

Application Supplement for Commercial Motor Vehicle Driver Positions

SEND COMPLETED APPLICATION TO jobs@chemicalstrategies.com OR FAX (623) 551-5522

Company Name: Chemical Strategies, Inc.
Street Address: 41780 N Vision Way, Bldg 3 Suite 130
City, State, Zip: Anthem, AZ 85086

Applicant Name: _____
Social Security Number: _____
Date of Birth: _____

Special Notice for Applicants for Commercial Motor Vehicle Driver Positions

The information provided in this supplement may be used, and prior employers may be contacted, for the purpose of investigating the applicant's background as required by FMCSR Part 391.23.

DOT EMPLOYMENT HISTORY

Please list the names of your employers from the Employment History section of the main application and answer the following questions regarding your previous employment. Attach additional sheets if necessary:

Employer Name	Were you subject to the FMCSA Regulations while employed?	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?
	<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

* DOT modes include the United States Coast Guard, the Federal Aviation Administration, the Federal Highway Administration, the Federal Railroad Administration, the Federal Transit Administration, the Federal Motor Carrier Safety Administration and the Research and Special Programs Administration.

In compliance with FMCSA Regulations Section 40.25 (j) all driver applicants are required to answer the following two 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, 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, have you successfully completed the DOT return-to-duty requirements?
Check one: Yes No

You must provide documents supporting your successful completion of these requirements.

RESIDENCES

Please provide your addresses of residence for the past three years beginning with the most recent address.

Street Address	City, State, Zip	From	To

DRIVER'S LICENSE INFORMATION

Please provide the following information for each unexpired motor vehicle license or permit which has been issued to you (include both CDL and non CDL):

Issuing _____ License Number: _____
Type: _____ Expiration Date: _____

Indicate all CDL Endorsements and Restrictions you currently hold:

Double/Triple Trailers Tank Vehicle Hazardous Materials Passenger

Air Brake Restriction _____

Driving Experience

Type of Equipment	Dates			
	Yes	No	From	To
Bus	<input type="checkbox"/>	<input type="checkbox"/>		
Straight Truck	<input type="checkbox"/>	<input type="checkbox"/>		
Tractor Semi-Trailer	<input type="checkbox"/>	<input type="checkbox"/>		
Tractor Trailer	<input type="checkbox"/>	<input type="checkbox"/>		
Twin Trailers	<input type="checkbox"/>	<input type="checkbox"/>		
Triple Trailers	<input type="checkbox"/>	<input type="checkbox"/>		
Tankers	<input type="checkbox"/>	<input type="checkbox"/>		
Other (please specify)				

Have you completed any special courses or training you believe will help you as a driver? Yes No

Have you received any safe driving award(s)? Yes No

If you answered "yes" to either of the above two questions, please indicate the nature of the training or award and when and from whom it was received: _____

Vehicle Accident Record

Have you been involved in any accidents (preventable and non-preventable) as a driver during the previous three (3) years from the date of this application?

Yes No

If yes, please provide the following information. Attach additional sheets if more space is needed.

	Date	Location	Nature of Accident (E.G., Head-on, rear-end, overturn, etc.)	Fatalities (#)	Injuries (#)	Haz. Mat. Spill?
Last Accident						
Previous						
Previous						

Violations

Please list all violations of motor vehicle laws or ordinances (excluding parking) for which you have been convicted, or have forfeited a bond or collateral during the three (3) years preceding this application. Attach additional sheet if more space is needed.

Date	Location	Offense	Penalty	Type of Vehicle

Notification of Rights and Certification

I understand that I have the following rights regarding the investigative information that will be provided to the Company: (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 Company; (3) the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and I cannot agree on the accuracy of the information. I understand that if I wish to review previous employer-provided investigative information, I must submit a written request to the Company, no later than 30 days after being employed or being notified of denial of employment. The Company will provide the requested investigative information to me within five business days of receiving the written request, or within five business days of receipt of the requested information from the previous employer, whichever is later.

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: _____

Print Name: _____

**APPLICANT'S/TRANSFEREE'S AUTHORIZATION TO OBTAIN
DRUG AND ALCOHOL-RELATED INFORMATION FROM
PREVIOUS DOT-REGULATED EMPLOYERS**

I, _____, understand that as a condition of hire or engagement with
[Insert Applicant Name]

Chemical Strategies, Inc., I must give the Company written authorization to obtain certain

drug and alcohol-related information from all of the past DOT-regulated employers for which I worked as a commercial motor vehicle (CMV) driver or in another DOT-regulated safety sensitive position, or for which I took DOT-required pre-employment drug tests and alcohol tests, during the past three (3) years. I have also been advised and understand that my signing of this authorization does not guarantee that I will be offered a position with the Company, or continued employment by the Company, or that I will be given other opportunities to work for or on behalf of the Company.

I hereby authorize the Company to obtain the following information from each of the DOT-regulated employers for which I worked as a CMV driver, or in any other DOT-regulated safety-sensitive position, or for which I took a DOT-required pre-employment drug and a pre-employment alcohol test during the past three (3) years:

- (i) whether, within the previous three years, I have violated DOT's (including any DOT operating company's) or FMCSA's drug and alcohol prohibitions, including but not limited to: (A) all verified positive drug (controlled substances) test results; (B) all alcohol test results of 0.04 concentration or greater; (C) all instances in which I refused to submit to a DOT-required drug and/or alcohol test (including verified adulterated or substituted drug test results); (D) all other violations of DOT agency drug and alcohol testing regulations;
- (ii) whether I failed to undertake or complete a rehabilitation program prescribed by a substance abuse professional (SAP) pursuant to DOT's and FMCSA's return-to-duty requirements. If the previous employer does not know this information, I understand that I must provide documentation of successful completion of the SAP's referral directly to the Company.
- (iii) If I successfully completed a SAP's rehabilitation referral, and remained in the employ of the referring employer, information on whether I had the following testing violations subsequent to completion of the referral process: (A) alcohol tests with a result of .04 or higher alcohol concentration; (B) verified positive drug tests; (C) refusals to be tested (including verified adulterated or substituted drug test results).

I authorize each of my previous employers (or previous prospective employers) to release the above information to the Company, in writing, **addressed to Chemical Strategies, Inc. Attn: Leann Williams 4178G N Vision Way, Bldg 3 Suite 130 Anthem, AZ 85086 and marked "Confidential."**

I further authorize each of my previous employers (or previous prospective employers) to release the above-specific drug and alcohol-related information which they obtained from any other DOT-regulated employer for whom I worked as a CMV driver, or in another DOT-regulated safety-sensitive position, during the past three (3) years.

Below I have provided the name and address of a DOT-regulated employer for which I worked as a CMV driver or in another DOT-regulated safety-sensitive position, or to which I applied for work as a CMV driver or in another DOT-regulated safety-sensitive position, during the past three (3) years:

Company Name _____

Company Address: _____

Dates worked for/or applied to: _____

Reason(s) for Leaving (if applicable): _____

Contact's Name: _____

I agree to execute a separate authorization for each DOT-regulated employer for which I worked as a CMV driver or in another DOT-regulated safety-sensitive position, or to which I applied for work as a CMV driver or another DOT-regulated safety-sensitive position, during the past three (3) years.

APPLICANT'S / TRANSFEREE'S CERTIFICATION:

I have carefully read and fully understand this authorization to release my past drug and alcohol-related information, as specified above. In signing below, I certify that all of the information which I have furnished on this form is true and complete. I understand that this authorization will be sent to my former employer or former prospective employer listed above.

Signature: _____ Date: _____

Print Name: _____