



APPLICATION FOR QUALIFICATION

Equal opportunity Employer

Company Scott Fulcher Trucking

Address P.O. Box 1236

City Caldwell State ID Zip Code 83606

The purpose of this application is to determine whether or not the applicant is qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Regulations and the Company named above. Each question should be fully and accurately answered. Use blank paper if you do not have enough room on this application blank. PLEASE PRINT, except for your signature at the end of the application and on part B of the Inquiry of past Employer. All information given will be made available only to persons who have a "need to know" or as required by law. This company will make reasonable accommodation in the application process, if needed.

Instructions to Applicant

Please answer all questions. If the answer to any question is "No" or "None", do not leave the item blank, but write "No" or "None".

Date _____ Position applying for; Check One: Contractor Driver Contractor's Driver

Name _____
(First) (Middle) (Last)

Phone Number (_____) _____ Emergency Phone Number (_____) _____

*Age _____ Date of Birth _____ Social Security Number _____ - _____ - _____

Physical Exam Expiration Date: _____

Current & Three Years Previous Addresses:

_____	From _____	To _____
_____	From _____	To _____
_____	From _____	To _____
_____	From _____	To _____

Have you worked for this company before? Yes No
If yes, give dates: From _____ To _____

Reason for leaving? _____

Education History

Please circle the highest grade completed:

Grade School: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 Post-Graduate: 1 2 3 4

Employment History

Give a complete record of all employment for the past three years, including any unemployment or self-employment, and all commercial driving experience for the past ten years.

Present or Last Employer:

From _____ To _____ Name _____
Mo/Yr Mo/Yr

Position Held _____ Address _____

Reason for Leaving _____ Phone # (____) _____

Were you subject to the FMCSRs* while employed here? Yes No

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? Yes No

Present or Last Employer:

From _____ To _____ Name _____
Mo/Yr Mo/Yr

Position Held _____ Address _____

Reason for Leaving _____ Phone # (____) _____

Were you subject to the FMCSRs* while employed here? Yes No

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? Yes No

Present or Last Employer:

From _____ To _____ Name _____
Mo/Yr Mo/Yr

Position Held _____ Address _____

Reason for Leaving _____ Phone # (____) _____

Were you subject to the FMCSRs* while employed here? Yes No

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? Yes No

Present or Last Employer:

From _____ To _____ Name _____
Mo/Yr Mo/Yr

Position Held _____ Address _____

Reason for Leaving _____ Phone # (____) _____

Were you subject to the FMCSRs* while employed here? Yes No

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? Yes No

*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 10,001 pounds or more, (2) is designed or used to transport nine or more passengers, or (3) is of any size to transport hazardous materials in a quantity requiring placarding.

Employment History Continued

Give a complete record of all employment for the past three years, including any unemployment of self-employment, and all commercial driving experience for the past ten years.

Present or Last Employer:

From _____ To _____ Name _____
Mo/Yr Mo/Yr

Position Held _____ Address _____

Reason for Leaving _____ Phone # (____) _____

Were you subject to the FMCSRs* while employed here? Yes No

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? Yes No

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Mo/Yr Mo/Yr

Position Held _____ Address _____

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Driving Experience

Class of Equipment	Dates		Approximate Number of Miles (Total)
	From	To	
Straight truck			
Tractor and Semi-trailer			
Tractor-two trailers			
Other			

List states operated in for last five years: _____

List special courses/training completed (PTD/DDC, Haz Mat, etc.): _____

Accident Record for past three years (attach sheet if more space is needed)

Date of Accident	Nature of Accidents (Head on, rear end, upset, etc.)	Location of Accident	# of Fatalities	# of People Injured

Traffic Conviction and Forfeitures for the last three years (other than parking violations)

Date	Location	Charge	Penalty

Driver's License (list each driver's license held in the past three years)

State	License #	Type	Endorsements	Expiration Date

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?...YES NO

B. Has any license, permit, or privilege ever been suspended or revoked?..... YES NO

C. Have you ever tested positive or refused a DOT drug or alcohol pre-employment
test within the past two years from an employer who did not hire you?YES NO

D. Have you ever been convicted of a criminal offense?YES NO

If the answers to A, B, C, or D is "YES", give details _____

Personal References

List three persons for references, other than family members, who have knowledge of your safety habits.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

To Be Read and Signed by Applicant

It is agreed and understood that any intentional misrepresentation given on this application for qualification shall be considered an act of dishonesty. It is also understood that such an act may now disqualify me (the applicant) for employment or may result in my dismissal if discovery of misrepresentation occurs after offer of employment is made to me (the applicant).

I give the motor carrier and its agents or representatives the right to investigate all references and to secure additional information about my employment background. I hereby release from all liability for damages the motor carrier and its agents or representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

It is agreed and understood that if I qualified to operate motor carrier equipment I may be on an introductory period, during which I may be disqualified without recourse.

This certifies that I completed this application and that all entries on it and information in it, are true and complete to the best of my knowledge.

Applicant's Signature

Date

Witness Signature

Date

Remarks (for office use only)

CONFIDENTIAL
FAXED OR MAILED INQUIRY TO PAST EMPLOYER

(A) TO: _____
(Former Employer- Name, City, State) (Date, Time)

I hereby authorize this company to release all records of employment, including assessments 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 the following information to the below mentioned person and/or company.

(B) _____
(Applicant's Signature) (Date) (Witness' Signature) (Date)

Dear Personal Manager:

The person named herein has applied to this company for employment in a safety-sensitive position. Your firm is listed by the applicant as a past employer. Will you kindly reply to this inquiry respecting this applicant? As you will note the waiver stated above all liability of you and your company, has been released by the applicant. PLEASE BE FACTURAL. You may reply by facsimile to the fax number listed below. If your form was mailed to you, we have enclosed a stamped, self-addressed envelope for your convenience in replying by return mail.

(C) FROM: Deborah Johnson Title: Manager
Company: Scott Fulcher Trucking Address: 2103 Franklin Road
City: Caldwell State: Idaho Zip: 83605
Phone No.: (208) 454-1001 Fax No.: (208) 454-1355

(D) Name of Applicant: _____ Social Security No. _____ - _____ - _____
Job Applying For: _____

(E) Did the applicant work for you as a _____ From ____/____/____ To ____/____/____
* YES or NO If no, please explain: _____

(F) If employed as a driver, please answer the following:
Company Driver? _____ Owner/Operator? _____ Other? _____
Type of tractor operated: _____ Type of trailer pulled: _____
Other equipment operated: _____ Commodities transported: _____
General area of operation: _____

Accidents? YES or NO If yes, please give the date and a brief description of each accident:

Traffic violations? YES or NO If yes, please list all including date and type of violation:

License(s) suspended? YES or NO If yes, please list date(s) of suspension: _____

Type of driver license: _____ State: _____ Number: _____

Any problems with bonding? YES or NO If yes, please explain: _____

• Why did this employee leave your company? _____

• Would you re-employ this person? YES or NO If no please explain: _____

INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION, PRECEDING 2 YEARS:

Alcohol tests with a result of 0.04 or greater?.....YES or NO If yes, please give date(s): _____

Verified positive controlled substance test results?... YES or NO If yes, please give date(s): _____

Refusals to be tested? YES or NO If yes, please give date(s): _____

Rehab completed under direction of SAP/MRO?.....YES or NO If yes, please give date(s): _____

(G) Additional comments: (Any problems with customer relations, supervision, or abuse of equipment?) _____

Name/Title: _____ / _____ Date: ____/____/____

(H) Company: _____