



Paul Transportation, Inc. Corporate:
PO Box 5006, Enid, OK 73702
Phone: 580-977-2980; Fax: (580) 977-2979

Driver Recruiting:
4317 SW 36th St, Oklahoma City, OK 73119
Phone: 580-977-2921; Fax: 405-440-2390

PREVIOUS EMPLOYMENT INFORMATION REQUEST

To: _____ ATTN: _____ Fax: _____

RETURN COMPLETED FORM TO: FAX NO. 405-440-2390

Applicant: _____ (printed name) Social Security Number: _____
has applied with your company for a driving position. We are providing the following information regarding past employment and drug alcohol testing pursuant to 49 CFR, Section 40.25, per signed authorization.

Employment Dates: From: _____ To: _____ Additional Dates: From: _____ To: _____

Type of Driver: [] Company [] O/O

Experience (check all that apply): Flatbed _____ Van _____ Reefer _____ OTR _____ Regional _____ Local _____

Reason for Leaving: [] Resigned [] Laid Off [] Terminated*

*Explain: _____

Eligible for Rehire: [] Yes [] No* [] Upon Review

*Explain: _____

All DOT Reportable Accident, Preventable or Non-preventable, for the last three (3) years:

Accident is defined as an occurrence involving a CMV operating on a highway either in intra state or inter-state commerce which results in a fatality, bodily injury to a person who immediately receives medical treatment away from the scene; and one or more vehicles have to be towed away from the scene of the accident.

The following accidents occurred while the driver was employed by this company:

Table with 4 columns: Date of Accident, City/Town & State where accident occurred, No Injuries, No Fatalities. Includes three rows of blank lines for data entry.

Has the applicant:

- 1. Had an alcohol test with breath concentration of 0.04 or greater in the past three years? ___Yes ___No
2. Had a controlled substance test with a verified positive result in the past three years? ___Yes ___No
3. Refused a controlled substance and/or alcohol test, or had a verified adulterated or Substituted test results within the past three years? ___Yes ___No
4. Had a violation of DOT agency drug and alcohol testing regulation? ___Yes ___No
5. Violated DOT drug and alcohol return-to duty requirements (including follow-up testing) requiring successful completion? ___Yes ___No
6. Has the driver successfully completed a SAP rehabilitation referral and remained in the employ of the referring employer? ___Yes ___No

Please identify the Substance Abuse Professional you referred the driver to if tested positive or refused testing. Please supply the name, address and telephone and/or fax number.

Verified by: _____ Date: _____
(Name and Title)

I authorize my previous employer to complete the employment background investigation in accordance with state and federal laws and to release any information related to my alcohol and controlled substance test results and hold them harmless of all liability from release of said information.

Applicant's Signature: _____ Date: _____



Paul Transportation, Inc.
PO Box 5006
Enid, OK 73702
Phone: (580) 242-4129
Fax: (580) 237-5916
www.paulinc.com

GENERAL AUTHORIZATION

In connection with my application for employment (including contract for services) with Paul Transportation, Inc I understand that an investigative consumer report is being requested from USIS DAC S services, Tulsa, OK, PSP Online Services, or other consumer reporting agencies, that will include information as to my character including character, work performance, experience, capability, attitude, drug and alcohol test results for the past three (3) years, DOT roadside inspection history, logs/hours of service discipline, driving record and safety incidents and accidents, or failure or refusal to substance abuse testing, along with the reason of termination for past employment with previous employers. Further, I understand that you will be requesting information from DAC, PSP Online, and other reporting agencies that applies to my previous driving record requests made by others from such state agencies, state provided records, claims involving me in the files of insurance companies, criminal background checks and/or credit checks.

I authorize, without reservation; any party contacted by Paul Transportation, Inc. to furnish the above mentioned information with my written authorization.

I hereby consent to your obtaining the above information from DAC, PSP Online, or other related service companies and/or Department of Transportation regulated employers and agree that such information if hired by Paul Transportation, Inc. the same information will be supplied to DAC, PSP Online, or other related service companies for release to other Department of Transportation regulated employers. I also understand that under the Federal Motor Carrier Safety Regulations, Paul Transportation, Inc. will release my employment information pertaining to controlled substance and alcohol testing records or failure thereof for the past three years, accident information for the past three years, work performance, dates of hire and termination and reasons for termination to other commercial motor carriers upon written request and my authorization to do so.

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

I understand 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 including character, work performance, experience, capability, attitude, previous drug and alcohol test results, DOT roadside inspection history, logs/hours of service discipline, driving record and safety incidents and accidents may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations.

DUE PROCESS RIGHTS FEDERAL MOTOR CARRIERS SAFETY REGULATIONS 391.23 (I)

I am acknowledging that Paul Transportation, Inc has expressly notified me that Department of Transportation regulated employment during the preceding three years via the application form or other written documentation prior to the hiring decision that I have the right to review such information provided by previous employers. I have also been informed that I have 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 Paul Transportation, Inc. with my right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the myself cannot agree on the accuracy of the information.

APPLICANTS SIGNATURE

WITNESS BY COMPANY REPRESENTATIVE

PRINT NAME

DATE

SOCIAL SECURITY NUMBER



ACKNOWLEDGMENT OF ORIENTATION AND HIRING REQUIREMENTS

I, _____, fully understand by signing this document that I am not officially hired until all requirements are met.

This includes all qualifications listed prior to application but not to exclude the ability to take and pass the Driver's Performance Test (DPT), which consists of watching a video and documenting written multiple choice responses. This test is given the first day of orientation.

I am aware if unable to pass the DPT I will not be sent for drug screen and physical and will not meet the requirements of Paul Transportation.

I further understand that employment depends not only on meeting requirements set forth by the Safety Department by issuing the DPT test, but also by successfully taking and passing the DOT Regulated Pre-Employment Drug Screen AND Physical.

I also understand once all mentioned requirements are met, I still must complete orientation and evaluation of knowledge and skills conducted by Paul Transportation employees before truck will be assigned and dispatched on a load.

Driver's Signature

Printed Driver's Name

Date