _____ Title: _____ Date: _____
 Comments: _____

Please return to: _____ All-Ways Transit, Inc. PO Box 194 Bloomer, WI 54724
Phone #: 715-568-4652 Fax #: 715-568-4698 ATTN: HR

Prospective Employer Use: Response Documentation (Good Faith Effort)

____ Employer not subject to FMCSRs
 Date Contacted: ___/___/___ • 2nd Attempt: ___/___/___ • 3rd Attempt: ___/___/___ • Received Back: ___/___/___
 ___ Call ___ Mail ___ Fax ___ Call ___ Mail ___ Fax ___ Call ___ Mail ___ Fax

Past Employer Complete

SAFETY PERFORMANCE HISTORY INVESTIGATION

Applicant Complete
One for each past employer

I, (Print Name) _____, Social Security Number _____-_____-_____ hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer listed below to the POTENTIAL EMPLOYER. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer is limited to the following DOT regulated testing terms: 1) Alcohol tests with a result of 0.04 or higher; 2) Verified positive drug tests; 3) Refusals to be tested; 4) Other violations of DOT agency drug and alcohol testing regulations; 5) Information obtained from previous employers of a drug and alcohol rule violation; and 6) Documentation, if any, of completion of the return-to-duty process following a rule violation. I further authorize my former employer to release my safety performance history information to my perspective employer for investigation purposes as required by FMCSR 391.23, 382.405 (f) and 382.413 (b) for the 3 years preceding this release. You are released from any and all liability that may result from furnishing such information. A photocopy of this release shall be valid as the original.

Past Employer: _____ Contact Name: _____
 Phone #: _____ Fax #: _____
 Address: _____ City, State, Zip: _____

Applicant Signature _____ **Date** _____

Dear Previous Employer:

The above driver has made application with our Company and states that s/he worked for you from ___/___/___ until ___/___/___. We appreciate your time completing, in confidence, the information requested below. Thank you.

- 1) Employment dates: ___/___/___ to ___/___/___ 2) Job Title(s): _____
 3) Did s/he drive a motor vehicle? ___ Yes ___ No If yes, what type: _____
 4) 3-Year ACCIDENT HISTORY

Date	City/State	# Injuries	# Fatalities	Tow
				Y/N
				Y/N
				Y/N
				Y/N

- 5) Was s/he a safe & efficient driver? ___ Yes ___ No Explain: _____
 6) Reason for leaving your company: ___ Discharged ___ Resignation ___ Lay-off ___ Military Duty ___ Other _____
 7) Was his/her general conduct satisfactory? ___ Yes ___ No Explain: _____

In the 3 years prior to the employee's dated signature above, for DOT regulated testing did the employee have:

- 8) Alcohol test with a result of 0.04 or higher? ___ Yes ___ No
 9) Verified positive drug tests? ___ Yes ___ No
 10) Any refusals to be tested? ___ Yes ___ No
 11) Other violation of DOT agency drug and alcohol testing regulations? ___ Yes ___ No
 12) Did a previous employer report a drug and alcohol rule violation to you? ___ Yes ___ No
 13) If you answered YES to any of the above items, did the employee complete a return-to-duty process? ___ Yes ___ No
 14) ___ No safety performance history exists for this driver with our company

If you answered YES to 12, you must provide the previous employer's report. If you answered YES to 13, you must also forward the appropriate return-to-duty documentation (e.g. SAP report(s), follow-up testing record).

Completed by: _____ Title: _____ Date: _____
 Comments: _____

Please return to: _____ All-Ways Transit, Inc. PO Box 194 Bloomer, WI 54724
Phone #: 715-568-4652 Fax #: 715-568-4698 ATTN: HR

Prospective Employer Use: Response Documentation (Good Faith Effort)

____ Employer not subject to FMCSRs
 Date Contacted: ___/___/___ • 2nd Attempt: ___/___/___ • 3rd Attempt: ___/___/___ • Received Back: ___/___/___
 ___ Call ___ Mail ___ Fax ___ Call ___ Mail ___ Fax ___ Call ___ Mail ___ Fax

Past Employer Complete

SAFETY PERFORMANCE HISTORY INVESTIGATION

Applicant Complete
One for each past employer

I, (Print Name) _____, Social Security Number _____-_____-_____ hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer listed below to the POTENTIAL EMPLOYER. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer is limited to the following DOT regulated testing terms: 1) Alcohol tests with a result of 0.04 or higher; 2) Verified positive drug tests; 3) Refusals to be tested; 4) Other violations of DOT agency drug and alcohol testing regulations; 5) Information obtained from previous employers of a drug and alcohol rule violation; and 6) Documentation, if any, of completion of the return-to-duty process following a rule violation. I further authorize my former employer to release my safety performance history information to my perspective employer for investigation purposes as required by FMCSR 391.23, 382.405 (f) and 382.413 (b) for the 3 years preceding this release. You are released from any and all liability that may result from furnishing such information. A photocopy of this release shall be valid as the original.

Past Employer: _____ Contact Name: _____
 Phone #: _____ Fax #: _____
 Address: _____ City, State, Zip: _____

Applicant Signature _____ **Date** _____

Dear Previous Employer:

The above driver has made application with our Company and states that s/he worked for you from ___/___/___ until ___/___/___. We appreciate your time completing, in confidence, the information requested below. Thank you.

- 1) Employment dates: ___/___/___ to ___/___/___ 2) Job Title(s): _____
 3) Did s/he drive a motor vehicle? ___ Yes ___ No If yes, what type: _____
 4) 3-Year ACCIDENT HISTORY

Date	City/State	# Injuries	# Fatalities	Tow
				Y/N
				Y/N
				Y/N
				Y/N

- 5) Was s/he a safe & efficient driver? ___ Yes ___ No Explain: _____
 6) Reason for leaving your company: ___ Discharged ___ Resignation ___ Lay-off ___ Military Duty ___ Other _____
 7) Was his/her general conduct satisfactory? ___ Yes ___ No Explain: _____

In the 3 years prior to the employee's dated signature above, for DOT regulated testing did the employee have:

- 8) Alcohol test with a result of 0.04 or higher? ___ Yes ___ No
 9) Verified positive drug tests? ___ Yes ___ No
 10) Any refusals to be tested? ___ Yes ___ No
 11) Other violation of DOT agency drug and alcohol testing regulations? ___ Yes ___ No
 12) Did a previous employer report a drug and alcohol rule violation to you? ___ Yes ___ No
 13) If you answered YES to any of the above items, did the employee complete a return-to-duty process? ___ Yes ___ No
 14) ___ No safety performance history exists for this driver with our company

If you answered YES to 12, you must provide the previous employer's report. If you answered YES to 13, you must also forward the appropriate return-to-duty documentation (e.g. SAP report(s), follow-up testing record).

Completed by: _____ Title: _____ Date: _____
 Comments: _____

Please return to: _____ All-Ways Transit, Inc. PO Box 194 Bloomer, WI 54724
Phone #: 715-568-4652 Fax #: 715-568-4698 ATTN: HR

Prospective Employer Use: Response Documentation (Good Faith Effort)

____ Employer not subject to FMCSRs
 Date Contacted: ___/___/___ • 2nd Attempt: ___/___/___ • 3rd Attempt: ___/___/___ • Received Back: ___/___/___
 ___ Call ___ Mail ___ Fax ___ Call ___ Mail ___ Fax ___ Call ___ Mail ___ Fax

Past Employer Complete

PRE-EMPLOYMENT QUESTIONNAIRE

As the employer, All-Ways Transit, Inc. must ask whether you have tested positive or refused to be tested on any pre-employment drug or alcohol test. Applicable test would have been administered by a motor carrier to which you applied for, but did not obtain safety-sensitive transportation work (as covered by DOT agency drug and alcohol testing rules) during the past two years.

I, (Applicant Print Name) _____ Have Have Not tested positive or refused any such test in the past two years. If I have, then I am including below the appropriate substance abuse provider information.

SAP Name _____ Phone _____

City, State _____

Applicant Signature

Date

Requested in accordance with 49 CFR 40.25(j) for all applicants since August 1, 2001

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

In connection with your application for employment with **All-Ways Transit, 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.

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. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

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 Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize **All-Ways Transit, 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 authorizing 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 challenge 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 understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report. I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, 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 NIC 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 contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

JOB DESCRIPTION

FOR TRUCK DRIVERS/OVER THE ROAD EMPLOYEES

A. Essential Job Functions:

- To operate commercial motor vehicles to transport freight in inter or intra state commerce from home terminal to distant point(s) and return.

B. Duties

- Inspect vehicle and required parts and accessories to determine safe operating condition prior to departure on trip
- Check shipping papers to determine nature of load and any special hazards, and check load itself and methods of securing it
- Operate vehicle in compliance with company rules and all applicable state and federal regulations, and in accordance with accepted principles of safe driving
- Deliver freight to consignees
- Pick up freight as required
- Load and unload freight as required
- Collect freight charges as instructed
- Perform other related work as required

C. Miscellaneous Responsibilities

- Report all accidents and incidents of equipment damage involving employee or company equipment
- Maintain trip records as required
- Maintain records required for compliance with state and federal regulations including drivers' logs, records of fuel purchases, mileage records, etc.
- Proper use and care of all equipment assigned to him/her for the performance of his/her duties
- Report promptly any delays that will affect pick up or delivery appointments

D. Physical Requirements

- 49 CFR 391.41 (if applicable)
- Driver must be able to sit for extended periods of time in a truck tractor
- Driver must be able to walk, bend, reach, push, pull, stoop, squat, and climb, as necessary, to perform vehicle inspections, ensure closure of dome lids, tarping and securing the load
- Driver must be able to walk, bend, reach, push, pull, stoop, and squat, as well as grasp, lift, and handle when dealing with sections of hose that may exceed 20' in length, and measure as many as 4" in diameter, and weigh as much as 75 lbs.; this is to ensure safe and proper practice when coupling, and when disconnecting, hose
- Driver must be able to walk, bend, reach, push, pull, stoop, and squat, as well as grasp, lift, and handle tarps, which may weigh in excess of 80 pounds, when securing the load

E. Additional Requirements

- CDL
- (Good) Driving Record

Are you capable of performing the essential functions of this job in a safe manner?

Yes **No**

Applicant Signature

Date



FORM OF CONSENT OF COMMERCIAL DRIVER

A commercial driver may provide consent to the submission of a CDLIS Inquiry either by the following Instrument of Written Consent for CDLIS Inquiry or by a general form of consent that includes an expression of consent that is substantially equivalent.

INSTRUMENT OF WRITTEN CONSENT FOR CDLIS INQUIRY

I, the undersigned commercial driver, hereby authorize All-Ways Transit Inc to request or access data pertaining to me within the CDLIS Central Site, to obtain all CDLIS Master Pointer Record data relating to me (CDLIS Data), and to request and obtain my driver record from the jurisdiction identified in the CDLIS Data in accordance with applicable state law and the Driver Privacy Protection Act. I hereby further authorize the disclosure of my CDLIS Data and driver records to All-Ways Transit Inc.

I hereby give this consent this ____ day of _____, 20__.

COMMERCIAL DRIVER

[Signature]

[Print First & Last Name]