

Request for Driver's Safety Performance History Information from DOT Regulated Previous Employer(s)

Carrier Name: Badger Express Contact Person: Loni Carroll or Noel Eedy
181 Quality Court ext. 111 ext 127
Address: Fall River, WI 53932 City, State, Zip: _____
Phone #: 920-484-5808 Confidential Fax #: 920-484-5818

Driver to Complete This Section

As a Commercial Motor Vehicle (CMV) Driver, I understand that per, the Federal Motor Carrier Safety Regulations (FMCSRs) Part 391.21, the following information will be requested from all previous employers for which I operated a CMV, subject to the FMCSR Parts 390 and/or 40, 382 & 383, **within the past three years**, from date shown below. I also acknowledge that this information will be used in determining my eligibility to be hired, that I have the right to review this information and rebut any errors in these statements from my prior employers, as described in the FMCSR Part 391.23.

I _____, hereby authorize this company to release all records of employment, including assessments of my job performance, ability and fitness, including dates of any and all alcohol or drug tests. Those confirmed results and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of (SAP/MRO) to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release this company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing information to the above-mentioned person and/or company.

Previous Employer: _____ Contact Person: _____
Mailing Address: _____ City, State, Zip: _____
Telephone Number: _____ Fax Number: _____

I worked for this company from the dates of ___/___/___ to ___/___/___

X _____ SSN or ID Number _____ D.O.B. _____ Today's Date _____
Applicant's Signature

SECTION I – Past Employer to Complete >> DRUG & ALCOHOL INFORMATION

Please provide the following drug and alcohol information as required by FMCSR Part 391.23 & 40.25.

If no drug and alcohol information is available on above-named applicant check here.

- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| 1. Any alcohol test with a result of 0.04 or higher alcohol concentration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Any verified positive drug test? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Any refusals to be tested (including verified adulterated or substituted drug test results)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Any other violations of DOT agency drug and alcohol testing regulations (Part 382 or Part 40)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If this driver did successfully complete a SAP rehabilitation referral and remained in your employ, did he/she have any subsequent violations for: an alcohol test result of 0.04 or greater, a verified positive drug test or a refusal to test (including a verified adulterated/substituted drug test result)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. If yes to any of the above questions, please provide documentation of successful completion of a SAP evaluation, prescribed treatment and return-to-duty requirements (including follow-up tests) if they remained in your employ.* | | |

* If this information is not available from the previous employer, you as a prospective employer, must get this information from the driver/applicant.

Drug and alcohol information needs to be kept in a separate personnel and/or confidential file.

New Owner Operator Truck Info

Year _____ Make _____

Titled Owner _____

Registration/plate yes _____ State _____
no _____

Insurance yes _____
no _____

- **Current annual inspection with copy of Inspector certification**
- **Current registration if they have own plate**
- **Copy of Bobtail insurance & Phys damage insurance if they have their own coverage**
- **Owner operator occ/acc coverage certificate if they have their own coverage**

****We require owner operators to have Occ/Acc coverage. We can secure coverage through our Insurance company for Physical Damage, Bobtail & Occ/Acc coverage upon approval of driver and truck by operations and safety. Pre-lease inspection of truck must be performed by our shop.**