

## Horizon Resources DOT Driver Application

Horizon Resources is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion, national origin, marital status, physical or mental handicap or arrest record. This application will remain effective for a period of thirty (30) days or until the position is filled.

**Notice: Substance and Alcohol Testing is required of CDL applicant driver.**

### PERSONAL INFORMATION

Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant Name: \_\_\_\_\_  
Last First Middle

### RESIDENCY INFORMATION

**Residency Information is required for 3 years prior to the application date**

Present Address: \_\_\_\_\_ Dates: \_\_\_\_\_  
Street City State Zip Code From To

**If not at current address for 3 years or more, list prior residency for past 3 years (REQUIRED)**

Previous Address: \_\_\_\_\_ Dates: \_\_\_\_\_  
Street City State Zip Code From To

Previous Address: \_\_\_\_\_ Dates: \_\_\_\_\_  
Street City State Zip Code From To

(ATTACH SHEET IF MORE SPACE IS NEEDED)

Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ Are you 18 years old or older? ☐ Yes ☐ No

Are you authorized to work in the U.S.? ☐ Yes ☐ No Referred by: \_\_\_\_\_

State the name of any relatives, other than spouse, already employed by this company. \_\_\_\_\_

### POSITION DESIRED

Position: \_\_\_\_\_ Date you can Start: \_\_\_\_\_ Salary desired: \_\_\_\_\_

Have you previously worked for this company? ☐ Yes ☐ No If so, from \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Former supervisor(s) at this company: \_\_\_\_\_

How did you learn of this opening: \_\_\_\_\_

### EDUCATION

Name and Location of School	Circle Last Year Completed	Did you Graduate?	Subjects Studies & Degree (s)
High School	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business, or Correspondence School	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Other education or training: \_\_\_\_\_

Other special skills: \_\_\_\_\_

Have you ever been convicted of a crime?\* ☐ Yes ☐ No

If yes, give details, including date(s): \_\_\_\_\_

\*A "yes" answer will not automatically disqualify you from employment. We will consider the nature and date of the offense and the job for which you are applying for job-related purposes only, and only to the extent permitted by applicable law.

## EMPLOYMENT HISTORY

All driver applicants must provide the following information on **all employers for the past 3 years** preceding this job application.

Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
Street City State Zip Code (Date) (Date)

Position Held: \_\_\_\_\_ Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Did you operate a Commercial Motor Vehicle for this employer? ☐ Yes ☐ No

1. When employed here, were you subject to the Federal Motor Carrier Safety Regulations? ☐ Yes ☐ No

2. Were you subject to alcohol and controlled substance testing requirements under 49 CFR part 40? ☐ Yes ☐ No

List type of Commercial Motor Vehicle or Equipment operated for this Employer: (i.e. Tractor Trailer, Bobtail, Straight Truck, Forklift, Applicator, etc.)

Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
Street City State Zip Code (Date) (Date)

Position Held: \_\_\_\_\_ Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Did you operate a Commercial Motor Vehicle for this employer? ☐ Yes ☐ No

1. When employed here, were you subject to the Federal Motor Carrier Safety Regulations? ☐ Yes ☐ No

2. Were you subject to alcohol and controlled substance testing requirements under 49 CFR part 40? ☐ Yes ☐ No

List type of Commercial Motor Vehicle or Equipment operated for this Employer: (i.e. Tractor Trailer, Bobtail, Straight Truck, Forklift, Applicator, etc.)

Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
Street City State Zip Code (Date) (Date)

Position Held: \_\_\_\_\_ Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Final Salary \_\_\_\_\_

Did you operate a Commercial Motor Vehicle for this employer? ☐ Yes ☐ No

1. When employed here, were you subject to the Federal Motor Carrier Safety Regulations? ☐ Yes ☐ No

2. Were you subject to alcohol and controlled substance testing requirements under 49 CFR part 40? ☐ Yes ☐ No

List type of Commercial Motor Vehicle or Equipment operated for this Employer: (i.e. Tractor Trailer, Bobtail, Straight Truck, Forklift, Applicator, etc.)

## EMPLOYMENT HISTORY (PRIOR 7 YEARS – DOT ONLY)

List all additional employers for which you operated a commercial motor vehicle during the 7 year period prior to the 3 years of employment covered by the preceding section.

Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Street City State Zip Code  
 From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
(Date) (Date)

Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Street City State Zip Code  
 From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
(Date) (Date)

Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Street City State Zip Code  
 From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
(Date) (Date)

## 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:

_____ License #	_____ State	_____ Type (Class – A/B/C/D/Seasonal/Permit)	_____/_____/_____ Expiration Date
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Have you ever been denied a license, permit or privilege to operate a motor vehicle? ☐ Yes ☐ No

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

If "yes" to either question, explain: \_\_\_\_\_

## DRIVING EXPERIENCE AND QUALIFICATIONS

Check this box if you have NO commercial motor vehicle driving experience: ☐

Years of CMV driving experience: Years: \_\_\_\_\_ Months: \_\_\_\_\_

Equipment Experience:	Type of Truck (tank, flat, dump)	Years Exp.	# of Miles
<input type="checkbox"/> Straight Truck	_____	_____	_____
<input type="checkbox"/> Tractor & Semi Trailer	_____	_____	_____
<input type="checkbox"/> Tractor – 2 Trailers	_____	_____	_____
<input type="checkbox"/> Tractor – 3 Trailers	_____	_____	_____

List states operated in (past 5 years): \_\_\_\_\_

List any driver training courses you have completed: \_\_\_\_\_

## ACCIDENT RECORD

**List Traffic Convictions and Forfeitures for the past three (3) years (Other than Parking Violations)**  
**If you have not had any convictions in the past three years than write, NONE, in the space provided.**

Dates Month/Year	Nature of Accident (Head-on, Rear-end, Upset, etc.)	Number of Fatalities	Number of Injuries	Chemical Spill?
/				<input type="checkbox"/> Yes <input type="checkbox"/> No
/				<input type="checkbox"/> Yes <input type="checkbox"/> No
/				<input type="checkbox"/> Yes <input type="checkbox"/> No
/				<input type="checkbox"/> Yes <input type="checkbox"/> No

## TRAFFIC CONVICTIONS AND FORFEITURES

**For the past 5 years, list all traffic convictions and forfeitures (not including parking violations).**  
**If you have not had any convictions and/or forfeitures in the past 5 years, write NONE in the space provided.**

Date Convicted Month/Year	Violation	State of Violation	Penalty (Forfeited bond, collateral, points)
/			
/			
/			
/			

## APPLICATION AUTHORIZATION

### TO BE READ AND SIGNED BY APPLICANT

I certify that the foregoing statements are true and correct. I authorize the Company to make investigation of my personal or employment history and authorize any present/former employer, person, firm, corporation, credit agency or government agency to give the Company any information they may have regarding me, and I understand that any misrepresentation or omission shall be cause for dismissal. In consideration of the prospective employer review of this application, I release the Company and all providers of information from any liability as a result of furnishing and receiving this information.

I further agree that, if employed, I will conform my conduct to the Company's rules, regulations and personnel policies. I understand that no personnel recruiter, interviewer or other representative other than an officer of the Company has authority to enter into any agreement for employment for any specified period of time and that any employment manuals or handbooks that may be distributed to me during the course of my employment shall not be construed as a contract. I further understand that nothing contained in this application or the granting of an interview creates a contract for either employment or providing any benefit, and THAT I HAVE THE RIGHT TO TERMINATE EMPLOYMENT AT ANY TIME AND THAT THE COMPANY HAS THE SAME RIGHT.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## APPLICANT STATEMENT OF PREVIOUS DRUG AND ALCOHOL TEST

Sec. 40.25(j) As an employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre--employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety--sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of return-to-duty process. (See Sec.40.25(b)(5) and (e))

The prospective employee is required by Sec. 40.25(j) to respond to the following questions:

1. Have you tested positive, or refused to test, on 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 years? ☐ Yes ☐ No
2. If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements? ☐ Yes ☐ No

**I certify that the information provided on this document is true and correct.**

**Applicant Name:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witnesses' Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\*Examples of safety sensitive functions in Department of Transportation (DOT) regulated modes subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40 include, but are not limited to, pipeline controllers, airline mechanics, locomotive hostlers/helpers, bus drivers and any commercial driving position where a CDL is required.

The Federal Motor Carrier Safety Administration regulates drivers of any self--propelled or towed motor vehicle used on a highway in interstate commerce to transport passengers or property when the vehicle—(1) Has a gross vehicle weight rating or gross combination weight rating, or gross vehicle weight or gross combination weight, of 4,536 kg (10,001 pounds) or more, whichever is greater; or (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, and is not used to transport passengers for compensation; or (4) Is used in transporting material found by the Secretary of Transportation to be hazardous under 49 U.S.C. 5103 and transported in a quantity requiring placarding under regulations prescribed by the Secretary under 49 CFR, subtitle B, chapter I, subchapter C.

## EMPLOYER DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION

As part of our hiring background and investigation, and continuing employment practices, we may obtain employee driving history records. Under the provisions of the Drivers' Privacy Protection Act of 1994 (18 U.S.C. § 2721) before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation.

### EMPLOYEE AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION

Under the provisions of the said Drivers' Privacy and Protection Act and all applicable federal, state, and local laws, and as a condition of my employment with COMPANY. I hereby authorize and permit Employer and its successors throughout the course of my employment to obtain:

1. Records concerning any driving, criminal history, credit history, workers' compensation (post-offer only) and drug testing;
2. (For truck drivers only) In accordance with the Department of Transportation Motor Carrier Safety Regulations, Section 382.413, information concerning alcohol and controlled substances for the past 2 years;

I agree that a copy of this authorization has the same effect as an original.

I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as Employer from my liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

Drivers License Number: \_\_\_\_\_ SS# \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant Name (printed): \_\_\_\_\_  
FIRST LAST MI

Applicant Signature: \_\_\_\_\_

## DRIVER CERTIFICATION OF VIOLATIONS ANNUAL REVIEW OF DRIVING RECORD

### CERTIFICATION – TO BE COMPLETED BY DRIVER (REQUIRED)

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past **12 months**.

DATE OF CONVICTION	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED
/ /			
/ /			
/ /			
/ /			
/ /			
/ /			
/ /			

Driver Name: \_\_\_\_\_  
LAST
FIRST
MI

Driver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### THE FOLLOWING TO BE COMPLETED BY REVIEWER

#### Review and Evaluation of Driver Record

This day I reviewed the driving record of the above named driver in accordance with 391.25 of the Federal Motor Carrier Safety Regulations. I considered any evidence that the driver has violated applicable provisions of the Federal Motor Carrier Safety Regulations and the Hazardous Materials Regulations. I considered the driver's accident record and any evidence that he/she has violated laws governing the operation of motor vehicles, and gave great weight to violations, such as speeding, reckless driving and operation while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard for the safety of the public. Having done the above, I find that:

- ☐ Driver meets the minimum requirements for safe driving.
- ☐ Driver is disqualified to drive a motor vehicle as stated in Section 391.15.

Action Taken: \_\_\_\_\_

Reviewer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PREVIOUS EMPLOYER REQUEST FOR SAFETY PERFORMANCE HISTORY

**To be completed and signed by the applicant.** A separate form is required for each employer in the 3 years prior to the date of the applicant's signature below where the applicant answered yes to either question 1 or 2 below.

Applicant Name: \_\_\_\_\_ SSN (last 4 digits): \_\_\_\_\_  
LAST FIRST MI

Prior Employer Name: \_\_\_\_\_ Start: \_\_\_\_/\_\_\_\_/\_\_\_\_ End: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

1. When employed here, were you subject to the Federal Motor Carrier Safety Regulations? ☐ Yes ☐ No
2. Were you subject to alcohol and controlled substance testing requirements under 49 CFR part 40? ☐ Yes ☐ No

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol records by my previous employer, listed above, to the Prospective Employer. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25 and Part 391, Section 391.23. I understand that the information to be released by my previous employer pursuant to this release, is limited to the following DOT--regulated items for the past two years:

1. Alcohol tests with a result of 0.04 or higher alcohol concentration;
2. Verified positive drug tests;
3. Refusals to be tested (including verified adulterated or substituted drug test results);
4. Other violations of DOT agency drug and alcohol testing regulations and/or other violations of DOT agency drug and alcohol prohibitions;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return--to--duty process following a rule violation.
7. Information on whether there was a failure to undertake or complete a rehabilitation program prescribed by a substance abuse professional (SAP) pursuant to DOT regulations;
8. For a driver who had successfully completed a SAP's rehabilitation referral, and remained in the employ of the referring employer, information on whether the driver had the following testing violations subsequent to completion of a DOT referral:
  - Alcohol tests with a result of 0.04 or higher alcohol concentration
  - Verified positive drug tests
  - Refusals to be tested (including verified adulterated or substituted drug test results).

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## TO BE COMPLETED BY PREVIOUS EMPLOYER

Your firm is listed by the applicant as a past employer. Per regulations §382.413, 40.25, 391.23 you are required to provide the following information in a timely manner.

### I. SAFETY PERFORMANCE HISTORY

If **NO Safety Performance History** to report, check here ☐ & continue to DOT Drug & Alcohol Testing.

1. Was the above--mentioned applicant employed\* with your motor carrier? ☐ Yes ☐ No  
(\*Employed may be taken to mean utilized under your USDOT number, even though he/she was not an employee under other agency definitions such as IRS or DOL.)

2. This applicant lists dates of employment with your firm above, are these dates correct? ☐ Yes ☐ No

If no, please explain: \_\_\_\_\_

3. Did he/she operate a commercial motor vehicle for you? ☐ Yes ☐ No

If yes, indicate type(s):

☐ Straight Truck ☐ Tractor-Semitrailer ☐ Cargo Tank ☐ Doubles/Triples ☐ Bus

Other: \_\_\_\_\_

4. Accident Record for the previous three years:

Date	Location City/State	# of Injuries	# of Fatalities	HazMat Released	DOT Reportable	Description
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

### II. DOT DRUG & ALCOHOL TESTING HISTORY

If the applicant was NOT SUBJECT to DOT testing requirements under 49 CFR Part 40 while employed with you, check here ☐ sign and date below and return.

In the two years prior to the date of the employee's signature for DOT-regulated testing:

1. Did the employee have alcohol tests with a result of 0.04 or higher? ☐ Yes ☐ No
2. Did the employee have verified positive drug tests? ☐ Yes ☐ No
3. Did the employee refuse to be tested? ☐ Yes ☐ No
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? ☐ Yes ☐ No
5. Did the previous employer report a drug and alcohol rule violation to you? ☐ Yes ☐ No
- If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? ☐ N/A ☐ Yes ☐ No

**NOTE:** If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP reports, follow-up testing record).

Completed by: \_\_\_\_\_ Title: \_\_\_\_\_

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



Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

*This section is for internal use only*

**1<sup>st</sup> Attempt:**

Date sent to former DOT-regulated employer: \_\_\_\_/\_\_\_\_/\_\_\_\_

Method sent: ☐ Faxed ☐ Mailed ☐ Emailed ☐ Other: \_\_\_\_\_

Sent by: \_\_\_\_\_ Title: \_\_\_\_\_

Was the information returned by the former employer? ☐ Yes ☐ No If yes, date received: \_\_\_\_\_

**2<sup>nd</sup> Attempt:**

Date sent to former DOT-regulated employer: \_\_\_\_/\_\_\_\_/\_\_\_\_

Method sent: ☐ Faxed ☐ Mailed ☐ Emailed ☐ Other: \_\_\_\_\_

Sent by: \_\_\_\_\_ Title: \_\_\_\_\_

Was the information returned by the former employer? ☐ Yes ☐ No If yes, date received: \_\_\_\_\_

**3<sup>rd</sup> Attempt:**

Date sent to former DOT-regulated employer: \_\_\_\_/\_\_\_\_/\_\_\_\_

Method sent: ☐ Faxed ☐ Mailed ☐ Emailed ☐ Other: \_\_\_\_\_

Sent by: \_\_\_\_\_ Title: \_\_\_\_\_

Was the information returned by the former employer? ☐ Yes ☐ No If yes, date received: \_\_\_\_\_

## DRIVER STATEMENT OF ON-DUTY HOURS

(For new hires or intermittent drivers)

**Instructions:** Motor carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total on-duty time during the immediately preceding seven days and time at which such driver was last relieved from duty prior to beginning work for such carrier. Rule 395.8 (j)(2) Federal Motor Carriers Safety Regulations.

**Note:** Hours for any compensated work during the preceding seven days, including work for a non-motor carrier entity, must be recorded on this form.

Driver Name (Print): \_\_\_\_\_ SSN (last 4): \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ License Class: \_\_\_\_\_ Issuing State: \_\_\_\_\_

### Compensated Worked Time (Prior 7 Days)

DAY	1	2	3	4	5	6	7	
DATE	/	/	/	/	/	/	/	TOTAL HOURS
HOURS								

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at:

\_\_\_\_\_:\_\_\_\_ AM / PM on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Time Day Month Year

Are you currently working for another employer? ☐ Yes ☐ No

At this time do you intend to work for another person while still employed by this company? ☐ Yes ☐ No

I hereby certify that the information given above is true and I understand that once I become employed with the company, if I begin work for any additional employer(s) for compensation that I must inform this company immediately of such employment activity. (395.2 (8) and (9))

Driver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PREVIOUS EMPLOYMENT VERIFICATION

For drivers with no prior DOT experience during the preceding 3 years.

**Location Name:** \_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_  
(print) Last First Middle

- ☐ No investigation was possible – applicant had no previous employment experience working for a DOT regulated employer during the preceding three (3) years from application date.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Facility Representative's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_