



# BULKLEY TRUCKING

5889 IH 30W  
Brashear, TX 75420  
Ph. 903-582-2305  
Fax 903-582-2380

Thank you for your interest in driving for Bulkley Trucking! We are pleased that you are taking the time to consider working for our company, and look forward to receiving your application!

The enclosed forms and documents are a very important part of the driver application process. Please be certain to complete each document in entirety (no blanks!), so that there will be no delays in processing it.

Here are a few items to consider as you complete this packet:

- !We must have at least ten (10) years of work history. This is required by law, so please provide this information on your application as requested.
- Your application cannot be processed if we do not have enough information to contact your previous employers. Provide ALL of the information we will need to contact previous employers. **Failing to provide names, addresses, telephone numbers, etc., slows down the verification process.** If a company you used to work for is no longer in business, furnish the name and contact information (phone/mail address) of a supervisor or the owner of the business, or provide copies of pay stubs or the W-2 Wage Statement for the period(s) you were employed by the company that is no longer in business. If we cannot verify your information, we will not be able to hire you.
- !1099's must be furnished for periods of self-employment.!
- Please include a copy of your driver license, medical certificate, and social security card with your application.

Thank you again very much for your interest in driving for Bulkley Trucking! We look forward to hearing from you soon!

Sincerely,

Adeyinka Akeju  
Human Resorces



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Brashear, TX 75420  
Ph. 903-582-2305  
Fax 903-582-2380

## Driver Application

The Civil Rights Act of 1964 prohibits discrimination because of race, color religious, sex, or national origin. PL 90-202 prohibits discrimination because of age. The Americans With Disabilities Act prohibits discrimination on the basis of non-job related disability.

**NOTE:** Read and complete all portions of this proposal legibly, in your own handwriting in ink (please print). Applications that are incomplete, inaccurate, false, or filled out in pencil may be rejected.

Date

Name  SS#   
(First) (Middle) (Last)

Date of Birth:  Age  Place of Birth

Have you ever been known by any name other than the one appearing on this application (including Maiden Name)? Y / N

If yes, what names:  When

Present Address   
(number) (Street) (City) (State) (Zip)

Phone  How long have you lived here?

Cellular Phone:  e-mail address:

Previous Address (5 years )

How Long?   
(Street) (City) (State)

How Long?   
(Street) (City) (State)

How Long?   
(Street) (City) (State)

Do any of your relatives work at our company? Yes No Name(s):

How did you hear about us?  Newspaper Ad (Name of newspaper)

Radio Spot (what radio)  Personal Referral (Who?)

Miles / Week Expected?  Rate of pay expected?

Have you ever worked here before?  Position  Driver

Reason for leaving

Have you ever made application before:  If yes, when?



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## REFERENCES

List the names of three (3) persons who are not related to you. They must be householders of good standing who have known you well at least three (3) of the past five (5) years (no former employers).

Name	Complete Address	Occupation	Phone #	Years Known

Have you ever been discharged or suspended from any job?  If yes, explain when and why:

## ACCIDENT RECORD

List all accident involvement with any motor vehicle for the past 5 years (even if not at fault); If none write, NONE.

	Date	Type of Vehicle	Nature of Accident (Head On, Rear End, Upset, etc)	Were you at Fault	Were you ticketed	Number of Fatalities	Number of Injuries	Amount of Property Damage
<b>Last Accident</b>								
<b>Next Previous</b>								
<b>Next Previous</b>								
<b>Next Previous</b>								

(Attach Street If More Space is Needed)

Were you ever discharged by an employer because of an accident?  Yes  No

Were you ever discharged by an employer because of an accident?  Yes  No

If so, when and by whom?

Has your license ever been suspended because of an accident?  Yes  No

Please Explain:



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## DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Date From	Date To	Approximate Number of Miles Total

List all states in which you have operated a commercial vehicle in the last 5 years:

Length of time driving tractor trailer coast to coast:

Approximate miles:

Length of time driving tractor trailer in winter:

Approximate miles:

Length of time driving tractor trailer in mountains:

Approximate miles:

Makes of tractors driven:

Twin Screw:

Single Axle:

Conventional:

Sleeper Cab:

Types of Engines: Detroit

Cummins

Cat

Other (Specify)

Kinds of Transmissions Driven:

Kinds of Freight Handled: Produce

Meat

Swinging Meat

Liquid Bulk

Other: (Specify)

## MILITARY STATUS

Have you ever served in the U.S. Armed Forces?

Branch

Dates: From

to

Rank at Discharge

Date of Discharge

Type of Discharge

If other than Honorable, please explain:

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. I further acknowledge that I have been informed that the above information may be used and my prior employers may be contacted by this company or it's agent for the purpose of investigating my background, as required by 391.23 (or other regulations as they may apply) of the Federal Motor Carrier Safety regulations, including my rights of rebuttal to information that may be provided by either my previous or current employer(s).

Signature:

Date:



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## EDUCATION

Mark the 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)

(State)

Have you ever attended a truck driving school?  Yes  No

Name

Date

Have you ever been trained in Hazardous Material Handling?

Yes  No

By Whom?

Have you ever trained in refrigerated equipment operation?

Yes  No

By Whom?

Have you ever trained in refrigerated equipment operation?

Yes  No

By Whom?

Which safe driving award have you received and from whom?

## DRIVING HISTORY

List below current drivers licenses and any other licenses and any other license you have had in past ten (10) years (even if expired)

	State	License Number	Type	Expiration Dat
Operators Licenses				

Have you ever been denied a licenses, permit or privilege to operate a motor vehicle?

Yes  No

Has any license, permit or privilege ever been suspended or revoked?!

Yes  No

Have you ever been disqualified from driving under the Federal Motor Carrier Safety Regulations?!

Yes  No

Have you ever been convicted of a crime or felony?!

Yes  No

If the answer to any of the above questions was yes, state circumstances and dates.

**PLEASE READ AND ANSWER AS TRUTHFUL, ACCURATELY AND IN AS MUCH DETAIL AS POSSIBLE:**

List all tickets or arrests for any Motor Vehicle Law violation with any type of vehicle in past five (5) years (other than parking tickets).

Violation	Date	Place	Fine or Bond	Type of Vehicle

(Attach Sheet If More Space Is Needed)

Are you now employed?

If not, how long since leaving your last employment?



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## ADDITIONAL EMPLOYMENT HISTORY

Beginning with your present employer and list in order all your previous employers, driving school and other training programs, periods of military service, self-employment, and periods of unemployment. Please list information pertaining to the previous ten (10) year period. Use an additional sheet of paper if necessary. The following information may be used and my prior employers may be contacted by this company or it's agent for the purpose of investigating my background, as required by 391.23 (or other regulations as they may apply) of the Federal Motor Carrier Safety regulations, including my rights of rebuttal to information that may be provided by either previous or current employer(s). In accordance with the regulations and with regard to information provided by DOT --- regulated employers, you have the following rights regarding any information provided to Bulkley Trucking as a result of these inquiries: (1) The right to review information provided by previous employers, (2) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the company, and (3) the right to have a rebuttal statement attached to the alleged erroneous information if you and your previous employer(s) cannot agree with the accuracy of the information your previous employer submits. For a full understanding of your rights an applicant under FMCSR Part 391 you should refer directly to the FMCSRs.

### Do Not Leave Any BLANKS or GAPS In Time For The Past 10 Year Period

<b>Dates: From</b> <input type="text"/>		<b>To</b> <input type="text"/>	
Company:		Type of Trailer Pulled:	
Address		Type of Equipment Driven:	
City <input type="text"/>	State <input type="text"/>	Zip <input type="text"/>	Number of Accidents:
Telephone <input type="text"/>	Fax# <input type="text"/>	States You Drove In:	
Supervisor		Position(s) Held:	
<input type="radio"/> Full Time <input type="radio"/> Part Time    Hour or Miles/Week <input type="text"/>		Compensation/Pay:	
Was this job a safety sensitive function regulated by the DOT and subject to alcohol and controlled substance testing? <input type="radio"/> Yes <input type="radio"/> No			
Were you subject to Federal Motor Carrier Safety Regulations? <input type="radio"/> Yes <input type="radio"/> No			
Reason for leaving:			
<b>Dates: From</b> <input type="text"/>		<b>To</b> <input type="text"/>	
Company:		Type of Trailer Pulled:	
Address		Type of Equipment Driven:	
Tele <input type="text"/>	Number of Accidents:		
States You Drove In:			
Position(s) Held:			
Compensation/Pay:			
Was this job a safety sensitive function regulated by the DOT and subject to alcohol and controlled substance testing? <input type="radio"/> Yes <input type="radio"/> No			
Were you subject to Federal Motor Carrier Safety Regulations? <input type="radio"/> Yes <input type="radio"/> No			
Reason for leaving:			



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<b>Dates: From</b> <input type="text"/>		<b>To</b> <input type="text"/>	
Company:		Type of Trailer Pulled:	
Address		Type of Equipment Driven:	
Tele	<input type="text"/>	Number of Accidents:	
		States You Drove In:	
		Position(s) Held:	
		Compensation/Pay:	
Was this job a safety sensitive function regulated by the DOT and subject to alcohol and controlled substance testing? <input type="radio"/> Yes <input type="radio"/> No			
Were you subject to Federal Motor Carrier Safety Regulations? <input type="radio"/> Yes <input type="radio"/> No			
Reason for leaving:			

<b>Dates: From</b> <input type="text"/>		<b>To</b> <input type="text"/>	
Company:		Type of Trailer Pulled:	
Address		Type of Equipment Driven:	
Tele	<input type="text"/>	Number of Accidents:	
		States You Drove In:	
		Position(s) Held:	
		Compensation/Pay:	
Was this job a safety sensitive function regulated by the DOT and subject to alcohol and controlled substance testing? <input type="radio"/> Yes <input type="radio"/> No			
Were you subject to Federal Motor Carrier Safety Regulations? <input type="radio"/> Yes <input type="radio"/> No			
Reason for leaving:			



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## TO BE READ AND SIGNED BY APPLICANT

It is agreed and understood that any written misrepresentation given in this application shall be considered an act of dishonesty, and will be cause for dismissal.

It is agreed and understood that Bulkley Trucking and any of its agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and person named herein from all liability for any damages on account of his furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law, 91-508, I have been told that this investigation may include an Investigation consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations, as may be required to complete my employment and/or qualification file.

It is agreed and understood that this application for qualification in no way obligates Bulkley Trucking to employ the applicant.

It is agreed and understood that if qualified, the driver may be on a probationary period during which time he/she may be disqualified without recourse.

This certifies that I completed this application and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant's Signature

Date





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## REQUEST FOR INFORMATION FROM A PREVIOUS EMPLOYER

TO:

FROM:

Safety Director  
Bulkley Trucking

### RELEASE

has applied to be qualified as a driver for us and has listed you as a previous employer.  
Would you please answer the following questions regarding this applicant?

The applicant has released you from any and all liability, as follows:

I hereby authorize this company to release all records of employment and work history, including assessments of my job performance, ability and fitness to each and every company (or their authorized agents) which may request such information in connection with my Request for Qualification as a Driver for said company. I hereby release this company from any and all liability of any type as a result of providing the requested information.

Text Field

Date

Applicant Name (Print)

SS#

1. For what period (Month and Year, for entire period of employment) did the applicant work for you?

From:

To:

month day year

month day year

2. What type of work was performed by the applicant for you?

Local Driver  Over-the-Road-Driver

Dock Work!  Office  Other

(specify)

\*If a driver, he/she was:

Company Driver  An Owner Operator  Driver for Owner Operator

3. Type of vehicle driven:

Automatic  Bobtail  Tractor Semi-Trailer  School Bus  Motor Coach

Other

4. Was work performed in a satisfactory manner?

Yes  No

5. Please list any accidents or claims involving the applicant during his/her employment or contract period. The information requested is specifically required by the Federal Motor Carrier Safety Regulations, Part 391.23(d)(2):

Date of Acc.	Location: City, St	Driver Name	No. of Injuries	Type of Vehicle	Were Haz Mat Released

6. Areas traveled:

Midwest  East Coast  West Coast  All 48  Canada  Mexico

7. Were logs and paperwork submitted in a Satisfactory condition?

Yes  No

8. Would you re-qualify this applicant to work for your company again?

Yes  No

9. Additional comments you feel might be helpful:

Name & signature of person supplying information



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## REQUEST FOR INFORMATION FROM A PREVIOUS EMPLOYER FOR ALCOHOL AND CONTROLLED SUBSTANCE TESTING RECORDS

**THIS REQUEST IS BEING MADE IN ACCORDANCE WITH THE FEDERAL LAW. FAILURE TO PROVIDE THIS INFORMATION MAY BE CONSIDERED A VIOLATION OF FEDERAL LAW.**

This is a request for information regarding the below-listed persons participation in an alcohol and controlled substance testing program, as required by the Federal Motor Carrier Safety Regulations Parts 382.405, 382.413, 391.23, and 40.25. The applicant has provided a Release in your favor below, as required by FMCSR Part 40.321. **Please return the completed form to:**

### RELEASE TO PROVIDE REQUESTED INFORMATION

I hereby authorize  to release and forward any information regarding any Alcohol and Controlled Substance Testing and/or Training records to:

Prospective Employee

Date

Print Full Name

Signature

1. Has this person ever tested positive or a controlled substance in the last 3 years?  Yes  No
2. Has this person ever has an alcohol test with a Breath Alcohol Concentration of 0.04 or greater in the last 3 years  Yes  No
3. Has this person ever refused a required test for drugs or alcohol in the last 3 year?  Yes  No
4. To your knowledge has this person violated any other DOT Drug and Alcohol Testing regulation?  Yes  No
5. Have you received information from a previous employer that this individual has violated any DOT Drug or Alcohol Testing regulation?  Yes  No

**If any of the above questions were answered Yes, please answer the following questions:**

1. Following the incident acknowledged above, did you retain this applicant in your employ?  Yes  No
2. Following the incident acknowledged above, did this applicant complete a rehabilitation program prescribed by a Substance Abuse Professional (SAP)?  Yes  no  Unknown
3. Following the completion of a rehabilitation program prescribed by a Substance Abuse Professional (SAP), did this applicant, **while still in your employ**, subsequently have:
  - a. Any alcohol tests with a result of 0.04 or higher alcohol concentration?!  Yes  No
  - b. Verified positive drug test?  Yes  No
  - c. Refusals to be tested (including verified adulterated or substituted drug test results)?  Yes  No

Please provide the name, address, and telephone number of the Substance Abuse Professional for further reference:

Name

Number

Address / City / State

Name & signature of person supplying information



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## RECORD OF VIOLATIONS

### CERTIFICATION OF VIOLATIONS:

I certify that the following is a true and complete list of traffic violations (not including parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

*If no violations during this period, write "NONE" across the chart.*

Date of Conviction	Offense	Location	Type of Vehicle Operated

### CDL License Information

State:

Number:

Exp. Date:

**IMPORTANT**

**INFORMATION!**

### If no violations are listed above:

I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

Signature

Date

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5889 IH 30 W, BRASHEAR, TX 75420

Prospective Employee

Motor Carrier

Safety Director:

Date

### FOR OFFICIAL USE ONLY

### ANNUAL REVIEW OF DRIVING RECORD:

In accordance with Part 391.25 of the FMCSR, all information pertaining to the above drivers safety of operation, including the record of violations furnished by the driver pursuant to Part 391.27 of the FMCSR has been reviewed for the past 12 months.

Driver meets the minimum qualification requirements of the FMCSR

Action(s) Taken:

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5889 IH 30 W, BRASHEAR, TX 75420

Prospective Employee

Motor Carrier

**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL  
ACCOUNT HOLDERS**

**IMPORTANT DISCLOSURE**

**REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service***

In connection with your application for employment with \_\_\_\_\_ (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

**AUTHORIZATION**

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize \_\_\_\_\_ (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: \_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

*LAST UPDATED 12/22/2015*



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## **TRUCKING INDUSTRY:** **DOT D/A Disclosure and Authorization**

Send to Fax# (800) 257-8069

<b>HireRight Customer:</b>	
Company Name:	<input type="text"/>
Company Contact Name:	<input type="text"/>
Fax #:	<input type="text"/>
HireRight Account Code:	<input type="text"/>

### **PART I— DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES —49 CFR PART 391.23, DOT DRUG AND ALCOHOL TESTING**

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to HireRight for the purpose of HireRight transmitting such records to the HireRight customer listed above. I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous three (3) years: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes HireRight with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to HireRight, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous three (3) years; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous three (3) years.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous three (3) years. If necessary, attach additional pages, including the date, your name, social security number and signature.

Previous DOT-Regulated Employer	City	State	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I disclosure and authorization for release as well as the attached FMCSA Notification of Driver Rights and any applicable state law notices; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original.

Print Applicant Name:	<input type="text"/>	Social Security #:	<input type="text"/>
Applicant Signature:	<input type="text"/>	Date:	<input type="text"/>



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## **Part 2 - FMCSA Notification of Driver Rights**

In compliance with 49 CFR Part 40 §391.23 you have certain rights regarding the safety performance history information that will be provided to prospective employers. I) You have the right to review information provided by previous employers. II) You have the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to prospective employers. III) You have the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information. (2) Drivers who have previous DOT regulated employment history in the preceding three years and wish to review previous employer-provided investigative information must submit a written request to prospective employers. This may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. Prospective employers must provide this information within five business days of receiving the written request. If prospective employers have not yet received the requested information from the previous employer, then the five day deadline will begin when the requested safety performance history information is received. If you have not arranged to pick up or receive the requested records within 30 days of prospective employers making them available, the prospective employers may consider you to have waived your request to review the record.



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Ph. 903-582-2305  
Fax 903-582-2380

## MOTOR VEHICLE RECORD RELEASE

I , hereby give my permission to Bulkley Trucking, its insurers and assigns, to secure a copy of my Motor Vehicle Record (MVR).

Signature

Date

Drivers License Number

State

Expiration Date

Social Security Number

Date of Birth

## FAIR CREDIT REPORT ACT DISCLOSURE

In accordance with the provisions of Section 604 (b)(2)(a) of the Fair Credit Reporting Act (Published Law 91-508), as amended by the Consumer Credit Reporting Act of 1996 (Title 11, Subtitle D, chapter 1 of Public law 104-208), you are being informed that a consumer report may be obtained on you for employment purposes.

I acknowledge the receipt of the above disclosure.

Signature

Date

Witness

Date





## CERTIFICATION OF A POSITIVE PRE-EMPLOYMENT DRUG OR ALCOHOL TEST RESULT OR REPORT OF A REFUSAL TO TEST

In compliance with the provisions of the Federal Motor Carrier Safety regulations regarding the Procedures for Transportation Workplace Drug and Alcohol Testing Programs (49 CFR Part 40.25(j)), every person applying for a safety-sensitive position with a Commercial Motor Carrier must answer the following questions:

1. Have you ever tested positive on any pre-employment drug test administered by an employer to which you applied for, but did not obtain, safety sensitive transportation work covered by DOT Agency Drug and Alcohol testing rules during the past two years?  Yes  No
2. Have you ever tested positive on any pre-employment alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT Agency Drug and Alcohol testing rules during the past two years?  Yes  No
3. Have you ever refused any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT Agency Drug and Alcohol testing rules during the past two year?  Yes  No

### IF ANY OF THE ABOVE QUESTIONS ARE ANSWERED YES, PLEASE COMPLETE THE FOLLOWING:

Company name and address for which you applied for, but did not obtain, safety sensitive transportation work:

Company Name:

Address:

City, State, Zip:

Contact Person:  Phone Number

Date of Positive Test or Test Refusal:

Substance Abuse Professional that approved your return to duty:

Name:

Address:

City, State, Zip:  Phone Number

I certify with my signature below that the information above is true and correct. I understand that providing false or misleading information is a serious violation of federal law and, if approved for a driving position, doing so could be cause for the immediate termination of any employment or contractual agreement I may have with the company.

Signature  Date!  Social Security Number



## PRE-QUALIFICATION URINALYSIS NOTIFICATION AND CONSENT

The Federal Motor Carrier Safety Regulations Require:

382.301 Pre-Employment Testing:

- (a) Prior to the first time a driver performs safety-sensitive functions for an employer, the driver shall undergo testing for controlled substances as a condition prior to being used, unless the employer uses the exception in paragraphs (b) of this section. No employer shall allow a driver, who the employer intends to hire or use, to perform safety-sensitive functions unless the employer intends to hire or use, to perform safety-sensitive functions unless the employer has received a controlled substances test result from the MRO or C/TPA indicating a verified negative test result for that driver.

Medical Review Officer (MRO) will review and maintain the results of the controlled substance test. The MRO is obligated by law to report both negative and positive test results to the company. Under certain conditions the MRO may afford a tested individual, within a reasonable period of time, the opportunity to discuss a positive test result with the MRO before reporting the positive test result to the motor carrier, but it is not required he do so (see Federal Motor Carrier Safety Regulation Part 382.407). A positive test for controlled substances based on the urinalysis test will medically disqualify a driver from the operation of a commercial motor vehicle for this company.

Pre-qualification / pre-use testing for controlled substances is required by law. Failure to submit to testing for controlled substances or refusing to be tested will prevent a driver from being qualified to drive a commercial motor vehicle for this company (see FMCSR 382.221 and 382.215).

I have read and understand the above regulations and conditions for controlled substance testing, and I agree to the urine sample collection and controlled substance testing.

Name:   
Print Name

Signature

Date:



# RELEASE OF CDL HOLDER'S REPORTED POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST RESULTS



Use this form to obtain the CDL holder's reported positive alcohol or controlled substance test results information.

This form should ONLY be used if you wish to inquire whether or not a prospective driver (CDL Holder) has had a positive alcohol or controlled substance test result reported to the Texas Department of Public Safety in compliance with state law.

**THIS FORM IS NOT REQUIRED FOR REPORTING A POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST.**

1. This form must be completed in full and include the driver's original signature.  
*(Electronic signatures will not be accepted)*

2. Deliver, mail, Email or FAX the completed form to:

Texas Department of Public Safety  
Motor Carrier Bureau, MSC #0521  
6200 Guadalupe, Building P  
Austin, Texas 78752-4019 / Facsimile: 512-424-5310  
Email: MCB.VPR@dps.texas.gov

Check here if CDL Holder is requesting results on self

\_\_\_\_\_  
Print Name of CDL Holder Phone Number

\_\_\_\_\_  
Print full Address, City, State and Zip Code of CDL Holder Social Security #

Driver License Number of CDL Holder \_\_\_\_\_ State \_\_\_\_\_ Date of Birth \_\_\_\_\_

authorize release of any and all of CDL holder's reported positive alcohol or controlled substance test results reported under Texas state law to

\_\_\_\_\_  
Print Motor Carrier's Name Phone Number

\_\_\_\_\_  
Print full Address, City, State and Zip Code of Motor Carrier

Signature of Driver <b>X</b>	Date
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If you wish to request and receive this information by electronic mail, submit a completed and notarized Electronic Mail Verification Form (MCS-32), available at the following web address:  
<http://www.dps.texas.gov.htm>.



**FEDERAL MOTOR CARRIER SAFETY REGULATIONS  
DRUG AND ALCOHOL TESTING  
DILUTE SPECIMENS**

In accordance with Part 40.197 of the Federal Motor Carrier Safety regulations, the company is informing you of the following provisions of the Drug and Alcohol Regulations:

Part 40.197 of the Federal Motor Carrier Safety Regulations refers to what a motor carrier's responsibilities are when it receives a report of a dilute specimen, and these are, in part, as follows:

- (a) If we are informed by the MRO that a positive drug test was dilute, the law requires that we treat the test as a verified positive test. We are not permitted to direct an employee to take another test based on the fact that the specimen was dilute.
- (b) If we are informed by the MRO that a negative drug test was dilute, we will direct you to take another test immediately. We must, and will, treat every such occurrence in the same manner.
- (c) the result of the second test - and not that of the original test - will be the test of record, upon which the company must rely for the purposes of this regulation.
- (d) If you, as the person that has been requested to take another test, decline to do so, the refusal to take another test will be considered as a refusal to take a controlled substance test, which, under the Drug and Alcohol regulations will be considered as a positive test result and you will be considered ineligible to drive a commercial motor vehicle until you complete counseling, etc. and all the return to duty provisions of the FMCSR before again being legally able to drive a commercial motor vehicle.

**ACKNOWLEDGEMENT**

I hereby acknowledge with my signature that I have read and understand the above policy statement. I understand that in the event a urine sample that is provided by me as a result of the company's request for a controlled substance and/or alcohol test is considered dilute by the MRO I will be required to provide another urine sample for testing immediately upon request by the company. Failure to provide another sample when requested by the company will be considered a refusal to test under the Department of Transportation Drug and Alcohol testing Regulations and will subject me to termination of my relationship with the company and disqualification as a driver.

Print Name

Social Security Number

Signature

Date