



★ SERVICE IS OUR BUSINESS ★

Wayne W. Sell Corporation
236 Winfield Road
Sarver, PA 16055

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name _____ Date of Application _____

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

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.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

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 49 CFR 391.23(d) and (e). I understand I have the right to:

- Review information provided by 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.

Signature _____ Date _____

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED _____

DATE EMPLOYED _____

DEPARTMENT _____

REJECTED _____

POINT EMPLOYED _____

CLASSIFICATION _____

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

Signature of Interviewing Officer _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____

DEPARTMENT RELEASED FROM _____

DISMISSED _____

VOLUNTARILY QUIT _____

OTHER _____

Termination Report Placed in File _____

Supervisor _____

This form is made available with the understanding that J. J. Keller & Associates, Inc. is not engaged in rendering legal, accounting, or other professional services. J. J. Keller & Associates, Inc. assumes no responsibility for the use of this form or any decision made by an employer which may violate local, state or federal law.

APPLICANT TO COMPLETE

(answer all questions)

Position(s) Applied for _____

Name _____ Social Security No. _____

Last First Middle

List your addresses of residency for the past 3 years.

How Long?

| Current Address | Street | City | State | Zip Code | Phone | yr. / mo. |
|--------------------|--------|------|-------|----------|-------|-----------|
| Previous Addresses | Street | City | State | Zip Code | | yr. / mo. |
| | Street | City | State | Zip Code | | yr. / mo. |
| | Street | City | State | Zip Code | | yr. / mo. |

Emergency contact _____ Phone No. _____

Do you have the legal right to work in the United States? _____

Date of Birth _____ Can you provide proof of age? _____

(Required for Commerical Drivers)

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

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

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? _____ Name of bonding company _____

(Answer only if a job requirement)

Have you ever been convicted of a felony? _____

If yes, please explain fully on a seperate sheet of paper. Conviction of a crime is not an automatic bar to employment - all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)? _____

If yes, explain if you wish. _____

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceeding 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.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

| EMPLOYER | DATE |
|----------------|---------------------------|
| Name | From: Mo. Yr. To: Mo. Yr. |
| Address | Position Held |
| City State Zip | Salary/Wage |
| Contact Person | Phone Reason for leaving |

WERE YOU SUBJECT TO THE FMCSRs† 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

EMPLOYMENT HISTORY (continued)

| EMPLOYER | | | DATE | | | |
|---|-------|-----|--------------------|-----|---------|-----|
| Name | | | From: Mo. | Yr. | To: Mo. | Yr. |
| Address | | | Position Held | | | |
| City | State | Zip | Salary/Wage | | | |
| Contact Person | Phone | | Reason for leaving | | | |
| WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | |

| EMPLOYER | | | DATE | | | |
|---|-------|-----|--------------------|-----|---------|-----|
| Name | | | From: Mo. | Yr. | To: Mo. | Yr. |
| Address | | | Position Held | | | |
| City | State | Zip | Salary/Wage | | | |
| Contact Person | Phone | | Reason for leaving | | | |
| WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | |

| EMPLOYER | | | DATE | | | |
|---|-------|-----|--------------------|-----|---------|-----|
| Name | | | From: Mo. | Yr. | To: Mo. | Yr. |
| Address | | | Position Held | | | |
| City | State | Zip | Salary/Wage | | | |
| Contact Person | Phone | | Reason for leaving | | | |
| WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | |

| EMPLOYER | | | DATE | | | |
|---|-------|-----|--------------------|-----|---------|-----|
| Name | | | From: Mo. | Yr. | To: Mo. | Yr. |
| Address | | | Position Held | | | |
| City | State | Zip | Salary/Wage | | | |
| Contact Person | Phone | | Reason for leaving | | | |
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| 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? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | |

| EMPLOYER | | | DATE | | | |
|---|-------|-----|--------------------|-----|---------|-----|
| Name | | | From: Mo. | Yr. | To: Mo. | Yr. |
| Address | | | Position Held | | | |
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| 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? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | |

* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

† The Federal Motor Carrier Safety Regulations (FMCSRs) 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 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

EMPLOYMENT HISTORY (continued)

| EMPLOYER | | | DATE | | | |
|---|-------|-------|--------------------|-----|---------|-----|
| Name | | | From: Mo. | Yr. | To: Mo. | Yr. |
| Address | | | Position Held | | | |
| City | State | Zip | Salary/Wage | | | |
| Contact Person | | Phone | Reason for leaving | | | |
| WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | |

| EMPLOYER | | | DATE | | | |
|---|-------|-------|--------------------|-----|---------|-----|
| Name | | | From: Mo. | Yr. | To: Mo. | Yr. |
| Address | | | Position Held | | | |
| City | State | Zip | Salary/Wage | | | |
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| EMPLOYER | | | DATE | | | |
|---|-------|-------|--------------------|-----|---------|-----|
| Name | | | From: Mo. | Yr. | To: Mo. | Yr. |
| Address | | | Position Held | | | |
| City | State | Zip | Salary/Wage | | | |
| Contact Person | | Phone | Reason for leaving | | | |
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| EMPLOYER | | | DATE | | | |
|---|-------|-------|--------------------|-----|---------|-----|
| Name | | | From: Mo. | Yr. | To: Mo. | Yr. |
| Address | | | Position Held | | | |
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| EMPLOYER | | | DATE | | | |
|---|-------|-------|--------------------|-----|---------|-----|
| Name | | | From: Mo. | Yr. | To: Mo. | Yr. |
| Address | | | Position Held | | | |
| City | State | Zip | Salary/Wage | | | |
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* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

† The Federal Motor Carrier Safety Regulations (FMCSRs) 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 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

EMPLOYMENT HISTORY (continued)

| EMPLOYER | | | DATE | | | |
|---|-------|-----|--------------------|-----|---------|-----|
| Name | | | From: Mo. | Yr. | To: Mo. | Yr. |
| Address | | | Position Held | | | |
| City | State | Zip | Salary/Wage | | | |
| Contact Person | Phone | | Reason for leaving | | | |
| WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | |

| EMPLOYER | | | DATE | | | |
|---|-------|-----|--------------------|-----|---------|-----|
| Name | | | From: Mo. | Yr. | To: Mo. | Yr. |
| Address | | | Position Held | | | |
| City | State | Zip | Salary/Wage | | | |
| Contact Person | Phone | | Reason for leaving | | | |
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| EMPLOYER | | | DATE | | | |
|---|-------|-----|--------------------|-----|---------|-----|
| Name | | | From: Mo. | Yr. | To: Mo. | Yr. |
| Address | | | Position Held | | | |
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| EMPLOYER | | | DATE | | | |
|---|-------|-----|--------------------|-----|---------|-----|
| Name | | | From: Mo. | Yr. | To: Mo. | Yr. |
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| EMPLOYER | | | DATE | | | |
|---|-------|-----|--------------------|-----|---------|-----|
| Name | | | From: Mo. | Yr. | To: Mo. | Yr. |
| Address | | | Position Held | | | |
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ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (Use last page of this form if additional space is needed) IF NONE, WRITE NONE

| DATES | NATURE OF ACCIDENT HEAD ON, REAR-END, UPSET, ETC. | FATALITIES | INJURIES | HAZARDOUS MATERIALS SPILL |
|---------------|--|------------|----------|------------------------------|
| DRIVER | | | | |
| NEXT PREVIOUS | | | | |
| NEXT PREVIOUS | | | | |

| LOCATION | DATE | CHARGE | PENALTY |
|----------|------|--------|---------|
| | | | |
| | | | |
| | | | |

(Use last page of this form if additional space is needed)

EXPERIENCE AND QUALIFICATIONS - DRIVER

List all driver licenses or permits its held in the past 3 years.

| | STATE | LICENSE NUMBER | TYPE | EXPIRATION DATE |
|--------------------|-------|----------------|------|-----------------|
| DRIVER LICENSES | | | | |
| | | | | |
| | | | | |

A. Have you ever been denied a license, permit, or privilege to operate a molor 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, GIVE DETAILS _____

DRIVING EXPERIENCE CHECK YES OR NO

| CLASS OF EQIPMENT | NATURE OF ACCIDENT LIST TYPE OF EQUIPMENT | DATES FROM (M/Y) TO (M/Y) | APPROX. NO. OF MILES (TOTAL) |
|--|--|------------------------------|---------------------------------|
| Straight Truck <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| Tractor and Semi-Trailer <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| Tractor-Two Trailers <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| Tractor-Three Trallers <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More Than 15</small> | | | |
| Motorcoach-School Bus <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More Than 7 passengers</small> | | | |
| Other | | | |

LIST STATES OPERATED IN FOR THE LAST FIVE YEARS: _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

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 MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

EDUCATION

HIGHEST GRADE COMPLETED: 1-8 [] High School: 9 [] 10 [] 11 [] 12 [] College: 1 [] 2 [] 3 [] 4 []

LAST SCHOOL ATTENDED (Name) _____ (City,State) _____

TO BE READ AND SIGNED BY APPLICANT

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.

Signature _____ Date _____



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Wayne W. Sell Corporation
236 Winfield Road
Sarver, PA 16055

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant's Signature

Date

Print name

Social Security Number



Wayne W. Sell Corporation
236 Winfield Road
Sarver, PA 16055

CONSUMER REPORT DISCLOSURE & RELEASE

This is to notify you that in connection with your application for Wayne W. Sell Corporation requested from USIS Commercial Services (USIS). Such reports may contain public record Information concerning your driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records.

You have the right to make a request to USIS, upon proper identification. to request the nature and substance of all information in its files on you at the time of your request, including the sources of information and the recipients of any reports on you that USIS has previously furnished within the two-year period preceding your request.

I AUTHORIZE, WITHOUT RESERVATION, USIS, AND ANY PARTY OR AGENCY CONTACTED BY USIS, TO FURNISH THE ABOVE-MENTIONED INFORMATION.

USIS is authorized to disclose all information obtained to the requesting entity. By signing below. I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my application for Wayne W. Sell Corporation.

Print Name _____ Signature _____

Social Security Number _____ Date _____

REQUEST FOR INFORMATION - From Previous Employer

I hereby authorize you to release the following information to
for the purposes of investigation as required by Section 391.23
of the Federal Motor Carrier Safety Regulations

Wayne W. Sell Corporation
Prospective employer

Applicant's Signature _____

Date _____

NAME AND ADDRESS OF
PREVIOUS EMPLOYER:

THIS FORM WAS (check appropriate box)

- Mailed, Date _____
- Faxed, Date _____
- Emailed, Date _____
- Received by Phone, Date _____
- Name of Person Contacted _____

Name of Applicant: _____
Social Security No.: _____ Date of Birth: _____

Dear Sir/Madam:

The above named individual has made application to this company for a position as _____
and states that he/she was employed by you as _____
from (m/y) _____ to (m/y) _____

In accordance with Section 391.23, we are obligated to request the information below from all previous employers of the applicant that employed him/her to operate a commercial motor vehicle within the 3 years preceding (date of application) Please complete the information below and return to us within 30 days, as required by Section 391.23(g). You may return the information by telephone, fax, mail, or email.

Prospective Employer _____ Attention _____
Street _____ City, State, Zip _____
Phone _____ Fax _____ Email _____

TO BE COMPLETED BY PREVIOUS EMPLOYER

SECTION I: DRIVER IDENTIFICATION

The applicant named above was employed by us. Yes No
Employed as _____ from (m/y) _____ to (m/y) _____
If driver was involved in a safety-sensitive position subject to drug and alcohol testing under Part 40, check here .

SECTION 2: SAFETY PERFORMANCE HISTORY

1. Did he/she drive motor vehicles for you? Yes No If yes. what type? Straight Truck Tractor-Semitrailer Bus
Cargo Tank Doubles/Triples Other (Specify) _____
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.

ACCIDENTS: Complete the following for any accidents included on your accident register (§390.IS(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here if there is no accident register data for this driver.

| Date | Location | No. of Injuries | No. of Fatalities | Hazmat Spill |
|----------|----------|-----------------|-------------------|--------------|
| 1. _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ | _____ |

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

Any other remarks: _____

Signature _____

Title _____

Date _____

PREVIOUS EMPLOYER: KEEP A RECORD OF THIS REQUEST AND THE THE RESPONSE FOR ONE YEAR.
INCLUDING THE DATE. THE PARTY TO WHOM IT WAS HE LEASED. AND A SUMMARY IDENTIFYING WHAT WAS PROVIDED.

PREVIOUS EMPLOYER ALCOHOL AND DRUG TEST INFORMATION

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) _____
First M.I. Last Social Security Number

hereby authorize: _____
Date of Birth _____

Previous Employer _____ Email _____
Street _____ Phone _____

City, State, Zip _____ Fax No. _____

to release and forward the information requested by section2 (below) of this document concerning my Alcohol and
Controlled Substances Testing records within the previous 3 years from _____
(date of employment application)

To:
Prospective Employer Wayne W. Sell Corporation
Attention Walt Lesser Telephone 724-352-9441
Street 236 Winfield Road
City, State, Zip Sarver, PA 16055

In compliance with §40.2S(g) and 391.23(h), release of this information must be made in a written form that ensures
confidentiality, such as fax, e-mail, or letter.

Prospective employer's confidential fax number: 724-352-2688

Prospective employer's confidential email address: Walt@wwsellcorp.com

Applicant's Signature _____ Date _____

This information is being requested in compliance with §40.2S and §391.23. (See back of form for regulations.)

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please
check here D, fill in the dates of employment from _____ to _____, complete bottom of Section 2, sign, and return.

Driver was subject to Department of Transportation testing requirements from _____ to _____ YES NO

- 1. Has this person had an alcohol test with a result 010.04 or higher alcohol concentration?
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?
3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up
alcohol or controlled substance test?
4. Has this person committed other violations of Subpart B of Part382, or Part 40?
5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-
prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests?
If yes, please send documentation back with this form.
6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your em-
ploy, did this driver subsequently have an alcohol test result 010.04 or greater, a verified positive
drug test, or refuse to be tested?

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previ-
ous employers in the previous 3 years prior to the application date shown in Section 1.

Name _____ Company _____

Street _____

City, State, Zip _____ Phone _____

SECTION 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) [] Faxed to a previous employer [] Mailed [] Emailed [] Other _____

Complete below when information is obtained. (Date)

Information received from _____

Recorded by _____ Method [] Fax [] Email [] Other [] Phone

Date _____ [] Other _____

