



CMV DRIVER'S EMPLOYMENT APPLICATION

(Per 49 CFR 391.21)

Date of Hire _____ Date of Application _____
(please print)

Prospective Warehouse: _____

(Address) (City) (State) (Zip)

PLEASE READ COMPLETELY

The information requested on this form is required by federal law (49 CFR) to be provided by any driver applying for a commercial driver position as defined in 49 CFR 390.5. Failure to complete required areas can place both the applicant and carrier in violation of federal law. Information provided will be verified by carrier as required under various parts of 49 CFR, including Part 382 and Part 391. If unsure of question or require help with competing form please ask carrier representative.
PLEASE PRINT CLEARLY AND SIGN YOUR FULL LEGAL NAME AT THE END WHERE REQUIRED.
FALSE STATEMENTS MAY RESULT IN REFUSAL TO HIRE OR IMMEDIATE TERMINATION.
(ANSWER ALL QUESTIONS - PLEASE PRINT)

First Name: _____ Middle: _____ Last Name: _____

Social Security Number: _____ Date of Birth: _____ Document Presented to Verify Age _____
(mm/dd/year)

Current Address: _____
(Street) (City) (State) (Zip)

Phone: _____ How Long: (year/month) _____

Previous Address: _____ How long? _____

IF LESS THAN 3 YEARS (Street) (City) (State) (Zip) (year/month)

(Street) (City) (State) (Zip) How long? (year/month)

(Street) (City) (State) (Zip) How long? (year/month)

Are you legally authorized to work in the United States as a commercial driver under 49 CFR? YES NO

Have you ever been convicted of a felony? YES NO

If yes, please explain fully on a separate sheet of paper.

Conviction of a crime is not an automatic bar to employment circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied? Are you applying for ADA consideration?

YES NO If yes, please explain if you wish: _____

APPLICANT MUST COMPLETE

(ANSWER ALL QUESTIONS - PLEASE PRINT)

EMPLOYMENT HISTORY

All applicants must provide the following information for any previous employer during the preceding 10 years. Complete all areas below. NO TIME GAPS

(NOTE: List employers in reverse order starting with the most recent. Use additional sheet if necessary.)

| CURRENT EMPLOYER | Dates (Month/Year) |
|---|---------------------|
| COMPANY NAME | FROM _____ TO _____ |
| ADDRESS | POSITION HELD |
| CITY _____ STATE _____ ZIP _____ | SALARY/WAGE |
| CONTACT PERSON _____ PHONE NUMBER _____ | REASON FOR LEAVING |
| WERE YOU SUBJECT TO THE FMCSRS 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 | |

| PREVIOUS EMPLOYER | Dates (Month/Year) |
|---|---------------------|
| COMPANY NAME | FROM _____ TO _____ |
| ADDRESS | POSITION HELD |
| CITY _____ STATE _____ ZIP _____ | SALARY/WAGE |
| CONTACT PERSON _____ PHONE NUMBER _____ | REASON FOR LEAVING |
| WERE YOU SUBJECT TO THE FMCSRS 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 | |

| PREVIOUS EMPLOYER | Dates (Month/Year) |
|---|---------------------|
| COMPANY NAME | FROM _____ TO _____ |
| ADDRESS | POSITION HELD |
| CITY _____ STATE _____ ZIP _____ | SALARY/WAGE |
| CONTACT PERSON _____ PHONE NUMBER _____ | REASON FOR LEAVING |
| WERE YOU SUBJECT TO THE FMCSRS 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 | |

| PREVIOUS EMPLOYER | Dates (Month/Year) |
|---|---------------------|
| COMPANY NAME | FROM _____ TO _____ |
| ADDRESS | POSITION HELD |
| CITY _____ STATE _____ ZIP _____ | SALARY/WAGE |
| CONTACT PERSON _____ PHONE NUMBER _____ | REASON FOR LEAVING |
| WERE YOU SUBJECT TO THE FMCSRS 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 | |

| PREVIOUS EMPLOYER | Dates (Month/Year) |
|---|---------------------|
| COMPANY NAME | FROM _____ TO _____ |
| ADDRESS | POSITION HELD |
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| CONTACT PERSON _____ PHONE NUMBER _____ | REASON FOR LEAVING |
| WERE YOU SUBJECT TO THE FMCSRS 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 | |

APPLICANT MUST COMPLETE

(ANSWER ALL QUESTIONS - PLEASE PRINT)

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All applicants must provide the following information for any previous employer during the preceding 10 years. Complete all areas below. NO TIME GAPS

(NOTE: List employers in reverse order starting with the most recent. Use additional sheet if necessary.)

| PREVIOUS EMPLOYER | Dates (Month/Year) |
|---|---------------------|
| COMPANY NAME | FROM _____ TO _____ |
| ADDRESS | POSITION HELD |
| CITY _____ STATE _____ ZIP _____ | SALARY/WAGE |
| CONTACT PERSON _____ PHONE NUMBER _____ | REASON FOR LEAVING |
| WERE YOU SUBJECT TO THE FMCSRS 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 | |

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|---|---------------------|
| COMPANY NAME | FROM _____ TO _____ |
| ADDRESS | POSITION HELD |
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| CONTACT PERSON _____ PHONE NUMBER _____ | REASON FOR LEAVING |
| WERE YOU SUBJECT TO THE FMCSRS WHILE EMPLOYED? YES NO | |
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| PREVIOUS EMPLOYER | Dates (Month/Year) |
|---|---------------------|
| COMPANY NAME | FROM _____ TO _____ |
| ADDRESS | POSITION HELD |
| CITY _____ STATE _____ ZIP _____ | SALARY/WAGE |
| CONTACT PERSON _____ PHONE NUMBER _____ | REASON FOR LEAVING |
| WERE YOU SUBJECT TO THE FMCSRS 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 | |

| PREVIOUS EMPLOYER | Dates (Month/Year) |
|---|---------------------|
| COMPANY NAME | FROM _____ TO _____ |
| ADDRESS | POSITION HELD |
| CITY _____ STATE _____ ZIP _____ | SALARY/WAGE |
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| PREVIOUS EMPLOYER | Dates (Month/Year) |
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| COMPANY NAME | FROM _____ TO _____ |
| ADDRESS | POSITION HELD |
| CITY _____ STATE _____ ZIP _____ | SALARY/WAGE |
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| 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 | |

APPLICANT MUST COMPLETE

(ANSWER ALL QUESTIONS - PLEASE PRINT)

ACCIDENT RECORD

PROVIDE THE FOLLOWING INFORMATION FOR ANY ACCIDENT YOU WERE INVOLVED IN DURING THE PRECEDING 3 YEARS (IF NONE, WRITE, NONE)

| DATES (Month/Year) | NATURE OF ACCIDENT (HEAD-ON, REAR-END, OVERTURN) | FATALITIES | INJURIES | HAZARDOUS MATERIAL SPILL |
|--------------------|---|------------|----------|-----------------------------|
| LAST ACCIDENT | | | | |
| NEXT PREVIOUS | | | | |
| NEXT PREVIOUS | | | | |

TRAFFIC CONVICTIONS

PROVIDE THE FOLLOWING INFORMATION FOR ALL MOTOR VEHICLE VIOLATIONS FOR WHICH YOU WERE CONVICTED OR PLED GUILTY TO DURING THE PRECEDING 3 YEARS (DO NOT INCLUDE PARKING TICKETS) - (IF NONE, WRITE, NONE)

| LOCATION | DATE | CHARGE | PENALTY |
|----------|------|--------|---------|
| | | | |
| | | | |
| | | | |

EXPERIENCE AND QUALIFICATIONS - DRIVER (ATTACH SHEET IF MORE SPACE IS NEEDED)

LIST ALL DRIVER LICENSES OR PERMITS HELD IN THE PAST 3 YEARS

| | STATE | LICENSE NUMBER | TYPE | EXPIRATION DATE |
|--------------------|-------|----------------|------|-----------------|
| DRIVER LICENSES | | | | |
| | | | | |
| | | | | |

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 THE ANSWER TO EITHER QUESTION IS YES, GIVE DETAILS _____

DRIVING EXPERIENCE - Check Yes or No

| CLASS OF EQUIPMENT | CIRCLE TYPE OF EQUIPMENT | DATES FROM (m/y) TO (m/y) | APPROX NO. OF MILES (Total) |
|--|--------------------------------|---------------------------|-----------------------------|
| Straight Truck YES NO | (VAN, TANK, FLAT, DUMP REEFER) | | |
| Tractor & Semi Trailer YES NO | (VAN, TANK, FLAT, DUMP REEFER) | | |
| Tractor 2 Trailers YES NO | (VAN, TANK, FLAT, DUMP REEFER) | | |
| Motorcoach School Bus YES NO More than 8 passengers / More than 15 passengers | | | |
| OTHER YES NO | | | |

DRUG AND ALCOHOL INFORMATION

In the previous three (3) years have you:

1. Violated the Alcohol and Controlled Substance prohibitions under subpart B of 49CFR Part 382 or 49CFR Part 40? YES NO

2. Failed to undertake or complete a rehabilitation program prescribed by a SAP pursuant to 49CFR 382.605? YES NO

CHECK ALL THAT APPLY:

I had an alcohol test result of 0.04 or higher? YES NO N/A

I had a Verified Positive Drug Test? YES NO N/A

I refused to test (including verified adulterated or substituted drug test results)? YES NO N/A

TO BE READ AND SIGNED BY APPLICANT

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.

Signature: _____ Date: _____

**MOTOR VEHICLE DRIVER'S
Certification of Violations/Annual Review of Driving Record**

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (Section 391.27). Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he/she shall so certify (Section 391.27).

COMPLETED BY DRIVER - CERTIFICATION OF VIOLATIONS

| | | | |
|--------------------------------|-------------------------|--------------------|-----------------|
| NAME OF DRIVER: (PRINT) | SOCIAL SECURITY NUMBER | DATE OF EMPLOYMENT | |
| HOME TERMINAL (CITY AND STATE) | DRIVER'S LICENSE NUMBER | STATE | EXPIRATION DATE |

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under part 383) for which I have been convicted or forfeited bond or collateral during the last 12 months.

(If you have had no violations, check the following box - None.)

| DATE | OFFENSE | LOCATION | TYPE OF VEHICLE OPERATED |
|-------|---------|----------|--------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

Date of Certification _____ Driver's Signature _____

COMPLETED BY MOTOR CARRIER - ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one):

Meets minimum requirements for safe driving Is disqualified to drive a motor vehicle pursuant to Section 391.25

Does not adequately meet satisfactory safe driving performance

Action taken with driver _____

Reviewed by: _____

| | |
|--------------|-------|
| Signature | Date |
| _____ | _____ |
| Printed Name | Title |
| _____ | _____ |

GeoChemicals LLC 517 E. 30th Hutchinson, KS 67501

Motor Carrier Name Motor Carrier Address

MAINTAIN THIS DOCUMENT IN THE DRIVER'S QUALIFICATION FILE. THIS DOCUMENT MAY BE PURGED AFTER 3 YEARS FROM THE DATE OF EXECUTION.



RECORD OF ROAD TEST

Driver's Name _____ Address _____

License No. _____ State _____ Equipment Driven: _____ Truck _____ Tractor _____ Trailer _____

Checked From _____ To _____ Date _____

For those items that apply, checkmark (P) if driver's performance is satisfactory, mark with an X if driver's performance is unsatisfactory.
 Explain unsatisfactory items under Remarks. Use not applicable (NA) for items that do not apply.

PART 1 - PRE-TRIP INSPECTION AND

EMERGENCY EQUIPMENT

- Checks general condition approaching unit _____
- Looks for leakage of coolants, fuel, lubricants _____
- Checks under hood - oil, water, general condition _____
of engine compartment, steering
- Checks around unit - tires, lights, trailer hookup, _____
brake and light lines, body, doors, horn,
windshield wipers _____
- Tests brake action, tractor protection valve, and _____
parking (hand) brake _____
- Checks horn, windshield wipers, mirrors, emergency _____
equipment; reflectors, flares, fuses, tire chains
(if necessary), fire extinguisher _____
- Checks instruments for normal readings _____
- Checks dashboard warning lights for proper functioning _____
- Cleans windshield, windows, mirrors, lights, reflectors _____
- Reviews and signs previous report _____

PART 2 - COUPLING AND UNCOUPLING

- Lines up units _____
- Connects glad hands to trailer to apply trailer _____
brakes before coupling _____
- Connects glad hands and light line properly _____
- Couples without difficulty _____
- Raises landing gear fully after coupling _____
- Visually checks king pin assembly to be _____
certain of proper coupling _____
- Checks coupling by applying hand valve or _____
tractor-protection valve (trailer air supply
valve) and gently applying pressure by _____
trying to pull away from trailer _____
- Assure that surface will support trailer before _____
uncoupling _____

PART 3 - PLACING VEHICLE IN MOTION AND

USE OF CONTROLS

A. ENGINE

- Places transmission in neutral before starting engine _____
- Starts engine without difficulty _____
- Allows proper warm-up _____
- Understands gauges on instrument panel _____
- Maintains proper engine speed (rpm) while driving _____
- Does not abuse motor _____

B. CLUTCH AND TRANSMISSION

- Starts loaded unit smoothly _____
- Uses clutch properly _____
- Times gearshifts properly _____
- Shifts gears smoothly _____
- Uses proper gear sequence _____

C. BRAKES

- Knows proper use of tractor protection valve _____
- Understands low air warning _____
- Tests service breaks _____
- Builds full air pressure before moving _____

D. STEERING

- Controls steering wheel _____
- Good driving posture and good grip on wheel _____

E. LIGHTS

- Knows lighting regulations _____
- Uses proper headlight beam _____
- Dim lights when meeting or following other traffic _____
- Adjusts speed to range of headlights _____
- Proper use of auxiliary lights _____

PART 4 - BACKING AND PARKING

A. BACKING

- Gets out and checks before backing _____
- Looks back as well as uses mirror _____
- Gets out and rechecks conditions on long back _____
- Avoids backing from blind side _____
- Signals when backing _____
- Controls speed and direction properly while backing _____

C. PARKING (City)

- Does not hit nearby vehicles or stationary objects _____
- Parks proper distance from curb _____
- Sets parking brake, puts in gear, chocks wheels, _____
shuts off motor _____
- Checks traffic conditions and signals when _____
pulling out from parked position _____
- Parks in legal and safe location _____

C. PARKING (Road)

- Parks off pavement _____
- Avoids parking on soft shoulder _____
- Uses emergency warning signals when required _____
- Secures unit properly _____

PART 5 - SLOWING AND STOPPING

- Uses gears properly ascending _____
- Gears down properly descending _____
- Stops and restarts without rolling back _____
- Tests brakes before descending grades _____
- Uses brakes properly on grades _____
- Uses mirrors to check traffic to rear _____
- Signals following traffic _____
- Avoids sudden stops _____
- Stops smoothly without excessive fanning _____
- Stops before crossing sidewalk when coming out of driveway or alley _____
- Stops clear of pedestrian crosswalks _____

PART 6 - OPERATING IN TRAFFIC PASSING AND TURNING

A. TURNING

- Signals intention to turn well in advance _____
- Gets into proper lane well in advance of turn _____
- Checks traffic conditions and turns only when intersection is clear _____
- Restricts traffic from passing on right when preparing to complete right hand turn _____
- Completes turn promptly and safely and does not impede other traffic _____

B. TRAFFIC SIGNS AND SIGNALS

- Approaches signal prepared to stop if necessary _____
- Obeys traffic signal _____
- Uses good judgement on yellow light _____
- Starts smoothly on green _____
- Notifies and heeds traffic signs _____
- Obeys "Stop" signs _____

C. INTERSECTIONS

- Adjusts speed to permit stopping if necessary _____
- Checks for cross traffic regardless of traffic controls _____
- Yields right-of-way for safety _____

D. GRADE CROSSINGS

- Adjusts speed to conditions _____
- Makes safe stop, if required _____
- Selects proper gear and does not shift gears while crossing _____
- Knows and understands federal and state rules governing grade crossing _____

E. PASSING

- Passes with sufficient clear space ahead _____
- Does not pass in unsafe location: hill, curve, intersection _____
- Signals change of lanes _____
- Warns driver being passed _____
- Pulls out and back with certainty _____
- Does not tailgate _____
- Does not block traffic with slow pass _____
- Allows enough room when returning to right lane _____

F. SPEED

- Speed consistent with basic ability _____
- Adjusts speed properly to road, weather, traffic conditions, legal limits _____
- Slows down for rough roads _____
- Slows down in advance of curves, intersections, etc. _____
- Maintains consistent speed _____

G. COURTESY AND SAFETY

- Uses defensive driving techniques _____
- Yields right-of-way for safety _____
- Goes ahead when given right-of-way by others _____
- Does not crowd other drivers or force way through traffic _____
- Allows faster traffic to pass _____
- Keeps right and in own lane _____
- Uses horn only when necessary _____
- Generally courteous and uses proper conduct _____

PART 7 - MISCELLANEOUS

A. GENERAL DRIVING ABILITY AND HABITS

- Consistently alert and attentive _____
- Adjusts driving to meet changing conditions _____
- Performs routing functions without taking eyes from road _____
- Checks instruments regularly while driving _____
- Willing to take instructions and suggestions _____
- Adequate self-confidence in driving _____
- Is not easily angered _____
- Positive attitude _____
- Good personal appearance, manner, cleanliness _____
- Good physical stamina _____

B. HANDLING OF FREIGHT

- Checks freight properly _____
- Handles and loads freight properly _____
- Handles bills properly _____
- Breaks down load as required _____

C. RULES AND REGULATIONS

- Knowledge of company rules _____
- Knowledge of regulations: federal, state, local _____
- Knowledge of special truck routes _____

D. USE OF SPECIAL EQUIPMENT (Specify)

REMARKS:

GENERAL PERFORMANCE: Satisfactory _____ Needs Training _____ Unsatisfactory _____

QUALIFIED FOR: Truck _____ Tractor-Semitrailer _____ Other _____ (Specify)

Signature of Examiner

13F 652
(REV. 5/02)

CERTIFICATION OF ROAD TEST

Instructions to Carrier: If the road test is successfully completed, the person who gave it must complete the following certification in duplicate. The or signed road test form and the original of the Certification of Road Test shall be retained in the driver qualification file of the person who was examined, and copies provided to the person examined. Section 391.31 (e)(f)(g)(1)(2) of the Federal Motor Carrier Safety Regulations

Driver's Name _____ Type of Power Unit _____
Social Security No. _____ Type of Trailer(s) _____
Operator's or Chauffeur's Lic. No. _____ State _____ If Passenger Carrier, Type of Bus _____

This is to certify that the above-named driver was given a road test under my supervision on _____ 20 _____ consisting of approximately _____ miles of driving. It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

Signature of examiner _____ Organization _____
Title _____ Address of examiner _____



GEO
CHEMICALS

CERTIFICATE OF DRIVER'S ROAD TEST

Instructions: If the road test is successfully completed, the person who gave it shall complete a certificate of the driver's road test. The original or copy of the certificate shall be retained in the employing motor carrier's driver qualification file of the person examined and a copy given to the person who was examined. ([49 CFR 391.31](#)(e)(f)(g))

Driver's Name _____

Social Security Number _____

Operator's or Chauffeur's License Number _____

State _____

Type of Power Unit _____

Type of Trailer(s) _____

If passenger carrier, type of bus _____

This is to certify that the above-named driver was given a road test under my supervision on _____ consisting of approximately _____ miles of driving.

It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

EXAMINER FIRST & LAST NAME

SIGNATURE OF EXAMINER

DATE

DRIVER STATEMENT OF ON-DUTY HOURS (For Newly Hired Drivers)

INSTRUCTION: Motor carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total time on duty during the immediately preceding 7 days and the time at which such driver was last relieved from duty prior to beginning work for such carrier. Rule 395.8(j)(2) Federal Motor Carrier Safety Regulations. **NOTE: Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.**

Driver Name (Print) _____

Social Security Number _____

Driver's License: State _____ Number _____ Class _____ Endorsement(s) _____ Restriction(s) _____

Type of License _____ Issuing State _____

| DAY | 1 <small>(yesterday)</small> | 2 | 3 | 4 | 5 | 6 | 7 | |
|--------------|---------------------------------|---|---|---|---|---|---|-------------|
| DATE | | | | | | | | |
| HOURS WORKED | | | | | | | | TOTAL 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

A.M.
P.M. On _____
Time Day Month Year

Driver's Signature Date

DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

INSTRUCTIONS: When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in Section 395.2 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ or service of, a common, contract or private motor carrier, also performing any compensated work for any nonmotor carrier entity.

(check one)

Are you currently working for another employer? Yes No

At this time do you intend to work for another employer 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 this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

Driver's Signature Date

Witness: _____
Company Representative Date

Motor Vehicle Driver's
CERTIFICATION OF COMPLIANCE
WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain certain driver licensing requirements that you as a driver must comply with, including the following:

- 1) **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.

- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (If the violation occurs in a state other than the one which issued your license). The notification to both the employer and the state must be in writing.

- 3) **CDL DOMICILE REQUIREMENT:** Section 383.23(a)(2) requires that your commercial driver's license be issued by your legal state of domicile, where you have your true, fixed, and permanent home and principal residence and to which you have the intention of returning whenever you are absent. If you establish a new domicile in another state, you must apply to transfer your CDL within 30 days.

The following license is the only one I will possess:

Driver's License No. _____ State _____ Exp. Date _____

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.

Driver's Name (Printed): _____

Driver's Signature: _____ Date _____

Notes: _____

**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 2/11/2016

Applicant Authorization to Release DOT Drug/Alcohol Test Results

SECTION 1: TO BE COMPLETED BY APPLICANT

Applicant/Employee: _____

Current Employer: _____

Address: _____ City: _____ St: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

I understand that as a condition of hire with the above named "Company", that I must consent to the release of all DOT mandated drug and alcohol information from all of the employers for which I worked in a DOT safety-sensitive position, or for which I took a DOT pre-employment drug test, during the previous two (2) years as required by DOT Part 40.25, (or three (3) years as required by Part 391.23 for any driver of a commercial motor vehicle).

Check boxes if applicable

I have NOT worked in a DOT safety-sensitive position for a DOT regulated company in the past 2 years (3 years for CMV drivers, 5 years for pilots). Proceed to sign and date form below.

I have tested positive, or refused to test, on a DOT pre-employment drug or alcohol test for an employer who did not hire me in the past two years (3 years for CMV drivers, 5 years for pilots). Please specify the company for which this occurred below.

I hereby authorize the following previous employer / company to furnish the DOT information requested in section 2 below.

Previous Employer: _____

Address: _____ City: _____ St: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Contact: _____ Dates of Employment: _____ to _____

(Complete additional form for each previous DOT employer)

Certification: I have read and fully understand this authorization to release my previous drug and alcohol test information, identified by the questions below, to the Company listed above. I hereby acknowledge that failure to provide accurate information in response to this request for release of information could negatively affect my employment offer or subject me to disciplinary action up to and including termination if later discovered after my employment with the Company begins.

Signature of Applicant

EMP ID

Date

Release of Previous Employer's DOT Drug/Alcohol Testing Results

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

In accordance with DOT regulations, the Company, named above, is required to obtain -- and as a Previous Employer, you are required to release -- DOT drug and alcohol information, listed below, concerning the Applicant/Employee, named above. This information request covers any period of employment of the Applicant/Employee by you going back 2 years (3 years for CMV drivers), from the date of this request. Please complete the following:

YES NO

1. Any DOT alcohol test results of 0.04 or greater?
2. Any DOT positive drug test results?
3. Refusal to submit to a DOT required drug / alcohol test? (incl. adulterated or substituted results)
4. Other violations of DOT drug and alcohol testing regulations?
5. Did a previous employer report a drug / alcohol rule violation to you?
6. If "yes" for any of the above items, did the employee complete the return-to-duty process?*
7. Was the Applicant/Employee employed by you but NOT subject to DOT regulations?

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

Name of Person Completing Form

Title

Phone

Date

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

Carrier Name: _____ Contact Person: _____

Address: _____ City, State, Zip: _____

Phone #: _____ Confidential Fax #: _____

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 the date shown below.

I also acknowledge that this information will be used in determining my eligibility to be hired and 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 _____,
Print Name

hereby authorize this company to release all records of employment, including assessments of my job performance, ability, and fitness, to every company (or their authorized agents) that 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 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 ___/___/___

Applicant's Signature

SSN or ID Number

D.O.B.

Today's Date

SECTION I – Past Employer to Complete >> ACCIDENT INFORMATION

Please provide the following information as required by 391.23(d) (1) (2) on any accidents, as defined by 390.5 and/or from your Accident Register (FMCSR 391.15) which the above-named driver/applicant was involved within the past three years while under your employment.

Previous employers may include additional detailed information on minor accidents/incidents at their discretion.

If there is no accident information for this driver, please check here.

| Date | Location (please give city/town, or most near and state) | Any Vehicles Towed? | HazMat. Spill? | # of Fatalities ? | # of Injuries? |
|------|--|---------------------------|-------------------|-------------------------|-------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

SECTION II– Past Employer to Complete >> *WORK HISTORY INFORMATION*

Please provide the following information on the above-named driver/applicant;

He/She was employed for you as a: _____ from ___/___/___ to ___/___/___

▶ If employed as a driver, what type of equipment did he/she operate?

Straight Trucks Tractor/Trailer Doubles Triples Other

Explain: _____

Type of trailer(s) pulled: _____

Was he /she a: Company Driver? Yes No Contractor?

Yes No

Contractor's Driver? Yes No Other? Yes No

General area traveled: _____ Commodities transport: _____

▶ While under your employment was he/she:

a. Bonded: Yes No

b. Convicted of any traffic violations: Yes No

If yes, please list all, including date and type: _____

c. License(s) suspended, revoked, or denied: Yes No

If yes, please explain: _____

▶ Reason for leaving: _____

▶ Would you re-employ this person: Yes No Upon Review

Please explain: _____

Additional Comments: _____

Previous Employer Representative Supplying Information:

Print Name

Title

Signature

Date

Please remember to retain a copy for your records; your timely response is appreciated.

PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Section 40.25(j) As the 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 Section 40.25(b)(5) and (e))

Driver's Name (Printed): _____

In accordance with Federal Motor Carrier Regulations Section 40.25(j), the driver must 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?
Check one: Yes No
2. If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?
Check one: Yes No Not Applicable

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

Driver's Signature: _____ Date: _____

Witnessed by:

Signature: _____ Date: _____



Acknowledgment of Drug Free Workplace Policy

I hereby acknowledge that I have received, read, and understand my Company's Drug-Free Workplace Program Policy required by Department of Transportation (DOT) regulations.

I understand that:

1. I am subject to and must adhere to the DOT regulations, and must abide by the terms of the Company's Policy as a condition of employment with GeoChemicals LLC
2. I may be required to submit to drug and/or alcohol tests based on Department of Transportation regulations as directed by the Company.
3. Laboratory test results will be released in accordance with the Policy and based on Department of Transportation regulations to the Medical Review Officer (MRO) selected by GeoChemicals LLC and I authorize the release of the results of a saliva or breath alcohol test by a certified technician to GeoChemicals LLC.
4. The Company's policy on drugs and/or alcohol and understand failure to comply is grounds for disciplinary action, up to and including termination, in addition to any action required by DOT regulations; and
5. Refusal to submit to a drug and/or alcohol test in accordance with the Policy is a violation of DOT regulations and the Policy and may result in disciplinary action, including but not limited to suspension (with or without pay) or termination of employment, in addition to any action required by DOT regulations, or GeoChemicals LLC policy.
6. I understand that if my drug and/or alcohol test is verified/confirmed as positive if it is determined that there has been any interference with the collection or testing process (including adulteration and/or switching specimens) or if I refuse to submit to the required pre-employment drug and/or alcohol test, I will be considered unqualified for employment in a safety-sensitive position by the Company.

THE UNDERSIGNED STATES THAT THEY HAVE READ THE ABOVE STATEMENTS, ACKNOWLEDGEMENT, AND UNDERSTAND THE CONTENTS THEREOF.

Employee Name: _____ Date: _____

Employee Driver License Number: _____ State: _____

Employee Signature: _____

Company Name: GeoChemicals LLC

-

Alcohol And Drug Employee's Certified Receipt

Employee's Name

Company/Warehouse

This is to certify that I have been provided educational materials required by §382.601 and my employer's policies and procedures with respect to meeting the Part 382 requirements. The materials include detailed discussion of the following checked (✓) items:

- _____ 1. The designated person to answer questions about the materials.
- _____ 2. The categories of drivers are subject to Part 382.
- _____ 3. The safety-sensitive functions and periods of the workday for which compliance is required.
- _____ 4. Specific information concerning prohibited driver conduct.
- _____ 5. Circumstances under which a driver will be tested.
- _____ 6. Test procedures, driver protection and integrity of the testing processes, and safeguarding the validity of the test.
- _____ 7. The requirement that drivers submit to tests administered in accordance with Part 382.
- _____ 8. An explanation of what will be considered a refusal to submit to a test and the consequences.
- _____ 9. The consequences for Part 382, Subpart B violations, including removal from safety-sensitive functions, and Part 40, Subpart O procedures.
- _____ 10. The consequences for drivers found to have an alcohol concentration of 0.02 or greater but less than 0.04.
- _____ 11. Information on:
 - the effects of alcohol and controlled substances use on an individual's health, work or personal life
 - signs and symptoms of a problem
 - available methods of intervening when a problem is suspected (confrontation, referral, etc.)
- _____ 12. The information that will be reported to the Drug and Alcohol Clearinghouse.
- _____ 13. Optional information:

Employee's Signature

Date

Authorized Employer Representative

Date

Attention CDL Drivers:

The DOT Drug & Alcohol Clearinghouse arrives January 6, 2020

What is it? An online database providing employers, licensing agencies, and enforcement officers with real-time information about truck and bus drivers who have violated DOT drug or alcohol testing rules. Employers must check the Clearinghouse when hiring each new CDL driver and *every year* for existing CDL drivers like you. **The Clearinghouse will affect you in several ways:**

- 1 You will need to register on the Clearinghouse website (available Fall 2019) in order to comply with item #2 below. Registration is optional unless you switch employers or have a DOT drug or alcohol violation. Registration will give you free access to your own Clearinghouse record.

clearinghouse.fmcsa.dot.gov

- 2 You will need to go to the Clearinghouse to grant electronic consent whenever your employer is required to purchase a full Clearinghouse report on you. You will not be allowed to continue operating a commercial motor vehicle (CMV) or perform other safety-sensitive duties if you refuse to grant this consent (§382.703(c)).

- 3 You will need to sign a separate consent form (annually or one-time) to allow your employer to obtain "limited" Clearinghouse reports that indicate whether there is information about you in the Clearinghouse (if there is, then a full report will be required - see #2 above) (§382.701(b)).

- 4 If you commit any of the following DOT violations or complete any of the following steps after January 6, 2020, it will be reported to the Clearinghouse:

- Any verified positive, adulterated, or substituted drug test
- Any confirmed alcohol test result of 0.04 or higher
- Any refusal to submit to a DOT-required test
- Any verified and documented "actual knowledge" that you violated the drug/alcohol rules:
 - Any on-duty alcohol use, including any citation for DUI/DWI while driving a CMV
 - Any alcohol use within 4 hours before going on duty
 - Any alcohol use within 8 hours of an accident or before a post-accident test is complete (whichever occurs first)
 - Any prohibited drug use while on duty
- Successful completion of the return-to-duty process following treatment*
- Any negative return-to-duty test*
- Successful completion of follow-up testing*

**Only reported if the underlying violation occurred after January 6, 2020.*

- 5 You will be notified whenever information about you in the Clearinghouse is added, removed, or revised. You can specify how you want to be contacted when you register.

I hereby acknowledge receiving educational information about the CDL Drug & Alcohol Clearinghouse as required under §382.601(b)(12).

Driver's name: _____ Date: _____

Driver's signature: _____

DRUG & ALCOHOL CLEARINGHOUSE CONSENT FOR LIMITED QUERIES

NOTICE TO DRIVER: The Commercial Driver's License (CDL) Drug & Alcohol Clearinghouse is a federal database containing information about CDL drivers who have violated the Federal Motor Carrier Safety Administration's (FMCSA's) drug or alcohol regulations in 49 CFR Part 382. Whether you have committed such a violation or not, each motor carrier for whom you drive is required to check whether the Clearinghouse has any information about you, both at the time of hire and annually. When conducting an annual inquiry, the motor carrier has the option to request a "limited" report that only indicates whether the Clearinghouse has any information about you. Before a motor carrier may request a limited report, they must have your written authorization, per §382.701(b). This authorization may be valid for more than one year. If a limited query ever reveals that the Clearinghouse has information about you, you will be required to log in to the Clearinghouse website within 24 hours to grant electronic consent for the motor carrier to obtain your full Clearinghouse record.

NOTICE TO MOTOR CARRIER: This consent form authorizes you to run a "limited query" to check whether the Clearinghouse has information about the driver identified below. If it does, then you must obtain a full Clearinghouse record within 24 hours, per §382.701(b). This consent form must be retained 3 years after the date of the last limited query you perform for this driver, based on the authorization below.

AUTHORIZATION

I, _____, hereby authorize.
(Driver's printed name)

Geochemicals LLC

(Name of motor carrier)

to conduct limited annual queries of the FMCSA's Drug & Alcohol Clearinghouse, to determine if a Clearinghouse record exists for me. This consent is valid from the date shown below until my employment with the above-named motor carrier ceases or until I am no longer subject to the drug and alcohol testing rules in 49 CFR Part 382 for the above-named motor carrier.

I understand that if any limited query reveals that the Clearinghouse contains information about me, I must grant electronic consent within 24 hours, via the Clearinghouse website, for the motor carrier to obtain my full Clearinghouse record. Refusal to provide such consent will result in my removal from safety-sensitive duties.

Driver's Signature: _____

DL Number: _____ Date: _____