



PO BOX 402, Sweet Home, OR 97386

POSITION APPLIED FOR \_\_\_\_\_

NAME \_\_\_\_\_ PHONE/CELL \_\_\_\_\_  
(First) (Middle) (Last)

ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
(Street) (City) (State & Zip Code)

DATE OF BIRTH \_\_\_\_\_ CAN YOU PROVIDE PROOF OF AGE?  YES  NO

SOCIAL SECURITY NO. \_\_\_\_\_  
EMAIL \_\_\_\_\_

**ADDRESS FOR PAST THREE YEARS IF LESS THAN AT CURRENT ADDRESS**

\_\_\_\_\_  
(Street) (City) (State & Zip Code) DATES \_\_\_\_\_

\_\_\_\_\_  
(Street) (City) (State & Zip Code) DATES \_\_\_\_\_

Have you ever been known by any other name?  YES  NO Name: \_\_\_\_\_

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

Have you had a valid United States license for the past 36 months?  YES  NO

Have you worked for Horner Enterprises Inc. before?  YES  NO

DATES: From \_\_\_\_\_ To \_\_\_\_\_ Position \_\_\_\_\_

Reason For Leaving \_\_\_\_\_

Rate of Pay Expected/Desired? \_\_\_\_\_

Can you perform, with or without reasonable accommodation, the essential functions of the job [as described in the job description]?  YES  NO

**EXPERIENCE AND QUALIFICATIONS**

**DRIVER LICENSES and PERMITS:**

Please provide driver's license information (and permits) for all licenses (permits) held in the past 3 years

STATE	LICENSE NO.	CLASS	ENDORSEMENT(S)	EXPIRATION DATE

CDL Endorsements?  None  Tanker  Doubles/Triples  Hazmat  X Endorsement  TWIC

**EQUIPMENT EXPERIENCE**

TYPE OF EQUIPMENT	DATES		APPROX NO OF MONTHS (TOTAL)
	FROM	TO	
CAT			
EXCAVATOR			
WHEEL LOADER			
OTHER			

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT CIRCLE YES (Y) OR NO (N)	TYPE OF EQUIP. (VAN,TANK, FLAT, DUMP,REFER)	DATES		APPROX NO OF MONTHS (TOTAL) OR MILES (TOTAL)
		FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK Y/N				
TRACTOR / SEMI-TRAILER Y/N				
TRACTOR/TWO TRAILERS Y/N				
TRACTOR/THREE TRAILERS Y/N				
DUMP TRUCK Y/N				
MOTORCOACH-SCHOOL BUS (more than 8 passengers) Y/N				
MOTORCOACH-SCHOOL BUS (more than 15 passengers) Y/N				
OTHER				

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF NECESSARY)**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIE S	HAZARDOUS MATERIAL SPILL

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS  
(OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE**

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

- 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

**\*\*IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS:**

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C. Have you had a DUI, DWI, or OVI?  YES  NO  
If yes, please list date of offense, jail time, fine and or suspension time \_\_\_\_\_  
\_\_\_\_\_

D. Have you ever been convicted of a felony?  YES  NO  
If yes, please give date and nature of offense, city, county, state and any fines and time served \_\_\_\_\_  
\_\_\_\_\_

E. Have you ever been convicted of a misdemeanor?  YES  NO  
If yes, please list date and nature of offense, city, county and state. also jail time, probation, or fines  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List States operated in for last 5 years (States you have had a CDL):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any Special Courses or Training that will help you as a driver?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any Trucking, Transportation or other experience that may help in your work for this company?  
\_\_\_\_\_  
\_\_\_\_\_

Which Safe Driving award do you hold and from whom?  
\_\_\_\_\_

**EDUCATION**

**CIRCLE THE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4**

Last School Attended:  
\_\_\_\_\_

Have you been to Truck Driving School?  YES  NO School Name  
\_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS (OTHER)**

Show any trucking, transportation or other experience that may help in your work for this company  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List courses and training other than shown elsewhere in this application  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List special equipment or technical material you can work with (other than those already shown)

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**EMPLOYMENT RECORD** (Attach Sheet If More Space Is Needed)

**NOTE: DOT requires all driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.**

**Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.**

**Commercial Driving Experience for the Past 10 Years MUST Be Shown. You are required to list the complete mailing address: street number and name, city, state and zip codes for all. List employers in reverse order starting with the most recent. Add another sheet as necessary.**

**LAST EMPLOYER: NAME** \_\_\_\_\_

ADDRESS \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED?  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

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

**SECOND EMPLOYER: NAME** \_\_\_\_\_

ADDRESS \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED?  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

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

**THIRD EMPLOYER: NAME** \_\_\_\_\_

ADDRESS \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED?  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

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

**FOURTH EMPLOYER: NAME** \_\_\_\_\_

ADDRESS \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED?  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

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

**FIFTH EMPLOYER: NAME** \_\_\_\_\_

ADDRESS \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED?  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

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

**SIXTH EMPLOYER: NAME** \_\_\_\_\_

ADDRESS \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED?  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

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

**SEVENTH EMPLOYER: NAME** \_\_\_\_\_

ADDRESS \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED?  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

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

**EIGHTH EMPLOYER: NAME** \_\_\_\_\_

ADDRESS \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED?  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

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

**NINTH EMPLOYER: NAME** \_\_\_\_\_

ADDRESS \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED?  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

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

**TENTH EMPLOYER: NAME** \_\_\_\_\_

ADDRESS \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED?  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

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

**ELEVENTH EMPLOYER: NAME** \_\_\_\_\_

ADDRESS \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED?  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

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

*\*Any Gaps in employment and/or unemployment must be explained.*

*\*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 more than 8 passengers (including the driver) for compensation; or (3) is designed or used to transport more than 15 passengers, including the driver, and is not used to transport passengers for compensation; or (4) is of any size and is used to transport hazardous materials in quantity requiring placarding.*

*\*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicle combination with a weight rating or actual weight of 26,001 pounds or more inclusive of a towed unit with a rated or actual weight of 10,001 pounds 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.*

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

*I declare the information given on this application to be completed by me and true under penalty of perjury. By my signature below, Applicant(s) hereby grants permission to the owner/manager and/or agents to obtain a **CRIMINAL BACKGROUND CHECK**: By my signature below, I authorize Horner Enterprises, Inc. and/or agents to do a criminal background check with the local Police Department, Probation and Parole Officer, County Sheriff and Oregon State Patrol. I have read and understand the above.*

*I authorize you to make such investigations and inquiries of my personal, employment, 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.*

*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 49CFR 391.23(d) and €. I understand that I have the right to:*

- Review information provided by current/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.*

*In compliance with Federal and State equal employment opportunity laws, all qualified applicants will receive consideration for employment without regard to race, color, religion, sex or any other protected status.*

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Date

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Applicant's Signature

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



## **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 or rated at 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing or rated at 10,001 pounds or more, can transport more than 15 people (or more than 8 people when there is direct compensation), or transports hazardous materials that require placarding.

**DRIVER REQUIREMENTS:** Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain certain driver licensing requirements that you as a driver must comply with, including the following:

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, suspension, cancellation, or disqualification of your driver's license or driving privilege. In addition, Section 383.31 requires that any time you are convicted of violating a state or local traffic law (other than parking), you must report it within 30 days to your employing motor carrier. The notification must be in writing.
3. **CDL DOMICILE REQUIREMENT:** Section 383.23(a)(2) requires that your commercial driver's license be issued by your legal state of domicile, where you have your true, fixed, and permanent home and principal residence and to which you have the intention of returning whenever you are absent. If you establish a new domicile in another state, you must apply to transfer your CDL within 30 days.

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 understand the above requirements.

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

Driver's Signature: \_\_\_\_\_

Date: \_\_\_\_\_





## **Controlled Substance and Alcohol Questionnaire**

Date: \_\_\_\_\_

Name (Print): First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Home Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Email Address \_\_\_\_\_

Have you ever 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 three years?	YES	NO
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If YES –	Have you successfully completed the return-to-duty process?	YES	NO
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If YES –	Documentation <b>MUST BE PROVIDED</b> before any safety-sensitive transportation function is performed.
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I certify that the information provided on this document is true and correct.

Applicant's Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

*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))*



## MVR Inquiry Release

In connection with my employment with **Horner Enterprises, Inc (HEI)**, I understand that investigative background inquiries may be made annually of my motor vehicle reports. Further, I understand HEI may be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, which may include information but not limited to files of insurance companies.

I hereby authorize and release, without reservation, any party or agency contracted by Horner Enterprises, Inc. and their employees or assigns from any and all claims, actions, suits, agreements, or liabilities arising from the release of said information to **Horner Enterprises, Inc.** or any authorized agent thereof. This authorization is valid as long as I am an employee or employee candidate and may only be rescinded in writing.

I am entitled to receive a free copy of my report before any adverse decision with regard to my driving privileges or employment is made in connection with the information obtained from these reports.

Note: Before signing this document, read it thoroughly and complete all requested information. If not applicable, indicate by drawing a line through the section.

I have read and understand the above notice.

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S i g n a t u r e  
Date

---

Print Name (Please print name exactly as it appears on your driver's license)

---

City, State and Zip Code

---

Telephone number, (including Area Code)

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Driver's License Number

Date of Birth

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Social Security Number



## General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse

I, \_\_\_\_\_, (Driver) hereby provide consent to Horner Enterprises, Inc. (HEI) to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse. I am consenting to multiple limited queries conducted over the duration of my employment at HEI.

I understand that if the limited query conducted by HEI indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to HEI without first obtaining additional specific consent from me. I also understand that I must grant electronic consent within 24 hours via the Clearinghouse website for HEI to obtain my full Clearinghouse record. Refusal to provide such consent will result in my removal from safety-sensitive duties.

I further understand that if I refuse to provide consent for HEI to conduct a limited query of the Clearinghouse, HEI 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: \_\_\_\_\_

**Notice to Driver:** The commercial Driver's License (CDL) Drug & Alcohol Clearinghouse is a federal database containing information about CDL drivers who have violated the Federal Motor Carrier Safety Administration's (FMCSA's) drug or alcohol regulations in 49 CFR Part 382. Whether you have committed such a violation or not, each motor carrier for whom you drive is required to check whether the Clearinghouse has any information about you, both at the time of hire and annually. When conducting an annual inquiry, the motor carrier has the option to request a "limited" report that only indicates whether the Clearinghouse has any information about you; it does not release any violation or testing information. Before a motor carrier may request a limited report, they must have your written authorization, per 382.701(b). This authorization may be valid for more than one year. If a limited query ever reveals that the Clearinghouse has information about you, you will be required to log in to the Clearinghouse website within 24 hours to grant electronic consent for the motor carrier to obtain your full Clearinghouse record.

**Notice to Motor Carrier:** This consent form authorizes you to run a "limited query" to check whether the Clearinghouse has information about the driver you identified above. If it does, then you must obtain a full Clearinghouse record within 24 hours per 382.701(b). This consent form must be retained until 3 years after the date of the last limited query you perform for this driver, based on the authorization above.



**P.O. Box 442, Sweet Home, OR 97386 Tel. (541) 600-7344 Fax (541) 623-4820**

**SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

<b>PART 1:</b>	<b>TO BE COMPLETED BY PROSPECTIVE EMPLOYEE</b>
<p>I, (Print Name) _____          Hereby authorize: First _____ M.I. _____ Last _____ Social Security Number _____          Date of Birth _____</p> <p>Previous Employer: _____ Email: _____          Street: _____ Telephone: _____          City, State, Zip: _____ Fax No.: _____</p> <p>To release this information and forward the information in a written form that ensures confidentiality, such as fax, email, or letter to:</p> <p>To: Prospective Employer: Horner Enterprises, Inc.          Attention: Kellie Horner          Street: PO BOX 442          City, State, Zip: Sweet Home, OR 97386</p> <p>perspective Employers Office Telephone: (541) 600-7344          Prospective employer's confidential fax number: (541) 623-4820          Prospective employer's confidential email address: <a href="mailto:kellie@horerent.com">kellie@horerent.com</a></p> <p>_____          Applicant's Signature <span style="float: right;">Date</span></p>	

<b>PART 2:</b>	<b>TO BE COMPLETED BY PREVIOUS EMPLOYER</b>
<b>Employment Verification</b>	
<p>The applicant named above was employed by us. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Employed as ( job title) _____ from (m/y) _____ to (m/y) _____</p> <p>1. Did he/she drive motor vehicle for you? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type? Straight Truck <input type="checkbox"/> Tractor-Semitrailer <input type="checkbox"/> Bus <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Other (Specify) _____</p> <p>2. Reason for leaving your employ: ___Discharged ___Resignation _____ Lay Off _____Military Duty _____          If there is no safety performance history to report, check here __, sign below and return.</p> <p>Any other remarks:          _____          _____</p> <p>Completed By: _____          Company: _____          Street: _____          City, State, Zip: _____          Signature: _____          Title: _____          Telephone: _____          Date: _____</p> <p style="text-align: center;"><b>Complete Part 3 on Page 2 before Returning.</b></p>	

## PREVIOUS EMPLOYER – PART 3

<b>PART 3:</b>	<b>TO BE COMPLETED BY PREVIOUS EMPLOYER</b>						
<b>ACCIDENT HISTORY</b>							
<p><b>ACCIDENTS:</b> Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown on side 1. this driver.</p>							
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%; text-align: center;">Date</td> <td style="width: 15%; text-align: center;">Location</td> <td style="width: 15%; text-align: center;"># Injuries</td> <td style="width: 15%; text-align: center;"># Fatalities</td> <td style="width: 15%; text-align: center;">Hazmat Spill</td> </tr> </table>		Date	Location	# Injuries	# Fatalities	Hazmat Spill
	Date	Location	# Injuries	# Fatalities	Hazmat Spill		
1.	_____	_____	_____	_____	_____		
2.	_____	_____	_____	_____	_____		
3.	_____	_____	_____	_____	_____		
<p><b>CHECK HERE if there is No Accident Register data for this driver</b></p>							
<p>Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>							

<b>PART 4a:</b>	<b>TO BE COMPLETED BY PROSPECTIVE EMPLOYER</b>
<p>This form was (check one) Faxed to previous employer ____ Mailed ____ Emailed ____ Other _____</p> <p>By: _____ Date: _____</p> <p>Subsequent attempts to contact previous employer (391.23(c)(1))</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	

<b>PART 4b:</b>	<b>TO BE COMPLETED BY PROSPECTIVE EMPLOYER</b>
<p>Complete below when information is obtained.</p> <p>Information received from: _____</p> <p>Recorded by: _____ Method:            Fax    Mail    Email</p> <p>Telephone _____</p> <p>Date: _____ <span style="float: right;">Other _____</span></p> <p>_____</p>	

### INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

<p><b>PART 1:</b> Prospective Employee</p> <ul style="list-style-type: none"> <li>• Complete the information required in this section</li> <li>• Sign and date</li> <li>• Submit to the Prospective Employer</li> </ul> <p><b>PART 2:</b> Previous Employer – Employment Verification</p> <ul style="list-style-type: none"> <li>• Complete the information required in this section</li> <li>• Sign and date</li> <li>• Turn form over to complete SIDE 2 Part 3</li> </ul> <p><b>PART 3:</b> Previous Employer - Accident History</p> <ul style="list-style-type: none"> <li>• Complete the information required in this section</li> <li>• Return to Prospective Employer</li> </ul>
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<p><b>PART 4a:</b> Prospective Employer</p> <ul style="list-style-type: none"> <li>• Complete the method information was sent to previous employer</li> <li>• Record who information was sent by</li> <li>• Record the date sent</li> <li>• Record Subsequent attempts to contact previous Employer</li> </ul> <p><b>PART 4b:</b> Prospective Employer</p> <ul style="list-style-type: none"> <li>• Complete when the information is obtained</li> <li>• Record receipt of the information</li> <li>• Record Method of receipt of information</li> <li>• Record the Date of receipt of information</li> <li>• Retain the form for records</li> </ul>
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