

CUSTOM COMMODITIES TRANSPORT

408 Trinity St. Gilmer, Texas 75644

1-800-345-3802

DRIVER APPLICATION

PRINT:

First Name

Middle Initial

Last Name

Referred by:

PRINT:

First Name

Middle Initial

Last Name

Custom Commodities Transport is an Equal Opportunity Employer for Employment in accordance with the Civil Rights Act which prohibits discrimination in employment.

Custom Commodities selects the best qualified individuals for the job based on job related qualifications regardless of race, age (40+), ethnic background, religion, sex, national origin, ancestry, marital status, sexual preference, disability, veteran status, or any other status protected by applicable law.

I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation as required by section Part 391.23 of the Federal Motor Carrier Safety Regulations.

Signature: _____ Date: _____

I hereby state that all the information that I provided on this Application or any other document submitted in connection with my employment, and in any interviews are true and correct. I have withheld nothing that would, if disclosed, affect this Application unfavorably. I understand that any information falsely provided or improperly withheld or mis-represented will result in the rejection of my Application, and that if employed and any information is later found to be false in any respect or if I have omitted material information, my employment will be terminated for dishonesty.

Applicant is hereby advised that he/she has the right to review the information obtained from a previous employer, to correct any errors in such information and to rebut any perceived incorrect information. Within 5 days of receiving a written request from applicant, Custom Commodities Transport will provide applicant with the records received from his/her previous employer(s). If such request is made before the investigation information is received, Custom Commodities will provide such information within 5 days of being received.

It is agreed and understood that Custom Commodities Transport or its agents may investigate or ascertain any and all information as it relates to the applicant's background, and applicant releases employers and persons herein from all liability for any damages on account of furnishing such information to Custom Commodities Transport. The applicant agrees to furnish such additional information and complete such examinations as may be required to complete his/her employment file.

It is agreed and understood that this application for employment in no way obligates Custom Commodities Transport to employ the applicant. It is agreed that if hired, the employee will be on a probationary period of 90 calendar days, during which time he/she may be discharged without recourse.

If hired, I agree as follows: My employment with Custom Commodities Transport is terminable at will, is for no definite period, and my employment may be terminated by Custom Commodities Transport or me at any time and for any reason whatsoever, with or without good cause. No implied, oral, or written agreements contrary to the express language of this Agreement are valid unless they are in writing signed by the President of Custom Commodities Transport. No supervisor or representative of Custom Commodities Transport, other than the President of Custom Commodities Transport has the authority to make any agreements to the foregoing. This agreement is the entire agreement between Custom Commodities Transport and employee regarding the right of Custom Commodities Transport or the employee to terminate employment, and this Agreement takes the place of all prior agreements, representations, and understandings of the employee and Custom Commodities Transport.

I also understand that when I leave, my final pay will not be received until; I have submitted ALL necessary paperwork and returned ALL Company Property and or equipment.

I certify 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 also acknowledge I have read and understand the above statements.

Signature: _____ Date: _____ Print last Name _____

DRIVER APPLICATION WITH AUTHORIZATION AGREEMENT

CUSTOM COMMODITIES TRANSPORT 408 TRINITY ST. GILMER, TEXAS 75644

Notice: DOT Physical will be performed and Custom Commodities Transport will require and retain a copy of the medical long form in your Confidential DOT Qualification File. A Controlled Substance Test with a negative result will be performed prior to any safety sensitive function being performed for all applicants.

Authorization: If for any reason, Company's or mine, I depart employment with the Company within the 90 day probationary period, my final pay check will have deducted **\$300.00** from the final balance to reimburse Custom Commodities Transport for background verification related employment expense.

Equipment Abandonment or Quitting Under Dispatch: I understand, if I abandon equipment or terminate my employment of my own free will at any location other than the one where I picked up the tractor/trailer, the Company will have the right to deduct **\$250.00** from my final pay for recovery of the tractor/trailer.

Signature: _____ Date: _____

Legal Name: _____

Print: (last) (first) (middle)

Current address: _____
(number--street---apt #) (city) (state) (zip code)

Length of time at this address: _____ Length of time in this area: _____

Date of birth: _____ Driver's License Number: _____ State: _____

Social Security Number: _____ Contact Phone Number: _____

Address past three years: _____ Length of time: _____
(street) (city & state)

Address past three years: _____ Length of time: _____
(street) (city & state)

Job Applying for: _____ Full Time: _____ Part Time: _____ Years Experience: _____

Who referred you: _____ How did you learn of Custom? _____

PERSONAL INFORMAITON

Male: _____ Female: _____ U.S. Citizen or authorized to work in the U.S.? Yes _____ No _____

Do you have relatives working for the company? Yes _____ No _____ Name: _____

Have you worked for this company before? Yes _____ No _____ Month/Year ____/____

Position: _____ Reason for leaving? _____

Been bonded? Yes _____ No _____ Convicted of Misdemeanor: Yes _____ No _____

Felony Conviction? Yes _____ No _____ Year _____ Charge: _____

EDUCATION

Dates attended **Name of School** **City & State** **Graduate or Degree**
From-----To

High School/GED

College/University

Business/Technical

Truck Driving School

Special Training Related to Transportation

DRIVING EXPERIENCE RECORD

Class of Equipment	Type of equipment	Beginning Date	Ending Date	Estimate Number Miles
Flatbed				
Tractor-Trailer/Semi-trailer				
Tractor—two trailers				
Other equipment				

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

Location---City & State	Date	Charge	Penalty

Ever been denied a license, permit or privilege to operate motor vehicle? Yes _____ No _____
Has any license, permit, or privilege ever been suspended or revoked? Yes _____ No _____
Details: _____

ACCIDENT RECORD FOR PAST 3 YEARS -- ALL TYPES OF VEHICLES

Most Current Date	City & State	Nature of Accident	Fatalities	Injuries	Haz-Mat Spill

To date, I have driven trucks for _____ years, traveling approximately _____ miles.
The date of my last accident, while driving a commercial vehicle was: _____, since that
time, I have driven approximately _____ miles accident free.

SAFE DRIVING AWARDS LENGTH OF SERVICE AWARDS, ETC.

Date: _____ Award type: _____ Employed by: _____ For: _____
Date: _____ Award type: _____ Employed by: _____ For: _____
Date: _____ Award type: _____ Employed by: _____ For: _____

EMERGENCY CONTACT INFORMATION

It is important for Custom Commodities Transport to be able to reach someone important to you in the event of an emergency. Please provide the names and telephone contact numbers of three people we may contact if an emergency should arise. List from the top, ones desired first, second, and third please.

Name: _____ Phone Number: _____
(Print) (Last name) (First name) (Middle initial)

Address: _____ City: _____ State: _____ Zip _____

Name: _____ Phone Number: _____
(Print) (Last name) (First name) (Middle initial)

Address: _____ City: _____ State: _____ Zip _____

Name: _____ Phone Number: _____
(Print) (Last name) (First name) (Middle initial)

Address: _____ City: _____ State: _____ Zip _____

COMMERCIAL DRIVERS LICENSE INFORMATION: (CDL)

Federal Motor Carrier Safety Regulations Part 383.1 to 393.53 NOTICES TO DRIVERS & CERTIFICATE OF COMPLIANCE

1. NOTICE TO DRIVERS:

The Commercial Motor Vehicle Safety Act of 1986 provides for a new set of controls over the drivers of commercial vehicles. The new law applies to all drivers operating vehicles and combinations with a Gross Vehicle Weight Rating over 26,000 pounds, and to any vehicle, regardless of weight, transporting hazardous materials.

The following provisions of the legislation became effective July 1, 1987:

1. No driver may possess more than one license, and no motor carrier may use a driver having more than one license. A limited exception is made for drivers who are subject to non-resident licensing requirements of any state. This exception does not apply after December 31, 1989.
2. A driver convicted of a traffic violation (other than parking) must notify the motor carrier AND the state which issued the license to that driver of such convictions within 30 days.
3. Any violation is punishable by a fine not to exceed \$2,500.00. In addition, the Federal Motor Carrier Safety Regulations now require that a driver who loses any privilege to operate a commercial vehicle or who is disqualified from operating a commercial vehicle must advise the motor carrier the next business day after receiving notification of such action.

CERTIFICATION BY DRIVER

I hereby certify that I have read and understand the driver provisions of the Commercial Motor Vehicle Safety Act of 1986 which became effective on July 1, 1987.

I have held the following driver's license during the past three (3) years:

State: _____ Type/Class: _____ I.D. No. _____ Expires: _____

State: _____ Type/Class: _____ I.D. No. _____ Expires: _____

I certify that the above commercial vehicle license is the one held; or that I have surrendered the following license to the state(s) indicated.

State: _____ Type/Class: _____ I.D. No. _____ Expires: _____

State: _____ Type/Class: _____ I.D. No. _____ Expires: _____

Driver's Name (Print) _____ Soc. Sec. # _____

Driver's Address: _____ City _____ State: _____ Zip: _____

License: State: _____ Type/Class _____ ID No. _____ Exp: _____

Endorsements: Doubles : Yes/No HAZ-Mat: Yes/No Other: Tanker Yes/ No Passenger: Yes/ No

Driver's Signature: _____ Date: _____

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete with phone number, mailing address, street number, city, state, and zip code. Applicants to driver 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. Use additional sheet if required. If unemployed or self-employed, please list with dates and proof of unemployment benefits, if applicable, and documentation for self-employment.

We will only contact your current employer after we have made you an offer of employment. All other employers will be contacted.

Last / Current Employer:

Company Name: _____ Phone Number: _____

Supervisor: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Position held: _____ Duties : _____

Start End Reason(s) for
Date: _____ Date: _____ Leaving: _____

Subject to FMCSRs while employed? Yes _____ No _____ DOT Alcohol & Drug Testing? Yes _____ No _____

Second / Last Employer:

Company Name: _____ Phone Number: _____

Supervisor: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Position held: _____ Duties : _____

Start End Reason(s) for
Date: _____ Date: _____ Leaving: _____

Subject to FMCSRs while employed? Yes _____ No _____ DOT Alcohol & Drug Testing? Yes _____ No _____

Third / Last Employer:

Company Name: _____ Phone Number: _____

Supervisor: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Position held: _____ Duties: _____

Start End Reason(s) for
Date: _____ Date: _____ Leaving: _____

Subject to FMCSRs while employed? Yes _____ No _____ DOT Alcohol & Drug Testing? Yes _____ No _____

Fourth / Last Employer:

Company Name: _____ Phone Number: _____

Supervisor: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Position held: _____ Duties: _____

Start	End	Reason(s) for
Date: _____	Date: _____	Leaving: _____

Subject to FMCSRs while employed? Yes _____ No _____ DOT Alcohol & Drug Testing? Yes _____ No _____

Fifth / Last Employer:

Company Name: _____ Phone Number: _____

Supervisor: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Position held: _____ Duties: _____

Start	End	Reason(s) for
Date: _____	Date: _____	Leaving: _____

Subject to FMCSRs while employed? Yes _____ No _____ DOT Alcohol & Drug Testing? Yes _____ No _____

Sixth / Last Employer:

Company Name: _____ Phone Number: _____

Supervisor: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Position held: _____ Duties: _____

Start	End	Reason(s) for
Date: _____	Date: _____	Leaving: _____

Subject to FMCSRs while employed? Yes _____ No _____ DOT Alcohol & Drug Testing? Yes _____ No _____

Seventh / Last Employer:

Company Name: _____ Phone Number: _____
Supervisor: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Position held: _____ Duties: _____

Start End Reason(s) for
Date: _____ Date: _____ Leaving: _____

Subject to FMCSRs while employed? Yes _____ No _____ DOT Alcohol & Drug Testing? Yes _____ No _____

Eight / Last Employer:

Company Name: _____ Phone Number: _____
Supervisor: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Position held: _____ Duties: _____

Start End Reason(s) for
Date: _____ Date: _____ Leaving: _____

Subject to FMCSRs while employed? Yes _____ No _____ DOT Alcohol & Drug Testing? Yes _____ No _____

Ninth / Last Employer:

Company Name: _____ Phone Number: _____
Supervisor: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Position held: _____ Duties: _____

Start End Reason(s) for
Date: _____ Date: _____ Leaving: _____

Subject to FMCSRs while employed? Yes _____ No _____ DOT Alcohol & Drug Testing? Yes _____ No _____

Tenth / Last Employer:

Company Name: _____ Phone Number: _____
Supervisor: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Position held: _____ Duties: _____

Start	End	Reason(s) for
Date: _____	Date: _____	Leaving: _____

Subject to FMCSRs while employed? Yes _____ No _____ DOT Alcohol & Drug Testing? Yes _____ No _____

Eleventh / Last Employer:

Company Name: _____ Phone Number: _____
Supervisor: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Position held: _____ Duties: _____

Start	End	Reason(s) for
Date: _____	Date: _____	Leaving: _____

Subject to FMCSRs while employed? Yes _____ No _____ DOT Alcohol & Drug Testing? Yes _____ No _____

Twelfth / Last Employer:

Company Name: _____ Phone Number: _____
Supervisor: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Position held: _____ Duties: _____

Start	End	Reason(s) for
Date: _____	Date: _____	Leaving: _____

Subject to FMCSRs while employed? Yes _____ No _____ DOT Alcohol & Drug Testing? Yes _____ No _____

DRUG SCREENING CONSENT and RELEASE FORM

As an applicant for employment with Custom Commodities Transport, I understand that as a condition of my employment I must provide a bodily sample of urine, saliva, or breathed air, which will be tested for the presence of alcohol and/or controlled substances. I have received notification and understand that a drug and/or alcohol screen test is a required part of Custom Commodities Transport application process and will be used for the purpose of evaluating me for potential employment.

Accordingly, I agree to this requirement and authorize Custom Commodities Transport and/or any doctor or medical professional, clinic, laboratory, or medical facility designated by Custom Commodities Transport to collect one or more urine, saliva, or breathed air samples for this purpose. So that the test will be valid, I agree NOT TO intentionally adulterate, contaminate, dilute, or otherwise tamper with my sample(s).

I hereby authorize Custom Commodities Transport Medical Review Officer to receive my drug and/or alcohol test result on behalf of Custom Commodities Transport, and I authorize the Medical Review Officer to review and, if necessary, make the final determination of said results.

I further consent to the release of the test results to Custom Commodities Transport. I authorize and release Custom Commodities Transport to forever use the results of any test to any disciplinary measures that may be taken as a result of such test results.

I further agree to release and hold harmless Custom Commodities Transport, its subsidiaries, affiliates, officers, agents, representatives, employees, and its collection sites, laboratories, and agents from any liability arising in whole or in part out of the collection of specimens, testing, and use of the results of said testing in connection with the consideration of my employment.

If employed, I consent to post-accident, random testing, and reasonable suspicion testing in accordance with Custom Commodities Transport Alcohol & Controlled Substance Policy both DOT Standards and Company Standards in accordance with my consent, authorization, and agreement so documented here.

I agree that a reproduced copy of this form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents.

Printed-- Last Name: _____ First Name: _____ M.I. _____

Social Security Number: _____

Applicant's Signature: _____ Date: _____

Witness Printed Name: _____	Witness Signature: _____
--------------------------------	-----------------------------

REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In connection with your application for commercial driver employment with Custom Commodities Transport it is necessary that we obtain information regarding your driving history from the Federal Motor Carrier Safety Administration of the Department of Transportation (FMCSA-DOT). This is called their Pre-employment Screening Program (PSP) and it is part of their CSA 2010 initiative. To do this we must access this information through a consumer reporting agency called NIC Technologies (NICT). All information in the NICT data base is supplied to them by the FMCSA. The information requested will be used for pre-employment screening purposes only.

If Custom Commodities Transport uses any information it obtains from the PSP Online Service in a decision not to hire you, Custom Commodities Transport will provide you a copy of the report upon which this decision was made or you can request a free copy from FMCSA-Dot. You have a right to dispute incomplete or inaccurate information in the records by visiting <https://dataqs.fcsa.dot.gov>. Please note that ONLY FMCSA-DOT is authorized to receive proposed corrections to database information and determine if the information should be corrected.

Custom Commodities Transport cannot obtain background reports from PSP Online Service or other sources regarding you unless you consent in writing. If you agree, Custom Commodities Transport may obtain such background reports, please read the following and sign below.

I, _____ authorize Custom Commodities Transport to contact PSP Online Services to obtain from them any relevant information about my job qualifications, including my experience, skills, and abilities. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. In addition, I consent to the release of any additional reference check or background investigation of my suitability for employment.

In exchange for Custom Commodities Transport consideration for my employment applications, I agree not to file or pursue any complaints, claims, or legal actions of any kind against any organization or individual that provides work-related information about me to Custom Commodities Transport or its agents in accordance with the terms and intent of this release. I also agree not to file or pursue any complaints, claims, or legal action against Custom Commodities Transport or any of its employees, representatives, or agents arising out of their efforts to obtain work-related information about me.

I have read the above Notice Regarding Background Reports provided to me by Custom Commodities Transport and I understand that if I sign this consent form, Custom Commodities Transport and/or any entity it retains to obtain such background reports may obtain reports of my driving history from PSP Online Service.

I hereby authorize Custom Commodities Transport and its employees, agents, and affiliates to obtain the information authorized above.

Printed Name: _____ Date: _____
(First M.I. Last)

Applicant's Signature: _____

NOTICE OF ALCOHOL AND CONTROLLED SUBSTANCE TESTING

In order to achieve the highest possible degree of safety in the public interest, and in accordance with Federal Guidelines—DOT TEST, (1) All applicants for employment will undergo urinalysis screening for drug use as part of their pre-employment physical examination; random selection, post-accident, reasonable suspicion, and return to duty as well as ; (2) A NON-DOT alcohol and/or drug use test at other times as deemed necessary by management. Refusal to submit to a drug/alcohol test will be construed to be a voluntary resignation from employment. Results of the test will be used in determining an individual’s employment status with the Company.

Upon hiring, you will be placed in a random testing pool for alcohol and drugs.

1. You will be pre-employment tested for the following and must have a negative result prior to employment. Marijuana, Cocaine, Opiates, Amphetamines, Phencyclidine (PCP).
2. Positive test results and refusals to test will be kept on file for five years and results will be given to persons/companies with proper authorization.
3. Use of alcohol per Company policy will not be tolerated.
4. If you are brought to our terminal for employment processing at Company’s Expense, and you test positive, we will stop paying your expenses at that time.
5. Anyone who claims to have a job related injury or accident may be drug/alcohol tested as part of initial medical treatment. Such testing may exceed the minimum standards set by DOT.
6. We also test for random, reasonable suspicion, post-accident per Company policy NON-DOT, DOT Federal guidelines.

I understand that my employment medical examination will include a urinalysis and that, in addition to routine testing, my urine specimen will be screened for drugs including, but not limited to , Cannabinoids (Marijuana), Amphetamines, Cocaine, Opiates, and PCP. I affirm that I have not taken any drugs or medicines within the last two (2) weeks, except:

(List medicines you presently take.) If none, so state: _____



Have you tested positive for alcohol/drugs, or refused to take a pre-employment alcohol/drug test in the three years preceding the date of this application? Yes _____ No _____

DOT Regulations prohibit our utilizing you to perform a “safety –sensitive function” (driving a commercial motor vehicle) if you admit that you had a positive test, or a refusal to test, until and unless you provide documents showing successful completion of the return-to-duty process in accordance with DOT Regulations. I also understand that all information here on is true and complete to the best of my knowledge. I also understand that misrepresentation of information or facts will result in my rejection or dismissal. I acknowledge that I have read and understand the statement above.

Signed Applicant/Employee: _____ Date: _____

CUSTOM COMMODITIES TRANSPORT DRIVER STANDARDS FOR EXCELLENCE

Company Mission Statement

We are committed to delivering unsurpassed transportation solutions for our customers.

We will be the benchmark that customers and competitors use to establish new class standards in service, support and safety.

How do we achieve these goals? Strive to “be best in class”.

RESPECT—for each other and our customers: Take care of equipment entrusted to your care. Keep it clean and in good working order.

INTEGRITY—doing the correct action even if nobody is watching or checking our performance.

Honesty---we will report events as they occur and not conceal mistakes.

Dress Code for Men

- 1. Hair neatly trimmed and clean. Only facial hair allowed, mustaches neatly trimmed. NO BEARDS.**
- 2. Neat and clean shirts and pants. (Uniform shirts provided). No shorts or cut offs permitted.**
- 3. Apparel with obscene or suggestive remarks is not permitted.**
- 4. Pierced visible body jewelry is prohibited at any time while performing work for Custom Commodities Transport.**
- 5. Appropriate footwear—work boots, leather boots, steel-toed boots or shoes with socks. No canvas Shoes allowed.**

Dress Code for Women

- 1. Hair neat and clean.**
- 2. Neat and clean jeans, slacks, no shorts or cutoffs.**
- 3. Shirts and blouses are appropriate, (uniform shirts provided).**
- 4. Pierced visible body jewelry is prohibited at any time while performing work for Custom Commodities.**
- 5. Appropriate footwear-work boots, regular work shoes, steel toed shoes, no canvas shoes.**

Personal Hygiene---Custom Commodities Transport wants you to be proud of your profession. In order to do so and you must be proud of what you do, who you represent, and have respect for the customers you serve, shipper or consignee. Keeping yourself well groomed states pride in you, pride in your company, and know you are the single most important representative for Custom Commodities Transport. To our customer(s), you are the Company. You have only one chance to make “the best first impression”.

Good House Keeping: Your assigned truck is your office and home away from home. Be responsible and keep the interior clean, trash picked up, and be a visible sales tool for the service we provide.

CUSTOM COMMODITIES TRANSPORT 408 TRINITY ST. GILMER, TEXAS 75644

Employment verification and Controlled Substance Inquiry to Previous Employers

COMPANY: _____ Location: _____
FAX #: _____ Phone #: _____
Printed Name: _____ SS#: _____
Signature: _____ (See attached authorization)

Part A Information to be supplied by previous employers per 4 CFR Part 391.23(a1) and (e).

Applicant list dates for employment: Start: _____ Ended: _____
Applicant list dates for employment: Start: _____ Ended: _____
Are dates correct? Yes: _____ No: _____
Kind of work applicant performed: Driver: _____ Dock: _____ Mechanic: _____ Other: _____
Area of Operation: Local: _____ Regional _____ OTR _____ Other _____
Type of Equipment: Straight Truck: _____ Tractor Trailer _____ Bus _____ Other _____
Type of Trailer: Flatbed: _____ Van: _____ Tanker _____ Refrigerated _____ Other _____
Reason for leaving? Resigned: _____ Laid Off _____ Terminated _____ Other _____
Eligible for Rehire: Yes _____ No _____ Upon Review _____ Don't Rehire _____ Other _____
Number of accidents: _____ Preventable _____ Non-Preventable _____ Other _____
Date: _____ Accident Detail: _____ DOT Reportable _____
Date: _____ Accident Detail: _____ DOT Reportable _____
Date: _____ Accident Detail: _____ DOT Reportable _____
Date: _____ Accident Detail: _____ DOT Reportable _____

Part B

1. Was employee subject to Federal Motor Carrier Safety Regulations? Yes _____ No _____
2. Was job designated as a safety sensitive function in any DOT regulated mode?
Subject to alcohol & controlled substance test as required by 49 CFR Part 40? Yes _____ No _____

Part C In accordance with Part 391.23(e):

1. Has this person ever tested positive for a controlled substance while in your employment? Yes _____ No _____
2. Has this person ever had an alcohol test BAC of .04 or greater while in your employment? Yes _____ No _____
3. Has this person ever refused a required test for drugs or alcohol? Yes _____ No _____
4. Has this person had any other violations of DOT agency drug or alcohol testing regulations? Yes _____ No _____
5. Did a previous employer report a drug and alcohol rule violation to you? Yes _____ No _____
6. Within the last three (3) years, has this person tested positive or refused any drug or alcohol
Test conducted under the authority of your company, independent of the DOT or FMCSA
Requirements (Company Policy Test)? If yes, transit relative documents from SAP, CCF, etc. Yes _____ No _____
SAP Name: _____ Contact Phone Number: _____

Completed by: _____ Title: _____ Date: _____

FAX TO : 903-843-6305 OR 903-843-3188 Attn: Joe Smith or Jordan Shipp

CONSUMER REPORT AUTHORIZATION AND RELEASE FORM

To: _____ Location: _____
(Company Name) (City & State & Zip Code)

I, _____ have been given notification that a consumer report and past
(Print First Name M.I. Last Name)

Drug/alcohol testing information will be requested and used for the purpose of evaluating me for employment at Custom Commodities Transport and if hired, for promotion, reassignment, or retention as an employee of Custom Commodities Transport.

Thus, I hereby authorize and request any present or former employer, school, police department, financial institution, agency or other persons having personal knowledge about me, to furnish Custom Commodities Transport and/or its agents with any and all information in their possession regarding me in connection with an application for employment, including consumer report information that may include an independent investigation of my background, references, character, past employment, education, credit history, motor vehicle records, criminal or police records, including those maintained by both public and private organizations, and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment.

I agree that a photocopy of this authorization has the same authority and effect as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request. I also understand that this authorization is a required part of Custom Commodities Transport application process.

I release and hold harmless Custom Commodities Transport and/or its agents and any person or entity that provides information pursuant to this authorization from any and all liabilities, claims, or law suits in regard to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Print Full Name: _____
(First Name M.I. Last Name)

Date of Birth: _____ Social Security Number: _____

Driver License Issue State: _____ DL #: _____

Signature: _____ Date: _____

Custom Commodities Transport 408 Trinity St. Gilmer, Texas 75644 FAX: 903-843-6305 Voice: 903-843-5065