

**Ray Bertolini Trucking Co.**  
**2070 Wright Road**  
**Akron, OH 44320**

DATE OF APPLICATION: \_\_\_\_/\_\_\_\_/\_\_\_\_

Comment [jfb1]:

### APPLICATION

In compliance with Federal and State equal opportunity laws, qualified applicants are considered for all positions without regard to race, religion, sex, national origin, age, marital status, or non-job related disability.

#### **TO BE READ AND SIGNED BY APPLICANT**

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e).

I also understand that I have the right to:

- Review information provided by previous employers
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer, and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information

**Applicant Signature: X** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

DRIVER NAME _____		
(LAST)	(FIRST)	(MIDDLE)
ADDRESS _____		
CITY _____	STATE _____	ZIP _____
TELEPHONE (_____) _____ - _____		
DATE OF BIRTH ____/____/____	SOCIAL SECURITY NUMBER _____ - _____ - _____	
1) ADDRESS _____		
CITY _____	STATE _____	ZIP _____ FROM _____ TO _____
2) ADDRESS _____		
CITY _____	STATE _____	ZIP _____ FROM _____ TO _____
3) ADDRESS _____		
CITY _____	STATE _____	ZIP _____ FROM _____ TO _____

### WORK EXPERIENCE

In accordance with §391.21 & .23 of the Federal Motor Carrier Safety Regulations (FMCSR), an applicant must list all previous work experience for the three (3) years prior to the date of application shown on page one, as well as all commercial driving experience for seven (7) years prior to those three years, for a total of 10 years.

**PLEASE LIST STARTING WITH MOST RECENT EMPLOYER. USE ADDITIONAL SHEET IF NEEDED.**

**CURRENT OR LAST EMPLOYER COMPANY NAME:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

SUPERVISOR NAME: \_\_\_\_\_ REASON FOR LEAVING? \_\_\_\_\_

JOB DESCRIPTION \_\_\_\_\_ FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40?  YES  NO \*Was this job subject to FMCSA Regulations?  YES  NO

**SECOND LAST EMPLOYER COMPANY NAME:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

SUPERVISOR NAME: \_\_\_\_\_ REASON FOR LEAVING? \_\_\_\_\_

JOB DESCRIPTION \_\_\_\_\_ FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40?  YES  NO \*Was this job subject to FMCSA Regulations?  YES  NO

\*\*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason \_\_\_\_\_

**THIRD LAST EMPLOYER COMPANY NAME:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

SUPERVISOR NAME: \_\_\_\_\_ REASON FOR LEAVING? \_\_\_\_\_

JOB DESCRIPTION \_\_\_\_\_ FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40?  YES  NO \*Was this job subject to FMCSA Regulations?  YES  NO

\*\*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason \_\_\_\_\_

\*The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: 1) weighs or has a GVWR of 10,001 pounds or more, 2) is designed or used to transport 9 or more passengers, or 3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.  
 \*\*Any gaps in employment and/or unemployment must be explained.

**EMPLOYMENT HISTORY (continued)**

EMPLOYER			DATE	
NAME			FROM MO. YR	TO MO. YR
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	

CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRs † WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO		

EMPLOYER		DATE	
NAME		FROM MO.    YR	TO MO.    YR
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		PHONE NUMBER	
REASON FOR LEAVING			
WERE YOU SUBJECT TO THE FMCSRs † WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
NAME		FROM MO.    YR	TO MO.    YR
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		PHONE NUMBER	
REASON FOR LEAVING			
WERE YOU SUBJECT TO THE FMCSRs † WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
NAME		FROM MO.    YR	TO MO.    YR
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		PHONE NUMBER	
REASON FOR LEAVING			
WERE YOU SUBJECT TO THE FMCSRs † WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO			

\*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

†The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**COMMERCIAL DRIVER'S LICENSE INFORMATION**

LICENSE # \_\_\_\_\_ TYPE \_\_\_\_\_ STATE \_\_\_\_\_ EXP. DATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (A, B OR C)

ENDORSEMENTS (check all that apply):  DOUBLE/TRIPLE TRAILERS  TANK VEHICLES  
 PASSENGER VEHICLES  HAZARDOUS MATERIALS

LIST ANY ADDITIONAL LICENSE(S) HELD IN THE PAST 3 YEARS:

STATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 STATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

HAS YOUR PERMIT, CDL, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE EVER BEEN DENIED, SUSPENDED, OR REVOKED?  NO  YES IF YES, EXPLAIN \_\_\_\_\_

PLEASE LIST ALL MOTOR VEHICLE COLLISIONS IN WHICH YOU WERE INVOLVED (BOTH COMMERCIAL AND PRIVATE VEHICLE) DURING THE PAST THREE YEARS PRIOR TO THE APPLICATION DATE. IF NONE, WRITE "NONE"

DATE	DESCRIPTION	STATE	# OF INJURIES	# OF FATALITIES	HAZ.MAT.SPILL
____/____/____	_____	_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES
____/____/____	_____	_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES
____/____/____	_____	_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES

PLEASE LIST ALL TRAFFIC CONVICTIONS AND/OR FORFEITURES (BOTH COMMERCIAL AND PRIVATE VEHICLE) FOR THE PAST THREE YEARS (OTHER THAN PARKING). IF NONE, WRITE "NONE"

DATE	LOCATION	CHARGE	PENALTY
____/____/____	_____	_____	_____
____/____/____	_____	_____	_____
____/____/____	_____	_____	_____

**DRIVING EXPERIENCE**

EQUIPMENT CLASS	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES			APPROX. MILES DRIVEN
		FROM	TO	or	
STRAIGHT TRUCK	_____	_____	_____	_____	_____
TRACTOR & SEMI TRAILER	_____	_____	_____	_____	_____
OTHER	_____	_____	_____	_____	_____

LIST COMMODITIES HAULED: \_\_\_\_\_

**EDUCATION**

PLEASE CIRCLE THE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE: 1 2 3 4

OTHER TRAINING: \_\_\_\_\_

HAVE YOU RECEIVED ANY SAFETY AWARDS OR SPECIAL TRAINING? \_\_\_\_\_

DO YOU HAVE FULL KNOWLEDGE OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS?  YES  NO

HAVE YOU BEEN A DRIVER FOR THIS COMPANY BEFORE?  YES  NO

IF SO, WHEN: \_\_\_\_/\_\_\_\_/\_\_\_\_ WHERE? \_\_\_\_\_

IS THERE ANY REASON YOU MIGHT BE UNABLE TO PERFORM THE FUNCTIONS OF THE JOB FOR WHICH YOU HAVE APPLIED?  YES  NO

**MUST BE READ AND SIGNED BY THE APPLICANT**

I authorize the carrier to make such inquiries and investigations of my personal, employment, driving, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I agree to abide by the rules and regulations of the carrier as well as the Federal Motor Carrier Safety Regulations. I also agree and understand that if I am selected to drive for the carrier that I will be on a probationary period during which time I may be discharged without recourse.

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

X \_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Date**

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

Sec. 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 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 Sec. 40.25(b)(5) and (e))

Prospective Employee Name: \_\_\_\_\_ ID Number: \_\_\_\_\_  
(print)

The prospective employee is required by Sec. 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?

Check one:      Yes      No

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

Check one:      Yes      No

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

Prospective Employee Signature: X \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Witnessed By: X \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(signature)

**Ray Bertolini Trucking Company**

**FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT**

In accordance with the provisions of Section 604(b)(2)(A) 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 I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

X \_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

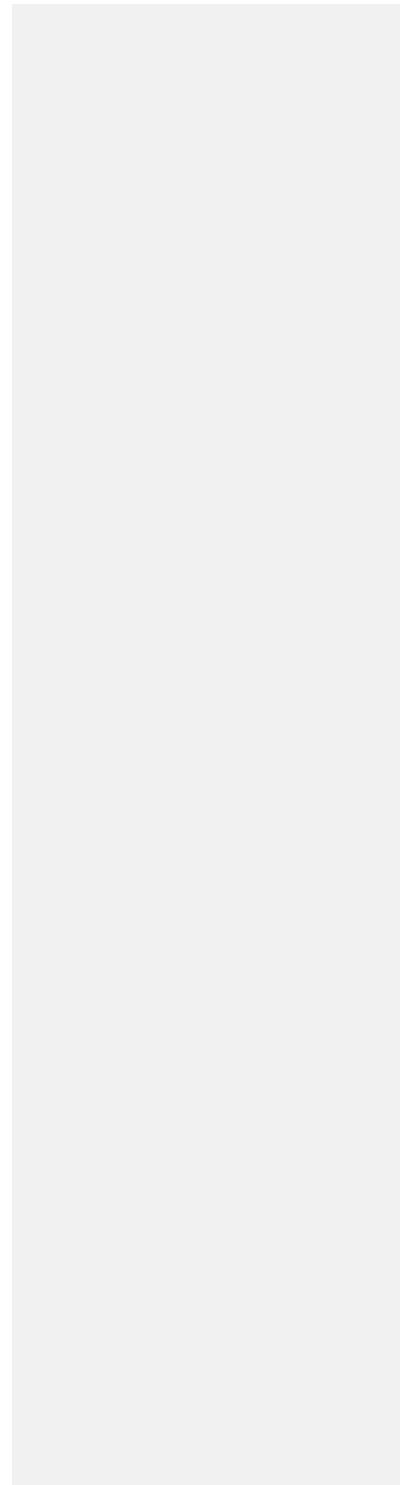
\_\_\_\_\_  
Print name

\_\_\_\_\_  
Social Security number

**Motor Vehicle Driver's  
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 material 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 some requirements that you as a driver comply with. The are as follows:

- 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 violate 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.

The following license is the only one I possess:

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Exp.Date \_\_\_\_\_

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

Driver's Name (Printed): \_\_\_\_\_

Driver's Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_

### REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to Ray Bertolini Trucking Company for purposes of investigation as required by Sections 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.

X \_\_\_\_\_  
(Applicant's Signature) (Date)

In accordance with the provisions of Sections 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 30002(a)).

\_\_\_\_\_  
(Signature of Requester)

\_\_\_\_\_  
(Date)

**For office use only, do not write below this line -----**

NAME OF APPLICANT/DRIVER \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(Number & Street) (City) (State) (Zip Code)

FORMER ADDRESS \_\_\_\_\_  
(Number & Street) (City) (State) (Zip Code)

DATE OF BIRTH \_\_\_\_\_ SSN \_\_\_\_\_ LICENSE NO \_\_\_\_\_

REQUESTED BY

\_\_\_\_\_  
(Name of Company)

\_\_\_\_\_  
(Typed Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Signature)

**SAFETY PERFORMANCE HISTORY RECORDS REQUEST  
DRUG/ALCOHOL TESTING HISTORY**

**PART 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE**

I, (Print name) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
First Middle Last Social Security # Date of Birth

Hereby authorize my previous employer \_\_\_\_\_ to release and forward the information requested below concerning my Alcohol and Controlled Substances Testing records within the previous three (3) years from the date of my employment application, which is \_\_\_\_/\_\_\_\_/\_\_\_\_. The information should be sent to my prospective employer Ray Bertolini Trucking Company to the address, confidential fax or confidential e-mail shown below.

Applicant's signature: X \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PART 2: TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

This form is being (check one):  Faxed  Mailed  E-mailed

By: \_\_\_\_\_ Date: \_\_\_\_\_  
To Previous Employer: \_\_\_\_\_ Phone No: (\_\_\_\_) \_\_\_\_\_  
Street Address: \_\_\_\_\_ Fax No: (\_\_\_\_) \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Please take a moment and complete the information requested in Part 3. We would appreciate your prompt response. As you are aware, after October 29, 2004, failures to respond within 30 days to investigative requests for safety performance history will result in a complaint notification being filed with the Federal Motor Carrier Safety Administration using the complaint process specified at § 386.12.

**PLEASE SEND RESPONSES TO:**

Ray Bertolini Trucking Co.  
PO Box 8155  
Akron, OH 44320

Confidential Fax No: 330-867-0181  
Confidential E-mail: [debbie@raybertolini.com](mailto:debbie@raybertolini.com)  
Attention: Debbie

**PART 3: TO BE COMPLETED BY PREVIOUS EMPLOYER**

**DRUG AND ALCOHOL HISTORY**

If applicant was **not** subject to Department of Transportation (DOT) testing requirements while employed by you, please check here , fill in the dates of employment, sign below and return.

DATES OF EMPLOYMENT: FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_

APPLICANT WAS SUBJECT TO DOT TESTING REQUIREMENTS FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_

- YES  NO Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?
- YES  NO Has this person tested positive for controlled substances?
- YES  NO Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow up alcohol or controlled substances test or adulterated or substituted a drug test specimen?
- YES  NO Has this person committed other violations of Subpart B of Part 382, or 49 CFR Part 40?
- YES  NO If this person has violated a DOT drug and alcohol regulation, did this person complete an SAP-prescribed rehabilitation program while in your employ, including return-to-duty and follow-up tests?  
(If yes, please send documentation of the SAP name, address and phone number when you return this form)
- YES  NO For a driver who successfully completed an SAP's rehabilitation referral and remained in your employ, did this driver, subsequently, have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?

In answering these questions, include any required DOT drug or alcohol testing information obtained from past previous employers in the previous 3 years prior to the application date shown above. Include a supplemental sheet, if necessary.

PART 3 COMPLETED BY (signature): \_\_\_\_\_ TITLE: \_\_\_\_\_

PLEASE PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**PART 4: TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

Information received on (date) \_\_\_\_/\_\_\_\_/\_\_\_\_ by (check one):  Faxed  Mail  E-mail

**SAFETY PERFORMANCE HISTORY RECORDS REQUEST-ACCIDENT HISTORY**

**PART 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

This form is being (check one):  Faxed  Mailed  E-mailed  Completed by Phone  Other \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_  
To Previous Employer: \_\_\_\_\_ Phone No: (\_\_\_\_) \_\_\_\_\_  
Street Address: \_\_\_\_\_ Fax No: (\_\_\_\_) \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ E-mail: (\_\_\_\_) \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

The applicant named below has applied to our company for a position as a DRIVER, and states that he/she previously worked for your company from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

**APPLICANT NAME: X** \_\_\_\_\_  
**Social Security Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Please take a moment and complete the information requested in Part 2. We would appreciate your prompt response. As you are aware, after October 29, 2004, failures to respond within 30 days to investigative requests for safety performance history will result in a complaint notification being filed with the Federal Motor Carrier Safety Administration using the complaint process specified at §386.12.

**PLEASE SEND RESPONSES TO:**

Ray Bertolini Trucking Co.  
PO Box 8155  
Akron, OH 44320

Confidential Fax No: 330-867-0181  
Confidential E-mail: [debbie@raybertolini.com](mailto:debbie@raybertolini.com)  
Attention: Debbie

**PART 2: TO BE COMPLETED BY PREVIOUS EMPLOYER**

Did the above named applicant work for your company?  YES  NO  
If yes, please state the actual dates of employment: FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Did he/she drive a motor vehicle for your company?  YES  NO  
If yes, please check the type(s) of vehicles operated:  STRAIGHT TRUCK  TRACTOR/SEMI-TRAILER  
 CARGO TANK  FLATBED  DOUBLES/TRIPLES  BUS  OTHER (please specify) \_\_\_\_\_  
Reason for leaving your company:  DISCHARGE  RESIGNATION  LAY OFF  MILITARY DUTY  
Would this applicant be considered for employment with your company again?  YES  NO  
If there is no safety performance history to report, check here  sign below and return.

**ACCIDENT HISTORY:** Please give the following information for any accidents included on your accident register (§390.15(b)) that involved the applicant (regardless of fault) which occurred in the previous three (3) years. Note: Until May 1, 2006 only information for accidents that occurred after April 29, 2003 need to be included.

Or, check here  if there is no accident register data for this applicant.

Date	City, State	Description	# of Injuries	# of Fatalities	HazMat Spill
_____	_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

Please provide any other accident information involving the applicant which is retained under internal company policies. \_\_\_\_\_

Any other remarks: \_\_\_\_\_  
PART 2 COMPLETED BY (Signature): \_\_\_\_\_ TITLE: \_\_\_\_\_  
PLEASE PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**PART 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

Information received on (date) \_\_\_\_/\_\_\_\_/\_\_\_\_ by (check one):  Fax  Mail  E-mail  Telephone  Other \_\_\_\_\_

**DRIVER STATEMENT OF ON-DUTY HOURS  
(For Newly Hired Drivers)**

**INSTRUCTIONS:** Motor carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier. Rule 395.8(j)(2) Federal Motor Carrier Safety Regulations. NOTE: Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

Driver Name (Print) \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Driver's License: State \_\_\_\_\_ Number \_\_\_\_\_ Class \_\_\_\_\_ Endorsement(s) \_\_\_\_\_ Restriction(s) \_\_\_\_\_

Type of License \_\_\_\_\_ Issuing State \_\_\_\_\_

DAY	1 (yesterday)	2	3	4	5	6	7	
DATE								
HOURS WORKED								TOTAL HOURS

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at

\_\_\_\_\_ A.M.  
\_\_\_\_\_ P.M. On \_\_\_\_\_  
Time Day Month Year

X \_\_\_\_\_  
Driver's Signature Date

### DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

INSTRUCTIONS: When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in Section 395.2 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ or service of, a common, contract or private motor carrier, also performing any compensated work for any non-motor carrier entity.

- (check one)
- Are you currently working for another employer?  Yes  No
- At this time do you intend to work for another employer while still employed by this company?  Yes  No

I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

X \_\_\_\_\_  
Driver's Signature Date

Witness: \_\_\_\_\_  
Company Representative Date

### DRIVER'S RIGHTS UNDER FMCSR 391.23

As a driver you are provided with certain rights under the Federal Motor Carrier Safety Regulations in Part 391.23. These rights are:

#### 391.23(i)(1)

- (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 re-send the corrected information to the prospective employer;
- (iii) 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.

#### 391.23(i)(2)

Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous

employer(s), then the five-business days deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (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.

**391.23(j)(1)** Drivers wishing to request correction of erroneous information in records received pursuant to paragraph (i) of this section must send the request for the correction to the previous employer that provided the records to the prospective employer.

**391.23(j)(2)** 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 a driver's request to correct the data that it does not agree to correct the data. If the previous employer corrects and forwards the data as requested, that employer must also retain the corrected information as part of the driver's safety performance history record and provide it to subsequent prospective employers when requests for this information are received. If the previous employer corrects the data and forwards it to the prospective motor carrier employer, there is no need to notify the driver.

**391.23(j)(3)** Drivers wishing to rebut information in records received pursuant to paragraph (i) of this section must send the rebuttal to the previous employer with instructions to include the rebuttal in that driver's safety performance history.

**391.23(j)(4)** After October 29, 2004, within five business days of receiving a rebuttal from a driver, the previous employer must:

- (i) Forward a copy of the rebuttal to the prospective motor carrier employer;
- (ii) Append the rebuttal to the driver's information in the carrier's appropriate file, to be included as part of the response for any subsequent investigating prospective employers for the duration of the three-year data retention requirement

**391.23(j)(5)** The driver may submit a rebuttal initially without a request for correction, or subsequent to a request for correction.

**391.23(j)(6)** The driver may report failures of previous employers to correct information or include the driver's rebuttal as part of the safety performance information, to the FMCSA following procedures specified at Sec. 386.12.

**391.23(k)(1)** The prospective motor carrier employer must use the information described in paragraphs (d) and (e) of this section only as part of deciding whether to hire the driver.

**391.23(k)(2)** The prospective motor carrier employer, its agents and insurers must take all precautions reasonably necessary to protect the records from disclosure to any person not directly involved in deciding whether to hire the driver. The prospective motor carrier employer may not provide any alcohol or controlled substances information to the prospective motor carrier employer's insurer.

**391.23(l)(1)** No action or proceeding for defamation, invasion of privacy, or interference with a contract that is based on the furnishing or use of information in accordance with this section may be brought against - -

- (i) A motor carrier investigating the information, described in paragraphs (d) and (e) of this section, of an individual under consideration for employment as a commercial motor vehicle driver,
- (ii) A person who has provided such information; or
- (iii) The agents or insurers of a person described in paragraph (l)(1)(i) or (ii) of this section, except insurers are not granted a limitation on liability for any alcohol and controlled substance information.

**391.23(l)(2)** The protections in paragraph (l)(1) of this section do not apply to persons who knowingly furnish false information, or who are not in compliance with the procedures specified for these investigations.

I, the undersigned, have received a copy of, read, and understand the above mentioned rights.

X \_\_\_\_\_  
Driver's Signature

\_\_\_\_\_  
Date