

Application For Driving Position

**Stout Trucking, Inc.
3940 Liberty Road
Greensboro, NC 27406
336-674-2660**

Date of Application: ___/___/___

Name: _____
Social Security Number: _____
Address: _____

Phone Number (____) _____ Date of Birth ___/___/___

List your residency for the past 3 years:

Previous Address: _____
How Long: _____
Previous Address: _____
How Long: _____

(ATTACH A SEPARATE SHEET IF MORE SPACE IS NEEDED)

Driver's License Information

State	Driver's License #	Type	Expiration Date

Accident Record For Past 3 Years: If None, Write None.

Dates	Nature of Accident	Fatalities	Injuries

Driving Experience

Class of Equipment	Type of Equipment	Date From:	Date To:	Approximate Number of Miles
Straight Truck				
Tractor and Semi-Trailer				
Tractor w/Doubles or Triples				
Other				

**Traffic Convictions and Forfeitures for the Past 3 Years
(Other Than Parking Violations)**

Location	Date	Charge	Penalty

Employment History
(Attach a Separate Sheet if More Space is Needed)
List Employment for Last 10 Years

Last Employer: Name: _____
 Address _____ Phone _____
 Was this position under FMCSA regulations? _____
 Were you in an ACTIVE drug and alcohol testing program? _____
 Position Held _____ From _____ To _____ Salary _____
 Reason for Leaving _____

Second Employer: Name: _____
 Address _____ Phone _____
 Was this position under FMCSA regulations? _____
 Were you in an ACTIVE drug and alcohol testing program? _____
 Position Held _____ From _____ To _____ Salary _____
 Reason for Leaving _____

Third Employer: Name: _____
 Address _____ Phone _____
 Was this position under FMCSA regulations? _____
 Were you in an ACTIVE drug and alcohol testing program? _____
 Position Held _____ From _____ To _____ Salary _____
 Reason for Leaving _____

Fourth Employer: Name: _____
 Address _____ Phone _____
 Was this position under FMCSA regulations? _____
 Were you in an ACTIVE drug and alcohol testing program? _____
 Position Held _____ From _____ To _____ Salary _____
 Reason for Leaving _____

Fifth Employer: Name: _____
 Address _____ Phone _____
 Was this position under FMCSA regulations? _____
 Were you in an ACTIVE drug and alcohol testing program? _____
 Position Held _____ From _____ To _____ Salary _____
 Reason for Leaving _____

Sixth Employer: Name: _____
 Address _____ Phone _____
 Was this position under FMCSA regulations? _____
 Were you in an ACTIVE drug and alcohol testing program? _____
 Position Held _____ From _____ To _____ Salary _____
 Reason for Leaving _____

A. Have you ever had any type of motor vehicle license suspended or revoked, or ever been denied a license, permit of privilege to operate a motor vehicle?

Yes ___ No ___

B. Do you have a pending charge or past conviction for driving while intoxicated?

Yes ___ No ___

C. Do you have a pending charge or past conviction for possession of a controlled substance?

Yes ___ No ___

D. Have you ever been refused auto liability insurance?

Yes ___ No ___

E. Do you have a pending charge or conviction for any misdemeanor or felony offense?

Yes ___ No ___

Application Addendum

Federal Motor Carrier Safety Regulations §40.25 (j) The employer must 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.

Have you tested positive, or refused to test, on any pre-employment drug test or have you tested .02 or greater, or refused to test, on any pre-employment alcohol test during the past two years?

Yes ___ No ___

Rights

Pursuant to 49CFR, part 391.23 (j), you have the following rights regarding investigative information

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.

To Be Read And Signed By Applicant

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. I authorize you to make such investigations and inquire of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquires 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 connections 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 understand, also, that I am required to abide by all rules and regulations of the Company.

Applicants Signature

Date

Stout Trucking, Inc.
 3940 Liberty Rd.
 Greensboro, NC 27406
 Phone: 336-674-2660
 Fax: 336-674-7656

PREVIOUS EMPLOYMENT VERIFICATION

PLEASE RETURN AS SOON AS POSSIBLE!!!

To (Previous Employer): _____ Date _____

Applicant Name: _____ SS# _____

The person listed above has applied to this company. Your firm is listed by the applicant as a previous employer. **Please complete the following items and return to us as soon as possible.**

Carrier Representative: *Ronnie Stout*

Title: Safety

Dates of Employment: From _____ To _____ Position: _____

Three-Year Accident History

Date	City/State	# Injuries	# Fatalities	Hazmat?	Preventable

Why did this employee leave your company? Resigned _____ Discharged _____ Laid Off _____

Would you rehire this person? Yes _____ No _____

Please explain:

Department of Transportation regulations (40 CFR, Part 40.25 (h) require that you provide the following information:

In the past three years, has the individual listed below ever: YES NO

Had a verified positive drug test result? ___ ___

Had an alcohol test result with a breath alcohol concentration of .04 or greater? ___ ___

Refused to submit to an alcohol or drug test? ___ ___

Had any other violations of DOT agency drug and alcohol testing regulations? ___ ___

If any of the above questions were answered yes, please provide the following:

 Substance Abuse Professional Telephone Date Referred

 Address City State Zip

 Signature of person supplying information Title/Date

APPLICANT RELEASE AND CONSENT: I, _____ do hereby authorize my previous employers to release and forward all information regarding my alcohol and controlled substance testing and all other records of employment to the above named carrier in connection with my application for employment. I release my former employers from any and all liability of any type as a result of providing the above information.

 Applicant Signature / Date

 Witness Signature / Date

FAX _____

PHONE _____

MAIL _____

 Stout Trucking, Inc.

3940 Liberty Road
Greensboro, NC 27406

Phone: 336-674-2660
Fax: 336-674-7656
Email: stouttrk@bellsouth.net

DISCLOSURE AND RELEASE

IN CONNECTION WITH MY APPLICATION FOR EMPLOYMENT WITH YOU, I UNDERSTAND THAT CONSUMER REPORTS WHICH MAY CONTAIN PUBLIC RECORD INFORMATION MAY BE REQUESTED FROM **STOUT TRUCKING, INC , 3940 LIBERTY ROAD, GREENSBORO, N.C. 27406, 336-674-2660**. THESE REPORTS MAY INCLUDE THE FOLLOWING TYPES OF INFORMATION: NAMES AND DATES OF PREVIOUS EMPLOYERS, REASONS FOR TERMINATION OF EMPLOYMENT, JOB PERFORMANCE, WORK EXPERIENCE, ETC. I FURTHER UNDERSTAND THAT SUCH REPORTS MAY CONTAIN PUBLIC RECORD INFORMATION CONCERNING MY DRIVING RECORD, CREDIT, BANKRUPTCY INFORMATION, CRIMINAL PROCEEDINGS, CRIMINAL RECORDS, SOCIAL SECURITY, SCHOOL RECORDS, ETC. FROM FEDERAL, STATE , WORKMANS' COMPENSATION BACKGROUD AND OTHER AGENCIES AND FORMER EMPLOYERS WHICH MAINTAIN SUCH RECORDS.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY **STOUT TRUCKING, INC.** TO FURTHER THE ABOVE MENTIONED INFORMATION.

I HAVE THE RIGHT TO MAKE REQUEST TO **STOUT TRUCKING, INC.** UPON PROPER IDENTIFICATION, TO REQUEST THE NATURE AND SUBSTANCE OF ALL INFORMATION IN ITS FILES ON ME AT THE TIME OF THE REQUEST.

PRINT NAME

SOCIAL SECURITY NUMBER

APPLICANT'S SIGNATURE

DATE

Rights

Pursuant to 49CFR, part 391.23(i), you have the following rights regarding investigative information.

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.

If you wish to review previous employer-provided investigative information you 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 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 received the requested safety performance history information. If the driver has not arranged to pick up or received the requested records within the thirty 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 to the prospective employer. 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.

Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instructions to include the rebuttal in that driver's safety performance history.

Signature

Print Name

Date



3940 Liberty Road
Greensboro, NC 27406

Your Address Line 2

Phone: 336-674-2660

Fax: 336-674-7656

Email: stouttrk@bellsouth.net

GENERAL REQUIREMENTS:

TRUCK DRIVER:

- .Must have a valid North Carolina Commercial Drivers License
- .Must not have more than 2 points on license at any given time.
- .Must have a current certificate of physical examination meeting all Federal Motor Carrier Safety Regulations.
- .Must have ability to do all pre and post trip truck inspections according to Federal Motor Regulations.
- .Must have knowledge of Federal Motor Carrier Safety Regulations.
- .Must have the ability to operate dump equipment safely.
- .Must pass pre-employment controlled substance testing.

Knowing these requirements for the job, as listed above, do you foresee any reason that you
Would not be able to meet these requirements on a daily basis? YES NO

If yes, please explain _____

Can you work overtime as required ? YES NO

Signature: _____ Date: _____