

Driver Qualification Application

Murrow's Transfer, Inc.

1660 Blair Street
Thomasville, NC 27360
Telephone: (336) 475-6101

The Civil Rights Act of 1964 prohibits discrimination because of race, color, religion, sex, or national origin. PL 90-202 prohibits discrimination because of age. The Americans With Disabilities Act prohibits discrimination on the basis of non-job related disability.

Note: Read each question and then complete all portions of this proposal in your own handwriting and in ink (please print legibly). Applications that are incomplete, inaccurate, false, or filled out in pencil may be rejected.

Date _____

Name _____ Social Security No. _____

Date of Birth: Month _____ Day _____ Year _____ Age _____ Place of Birth _____
(Last) (First) (Middle)
(Not discriminated against due to age)

Have you ever been known by any name other than the one appearing on this application (including Maiden Name)? _____

If yes, what name? _____ When? _____

Present Address _____
(Number) (Street/Route) (City) (State) (Zipcode)

Phone _____ How long have you lived there? _____

Previous Address _____ How Long? _____
(Last 5 yrs.) (Street) (City) (State)

_____ How Long? _____
(Street) (City) (State)

_____ How Long? _____
(Street) (City) (State)

_____ How Long? _____
(Street) (City) (State)

(Attach Sheet if more space is needed.)

Any relatives or friends in our employ? _____ Name(s) _____

How were you referred here? Newspaper Ad - Name of paper _____

Personally referred by _____ Other _____

Miles per week expected? _____ Rate of pay expected? _____

Have you ever made application to work here before? _____ If yes, When? _____

Have you ever worked here before? _____ Position _____ Dates _____

Reason for leaving _____

REFERENCES

List the names of three (3) persons who are not related to you. They must be householders of good standing who have known you well at least three (3) of the past five (5) years (not former employers).

NAME	COMPLETE ADDRESS	OCCUPATION	PHONE NUMBER	YEARS KNOWN
1				
2				
3				

Please Give Complete Addresses

PERSONAL HISTORY FOR PAST 10 YEARS

Please Give Complete Addresses

Begin with your present employer and work backward, in order, listing all of your previous employers, driving school and other training programs, periods of military service, self-employment, and periods of unemployment. List this information going back at least for the past 10 years. All time must be accounted for. Use additional paper if necessary. Fill in ALL blanks. If discharged from any job, please explain.

The information that you provide may be used, and your previous and current employer(s) will be contacted, for the purpose of investigating your safety performance history while employed, as required by the Federal Motor Carrier Safety Regulations (FMCSRs) Part 391.23. In accordance with these regulations and with regard to information provided by DOT – regulated employers, you have the following rights regarding any information provided to the Company as a result of these inquiries: (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 Company, and (3) The right to have a rebuttal statement attached to the alleged erroneous information if you and your previous employer(s) cannot agree with the accuracy of the information your previous employer submits. For a full understanding of your rights as an applicant under FMCSR Part 391 you should refer directly to the FMCSRs.

Leave NO BLANKS or gaps in time for the past 10 year period.

DATES: From Month / Year _____ to Present

Company	Type of trailer pulled
Address	Type of Equip. driven
City State Zip	Number of Accidents
Telephone ()	States You Drove In
Supervisor	Position Held Compensation / Pay
Full or Part-Time? Hours or Miles / Week	Were you subject to the FMCSRs? Yes or No
Was this job a <i>safety sensitive function</i> regulated by the DOT and subject to alcohol and controlled substances testing? Yes or No	
Reason for leaving:	

DATES: From Month / Year _____ to _____

Company	Type of trailer pulled
Address	Type of Equip. driven
City State Zip	Number of Accidents
Telephone ()	States You Drove In
Supervisor	Position Held Compensation / Pay
Full or Part-Time? Hours or Miles / Week	Were you subject to the FMCSRs? Yes or No
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Reason for leaving:	

DATES: From Month / Year _____ to _____

Company	Type of trailer pulled
Address	Type of Equip. driven
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DATES: From Month / Year _____ to _____

Company	Type of trailer pulled
Address	Type of Equip. driven
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Supervisor	Position Held Compensation / Pay
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Reason for leaving:	

(Attach additional sheet(s) if more space is needed.)

EDUCATION

Circle 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 _____
(Name) (City) (State)

Have you ever attended a truck driving school? _____ Name _____ Date _____

Have you ever been trained in Hazardous Material Handling? _____ By Whom? _____

Have you ever been trained in refrigerated equipment operation? _____ By Whom? _____

Have you ever been trained in tanker equipment operation? _____ By Whom? _____

Show special courses or training that will help you as a driver: _____

Which safe driving awards have you received and from whom? _____

List below current drivers licenses and any other license you have had in past ten (10) years (even if expired):

	State	License Number	Type	Expiration Date
Operators Licenses				

- | | | |
|--|--------------------------|--------------------------|
| | YES | NO |
| A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Has any license, permit, or privilege ever been suspended or revoked? | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Have you ever been disqualified from driving under the Federal Motor Carrier Safety Regulations? | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Have you ever been convicted of a crime or felony?
<small>(Not an automatic bar to qualification; explain all circumstances fully)</small> | <input type="checkbox"/> | <input type="checkbox"/> |

If the answer to A, B, C, or D is yes, state circumstances and date _____

This is a most IMPORTANT part of application. It must be answered ACCURATELY and IN DETAIL. List any and all tickets or arrests for any Motor Vehicle Law violations with any type vehicle in past five (5) years (other than parking tickets).

Violation	Date	Place	Fine or Bond	Type of Vehicle

(Attach an additional sheet if more space is needed)

Are you now employed? _____ If not, how long since leaving your last employment? _____

Have you ever been discharged or suspended from any job? _____ If yes, explain when and why: _____

ACCIDENT RECORD

List **all** accident involvements with any motor vehicle for past 5 years, even if not at fault (if None, write NONE):

	Date	Type of Vehicle	Nature of Accident (Head-on, Rear-end, Upset, etc.)	Were You At Fault?	Were You Ticketed?	Number of Fatalities	Number of Injuries	Amount of Property Damage
LAST ACCIDENT								
NEXT PREVIOUS								
NEXT PREVIOUS								
NEXT PREVIOUS								

(Attach an additional sheet if more space is needed)

Were you ever discharged by an employer because of an accident? _____ If so, when and by whom? _____

Has your license ever been suspended because of an accident? _____ Please explain _____

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROXIMATE NUMBER OF MILES (TOTAL)

List all states in which you have operated a commercial vehicle in the last 5 years: _____

Length of time driving tractor trailer coast to coast: _____ Approximate miles: _____

Length of time driving tractor trailer in winter: _____ Approximate miles: _____

Length of time driving tractor trailer in mountains: _____ Approximate miles: _____

Makes of tractors driven: _____

Twin Screw: _____ Single axle: _____ Conventional: _____ Sleeper Cab: _____

Types of Engines: Detroit _____ Cummins _____ Cat _____ Other (Specify) _____

Kinds of Transmissions Driven: _____

Kinds of Freight Handled: Produce _____ Meat _____ Swinging Meat _____ Liquid Bulk _____

Other: (Specify) _____

MILITARY STATUS

Have you served in the U.S. Armed Forces? _____ Branch _____ Dates: From _____ To _____

Rank at Discharge _____ Date of Discharge _____

Type of Discharge _____ If other than Honorable, please explain: _____

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. I further acknowledge that I have been informed that the above information may be used, and my prior employers may be contacted by this company or it's agent for the purpose of investigating my background, as required by §391.23 (or other regulations as they may apply) of the Federal Motor Carrier Safety Regulations, including my rights of rebuttal to information that may be provided by either my previous or current employer(s).

Date: _____ Signature: _____

MURROW'S TRANSFER INC.

ALL APPLICANTS APPLYING FOR A DRIVING POSITION MUST MEET THE FOLLOWING MINIMUM REQUIREMENTS:

AGE - Must be at least 23 years old.

EXPERIENCE - Must have 1 year's TRACTOR/TRAILER EXPERIENCE.

DRIVING RECORD - In the last 3 years:

I have no more than 6 driving record points

Have no more than 6 insurance points

I have no more than 2 speeding tickets

Have no suspensions in the last 3 years

Have no reckless driving charges

Have no violation of traffic laws (in connection with a fatal accident)

I have no improper or erratic lane change charges

Have no following too close charges

In the last 7 years:

Have no suspensions for DUI or DWI.

ACCIDENTS - Have no more than 1 preventable accident in the last 3 years driving a tractor/trailer.

I UNDERSTAND THAT THE ABOVE INFORMATION WILL BE INVESTIGATED BY MURROW'S TRANSFER, INC., AND BY SIGNATURE OF THE DOCUMENT. I AFFIRM THAT I DO QUALIFY FOR A DRIVING POSITION WITH MURROW'S TRANSFER, INC.

SIGNATURE: _____

DATE: _____

Driver Privacy Protection Act Authorization

To Disclose Personal Information (DL-DPPA-2)

I understand that personal information contained in my Motor Vehicle Record is protected by the Federal Driver Protection Act and NC General Statutes 20-43.1. I hereby authorize that the personal information in my file may be released to the following person:

Person to receive information: Murrow's Transfer, Inc.
First Charter Insurance Services, Inc.

Your signature: _____

Your full name as it appears on your license (print clearly):

Your Driver License/ID number: _____

Your Date of Birth: _____

Date: _____

Certification of a Positive Pre-employment Drug or Alcohol Test Result or Report of a Refusal to Test.

In compliance with the provisions of the Federal Motor Carrier Safety Regulations regarding the Procedures for Transportation Workplace Drug and Alcohol Testing Programs (49 CFR Part 40.25(j)), every person applying for a safety-sensitive position with a Commercial Motor Carrier must answer the following questions:

- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| 1. Have you ever tested positive on any pre-employment drug 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No |
| 2. Have you ever tested positive on any pre-employment 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No |
| 3. Have you ever refused 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? | <input type="checkbox"/> | <input type="checkbox"/> |

If any of the above questions were answered YES, please complete the following:

Company Name and address for which you applied for, but did not obtain, safety sensitive transportation work:

Company Name: _____

Address: _____

City, State, Zipcode: _____

Person to contact: _____ Telephone Number _____

Date of Positive Test or Test Refusal: _____

Name, address, and telephone number of the Substance Abuse Professional that approved your return to duty:

Name: _____

Address: _____

City, State, Zip code: _____

Person to contact: _____ Telephone Number _____

I did not see a Substance Abuse Professional following this event.

I certify with my signature below that the information above is true and correct. I understand that providing false or misleading information is a serious violation of federal law and, if approved for a driving position, doing so could be cause for the immediate termination of any employment or contractual agreement I may have with the company.

(Applicant Signature)

(Date)

(Applicant Social Security Number)