

COMMERCIAL MOTOR VEHICLE DRIVER APPLICATION FOR EMPLOYMENT

Tony Cook Construction LLC
402 Service Rd
Rayne, LA 70578

USDOT Number 3691696

DRIVER APPLICANT INFORMATION

Applicant's Legal Name			Date of Application
Current Address	City	State	Zip
Email Address	SSN	Date of Birth	Phone

ADDRESSES FOR THE PAST THREE YEARS

Street Address	City	State and Zip	How Long?
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GENERAL QUESTIONS

1. What position are you applying for?	_____
2. What location are you applying for?	_____
3. Are you eligible for employment in the United States?	_____
4. Do you read, write, and speak English?	_____
5. Have you worked for this company before?	_____
6. Do you have a current TWIC card?	TWIC Expire: _____
7. Have you ever been known by any other name?	Other Name: _____
8. How did you hear about us?	Employee Referral _____
Employee: _____	
9. Expected Rate of Pay?	_____

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DRIVING EXPERIENCE

Equipment Type	# of Years Experience	Approximate Number of Miles	Required CDL
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DRIVER TRAINING

Start	End	School/City/State/Phone	Grad.	Safety M	Safety F	Border Crossing
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ACCIDENTS

Date	Nature	Consequence	Comments
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FMCSR

Under FMCSR 391.15, are you currently disqualified from driving a commercial motor vehicle? [49 CFR 391.15]

Has your license, permit, or privilege to drive ever been suspended or revoked for any reason? [49 CFR 391.21(b)(9)]

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? [49 CFR 391.21(b)(9)]

Within the past two years, have you tested positive, or refused to test, on a pre-employment drug or alcohol test by an employer to whom you applied, but did not obtain, safety-sensitive transportation work covered by DOT agency

In the past three (3) years, have you ever been convicted of any of the following offenses committed during on-duty time [49 CFR 391.15 and 49 CFR 395.2]? _____

- * Driving a commercial motor vehicle with a blood alcohol concentration (BAC) of .04 percent or more
- * Driving under the influence of alcohol, as prescribed by state law
- * Refusal to undergo drug and alcohol testing as required by any jurisdiction for the enforcement of Federal Motor Carrier Safety Act regulations
- * Driving a commercial motor vehicle under the influence of any 21 CFR 1308.11 Schedule 1 Identified controlled substance, an amphetamine, a narcotic drug, a formulation of an amphetamine, or a derivative of a narcotic drug Transportation, possession, or unlawful use of a 21 CFR 1308.11 Schedule 1 Identified controlled substance, amphetamines, narcotic drugs, formulations of an amphetamine, or derivatives of narcotic drugs while you were on duty driving for a motor carrier
- * Leaving the scene of an accident while operating a commercial motor vehicle
- * Any other felony involving the use of a commercial motor vehicle

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EMPLOYMENT HISTORY

All driver applicants must provide the following information on all work references during the preceding three (3) years from the date application is submitted. Those drivers applying to operate a commercial motor vehicle as defined in §383.5 (requiring a CDL) shall provide ten (10) years of employment history. NOTE: Please list companies in reverse order starting with the most recent and leave no gaps in employment history.

Company Name: _____			
Company Address: _____			
Contact: _____	Phone: _____	Fax: _____	
Employed From: _____	To: _____	Total Months: _____	
Position(s) Held: _____			
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? _____			
Was this job designated as a safety sensitive function in any D.O.T. regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? _____			
Reason for Leaving: _____			
Explanation: _____			

Company Name: _____			
Company Address: _____			
Contact: _____	Phone: _____	Fax: _____	
Employed From: _____	To: _____	Total Months: _____	
Position(s) Held: _____			
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? _____			
Was this job designated as a safety sensitive function in any D.O.T. regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? _____			
Reason for Leaving: _____			
Explanation: _____			

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Company Name: _____			
Company Address: _____			
Contact: _____	Phone: _____	Fax: _____	
Employed From: _____	To: _____	Total Months: _____	
Position(s) Held: _____			
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? _____			
Was this job designated as a safety sensitive function in any D.O.T. regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? _____			
Reason for Leaving: _____			
Explanation: _____			

UNEMPLOYMENT HISTORY

Start Date	End Date	Comments

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CONVICTION RECORD

<p>Criminal Record</p> <p>Do you have criminal charges pending?</p> <p>Felonies</p> <p>Have you ever pled 'guilty' to, been convicted of, or pled 'no contest' to a felony?</p> <p>If you have any felony convictions, do you currently hold a Minister's permit to enter or exit Canada?</p>

FAIR CREDIT REPORTING ACT DISCLOSURE AND AUTHORIZATION FORM
[FOR EMPLOYMENT PURPOSES]

Pursuant to the Federal Fair Credit Reporting Act (FCRA), I hereby authorize my prospective or current employer, Tony Cook Construction LLC, Transportation Compliance Services, USA (TCS) a Consumer Reporting Agency (CRA), and their designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other

I, Fontenot, Anthony, authorize the complete release of these records or data pertaining to me that an individual, company, firm, corporation or public agency may have. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish my prospective or current employer Tony Cook Construction LLC, Transportation Compliance Services, USA (TCS), or their designated agents and representatives with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I understand that, pursuant to the federal Fair Credit Reporting Act (FCRA), if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's rights will be provided to me.

Signature:

Date:

BACKGROUND INFORMATION FORM

Print Name (First, Middle, Last)			
Former/Maiden Name(s) and Dates Used			
Social Security Number		Date of Birth	Gender
Driver's License Number			Driver's License State of Issuance
Current Address	City	State/Zip	Until

By signing below, you are certifying that the above information is true and correct.

Signature:

Date:

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Current Driver's License

A copy of a current, valid license is required per §383.23(a), §391.11(b)(5), and §391.33 of the Federal Motor Carrier Safety Regulations. Please make copies of the front and back of your current driver's license and attach below.

DRIVING LICENSES FOR PAST (3) YEARS PRIOR TO APPLICATION DATE

State of Issue	License Number	Expiration Date	Class	Endorsements	Restrictions
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MOTOR CARRIER REQUIREMENTS

The requirements of Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle with a GVWR of 26,001 lbs. or more, can transport (16) or more people, or transports hazardous materials that require placarding.

The requirements of Part 391 apply to every driver who operates in interstate commerce and operates a vehicle with a GVWR of 10,001 lbs. or more, can transport (9) or more people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS

Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain regulations that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

1. Must Possess Only One License:

You, as a commercial motor vehicle driver, may not possess more than one motor vehicle operator's license.

If you have more than one license, keep the license from your state of residence and return the additional licenses to the states that issued them. Destroying a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stole, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by the state.

2. Notification of License Suspension, Revocation, or Cancellation:

Section 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 violation), 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 written.

The following license is the only one I will possess:

Driver's License No.: _____ State: _____ Expiration: _____

I hereby certify that I have read and agree to the above stated requirements.

Driver's Name: _____

Signature: _____

Digitally Signed: _____

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Current Medical Certificate

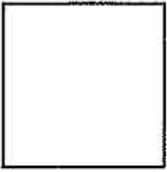
Driver's Name: _____

Medical Examiner Name:

Medical Examiner National Registry Number:

Medical examiner's Certificate Expiration Date:

CFR 391.51 - General Requirements for a Driver Qualification File (b)(9): A note relating to verification of listing in the National Registry of Certified Medical Examiners required by CFR 391.23(m).



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CERTIFICATE OF VIOLATIONS - ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER REQUIREMENTS

Each motor carrier shall at least once every (12) months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than parking violations) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (§391.27).

Driver Name: _____ Social Security No.: _____

Driver's License Number: _____ Driver's License State: _____

I certify that the following is true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

☐ Violations are listed below. ☐ I have had no violations.

Date	Offense	Location	Type of Vehicle Operated

Drivers Signature: _____

Digitally Signed: _____

ANNUAL REVIEW OF DRIVING RECORD

(completed by motor carrier)

I have hereby reviewed the driving record of the above named driver in accordance with §391.25 and find that he/she:

- ☐ Meets minimum requirements for safe driving.
☐ Is disqualified to drive a motor vehicle pursuant to §391.15.
☐ Does not adequately meet satisfactory safe driving performance.

Action taken with driver: _____

Reviewed by: _____ (signature) _____ (date)

_____ (printed name) _____ (title)

REQUEST FOR CHECK OF DRIVING RECORD

DRIVER APPLICANT

I hereby authorize you to release the following information to Tony Cook Construction LLC and their agents for the purposes of investigation as required by §391.23 and §391.25 of the Federal Motor Carrier Safety Regulations. If hired, I authorize an annual check of my motor vehicle record as required by §391.25 of the Federal Motor Carrier Safety Regulations. You are hereby released from any and all liability which may result from furnishing such information.

Applicant's Signature: _____

Digitally Signed: _____

MOTOR CARRIER

In accordance with the provisions of Sections 604 and 607 of the Fair Credit Reporting Act, Public Law 51-908, 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 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 300002(a)).

Requester's Signature: _____ Date: _____

(printed name)

(requester's company)

Address: _____
(street) (city) (state) (zip)

☐ The following named person has made application with our company for the position of _____
In accordance with §391.23 of the U.S. Department of Transportation Regulations, please furnish the above signed with the applicant's driving record for the past three (3) years.

☐ The following named person is employed with our company in the position of _____
In accordance with §391.25 of the U.S. Department of Transportation Regulations, please furnish the above signed with the employee's driving record for the past year.

Name of Applicant/Employee: _____

Address: _____
(street) (city) (state) (zip)Former Address: _____
(street) (city) (state) (zip)

Date of Birth: _____ Social Security No.: _____

Driver's License No. _____ Driver's License State: _____

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 Tony Cook Construction LLC ("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.

General Consent for Limited Queries of the FMCSA Drug & Alcohol Clearinghouse

I, Anthony Lynn Fontenot, hereby provide consent to Tony Cook Construction LLC and its agents to conduct limited queries of the Federal Motor Carrier Safety Administration Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse. I hereby consent to unlimited queries of the Clearinghouse by Tony Cook Construction LLC and its agent and this consent is valid for the duration of my employment with Tony Cook Construction LLC.

I understand that if the limited query conducted by Tony Cook Construction LLC or its agents indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Tony Cook Construction LLC or its agents without first obtaining additional specific electronic consent from me.

I further understand that if I refuse to provide consent for Tony Cook Construction LLC or its agents to conduct a limited query of the Clearinghouse, Tony Cook Construction 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 Name: _____

Commercial Driver's License Number: _____ State of Issuance: _____

Applicant Signature:

Digitally Signed:

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Tony Cook Construction LLC ("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.

Digitally Signed:

Name:

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.

SAFETY PERFORMANCE HISTORY INVESTIGATION - PREVIOUS USDOT REGULATED EMPLOYERS

Please complete one form for each previous USDOT regulated employer within the previous three (3) years.

DRIVER APPLICANT RELEASE

I hereby specifically authorize you to release the following information to Tony Cook Construction LLC and their agents for the purposes of investigation as required by §391.23 and §40.321(b) of the Federal Motor Carrier Safety Regulations. You are hereby released from any and all liability which may result from furnishing such information.

Applicant's Signature: _____

Digitally Signed: _____

Applicant Name: _____ SSN: _____

Previous Employer/Company Name: _____

Address: _____

Phone: _____ Fax: _____

Employment Dates: _____ to _____

PREVIOUS EMPLOYER: In accordance with 49 CFR 40.25 and 391.23, we are hereby requesting that you supply us with the Safety Performance History of this individual. Under DOT rule 391.23(g), you must respond to this inquiry within 30 days of receipt.

1. Are the dates of employment correct as stated above? ☐ YES ☐ NO

If no, please provide the correct dates of employment: _____

2. Did the applicant drive commercial motor vehicles for your company? ☐ YES ☐ NO3. Was the applicant a safe and efficient driver? ☐ YES ☐ NO4. Was the applicant involved in any vehicle accidents while employed with your company? ☐ YES ☐ NO

If yes, please provide details below.

5. Reason for leaving your employment: ☐ Resignation ☐ Discharged ☐ Lay Off6. Has the applicant tested positive for a controlled substance in the last (3) years? ☐ YES ☐ NO7. Has the applicant had an alcohol test with a B.A.C. of 0.04 or greater in the last three (3) years? ☐ YES ☐ NO8. Has the applicant refused a required test for drugs or alcohol in the last three (3) years? ☐ YES ☐ NO9. Did the applicant complete a substance abuse rehabilitation program, if required? ☐ YES ☐ NO

If yes, please provide documentation of the employee's successful completion of DOT return to duty requirements.

10. Has this person ever violated any other DOT agency drug and alcohol testing regulations? ☐ YES ☐ NO

Comments: _____

Name: _____ Title: _____

Signature: _____ Date: _____

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Applicant's Signature: _____

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Applicant Name: _____ SSN: _____

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Address: _____

Phone: _____ Fax: _____

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Comments: _____

Name: _____ Title: _____

Signature: _____ Date: _____

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Applicant's Signature: _____

Digitally Signed: _____

Applicant Name: _____ SSN: _____

Previous Employer/Company Name: _____

Address: _____

Phone: _____ Fax: _____

Employment Dates: _____ to _____

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2. Did the applicant drive commercial motor vehicles for your company? ☐ YES ☐ NO

3. Was the applicant a safe and efficient driver? ☐ YES ☐ NO

4. Was the applicant involved in any vehicle accidents while employed with your company? ☐ YES ☐ NO

If yes, please provide details below.

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6. Has the applicant tested positive for a controlled substance in the last (3) years? ☐ YES ☐ NO

7. Has the applicant had an alcohol test with a B.A.C. of 0.04 or greater in the last three (3) years? ☐ YES ☐ NO

8. Has the applicant refused a required test for drugs or alcohol in the last three (3) years? ☐ YES ☐ NO

9. Did the applicant complete a substance abuse rehabilitation program, if required? ☐ YES ☐ NO

If yes, please provide documentation of the employee's successful completion of DOT return to duty requirements.

10. Has this person ever violated any other DOT agency drug and alcohol testing regulations? ☐ YES ☐ NO

Comments: _____

Name: _____ Title: _____

Signature: _____ Date: _____

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Current Address	City	State	Zip
Email Address	SSN	Date of Birth	Phone

CLIENT POLICIES

I agree and consent to all policies listed above.

Applicant's Signature:

Digitally Signed:

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Applicant's Legal Name			Date of Application
Current Address	City	State	Zip
Email Address	SSN	Date of Birth	Phone

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.

Applicant Signature:

Digitally Signed:
