

DRIVER'S APPLICATION FOR EMPLOYMENT

Company L. V. TRUCKING, INC.
Address 2440 HARRISON ROAD
City COLUMBUS State OH Zip 43204

(answer all questions - please print)

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, or non-job related disability.

Date of application _____

Position(s) Applied for _____

Name Last _____ First _____ Middle _____ Social Security No. _____

List your addresses of residency for the past 3 years.

Current Address Street _____ City _____

State _____ Zip Code _____ Phone _____ How Long? _____

Previous Addresses

Street _____ City _____ State & Zip Code _____ How Long? _____

Street _____ City _____ State & Zip Code _____ How Long? _____

Street _____ City _____ State & Zip Code _____ How Long? _____

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

Date of Birth _____ / _____ / _____ Can you provide proof of age? _____
(Required for Commercial 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 _____

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. _____

2

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT _____			
NEXT PREVIOUS _____			
NEXT PREVIOUS _____			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET 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)**EXPERIENCE AND QUALIFICATIONS – DRIVER**

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

A. Have you ever been denied a license, permit or privilege to operate a motor 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, ATTACH STATEMENT GIVING DETAILS

DRIVING EXPERIENCE IF NONE, WRITE NONE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK _____				
TRACTOR AND SEMI-TRAILER _____				
TRACTOR - TWO TRAILERS _____				
MOTORCOACH - SCHOOL BUS _____				
OTHER _____				

LIST STATES OPERATED IN FOR 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? _____

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 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 NUMBER		REASON FOR LEAVING

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER		REASON FOR LEAVING

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER		REASON FOR LEAVING

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER		REASON FOR LEAVING

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER		REASON FOR LEAVING

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER		REASON FOR LEAVING

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER		REASON FOR LEAVING

*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.

REQUEST FOR INFORMATION

From Previous Employer

I hereby authorize you to release the following information to L.V. Trucking, Inc. for the purposes of investigation as required by Section 391.23 and allowed by Section 383.35 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

Date _____ Applicant's Signature _____

MAIL TO:

Please return to:

L.V. Trucking, Inc.
2440 Harrison Road
Columbus, Ohio 43204

Fax: 614-275-3019

Date _____

Dear Sir or Madam:

The below named individual has made application to this company for a position as driver and states that he/she was employed by you as _____
From _____ to _____.

Sincerely,

Name of applicant: _____ SSN: _____

1. Employed from _____ to _____ as _____

2. Did he/she drive motor vehicle for you? _____, Straight Truck? _____, Tractor-Semitrailer? _____, Bus? _____. Other (specify) _____

3. Was he/she a safe and efficient driver? _____

4. Reason for leaving your employ: Discharged _____; Resignation _____; Lay Off _____; Military Duty _____.

5. Was his/her general conduct satisfactory? _____

6. Please supply details and dates of all accident(s) for the past three years:

7. Was the accident(s) preventable or non-preventable?

8. Was the accident(s) D.O.T. reportable or non-reportable?

Request/Consent For Information From Previous Employer(s) On Alcohol & Controlled Substances Testing

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

Date: _____

Print Name (First, M.I., Last)

Signature

I, the above mentioned signed, hereby authorize that my _____
Previous Employer

release and forward all information on my Alcohol and Controlled Substances Testing/Training records to
L. V. TRUCKING, INC.

Prospective Employer

This is in compliance with §382.405(f) and (h), which state:

(f) Records shall be made available to a subsequent employer upon receipt of a written request from a driver. Disclosure by that subsequent employer is permitted only as expressly authorized by the terms of the driver's request.

(h) An employer shall release information regarding driver's records as directed by the specific, written consent of the driver authorizing release of the information to an identified person. Release of such information by the person receiving the information is permitted only in accordance with the terms of the employee's consent.

§382.413(a)(b)(c)(e)(f) further state:

(a) An employer may obtain, pursuant to a driver's written consent, any of the information concerning the driver which is maintained under this part by the driver's previous employers.

(b) An employer shall obtain, pursuant to a driver's consent, information on the driver's alcohol tests with a concentration result of

0.04 or greater, positive controlled substances test results, and refusals to be tested, within the preceding two years, which are maintained by the driver's previous employers under §382.401(b)(1)(i) through (iii).

(c) The information in paragraph (b) of this section must be obtained and reviewed by the employer no later than 14 calendar days after the first time a driver performs safety-sensitive functions for an employer.

(e) The prospective employer must provide to each of the driver's employers within the two preceding years the driver's specific written authorization for release of the information in paragraph (b).

(f) The release of any information under this part may take the form of personal interviews, telephone interviews, letters, or any other method of obtaining information that ensures confidentiality. Each employer must maintain a written, confidential record with respect to each past employer contacted.

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Has this person ever tested positive for a controlled substance in the last two years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person ever had an alcohol test with a Breath Alcohol Concentration 0.04 or greater in the last two years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person ever refused a required test for drugs or alcohol in the last two years? | <input type="checkbox"/> | <input type="checkbox"/> |

If YES to any of the above questions, please give the SAP's (Substance Abuse Professional) name, address and phone number for further reference:

Name: _____

Address: _____

Phone No.: _____

SECTION 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

RELEASE OF INFORMATION

Person interviewed from previous employer: _____

Interview by: _____

Date: _____

Date received back: _____
(if mailed)

CONSENT FORM

- Faxed . . . to previous employer
 Mailed . . .

INTERVIEW METHOD

- Mail Phone Personal Interview

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE

349-FS-C3

DISCLOSURE UNDER
FAIR CREDIT REPORTING ACT
AND
CONSENT TO PROCUREMENT OF
CONSUMER REPORT
FOR
EMPLOYMENT PURPOSES

The undersigned hereby authorizes L.V. TRUCKING, INC., or its insurance agency, OHIO INSURANCE ADVISORS or its Assigns, to obtain copies of consumer reports, including a motor vehicle report, pertaining to me for employment purposes, and for use in rating and/or underwriting insurance for which the above-names employer may apply, and any renewal thereof. I understand that in obtaining such consumer reports, a consumer reporting agency may be used, and I do hereby authorize such use.

Signature

Printed Name

Date

Social Security Number

License Number/State