

DRIVER APPLICATION FORM

COMPANY NAME: **Mast Trucking Inc**

COMPANY ADDRESS: **31800 2 RD**

Copeland

KS

67837

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 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 that I have the right to:

- Review information provided by current/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;
- 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 _____

Name _____

Last

First

Middle

Social Security Number

Phone Number

Date Of Birth

Email Address

Three Year Residency History

Current Address _____

Street

City

State

Zip

Duration

Address _____

Street

City

State

Zip

Duration

Address _____

Street

City

State

Zip

Duration

Employment History

(Use Additional Employment History Information form if necessary)

All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three years. You must give the same information for all employers for whom you have driven a commercial vehicle seven years prior to the initial three years (total of ten years employment record). You are required to the complete mailing street number name, city, state and zip code.

CURRENT OR LAST EMPLOYER: _____ Phone Number (_____) _____

Street Address _____ City _____ State _____ Zip _____

Position Held _____ From _____ To _____

Reasons for Leaving _____

Were you subject to the **Federal Motor Carrier Safety Regulations** 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 ☐

SECOND PREVIOUS EMPLOYER: _____ Phone Number (_____) _____

Street Address _____ City _____ State _____ Zip _____

Position Held _____ From _____ To _____

Reasons for Leaving _____

Were you subject to the **Federal Motor Carrier Safety Regulations** 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 ☐

THIRD PREVIOUS EMPLOYER: _____ Phone Number (_____) _____

Street Address _____ City _____ State _____ Zip _____

Position Held _____ From _____ To _____

Reasons for Leaving _____

Were you subject to the **Federal Motor Carrier Safety Regulations** 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 ☐

*Any gaps in employment, and/or unemployment must be explained.

* **The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway an 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 more than 8 passengers (including the driver) for compensation; or (3) is designed or used to transport more than 15 passengers, including the driver, ant is not used to transport passengers for compensation; or (4) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

EXPERIENCE AND QUALIFICATION

Attach separate sheet if more space is needed

Driving Experience

If no driving experience within the last 3 years — check here []

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Circle all that apply)	DATES FROM	APPROXIMATE NUMBER OF MILES
Straight Truck	Van, Reefer, Tank, Flat	_____	_____
Tractor & Semi-Trailer	Van, Reefer, Tank, Flat	_____	_____
Tractor Two Trailers	Van, Reefer, Tank, Flat	_____	_____
Tractor — Three Trailers	Van, Reefer, Tank, Flat	_____	_____
Motor coach — School Bus (8+ passengers)	N/A	_____	_____
Motor coach — School Bus (15+ passengers)	N/A	_____	_____
Other: _____	Van, Reefer, Tank, Flat, N/A	_____	_____

Accident History (3 years)

If no accidents within the last 3 years — check here

DATE (Month/Year)	NATURE OF ACCIDENT (Head-on, rear-end, upset, etc)	NUMBER OF FATALITIES	NUMBER OF INJURIES	HAZARDOUS MATERIALS SPILL?
_____	_____	_____	_____	YES NO
_____	_____	_____	_____	YES NO
_____	_____	_____	_____	YES NO

Traffic Convictions and Forfeitures (3 years)

If no traffic convictions and/or forfeitures in the last 3 years — check here []

DATE CONVICTED (month/year)	VIOLATION (Other than parking violations)	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral and/or points)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

License Information

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

State	License Number	Expiration Date
_____	_____	_____

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes [] No []

If yes, give details _____

Has any license, permit, or privilege ever been suspended or revoked? Yes No

If yes, give details _____

Applicant Certification

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.

_____	_____
Applicant's Signature	Date

Mast Trucking Inc

31800 2 RD

Copeland, KS 67837

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Mast Trucking Inc may obtain information about you from a third-party consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report which may include information about your character, general reputation, personal characteristics, and/or mode of living" and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records, ("driving records"), verification of your education or employment history, or other background checks.

You have the right, upon written requests made within a reasonable time, to request whether a consumer report has been run about you and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report is an employment history or verification. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.

Signature: _____ Date: _____

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REQUEST INFORMATION FROM PREVIOUS EMPLOYER

DRIVER'S INFORMATION

NAME: _____
ADDRESS: _____
CITY: _____ CDL# _____
FORMER EMPLOYER: _____ REQUESTED BY PROSPECTIVE EMPLOYER: _____
Mast Trucking
31800 2RD, Copeland, KS, 67837
Phone: 620-668-5121 Fax: 620-668-5040

Employment History

THE ABOVE REFERENCED INDIVIDUAL STATES THAT HE/SHE WAS EMPLOYED BY YOU AS A:

TRUCK DRIVER _____

BUS DRIVER _____

OTHER _____

FROM _____ TO _____

PREVIOUS EMPLOYER

WILL YOU PLEASE REPLY TO THE INQUIRY BELOW RESPECTING THIS APPLICANT? YOUR REPLY WILL BE HELD IN STRICT CONFIDENCE AND WILL IN NO WAY INVOLVE YOU IN ANY RESPONSIBILITY.

NAME OF RESPONDING CARRIER OFFICIAL: _____

SIGNATURE OF CARRIER OFFICIAL: _____ DATE: _____

1. Is the employment record with your company correct as stated? _____
2. What kind(s) of work did the applicant do? _____
3. Did the applicant drive motor vehicles for you?
Passenger car _____ Straight Truck _____ Bus _____
Tractor-Semi-Trailer _____ Other(specify) _____
4. Was the applicant a safe and efficient driver? _____
5. Give the dates of vehicle accidents in which he/she was involved. _____
6. Reason for leaving employment: Discharged _____ Laid off _____ Resigned _____
7. Was the applicant generally satisfactory? _____
8. Is the applicant competent for the position sought? _____
9. Did the applicant drink any alcoholic beverages while on duty? _____

Alcohol & Drug History

Yes No

- | | | |
|---|-----|-----|
| 1. Has the above named driver had an alcohol test with a result of 0.04 alcohol concentration or greater? | [] | [] |
| 2. Has the above named driver verified positive for a controlled substance? | [] | [] |
| 3. Has the above named driver refused a required test for alcohol or drugs during the past 24 months? | [] | [] |

(If the answer to any of the above is yes, please identify the Substance Abuse Professional that administered treatment as required by the U.S. Department of Transportation.

_____ or check here [] if it is unknown if the driver received treatment.

Name

Telephone

Authorization to Release

I, _____ do hereby authorize to contact my previous employer(s) in accordance with current US DOT rules and regulations as in 49 CFR 382.413 in order to obtain me following information for the preceding two years fully understand the above, and do hereby give my consent the information required by 49 CFR 382.413.

DRIVER'S SIGNATURE

DATE

WITNESS SIGNATURE

DATE

Sent _____

Received _____

Employee Name: _____ DATE: _____

SECTION 3:**TO BE COMPLETED BY PREVIOUS EMPLOYER****ACCIDENT HISTORY**

Check here if there is no accident register data for this driver and skip to Section 4. Complete the following for any accidents included on your accident register (5390.15(b)) that involved the applicant in the 3 years prior to the application date shown on SIDE 1

	Date	Location	No. of injuries	No. of Fatalities	Hazmat spill
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

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

SECTION 4:**TO BE COMPLETED BY PREVIOUS EMPLOYER****DRUG AND ALCOHOL HISTORY**

Check here _____ and return if applicant was not subject to DOT testing requirements under 49 CFR Part 40 while employed by you. Applicant was subject to DOT testing requirements from _____ to _____
In answering these questions, include any required DOT drug or alcohol testing information you obtained from other employers in the 3 years prior to the application date shown on SIDE 1.

Within the past 3 years from the application date shown on SIDE 1:

YES NO

1. Has this person violated any of the drug and/or alcohol prohibitions under 49 CFR Part 40 or Subpart B of Part 382, including:

- An alcohol test with a result of 0.04 or higher alcohol concentration.
- A controlled substances test result of positive, adulterated, or substituted.
- A refusal to submit to a random, post-accident, reasonable-suspicion, or follow-up controlled substances or alcohol test.
- Alcohol use while performing or within 4 hours before performing safety-sensitive functions.
- Alcohol use after an accident, in violation of 5382.303.
- Controlled substances use while on duty, except as allowed under 5382.213.

1. If this person violated a DOT drug and/or alcohol prohibition, did he/she fail to begin or complete a rehabilitation program prescribed by a Substance Abuse Professional (SAP)? If rehabilitation was required but you do not know if he/she began or completed such a program, check here
2. If this person successfully completed an SAP's rehabilitation referral and remained in your employ, did he/she subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refusal to be tested?
- 3.

SECTION 5a:**To Be Completed by prospective employer**

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

By: _____ Date _____

Subsequent attempts to contact previous employer: _____

SECTION 5b: To Be Completed by prospective employer

Complete below when information is obtained

Information received from:

Recorded by: _____ Metho ☐ Fax ☐ Email ☐ Telephone

Date: _____ Other: _____

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31800 2 RD

Copeland, KS 67837

**DRUG AND ALCOHOL TESTING
RESULTS REQUEST - RELEASE FORM**

DRUG AND ALCOHOL TESTING RESULTS REQUEST

MAIL TO FORMER EMPLOYER:

I, _____ do hereby authorize to contact my previous employer(s) in accordance with current US DOT rules and regulations as set forth in 49 CFR 382.413 in order to the following information for the preceding two years:

1. Alcohol test with a result of 0.04 alcohol concentration or greater,
2. verified positive controlled substances test results; and
3. refusals to be tested.

I fully understand the above and do hereby give my consent to obtain the information required by 49 CFR 382.413.

Signature

Date

Mast Trucking Inc

31800 2 RD

Copeland, KS 67837

DRUG AND ALCOHOL POLICY STATEMENT

Mast Trucking Inc is committed to providing a safe work environment and to fostering the health and wellbeing of its employees. That commitment is jeopardized when any Mast Trucking Inc employee illegally uses drugs on the job, comes to work under the influence, or possesses, distributes, or sells drugs in the work place. Therefore, Mast Trucking Inc states (1) It is a violation of company policy for any employee to possess, sell, trade, or offer for sale illegal drugs or otherwise engage in the illegal use of drugs on the job. (2) It is a violation of company policy for anyone to report to work under the influence of illegal drugs. (3) It is a violation of the company policy for anyone to use prescription drugs illegally. Nothing in this policy precludes the appropriate use of legally prescribed medications. (4) Violations of this policy are subject to disciplinary action up to and including termination. It is the responsibility of the company's management to counsel employees whenever they see changes in performance or behavior that suggest an employee has a drug problem. Regardless it is not management's job to diagnose personal problems, managers should encourage such employees to seek help and advise them about available resources for getting help. Everyone shares responsibility for maintaining a safe work environment and co-workers should encourage anyone who may have a drug problem to seek help. The goal of this policy is to balance our respect for individuals with the need to maintain a safe, productive and drug-free environment. The intent of this policy is to offer a helping hand to those who need it, while sending a clear message that the illegal use of drugs is incompatible with employment at Mast Trucking Inc. As a condition of employment, employees must abide by the terms of this policy and must notify Mast Trucking in writing of any conviction of a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.

I have read this Drug and Alcohol Policy and I fully understand the terms and conditions used in this policy statement. Any questions that I had concerning this statement have been answered and explained to my satisfaction. I will abide by this Drug and Alcohol Policy.

I hereby acknowledge that I have received the Drug and Alcohol Policy as set forth above.

First Name

Last Name

Signature

Date

Witness Signature

Date

Mast Trucking Inc

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PASSENGER POLICY

PASSENGER RELEASE, INDEMNIFICATION, AGREEMENT AND RIDER AUTHORIZATION

The undersigned, being of lawful age, and with knowledge of the hazards involved in the transportation industry, hereby voluntarily agrees and/or represents as applicable:

1. That in exchange for free transportation on a company vehicle or driver leased vehicle, the undersigned _____ (hereafter "Passenger") hereby releases and forever discharges MAST TRUCKING INC, COPELAND, KANSAS, its affiliates and subsidiaries, officers, and employees from any and all claims, losses, injuries, or damages, including personal injury or death, resulting directly or indirectly from the Passenger's presence as a passenger on a MAST TRUCKING INC, COPELAND, KANSAS owned or driver leased vehicle.
2. Passenger agrees to indemnify, defend and hold MAST TRUCKING INC, COPELAND, KS harmless from any injury or loss resulting to MAST TRUCKING, COPELAND, KANSAS or any third party arising from the Passenger's presence on any MAST TRUCKING, COPELAND, KANSAS owned or lease driven vehicle.

Passenger information: (please print)

Name: _____

Address: _____

Date of Birth: _____

Emergency Contacts

Driver signature

Company official

Mast Trucking Inc

31800 2 RD
Copeland, KS 67837

Date Completed

Emergency Contacts Form

Driver Information

Name _____ DOB ____/____/____

Last Name

First Name

M.I.

Address _____ APT # _____

City _____ State _____ Zip _____

Phone _____

Emergency Contact Information

Name _____ Relationship _____

E-Mail _____

Phone _____

Emergency Contact Information

Name _____ Relationship _____

E-Mail _____

Phone _____

Emergency Contact Information

Name _____ Relationship _____

E-Mail _____

Phone _____