



518 22nd St/PO Box 696 Hoquiam, Wa. 98550

Ph: 360-538-7400/Fax 360-538-7272

IMPORTANT APPLICATION INFORMATION

All information must be complete or your application will not be processed.

Make sure that you:

Sign and date all spaces that require signatures and dates

Fill out all forms completely- leave nothing blank! If it does not apply to you use N/A or draw a line through the space

You must list all former employers for the past 10 years.

Please explain any gaps in employment lasting longer than 30 days. If you can, please provide back up info such as unemployment printout or college transcript etc.

You must submit a current complete MVR/driving abstract with your application.

IMPORTANT:

The Request for Driver's Safety Performance History forms at the back of the packet must be filled out completely for each employer that you drove for in the past three (3) years. There are 2 different forms for each employer. Please fill out a sign and date both forms per employer

We need to verify all employers in the last 3 years so make sure you provide correct and complete contact information including fax numbers.

THE FMSCA Pre-Employment Screening Program (PSP) will be utilized with every experienced driver application. This will show all your accumulated points in the CSA inspection program. There is an authorization form in the packet that must be signed

You must have a current medical card. New laws require that as your employer we need to verify that the Medical professional listed on your medical card is a member of the National register of certified professionals for CDL physicals.

New laws also mandate that you be registered in the Drug and Alcohol Clearinghouse. If you are not, you must register prior to returning application: <https://clearinghouse.fmcsa.dot.gov/register> and click Go to login.gov



OCEANexpress

PO Box 1104
Westport, Wa. 98595
Phone 360-538-7400

FAX 360-538-7272

COMPLETE IN FULL OR IT WILL NOT BE CONSIDERED.

APPLICANT INFORMATION					
FIRST NAME		MIDDLE NAME		LAST NAME	
PHONE		EMAIL			
DATE OF BIRTH		SOCIAL SECURITY #			
DATE OF APPLICATION		POSITION APPLIED FOR		DATE AVAILABLE FOR WORK	

Do you have legal right to work in the United States? YES NO

PREVIOUS THREE YEARS RESIDENCY					
<i>Attach additional sheet if more space is needed</i>					
	STREET	CITY	STATE	ZIP CODE	# OF YEARS AT ADDRESS
CURRENT					
MAILING					
PREVIOUS					
PREVIOUS					
PREVIOUS					

LICENSE INFORMATION				
No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed.				
STATE	LICENSE #	TYPE/CLASS	ENDORSEMENTS	EXPIRATION DATE
PREVIOUSLY HELD LICENSES				

DRIVING EXPERIENCE				
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROX # OF MILES (TOTAL)
STRAIGHT TRUCK				

TRACTOR & SEMI-TRAILER				
TRACTOR & 2 TRAILERS				
TRACTOR & TANKER				
OTHER				

ACCIDENT RECORD FOR THE PAST 3 YEARS

Attach additional sheet if more space is needed. Check this box if none

DATES (List most recent first)	NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.)	# FATALITIES	# INJURIES	CHEMICAL SPILLS (Y/N)

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

Attach additional sheet if more space is needed. Check this box if none

DATE CONVICTED (Month/Year)	VIOLATION	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral and/or points)

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

If yes, explain

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

If yes, explain

EMPLOYMENT HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. ***In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.***

Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

CURRENT (MOST RECENT) EMPLOYER	
NAME	PHONE
ADDRESS	

POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? YES NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? YES NO

SECOND (MOST RECENT) EMPLOYER					
NAME				PHONE	
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					
While employed here, were you subject to the Federal Motor Carrier Safety Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO					

THIRD (MOST RECENT) EMPLOYER					
NAME				PHONE	
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					
While employed here, were you subject to the Federal Motor Carrier Safety Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO					

EDUCATION						
SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRADUATE		DETAILS
				Y	N	
High School				<input type="checkbox"/>	<input type="checkbox"/>	
College				<input type="checkbox"/>	<input type="checkbox"/>	
Other				<input type="checkbox"/>	<input type="checkbox"/>	

OTHER QUALIFICATIONS

Please list any other qualifications that you have and which you believe should be considered.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. 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.

I certify that I am registered in the FMCSA Clearinghouse, and further certify that I have recently viewed the FMCSA Clearinghouse database concerning my eligibility to Drive a Commercial Motor Vehicle, and I represent that there is no restriction on my clearance to immediately perform FMCSA Safety Sensitive duties as a DOT regulated Driver.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the Company.

I understand that the information I provide regarding my current and/or prior 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. I understand that I have the right to:

- Review information provided by current/prior employers;
- Have errors in the information corrected by previous employers, and for those previous employers to resend 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.

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. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

Applicant Signature		Date	
Applicant Name (printed)			



OCEANexpress

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AUTHORIZATION FOR DRIVING RECORD REPORT

I authorize Ocean Express Transportation & Equipment, LLC and its insurance agent or any of their insurance companies to check my driving record and/or claim history. I understand that any information collected from my record will be used by the insurance agency or companies for business automobile insurance underwriting purposes and may affect my ability to drive for Ocean Express Transportation & Equipment, LLC.

A copy of the report will be forwarded to Ocean Express Transportation & Equipment, LLC and will be available for my review.

Full Name (Please Print)

Date of Birth

License Number & State	Commercial Driver's License? YES NO
------------------------	--

Signature

Date

STEP 1

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): _____

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In connection with your application for employment with _____ (“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 _____ (“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.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 2/11/2016



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Ph: 360-538-7400 Fax: 360-538-7272

Applicant Consent Form and Authorization

I, _____, voluntarily consent to provide a urine and/or breath specimen for substance testing at Harbor Crest Behavioral Health or any other site designated by Ocean Express Transportation & Equipment, LLC, hereinafter referred to as "the Company". I understand that the urine and/or breath specimen will be tested for the presence of drugs, alcohol, and/or controlled substances prohibited by company policy. I give consent for the release of such test results to the company's current acting medical review officer, who shall interpret such results for the company's human resources director and/or company designee.

I further authorize the company and management thereof to use this information as necessary in considering my application for employment. Upon request, the company will provide me with a copy of written test results it receives.

Applicant Signature _____ Date _____

Applicant Name (Printed) _____



I, _____, hereby provide consent to Ocean Express Transportation & Equipment LLC to conduct an unlimited number of limited queries of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse to determine whether drug or alcohol violations about me exist in the Clearinghouse. This authorization will stay in force during the entire term of my employment until such time as my employment is terminated for any reason.

I further understand that if the limited query conducted by Ocean Express Transportation indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Ocean Express Transportation without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for Ocean Express Transportation to conduct a limited query of the Clearinghouse, Ocean Express Transportation & Equipment LLC must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations

Employee Signature

Date



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.

Applicant Name: _____ (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 ____

I certify that the information provided above is true and correct.

Applicant Signature _____ Date _____

**CONFIDENTIAL REQUEST FOR DOT INFORMATION (PAGE 1)
SAFETY-SENSITIVE FORMER EMPLOYERS [FMCSA06]**

FROM: OCEAN EXPRESS TRANSPORTATION & EQUIPMENT
PO BOX 1104 WEST PORT, WA 98595

Phone: (360) 538-7400
Fax:

TO:

Company Name (of former employer) Contact

Address City/State/Zip

Mr. Mrs. Ms. _____ SS# _____

has made application to OCEAN EXPRESS TRANSPORTATION & EQUIPMENT for a safety-sensitive function under DOT regulations and pursuant to 49 CFR Part 40.25, 40.321(b) and 49 CFR Part 382.413, 391.23(a)(1) we are hereby requesting that your entity provide the information requested below, and on page 2.

PLEASE COMPLETE THE FOLLOWING (for the past 3 years):

1. What were the dates of this applicant's employment? From _____ To _____
2. Was he employed in a DOT safety-sensitive function? Yes No
If yes, what position? _____
3. Did the employee have alcohol tests with a result of 0.04 or higher? Yes No
4. Did the employee have verified positive drug tests? Yes No
5. Did the employee refuse to be tested? Yes No
6. Did the employee have other violations of DOT agency drug and alcohol testing regulations? Yes No
7. Did a previous employer report a drug and alcohol rule violation to you? Yes No
8. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? Yes No

Note: If you answered "yes" to item 7, you must provide the previous employer's report. If you answered "yes" to item 8, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

Name of person providing information: _____

Title: _____ Phone #: _____ Date: _____

Please note: 49 CFR Part 40.25 and 49 CFR Part 382.405(h) mandates that previous employers must immediately provide information regarding any violations found.

APPLICANT CONSENT FOR RELEASE AUTHORIZATION

[The person named below has applied to OCEAN EXPRESS TRANSPORTATION & EQUIPMENT for employment and has listed your Company as a past employer.]

With my signature below, I am authorizing you to release any information in regard to any DOT alcohol and/or controlled substance program and/or testing while I was in your employ, acting as your agent, under contract with you, or acting as your representative in any capacity during the preceding three years from the date listed below. **Applicant to list former DOT employers on third page of this form.** A copy of this release form shall have the same force and effect as the original.

This request is specific and to be released only to OCEAN EXPRESS TRANSPORTATION & EQUIPMENT. Authorization of this release will expire once the requested information has been sent to OCEAN EXPRESS TRANSPORTATION & EQUIPMENT. This authorization may not be used to provide information to any other persons. I certify all former DOT employer information provided by me is correct.

Requested by: OCEAN EXPRESS TRANSPORTATION & EQUIPMENT

Name of Applicant: _____

Signature of Applicant: _____ Date: _____

Witness Signature: _____ Witness Printed Name: _____

**CONFIDENTIAL REQUEST FOR INFORMATION (PAGE 2)
SAFETY-SENSITIVE FORMER EMPLOYEES [FMCSA06]
SAFETY AND PERFORMANCE HISTORY**

Former Employer Name: _____

1. What type(s) of work did he/she do? Driver (type of vehicle) _____
 Dock
 Office
 Shop
 Other

2. If employed as a driver, please check type of equipment driven. Tractor trailer
 Straight truck
 Twin-Trailers
 Bus
 Other (specify) _____

3. Number of recordable accidents: _____
 Number of accidents in which applicant was ticketed: _____
 Number of accidents in which applicant was at fault: _____
 Date of each accident: _____

4. To your knowledge, was this person's CDL/operator's license suspended while in your employ? () Yes () No
 If "yes," please explain: _____

5. Did the applicant pose either repeated and/or severe disciplinary problems? () Yes () No
 If "yes," please explain: _____

6. Why did applicant leave your employment? Resigned
 Discharged
 Laid Off

7. Did this employee test positive or refuse to be tested on a non-DOT Drug /Alcohol Test? () Yes () No
 If "yes," please explain: _____

WAIVER AND DIRECTION TO RELEASE INFORMATION

I hereby authorize my former employers to release all safety and performance history information concerning my employment, including, safety information, non-DOT drug/alcohol testing records, job performance, ability, separation information, to OCEAN EXPRESS TRANSPORTATION & EQUIPMENT (or their authorized agents) in connection with my application for employment. I hereby release you and your Company or Entity and waive any claim of liability of any type as a result of providing the above requested information.

Applicant's Signature		Witness's Signature
Date:		

Name of person providing information: _____

Title: _____ Phone #: _____ Date: _____

**CONFIDENTIAL REQUEST FOR DOT INFORMATION (PAGE 1)
SAFETY-SENSITIVE FORMER EMPLOYERS [FMCSA06]**

FROM: OCEAN EXPRESS TRANSPORTATION & EQUIPMENT Phone: (360) 538-7400
PO BOX 1104 WEST PORT, WA 98595 Fax:

TO:

Company Name (of former employer) Contact

Address City/State/Zip

Mr. Mrs. Ms. _____ SS# _____

has made application to OCEAN EXPRESS TRANSPORTATION & EQUIPMENT for a safety-sensitive function under DOT regulations and pursuant to 49 CFR Part 40.25, 40.321(b) and 49 CFR Part 382.413, 391.23(a)(1) we are hereby requesting that your entity provide the information requested below, and on page 2.

PLEASE COMPLETE THE FOLLOWING (for the past 3 years):

1. What were the dates of this applicant's employment? From _____ To _____
2. Was he employed in a DOT safety-sensitive function? Yes No
If yes, what position? _____
3. Did the employee have alcohol tests with a result of 0.04 or higher? Yes No
4. Did the employee have verified positive drug tests? Yes No
5. Did the employee refuse to be tested? Yes No
6. Did the employee have other violations of DOT agency drug and alcohol testing regulations? Yes No
7. Did a previous employer report a drug and alcohol rule violation to you? Yes No
8. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? Yes No

Note: If you answered "yes" to item 7, you must provide the previous employer's report. If you answered "yes" to item 8, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

Name of person providing information: _____
Title: _____ Phone #: _____ Date: _____

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With my signature below, I am authorizing you to release any information in regard to any DOT alcohol and/or controlled substance program and/or testing while I was in your employ, acting as your agent, under contract with you, or acting as your representative in any capacity during the preceding three years from the date listed below. **Applicant to list former DOT employers on third page of this form.** A copy of this release form shall have the same force and effect as the original.

This request is specific and to be released only to OCEAN EXPRESS TRANSPORTATION & EQUIPMENT. Authorization of this release will expire once the requested information has been sent to OCEAN EXPRESS TRANSPORTATION & EQUIPMENT. This authorization may not be used to provide information to any other persons. I certify all former DOT employer information provided by me is correct.

Requested by: OCEAN EXPRESS TRANSPORTATION & EQUIPMENT

Name of Applicant: _____

Signature of Applicant: _____ Date: _____

Witness Signature: _____ Witness Printed Name: _____

**CONFIDENTIAL REQUEST FOR INFORMATION (PAGE 2)
SAFETY-SENSITIVE FORMER EMPLOYEES [FMCSA06]
SAFETY AND PERFORMANCE HISTORY**

Former Employer Name: _____

1. What type(s) of work did he/she do? Driver (type of vehicle) _____
 Dock
 Office
 Shop
 Other

2. If employed as a driver, please check type of equipment driven. Tractor trailer
 Straight truck
 Twin-Trailers
 Bus
 Other (specify) _____

3. Number of recordable accidents: _____
 Number of accidents in which applicant was ticketed: _____
 Number of accidents in which applicant was at fault: _____
 Date of each accident: _____

4. To your knowledge, was this person's CDL/operator's license suspended while in your employ? () Yes () No
 If "yes," please explain: _____

5. Did the applicant pose either repeated and/or severe disciplinary problems? () Yes () No
 If "yes," please explain: _____

6. Why did applicant leave your employment? Resigned
 Discharged
 Laid Off

7. Did this employee test positive or refuse to be tested on a non-DOT Drug /Alcohol Test? () Yes () No
 If "yes," please explain: _____

WAIVER AND DIRECTION TO RELEASE INFORMATION

I hereby authorize my former employers to release all safety and performance history information concerning my employment, including, safety information, non-DOT drug/alcohol testing records, job performance, ability, separation information, to OCEAN EXPRESS TRANSPORTATION & EQUIPMENT (or their authorized agents) in connection with my application for employment. I hereby release you and your Company or Entity and waive any claim of liability of any type as a result of providing the above requested information.

Applicant's Signature	Witness's Signature
Date:	

Name of person providing information: _____
 Title: _____ Phone #: _____ Date: _____