

All applicants to drive in intra/interstate commerce must provide the following information on all companies worked for **during the preceding 10 years.** (Use the second sheet provided as necessary.)

Employer Name:	Date From:	To:
Address:	Telephone:	
Position:	Supervisor:	
Description of Duties:		
Commodity Hauled:	Reason for Leaving:	
Were you subject to FMCSR's?	Yes	No
Was this job safety sensitive subject to drug and alcohol testing?	Yes	No

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Employer Name:	Date From:	To:
Address:	Telephone:	
Position:	Supervisor:	
Description of Duties:		
Commodity Hauled:	Reason for Leaving:	
Were you subject to FMCSR's?	Yes	No
Was this job safety sensitive subject to drug and alcohol testing?	Yes	No

All applicants to drive in intra/interstate commerce must provide the following information on all companies worked for **during the preceding 10 years**. If this sheet is left empty, I acknowledge my employment record is complete on the previous sheet:

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PREVIOUS 3 YEARS DRIVING RECORD (391.27)

Have you had any accidents in any vehicle in the prior 3 years? Yes No If yes, list below:

Month/Year	Type of Accident	Type of Vehicle	Injuries or Fatalities

TRAFFIC CONVICTIONS & FORFEITURES

Have you incurred convictions or forfeitures (other than parking violations) in the prior 3 years? Yes No If yes, list below:

Month/Year	Location	Charge	Penalty

Has your license been revoked or suspended during the previous 3 years? Yes No If yes, give circumstances:

EDUCATION & MILITARY STATUS:

Check Highest Grade Completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 or GED College/Trade: 1 2 3 4

Have you served in the U.S. Armed Forces? Yes No Branch:

Dates: From: To: Reserve Status: Rank at Discharge:

ADDITIONAL INFORMATION & EDUCATION:

Add any additional information you regard as pertinent to the position for which you have applied:

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	DATES: From:	To:	APPROX # OF MILES
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Tractor & Trailer				
Tractor & Doubles				
Light Weight				
Other				

CFR 49 PART 382.413

This information will be verified with all previous employers for the prior three years, in accordance with Department of Transportation regulations:

Have you ever tested positive for controlled substances?	Yes	No
Have you ever tested at .04 or higher alcohol concentration?	Yes	No
Have you ever refused to submit to a controlled substance or alcohol test?	Yes	No
Have you ever tested positive or refused a pre-employment drug or alcohol test?	Yes	No

If you have answered YES to any of the above questions, please provide documentation from the Substance Abuse Professional of your release.

HAVE YOU EVER BEEN CONVICTED OF, FORFEITED BOND OR COLLABORATED UPON, ANY OF THE FOLLOWING CHARGES:

A felony? (If YES, explain in detail, giving dates, etc.)	Yes	No
A misdemeanor? (If YES, explain in detail, giving dates, etc.)	Yes	No
A felony, the commission of which involved the use of a motor vehicle?	Yes	No
A crime involving the manufacturing, knowing transportation, possession, sale or habitual use of amphetamines, a narcotic drug, a formulation of an amphetamine, or a derivative of a narcotic drug?	Yes	No
Operating a motor vehicle under the influence of drugs or alcohol?	Yes	No
Leaving the scene of an accident resulting in personal injury or death?	Yes	No
If the answer to any of the above is "YES", explain in detail, giving dates, etc.:		

TO BE READ AND SIGNED BY THE APPLICANT:

I authorize **F2 Freight Group, Inc.** (including DAC, PSP and Bureau of Motor Vehicles) to make such investigations and inquiries of my personal, work, financial driving and medical history and other related matters as may be necessary in arriving at a leading decision. I hereby authorize employers, schools or persons to release all records of employment including assessments of my job performance, ability, fitness, driving history alcohol testing and controlled substance history to each and every company or authorized agent which may request such information in connection with my application with said company. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

By signing below, I acknowledge that I can read, speak and understand the English language sufficiently as required by 49 CFR 391.11(b)(2). Further, I acknowledge that if English is my secondary language and I don't understand have difficulty understanding any information contained in this application or the remaining application materials or manuals, I will contact **F2 Freight Group** and request a translation or interpreter.

In the event of qualification, I understand that false or misleading information given in this application or interview(s) may result in disqualification. I further understand that I am required to abide by all rules and regulations of the Company and Department of Transportation as permitted by law.

In accordance with DOT regulations 391.23 the driver has the right to review information provided by previous employers; the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information; the right to have a rebuttal statement attached to the alleged erroneous information. This must be requested in writing within 30 days of contracting or denial of contracting.

This certifies the application above, was completed by myself, and that all entries within are true and complete to the best of my knowledge. I further recognize that any fraudulent or intentionally false entries or statements on any application, certificate, report, or record is strictly prohibited by the Federal Regulations. (49 CFR 390.35).

This application for a **Driver** Position: with **F2 Freight Group, Inc.** is pending the results of my Motor Vehicle Report, results of any Controlled Substance/Alcohol testing and inquiries to previous employers.

Date _____ Contractor / Applicant's Signature _____

REQUEST FOR REFERENCE:

To: _____

FROM: F2 Freight Group, Inc.
825 E Rand Rd.
Suite 210
Arlington Heights, IL 60004
Ph: 773-853-2058
Fax: 773-787-2058
Email: Luke@f2freight.com

Dear Personnel Manager,
The individual named below has applied at Kaplan Trucking to be qualified as a commercial motor vehicle driver. Your firm is listed by the applicant as a previous employer or State entity holding licensing information. Please reply to this inquiry regarding the mentioned applicant. As you will note from the waiver stated below, all liability of you and your company has been released by the applicant. Please return by fax to **773-787-2058** or email to **Luke@f2freight.com** as soon as possible or if mailing, to the above address. Thank you in advance for your cooperation!

APPLICANT

Name: _____ Social Security #: _____
Date of Birth: _____ CDL license #: _____ State of license: _____

REFERENCE DETAILS

Please provide this individuals dates of employment: FROM: _____ TO: _____
Was this individual a Commercial Motor Vehicle Driver while with your Company? Yes No
What kind of equipment was driven: Tractor Trailer Straight Truck Other: _____
Trailer Type: Flatbed Container Van Reefer Other: _____ Trailer size: _____
What type of commodities were transported?
Was he/she qualified as: Owner/Operator Driver for an Independent Contractor Company Driver
Other: Full Time Part Time Casual
Were there any accidents? Yes No
If so, how many were preventable? _____
Date and description: _____

Is this driver knowledgeable of DOT Regulations? Yes No Hazardous Materials? Yes No
Were there any repeated or severe Company Policy Violations? Yes No
Were there hours of service or logging violations? Yes No
Reason for leaving: Discharged Resigned Lay off Other: _____
Is he/she eligible for rehire? Yes No If NO, please explain: _____

In accordance with 391.23(e), please provide the following Controlled Substance/Alcohol information for any driver qualified within the previous three years:
Has this driver/applicant ever tested positive for controlled substances? Yes No
Has this driver/applicant ever tested at a 0.02 or higher alcohol concentration level? Yes No
Has this driver/applicant ever refused a controlled substance or alcohol test Yes No
If yes to any of the above, was this driver referred to a Substance Abuse Professional? Yes No

REFERENCE SIGNATURE

Name of person supplying information: _____ Date: _____
Signature: _____ Title: _____

AUTHORIZATION

I hereby authorize the above listed company (including DAC and Bureau of Motor Vehicles) to release all records of employment, including assessments of my job performance, ability, fitness, driving history, alcohol testing history and controlled substance history, including pre-employment testing (40.321(b)) (40.25(b)), to each and every company (or authorized agent) which may request such information in connection with my application with said company. I hereby release above listed company from any and all liability of any type as result of providing the above information for the undersigned. In accordance with DOT regulations 391.23 the driver has the right to review information provided by previous employers; the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information; the right to have a rebuttal statement attached to the alleged erroneous information. This must be requested in writing within 30 days of contracting or denial of contracting. By signing below, I acknowledge that any fraudulent or intentionally false entries or statements on any application, certificate, report, or record is strictly prohibited by Federal Regulations. (49 CFR 390.35)

Applicant's Signature: _____ Date Signed: _____ Witness' Signature: _____