



P.O. Box 1113, Beebe, Ar. 72012

Phone: (800) 597-2425

(501) 882-2600

FAX: (501) 882-1588

The purpose of this application is to determine whether or not the applicant is qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and STG.

Name _____

Address _____ City _____ State _____ Zip _____

Social Security Number _____ - _____ - _____ Phone (____) _____ - _____

Date of Birth ____/____/____ Cell (____) _____ - _____

CDL License # _____ State _____ Exp ____/____/____

Have you ever Filed a Workman's Compensation Claim: NO _____ YES _____

Have you ever Been Convicted of a Felony: NO _____ YES _____

In accordance with Section 40.25(j), the prospective employee is required to respond to the following question: Have you tested positive, or refused to test on any pre-employment, random, or reasonable suspicion drug or alcohol test administered by an employer to which you applied to, but did not obtain sensitive transportation work, or worked for while performing safety sensitive transportation work covered by DOT agency drug and alcohol testing rules during the previous three years?

NO _____ YES _____

Table with 7 rows and 2 columns. Each row contains fields for 'From' date, 'To' date, 'Company Name', 'Phone', and 'Address'.

Signature of Applicant _____

Date _____



REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

From: _____
2102 N Main
Beebe, AR 72012
Phone# 800-597-2425
Fax # 501-882-1588

To: _____
D.O.T. # : _____
Fax # (____) _____-

I hereby authorize you to release the following information to Stallion Transportation Group for the purpose of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any liability, which might result from furnishing such information. In answering these questions, include any drug or alcohol testing information obtained from previous employers under Section 40.26 or other applicable DOT agencies.

Name: _____ Social Security # _____-_____-_____
Signature: _____ Date: ____/____/_____

THIS SECTION TO BE COMPLETED BY PREVIOUS EMPLOYER/CONTRACTOR

Employment Dates: From _____ To _____ From _____ To _____

Please circle all that apply:

- Company Driver Owner Operator Solo Driver Team Driver
- Semi Tractor/Trailer Straight Truck Over the Road Regional
- Local Refrigerated Flatbed Van
- End-Dump Pneumatic Tank Other _____

Reason for leaving? Quit Discharged Laid-Off Still Employed

Eligibility for rehire? Yes No Upon Review If no, please explain _____

Was the applicant dependable and on time? ___Yes ___No

General comments about work habits: _____

Number of Preventable/Non-preventable Accidents/Incidents/Cargo Claims? _____

| Date | Nature of Accident | # of Injuries/Fatality | Estimated Cost |
|------|--------------------|------------------------|----------------|
| | | | |
| | | | |
| | | | |

- 1. Has this person had a verified positive drug test in the past 3 years? ___ Yes ___ No
- 2. Has this person had an alcohol test with a result of 0.04 or greater in the past 3 years? ___ Yes ___ No
- 3. Has this person refused a drug and/or alcohol test in the past 3 years (including adulterated or substituted drug test results)? ___ Yes ___ No
- 4. Has this person committed other violation of DOT drug and alcohol testing regulations? ___ Yes ___ No
- 5. Have you received information from a previous employer that this individual violated DOT drug and alcohol regulations? ___ Yes ___ No

Completed by: _____
Signature

Date: _____

TO BE READ AND SIGNED BY THE APPLICANT

This certifies that, I did complete this application, and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, driving, financial or medical history and other related matters as may be necessary in arriving at an employment decision, (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended).I hereby release employers, school , health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or at any time during my interview(s) will result in immediate discharge. I understand, also, that I am required to abide by all rules and regulations of Stallion Express, Inc. and the Federal Motor Carriers/ Department of Transportation, and any breech of these constitute discharge.

It is also agreed and understood that in accordance with the provisions of Section 604(b)(2)(A)of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, Of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results and your driving record may be obtained for employment purposes. Those reports are required by Sections 382.413, 319.23 and 391.25 of the Federal Motor Carrier Safety Regulations.

| | |
|---------------------------------------|--|
| _____ Applicant's Signature | _____ Date |
| _____ Printed Name | _____ Social Security Number |

ADDEDUM TO THE APPLICATION

In accordance with the provisions of Regulation 391.23 of the FMCSR's handbook, each applicant has the following rights:

1. The right to review information provided by previous employers.
2. The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer.
3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

In accordance with Section 40.25(j), the prospective employee is required to respond to the following question:

Have you tested positive, or refused to test on any pre-employment, random, or reasonable suspicion drug or alcohol test administered by an employer to which you applied to, but did not obtain sensitive transportation work, or worked for while performing safety sensitive transportation work covered by DOT agency drug and alcohol testing rules during the previous three years?

NO _____ **YES** _____

| | |
|--|----------------------|
| _____ Signature of Applicant | _____ Date |
|--|----------------------|