

All original forms must be maintained in employee files.
If applicant wishes you may provide them copies.

Driver's Application for Employment

- Be sure the front and last page have been signed and dated.
- Be sure Employment History portion has been completely filled out.
 Need seven years history for commercial motor vehicle driver's.
 Need three years history for interstate commerce.

The following are attached to the application and must be signed by applicant before we are able to process the application.

Motor Vehicle Record (MVR) Policy

Certification of Compliance with Driver License Requirements

- Have applicant fill out and sign form. The must also include their drivers license information.

Notice Before Ordering Consumer Reports

- Please have applicant sign and date form.

Request for Information - From previous employer, including alcohol and drug testing information.

- These forms are two pages. Please have applicant sign the top portion on both pages on all forms.

Please contact Melanie Kelly, Human Resource Manager with any questions

Melanie Kelly
Office: 208-733-7033
Fax: 208-733-6129
P.O. Box 5159
220 Eastland Dr. So.
Twin Falls, ID 83303

Applicant Name _____ Date of Application _____

Address _____

City _____ State _____ Zip Code _____

In compliance with Federal and State equal employment opportunities laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medial 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 personal 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 I 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 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; and
- 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 _____

FOR COMPANY USE

Process Record

Applicant Hired _____ Rejected _____

Date Employed _____ Point Employed _____

Department _____ Classification _____

(If rejected summary report of reasons should be placed in file)

Signature of interviewing agent _____

Termination of Employment

Date Terminated _____ Department Released From _____

Dismissed _____ Voluntarily Quit _____ Other _____

Termination Report Placed in File _____ Supervisor _____

APPLICANT TO COMPLETE

Position(s) Applied for _____

Last Name _____ First Name _____ Middle _____

SSN _____ Phone _____

List your current addresses.

Address _____

City _____ State _____ Zip _____

How Long at this address? _____

Previous Addresses

Address _____

City _____ State _____ Zip _____

How Long at this address? _____

Address _____

City _____ State _____ Zip _____

How Long at this address? _____

Do you have the legal right to work in the United States? Yes No

Date of Birth _____ (Required for Commercial Drivers) Can you provide proof of age? Yes No

Have you worked for this company before? Yes No

Where? _____

Dates: from _____ to _____ Pay Rate _____ Position _____

Reason for Leaving _____

Are you currently employed Yes No If not, how long since last employed _____

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? Yes No Name of bonding company _____

(Answer only if a job requirement)

Have you ever been convicted of a felony? Yes No If yes, please explain on a separate piece of paper. Conviction of a crime is not an automatic bar to employment - all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]? Yes No

If yes, please explain _____

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code. Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle. (NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

Employer _____ Dates Employed _____ to _____
Address _____ Position Held _____
_____ Salary/Wage _____
Contact Person _____ Reason for leaving _____
Phone Number _____

Where you subject to the FMCR5^ 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

Employer _____ Dates Employed _____ to _____
Address _____ Position Held _____
_____ Salary/Wage _____
Contact Person _____ Reason for leaving _____
Phone Number _____

Where you subject to the FMCR5^ 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

Employer _____ Dates Employed _____ to _____
Address _____ Position Held _____
_____ Salary/Wage _____
Contact Person _____ Reason for leaving _____
Phone Number _____

Where you subject to the FMCR5^ 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

Employer _____ Dates Employed _____ to _____
Address _____ Position Held _____
_____ Salary/Wage _____
Contact Person _____ Reason for leaving _____
Phone Number _____

Where you subject to the FMCR5^ 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

If you need additional space, please continue on a separate sheet of paper.

*Includes vehicles having GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in the quantity requiring placarding.

^The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,0001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

DRIVING HISTORY

ACCIDENT RECORD For past 3 years or more (attach sheet if more space is required). If non, write none.

Date of Accident Nature of Accident Fatalities Injuries Hazardous Material Spills

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TRAFFIC CONVICTIONS and forfeitures for the past 3 years (other than parking violations). If none, write none.

Location Date Charge Penalty

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Attach sheet if more space is required)

EXPERIENCE AND QUALIFICATIONS List all driver licenses or permits held in the past 3 years.

State License Number Type Expiration Date

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Attach sheet if more space is required)

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 answered YES to either, please give details _____

DRIVING EXPERIENCE

Class of Equipment Equipment Type Dates Approx. Miles

Straight Truck Yes No _____

Tractor, Two Trailers Yes No _____

Tractor, Three Trailers Yes No _____

Motorcoach, School Bus, More than 8 passengers Yes No _____

Motorcoach, School Bus, More than 15 passengers Yes No _____

Other _____

List states operated in for the last five years _____

Which safe driving awards do you hold and from whom?

EXPERIENCE AND QUALIFICATIONS - OTHER

Show any tricking, transportation or other experience that may help in your work for this company

List courses and training other than shown elsewhere in the application

List special equipment or technical materials you can work with (other than already shown)

EDUCATION

Highest Grade Completed _____

Last School Attended _____ City _____ State _____

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 RECORD (MVR) POLICY



It is the policy of Franklin United, Inc. and Magic Transport, Inc. to obtain and review the Motor Vehicle Record (MVR) on each prospective driver* before an offer for employment is extended to the individual. Management will reveal the Motor Vehicle Record to ascertain the applicant or employee holds a valid license and their driving report is within the parameters set by company driving policy.

Management will conduct an annual review of each employee's driving performance where driving is a part of his or her job. Based upon the outcome of the annual review, the driving exposure and the losses experienced during the past year, MVRs may then be ordered and reviewed. As a company policy MVRs are checked each three years on all employees where driving is part of their job descriptions, annually on drivers under the age of 25, and annually on drivers identified during the annual driving review. If the employee's driving record does not meet the criteria set by management, driving privileges may be revoked, or other disciplinary action may be taken.

Signature _____ Date _____

**CERTIFICATION OF COMPLIANCE
WITH DRIVER LICENSE REQUIREMENTS**



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 some requirements that you as a driver must comply with. They are as follows:

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 state must be in writing.

The following license is the only one I 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: _____

Notice Before Ordering Consumer Reports (Driving Records)

The Fair Credit Reporting Act (FCRA) provides individuals with certain rights regarding consumer reports and places certain obligations on employers using consumer reports for employment-related purposes. Consistent with the FCRA's requirements, this notice is provided to you in order to inform you that Franklin United, Inc. / Magic Transport, Inc. may, for employment-related purposes (e.g., evaluating you for initial employment, promotions, transfers, assigned duties, retention as an employee, etc.), obtain from a consumer reporting agency one or more consumer reports containing driving record information about you. Franklin United, Inc. / Magic Transport, Inc., will not obtain a consumer report without your signature below authorizing us to obtain a consumer report.

Authorization to Obtain Consumer Reports

I hereby acknowledge that I have read and understand the contents of the above notice and, by signing below, specifically authorize Franklin United, Inc. / Magic Transport, Inc. to obtain driving record information on me for employment related purposes as indicated above.

First Name (please print)

Middle Initial

Last Name

Signature _____ Date _____

REQUEST FOR INFORMATION

I hereby authorize you to release the following information to Franklin United, Inc. / Magic Transport, Inc. for the purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations.

Applicant's Signature _____ Date _____

Name and Address of Previous Employer: _____ This form was:
 Mailed, date: _____ Faxed, date: _____
 Emailed, date: _____ Phoned, date: _____
 Name of person contacted: _____

Name of Applicant _____

Social Security Number _____ Date of Birth _____

The above named individual has made application for this company for a position as _____ and states the their were employed by you as _____ from (m/y) _____ to (m/y) _____. In accordance with Section 391.23 we are obligated to request the information below from all previous employers of the applicant that employed them to operate a commercial motor vehicle within the last 3 years preceding (date of application) _____. Please complete the information below and return to us within 30 days, as required by Section 391.23(g). You may return the information by phone, fax, mail, or email.

Franklin United, Inc. / Magic Transport, Inc., Attn: Human Resources
P.O. Box 5159, Twin Falls, ID 83303-5159 • 208-733-7033 (Phone) • 208-733-6129 (Fax)

TO BE COMPLETED BY PREVIOUS EMPLOYER

The applicant named above was employed by us Yes No

Employed as _____ from (m/y) _____ to (m/y) _____.

If driver was involved in a safety-sensitive position subject to drug and alcohol testing under Part 40, check here and complete Alcohol and Drug Testing Information (following page).

If there is a safety performance history to report, check here

- 1) Did he/she drive motor vehicle for you? Yes No. If yes, what type?
 Straight Truck Tractor-Semitrailer Bus Cargo Tank Doubles/Triples
 Other (specify) _____

- 2) Reason for leaving your employ Discharge Resignation Lay Off Military Duty
Comments: _____

ACCIDENTS Complete the following for any accidents that involved the applicant in the last 3 years prior to the application date shown above, or check here if there is no accident register data for this driver.

Date of Accident	Location	Fatalities	Injuries	Hazardous Material Spills
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please Provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies:

Any other remarks: _____

Signature _____ Title _____ Date _____

ALCOHOL AND DRUG TESTING INFORMATION

Pursuant to 49CFR 382-413, I hereby authorize any and all of my previous employers, FOR THE LAST TWO YEARS from the date below, to release the following information to Franklin United, Inc. / Magic Transport, Inc.

- 1) Alcohol tests with a concentration result of 0.04 or greater
- 2) Positive controlled substance test results
- 3) Refusals to be tested

I understand that if Franklin United, Inc. / Magic Transport, Inc. is unable to obtain this information from my employers during the preceding two years not later than 14 calendar days after the first time I perform a safety-sensitive function for the company, I will be removed from duty until the information is obtained. If CDS and/or the company is unable to obtain the information, I will be terminated from employment with the company.

I understand that the company will terminate my employment if my employer(s) during the preceding two years provide information on alcohol tests with a concentration of 0.04 or greater, certified positive controlled substance test results, or refusal to be tested, and I am unable to provide information on a subsequent substance abuse professional evaluation and/or determination under 40 CFR 382.401(c)(4) and compliance with 49 CFR 382.309 (return to duty testing).

I understand Franklin United, Inc. / Magic Transport, Inc. has the responsibility for protecting the confidentiality of this information.

Applicant's Signature _____ Date _____

TO BE COMPLETED BY PREVIOUS EMPLOYER

Under Department of Transportation testing requirements:

Has this person had an alcohol test with a result of 0.04 or higher in alcohol concentration? Yes No

Has this person had a verified positive drug test? Yes No

Has this person refused to be tested? Yes No

Has this person committed other violations of DOT agency drug and alcohol testing regulations? Yes No

If this person has violated a DOT agency drug and alcohol regulation, do you have documentation of the employee's successful completion of DOT return-to-duty requirements, including follow-up tests? Yes No

In answering these questions, include any drug or alcohol testing information obtained from previous employers under 40.25 or other applicable DOT regulations. Thank you.

Signature of person completing form Date

Print Name Title

Please send all necessary forms and related documents to:

Franklin United, Inc. / Magic Transport, Inc., Attn: Human Resources
P.O. Box 5159, Twin Falls, ID 83303-5159 • 208-733-7033 (Phone) • 208-733-6129 (Fax)