

This page to be completed by the Applicant BEFORE receiving the Application for Qualification File and Retained at IDI - Return to:



I n d e p e n d e n t D i s p a t c h I n c .

214 NE Middlefield Rd. Portland, Oregon 97211 (503) 285-4251 Fax (503) 285-4035

Application for Qualification File

The attached Application for Qualification file when completed *in full* and returned to Independent Dispatch, Inc. will be used to determine whether or not the applicant is qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Regulations and Independent Dispatch, Inc.

This qualification file contains the following documents:

- | | |
|---|--------------------|
| 1) Application for Qualification | Returned [] _____ |
| 2) A) Drivers Rights Pertaining to release of Driver Information
under Regulation 391.23 | Returned [] _____ |
| B) Driver Applicant Drug and Alcohol Pre-Employment Statement | Returned [] _____ |
| 3) Controlled Substance & Alcohol Testing
Information Acknowledgement/Consent Form | Returned [] _____ |
| 4) Request for Driver's Safety Performance History
Information from DOT Regulated Previous Employer(s) | Returned [] _____ |
| 5) Seven-Day Prior Log Form | Returned [] _____ |
| 6) ADR and Washington State – MVR Disclosure and Release Forms | Returned [] _____ |
| 7) Job Analysis - Truck Driver | Returned [] _____ |

This file may contain Confidential Information as defined in Title 49 CFR Sections 382 383 and 390. Greg McGann, John Wish, Bill Lundin and only others specifically designated by Independent Dispatch, Inc. may review this file to determine whether or not the applicant is qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Regulations and Independent Dispatch, Inc.

It is agreed and understood that this Application for Qualification File in no way obligates Independent Dispatch, Inc. to employ or hire the applicant.

Applicant Name (Please PRINT)

Daytime Phone

Address

Evening Phone

City, State & Zip

Applicant's Signature

Date

APPLICATION FOR QUALIFICATION

Company Independent Dispatch, Inc.

Address 214 NE Middlefield Road

City Portland State OR Zip Code 97211

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 the Company named above.

Instructions to Applicant

Please answer all questions. If the answer to any question is "No" or "None", do not leave the item blank, but write "No" or "None".

Date _____ Position applying for; Check One: Contractor Driver Contractor's Driver

Name _____
(First) (Middle) (Last)

Phone Number (_____) _____ Emergency Phone Number (_____) _____

*Age _____ Date of Birth _____ Social Security Number _____ - _____ - _____

*The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

Physical Exam Expiration Date: _____

Current & Three Years Previous Addresses:

From _____ To _____

From _____ To _____

From _____ To _____

From _____ To _____

Have you worked for this company before? Yes No

If yes, give dates: From _____ To _____

Reason for leaving? _____

Education History

Please circle the highest grade completed:

Grade School: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 Post-Graduate: 1 2 3 4

Driving Experience

Class of Equipment	Dates		Approximate Number of Miles (Total)
	From	To	
Straight Truck			
Tractor and Semi-trailer			
Tractor-two trailers			
Tractor-three trailers (triples)			
Other			

List states operated in, for the last five years: _____

List special courses/training competed (PTD/DDC, Haz Mat, etc.): _____

List any Safe Driving Awards you hold and from whom: _____

Accident Record for past three years *(attach sheet if more space is needed)*

Date of Accident	Nature of Accidents (Head on, rear end, upset, etc.)	Location of Accident	# of Fatalities	# of People Injured

Traffic Convictions and Forfeitures for the last three years *(other than parking violations)*

Date	Location	Charge	Penalty

Driver's License *(list each driver's license held in the past three years)*

State	License #	Type	Endorsements	Expiration Date

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?.. YES NO
- B. Has any license, permit or privilege ever been suspended or revoked? YES NO
- C. Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)?..... YES NO
- D. Have you ever been convicted of a felony?..... YES NO
- If the answers to A, B, C or D is "YES", give details _____

Personal References

List three persons for references, other than family members, who have knowledge of your safety habits.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

To Be Read and Signed by Applicant

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.

It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my application file.

It is agreed and understood that this Application for Qualification in no way obligates the motor carrier to employ or hire the applicant.

It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.

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.

Applicant Signature _____ **Date** _____

Remarks (For office use only)

This form is courtesy of:



DRIVER'S RIGHTS PERTAINING TO RELEASE OF DRIVER INFORMATION UNDER REGULATION 391.23

Motor carriers have the responsibility to make the following investigations and inquiries with respect to each driver employed, other than a person who has been a regularly employed driver of the motor carrier for a continuous period which began before January 1, 1971.

- (a)(1) An inquiry into the driver's driving record during the preceding three years to the appropriate agency of every State in which the driver held a motor vehicle operator's license or permit during those three years; and
- (a)(2) An investigation of the driver's employment record during the preceding three years.
- (b) A copy of the driver record(s) obtained in response to the inquiry or inquiries to each State driver record agency as required must be placed in the Driver Qualification File within 30 days of the date the driver's employment begins and be retained in compliance with 391.51.
- (c) Replies to the investigations of the driver's safety performance history must be placed in the Driver Investigation History File within 30 days of the date the driver's employment begins. This goes into effect after October 29, 2004.
- (d) Prospective motor carrier must investigate the information from all previous employers of the applicant that employed the driver to operate a CMV within the previous three years. This information must cover general driver identification and employment verification information, data elements as specified in 390.15 for accident involving the driver that occurred in the three-year period preceding the date of the employment application, and any accidents the previous employer may wish to provide.
- (e) Prospective motor carrier must investigate the information from all previous DOT regulated employers that employed the driver within the previous three years from the date of the employment application in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40.

Drivers have 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 wish to review previous employer-provided investigative information must submit a written request to the prospective employer when applying or as late as 30 days after employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five business days of receiving the written request. If the driver has not arranged to pick up or receive the requested records within 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.

Drivers wishing to request correction of erroneous information in records must send the request for the correction to the previous employer that provided the records. After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer or notify the driver within 15 days of receiving the driver's request to correct the data that it does not agree to correct the data. Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instruction to include the rebuttal in the driver's Safety Performance History.

I acknowledge that I have read and understand the contents of this document

Driver's Signature: _____ Date: _____

Driver Name (Printed): _____

DRIVER APPLICANT DRUG AND ALCOHOL PRE-EMPLOYMENT STATEMENT

CFR Part 40.25(j) requires the employer to ask any applicant, 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 rules during the past two years. If the potential employee admits that he or she had a positive test or refusal to test, we must not use the employee to perform safety-sensitive functions, until and unless the potential employee provides documentation of successful completion of the return-to-duty process. (See Section 40.25(b)(5) and (e).

Applicant Name: _____ ID Number: _____
(Please Print)

As an applicant, applying to perform safety-sensitive functions for our company, you are required by CFR Part 40.25(j) to 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?
Yes No

2. If you answered yes, to the above question, can you provide proof that you have successfully completed the DOT return-to-duty requirements?
Yes No

My signature below certifies that the information provided is true and correct.

Applicant Signature: _____ Date: _____

This form is courtesy of:



The Difference is Service®

CONTROLLED SUBSTANCE & ALCOHOL TESTING INFORMATION ACKNOWLEDGEMENT/CONSENT FORM

As a condition of employment with **Independent Dispatch, Inc.** (Motor Carrier), Commercial Motor Vehicle (CMV) Driver Applicants must submit to a pre-employment controlled substances test as required by the Federal Motor Carrier Safety Regulations (FMCSR) Section 382.301. A motor carrier must receive verified negative test results for the applicant driver for the applicant to be eligible for employment.

If you are hired, you will be subject to laws requiring additional controlled substances and alcohol testing on you under numerous situations including, but not limited to, the following:

Post-Accident – Section 382.303	Random– Section 382.305	Reasonable Suspicion – Section 382.307
Return to Duty – Section 382.309		Follow-up – Section 382.311

A driver who tests positive for a controlled substance(s) and/or alcohol test, will be immediately removed from a safety-sensitive position as required by Part 382 of the FMCSR. Federal law prohibits a driver from returning to a safety-sensitive position for any motor carrier until and unless the driver completes the Substance Abuse Professionals (SAP) evaluation, referral and educational/treatment process, as described in FMCSR Part 40, Subpart O.

The following is a referral list of Substance Abuse Professionals: (to be completed by Carrier)

John A. Barnes Milwaukie, OR p: 503-244-2179	Judith Ashby Lake Oswego, OR p: 503-819-1500	George I. Hannibal Portland, OR 97213 p: 503-254-1545	Peter Barbur Portland, OR p: 503-295-7974
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All controlled substances and alcohol testing will be conducted in accordance with Parts 40 and 382 of the FMCSR.

I _____ have read the above controlled substances and alcohol
(Print Name)

testing requirements and understand them. I acknowledge receipt of the referral list of Substance Abuse Professionals.

(Applicant's Signature)

(Date)

<p>_____ (Employer Representative)</p>	<p>This form is courtesy of:</p>  <p style="text-align: center;">GREAT WEST Casualty Company</p> <p style="text-align: center;"><i>The Difference is Service®</i></p>
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DEPARTMENT OF TRANSPORTATION
DRIVER AND MOTOR VEHICLE SERVICES
1905 LANA AVE NE, SALEM OREGON 97314

AFFIDAVIT TO AUTHORIZE RELEASE OF EMPLOYMENT DRIVING RECORD WITH DRUG TEST RESULT INFORMATION

Use this form to obtain the Employment Driving Record with drug test result information.

1. The form must be completed in full.
2. Include a fee of \$2.00 for the record.
3. Send completed form and fee to:

**DMV Record Services Unit
1905 Lana Ave NE
Salem, OR 97314**

I, _____ ,
Print Name

Of _____ ,

authorize the release of my employment driving record including drug test results reported under
ORS 825.410 to _____ ,

Oregon Driver License Number: _____ Date of Birth: _____

SIGNATURE OF DRIVER

X

DATE

735-7195 (6.00)

STK# 300510

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

Carrier Name: *Independent Dispatch, Inc.* **Contact Person:** *Greg McGann/John Wish/Bill Lundin*

Address: *214 NE Middlefield Road* **City, State, Zip:** *Portland, OR 97211*

Phone #: *503-285-4251* **Confidential Fax #:** *503-327-2272*

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 date shown below. I also acknowledge that this information will be used in determining my eligibility to be hired, 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 _____, hereby authorize this company to release all records of employment, including assessments
Print Name

of my job performance, ability and fitness, including dates of any and all alcohol or drug tests. Those confirmed results and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of (SAP/MRO) to each and every company (or their authorized agents) which 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 and all 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 >> DRUG & ALCOHOL INFORMATION

Please provide the following drug and alcohol information as required by FMCSR Part 391.23 & 40.25.

If no drug and alcohol information is available on above-named applicant check here.

	YES	NO
1. Any alcohol test with a result of 0.04 or higher alcohol concentration?	<input type="checkbox"/>	<input type="checkbox"/>
2. Any verified positive drug test?	<input type="checkbox"/>	<input type="checkbox"/>
3. Any refusals to be tested (including verified adulterated or substituted drug test results)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Any other violations of DOT agency drug and alcohol testing regulations (Part 382 or Part 40)?	<input type="checkbox"/>	<input type="checkbox"/>
5. If this driver did successfully complete a SAP rehabilitation referral and remained in your employ, did he/she have any subsequent violations for: an alcohol test result of 0.04 or greater, a verified positive drug test or a refusal to test (including a verified adulterated/substituted drug test result)?	<input type="checkbox"/>	<input type="checkbox"/>

6. If yes to any of the above questions, please provide documentation of successful completion of a SAP evaluation, prescribed treatment and return-to-duty requirements (including follow-up tests) if they remained in your employ.*

* If this information is not available from the previous employer, you as a prospective employer, must get this information from the driver/applicant.

Drug and alcohol information needs to be kept in a separate personnel and/or confidential file.

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

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

Please provide the following information on the above-name 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.

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

Carrier Name: *Independent Dispatch, Inc.* **Contact Person:** *Greg McGann/John Wish/Bill Lundin*

Address: *214 NE Middlefield Road* **City, State, Zip:** *Portland, OR*

Phone #: *503-285-4251* **Confidential Fax #:** *503-327-2272*

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I _____, hereby authorize this company to release all records of employment, including assessments
Print Name

of my job performance, ability and fitness, including dates of any and all alcohol or drug tests. Those confirmed results and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of (SAP/MRO) to each and every company (or their authorized agents) which 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 and all 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 >> DRUG & ALCOHOL INFORMATION

Please provide the following drug and alcohol information as required by FMCSR Part 391.23 & 40.25.

If no drug and alcohol information is available on above-named applicant check here.

	<u>YES</u>	<u>NO</u>
1. Any alcohol test with a result of 0.04 or higher alcohol concentration?	<input type="checkbox"/>	<input type="checkbox"/>
2. Any verified positive drug test?	<input type="checkbox"/>	<input type="checkbox"/>
3. Any refusals to be tested (including verified adulterated or substituted drug test results)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Any other violations of DOT agency drug and alcohol testing regulations (Part 382 or Part 40)?	<input type="checkbox"/>	<input type="checkbox"/>
5. If this driver did successfully complete a SAP rehabilitation referral and remained in your employ, did he/she have any subsequent violations for: an alcohol test result of 0.04 or greater, a verified positive drug test or a refusal to test (including a verified adulterated/substituted drug test result)?	<input type="checkbox"/>	<input type="checkbox"/>

6. If yes to any of the above questions, please provide documentation of successful completion of a SAP evaluation, prescribed treatment and return-to-duty requirements (including follow-up tests) if they remained in your employ.*

* If this information is not available from the previous employer, you as a prospective employer, must get this information from the driver/applicant.

Drug and alcohol information needs to be kept in a separate personnel and/or confidential file.

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

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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 III– Past Employer to Complete >> WORK HISTORY INFORMATION

Please provide the following information on the above-name 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:

_____ Title

Print Name

_____ Date

Signature

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

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

Carrier Name: *Independent Dispatch, Inc.* **Contact Person:** *Greg McGann/John Wish/Bill Lundin*

Address: *214 NE Middlefield Road* **City, State, Zip:** *Portland, OR*

Phone #: *503-285-4251* **Confidential Fax #:** *503-327-2272*

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I _____, hereby authorize this company to release all records of employment, including assessments
Print Name

of my job performance, ability and fitness, including dates of any and all alcohol or drug tests. Those confirmed results and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of (SAP/MRO) to each and every company (or their authorized agents) which 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 and all 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

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3. Any refusals to be tested (including verified adulterated or substituted drug test results)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Any other violations of DOT agency drug and alcohol testing regulations (Part 382 or Part 40)?	<input type="checkbox"/>	<input type="checkbox"/>
5. If this driver did successfully complete a SAP rehabilitation referral and remained in your employ, did he/she have any subsequent violations for: an alcohol test result of 0.04 or greater, a verified positive drug test or a refusal to test (including a verified adulterated/substituted drug test result)?	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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Explain: _____

Type of trailer(s) pulled: _____

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General area traveled: _____ Commodities transport: _____

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a. Bonded: Yes No

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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:

_____ Title

Print Name

_____ Date

Signature

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

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

Carrier Name: *Independent Dispatch, Inc.* **Contact Person:** *Greg McGann/John Wish/Bill Lundin*

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of my job performance, ability and fitness, including dates of any and all alcohol or drug tests. Those confirmed results and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of (SAP/MRO) to each and every company (or their authorized agents) which 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 and all 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

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2. Any verified positive drug test?	<input type="checkbox"/>	<input type="checkbox"/>
3. Any refusals to be tested (including verified adulterated or substituted drug test results)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Any other violations of DOT agency drug and alcohol testing regulations (Part 382 or Part 40)?	<input type="checkbox"/>	<input type="checkbox"/>
5. If this driver did successfully complete a SAP rehabilitation referral and remained in your employ, did he/she have any subsequent violations for: an alcohol test result of 0.04 or greater, a verified positive drug test or a refusal to test (including a verified adulterated/substituted drug test result)?	<input type="checkbox"/>	<input type="checkbox"/>

6. If yes to any of the above questions, please provide documentation of successful completion of a SAP evaluation, prescribed treatment and return-to-duty requirements (including follow-up tests) if they remained in your employ.*

* If this information is not available from the previous employer, you as a prospective employer, must get this information from the driver/applicant.

Drug and alcohol information needs to be kept in a separate personnel and/or confidential file.

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

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

Please provide the following information on the above-name 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:

_____ Title

Print Name

_____ Date

Signature

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

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

Carrier Name: *Independent Dispatch, Inc.* **Contact Person:** *Greg McGann/John Wish/Bill Lundin*

Address: *214 NE Middlefield Road* **City, State, Zip:** *Portland, OR*

Phone #: *503-285-4251* **Confidential Fax #:** *503-327-2272*

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 date shown below. I also acknowledge that this information will be used in determining my eligibility to be hired, 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 _____, hereby authorize this company to release all records of employment, including assessments
Print Name

of my job performance, ability and fitness, including dates of any and all alcohol or drug tests. Those confirmed results and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of (SAP/MRO) to each and every company (or their authorized agents) which 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 and all 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 >> DRUG & ALCOHOL INFORMATION

Please provide the following drug and alcohol information as required by FMCSR Part 391.23 & 40.25.

If no drug and alcohol information is available on above-named applicant check here.

	YES	NO
1. Any alcohol test with a result of 0.04 or higher alcohol concentration?	<input type="checkbox"/>	<input type="checkbox"/>
2. Any verified positive drug test?	<input type="checkbox"/>	<input type="checkbox"/>
3. Any refusals to be tested (including verified adulterated or substituted drug test results)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Any other violations of DOT agency drug and alcohol testing regulations (Part 382 or Part 40)?	<input type="checkbox"/>	<input type="checkbox"/>
5. If this driver did successfully complete a SAP rehabilitation referral and remained in your employ, did he/she have any subsequent violations for: an alcohol test result of 0.04 or greater, a verified positive drug test or a refusal to test (including a verified adulterated/substituted drug test result)?	<input type="checkbox"/>	<input type="checkbox"/>

6. If yes to any of the above questions, please provide documentation of successful completion of a SAP evaluation, prescribed treatment and return-to-duty requirements (including follow-up tests) if they remained in your employ.*

* If this information is not available from the previous employer, you as a prospective employer, must get this information from the driver/applicant.

Drug and alcohol information needs to be kept in a separate personnel and/or confidential file.

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

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

Please provide the following information on the above-name 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.

FMCSA - Driver Pre-Employment Screening

The Federal Motor Carrier Safety Administration complies and makes available to motor carriers the crash and roadside inspection history of regulated commercial drivers. The driver's consent to obtain the report is required. Please read the information below carefully and sign where indicated.

In connection with your application for employment with **Independent Dispatch, Inc.** ("Prospective Employer"), it may Obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FSCSA). The Prospective Employer cannot obtain background reports from FSCSA unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below –

I authorize **Independent Dispatch, Inc.** ("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 consenting to 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.

How to correct the record. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging 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 have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, 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.

Signed: _____ Name: _____ Date: _____
Signature Print

**ADR – American Driving Records and all agencies acting on behalf of
American Driving Records, Inc.**

Dear Applicant:

This letter is to notify you that we may be unable to make you an offer of employment based on our obligations under D.O.T. regulations, including information received from ADR.

ADR does not make these decisions and is unable to provide you with the specific reasons for them. You have the right to dispute the accuracy or completeness of any information contained in such reports. However, be advised that ADR obtains all driver and vehicle records directly from the various state Department of Motor Vehicles (or corresponding agency) and **does not** maintain it’s own database of driver and vehicle information. If there is something inaccurate on your driver or vehicle report you **must contact the DMV directly**. ADR acts only as a courier and has no control over any of the information that a state discloses in your driver or vehicle record.

Thank you for your interest in our company.

Disclosure and Release Form

In connection with my employment or application for employment (including contract for services) with **Independent Dispatch, Inc.**, I understand that motor vehicle reports, which may contain public and private record information, may be requested from ADR. These reports may include but are not limited to the following types of information: name, address, social security number, date of birth, driver license or I.D. number, and driver record. I also understand that the information included in such reports will be taken into consideration in deciding whether to offer me employment.

I authorize, without reservation, any party or agency contacted by ADR to furnish the above-mentioned information.

I understand that:

- ADR obtains all driver and vehicle information directly from the various state Department of Vehicles (or a corresponding agency) and does not maintain it’s own database of driver and vehicle information.
- ADR acts only as a courier and has no control over any of the information that a state discloses in my driver record or vehicle record.
- If there is something inaccurate on my driver or vehicle report, I must contact the DMV directly to have the information corrected or updated.

I hereby authorize procurement of motor vehicle records. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure motor vehicle records at any time during my employment (or contract) period.

State Licensed In: _____

Print Name: _____

Driver’s License No. _____

Date of Birth _____

Applicant’s Signature: _____ Date: _____

APPENDIX C

Account Number

EMPLOYEE OR PROSPECTIVE EMPLOYEE REQUEST

That I, _____, am an employee or prospective employee of the company named below and that I request a copy of my official Driving Record in the State of Washington be released to my employer or prospective employer or their agent.

Authorization of employee or prospective employee for release of abstract of driving record for employment purposes as defined in (C) below.

Signature Date WA License # or print full name and date of birth

EMPLOYER ATTESTATION

- (A) That the company named below is an employer or prospective employer of the above named individual and that I am a representative authorized to bind said company.
- (B) That AMERICAN DRIVING RECORDS is acting as agent on behalf of _____ who is acting as agent on our behalf to obtain the abstract of driver records of the above named individual.
- (C) That abstracts of driver record shall be used exclusively to determine whether the above named individual should be employed to operate a school bus, commercial vehicle or for employment purposes related to driving by an individual as a condition of that individual's employment upon the public highways or otherwise at the direction of the employer or organization, and that no information contained therein shall be divulged, sold, assigned, or otherwise transferred to any third person or party. A commercial vehicle is defined as any vehicle the principal use of which is the transportation of commodities, merchandise, produce, freight, animals, or passengers for hire and commercial vehicles as defined in Chapter 46.25 RCW.
- (D) That the information contained in the abstracts of driver records obtained from the Department shall be used in accordance with the requirements and in no way violate the provisions of RCW 46.52.130, attached in part for easy reference.

By affirming my signature below, I declare under penalty of perjury, under the laws of the State of Washington, that the foregoing is true and correct.

Company Name

Address

Authorized Officer's Name Title

Signature Date

July 26, 2009 Revisions for RCW 46.52.130

RCW 46.52.130 Abstract of driving record -- Access -- Fees -- Penalty.

- (1) A certified abstract of the driving record shall be furnished only to: (a) The individual named in the abstract; (b) An employer or prospective employer or an agent acting on behalf of an employer or prospective employer, or a volunteer organization for which the named individual has submitted an application for a position that could require the transportation of children under eighteen years of age, adults over sixty-five years of age, or persons with mental or physical disabilities; (c) An employee or agent of a transit authority checking prospective volunteer vanpool drivers for insurance and risk management needs; (d) The insurance carrier that has insurance in effect covering the employer or a prospective employer; (e) The insurance carrier that has motor vehicle or life insurance in effect covering the named individual; (f) The insurance carrier to which the named individual has applied; (g) An alcohol/drug assessment or treatment agency approved by the department of social and health services, to which the named individual has applied or been assigned for evaluation or treatment; (h) City and county prosecuting attorneys; (i) State colleges, universities, or agencies for employment and risk management purposes; or units of local government authorized to self-insure under RCW 48.62.031; or (j) An employer or prospective employer or volunteer organization, or an agent acting on behalf of an employer or prospective employer or volunteer organization, for employment purposes related to driving by an individual as a condition of that individual's employment or otherwise at the direction of the employer or organization.
- (2) Nothing in this section shall be interpreted to prevent a court from providing a copy of the driver's abstract to the individual named in the abstract, provided that the named individual has a pending case in that court for a suspended license violation or an open infraction or criminal case in that court that has resulted in the suspension of the individual's driver's license. A pending case includes criminal cases that have not reached a disposition by plea, stipulation, trial, or amended charge. An open infraction or criminal case includes cases on probation, payment agreement or subject to, or in collections. Courts may charge a reasonable fee for production and copying of the abstract for the individual.
- (3) City attorneys and county prosecuting attorneys may provide the driving record to alcohol/drug assessment or treatment agencies approved by the department of social and health services to which the named individual has applied or been assigned for evaluation or treatment.
- (4)(a) The director, upon proper request, shall furnish a certified abstract covering the period of not more than the last three years to insurance companies.
- (b) The director may enter into a contractual agreement with an insurance company or its agent for the limited purpose of reviewing the driving records of existing policyholders for changes to the record during specified periods of time. The department shall establish a fee for this service, which must be deposited in the highway safety fund. The fee for this service must be set at a level that will not result in a net revenue loss to the state. Any information provided under this subsection must be treated in the same manner and subject to the same restrictions as certified abstracts.
- (5) Upon proper request, the director shall furnish a certified abstract covering a period of not more than the last five years to state approved alcohol/drug assessment or treatment agencies, except that the certified abstract shall also include records of alcohol-related offenses as defined in RCW 46.01.260(2) covering a period of not more than the last ten years.
- (6) Upon proper request, a certified abstract of the full driving record maintained by the department shall be furnished to a city or county prosecuting attorney, to the individual named in the abstract, to an employer or prospective employer or an agent acting on behalf of an employer or prospective employer of the named individual, or to a volunteer organization for which the named individual has submitted an application for a position that could require the transportation of children under eighteen years of age, adults over sixty-five years of age, or persons with physical or mental disabilities, or to an employee or agent of a transit authority checking prospective volunteer vanpool drivers for insurance and risk management needs.
- (7) The abstract, whenever possible, shall include: (a) An enumeration of motor vehicle accidents in which the person was driving; (b) The total number of vehicles involved; (c) Whether the vehicles were legally parked or moving; (d) Whether the vehicles were occupied at the time of the accident; (e) Whether the accident resulted in any fatality; (f) Any reported convictions, forfeitures of bail, or findings that an infraction was committed based upon a violation of any motor vehicle law; (g) The status of the person's driving privilege in this state; and (h) Any reports of failure to appear in response to a traffic citation or failure to respond to a notice of infraction served upon the named individual by an arresting officer.
- (8) Certified abstracts furnished to prosecutors and alcohol/drug assessment or treatment agencies shall also indicate whether a recorded violation is an alcohol-related offense as defined in RCW 46.01.260(2) that was originally charged as one of the alcohol-related offenses designated in RCW 46.01.260(2)(b)(i).
- (9) The abstract provided to the insurance company shall exclude any information, except that related to the commission of misdemeanors or felonies by the individual, pertaining to law enforcement officers or firefighters as defined in RCW 41.26.030, or any officer of the Washington state patrol, while driving official vehicles in the performance of occupational

duty. The abstract provided to the insurance company shall include convictions for RCW 46.61.5249 and 46.61.525 except that the abstract shall report them only as negligent driving without reference to whether they are for first or second degree negligent driving. The abstract provided to the insurance company shall exclude any deferred prosecution under RCW 10.05.060, except that if a person is removed from a deferred prosecution under RCW 10.05.090, the abstract shall show the deferred prosecution as well as the removal.

(10) The director shall collect for each abstract the sum of ten dollars, fifty percent of which shall be deposited in the highway safety fund and fifty percent of which must be deposited according to RCW 46.68.038.

(12) Any insurance company or its agent receiving the certified abstract shall use it exclusively for its own underwriting purposes and shall not divulge any of the information contained in it to a third party. No policy of insurance may be canceled, non-renewed, denied, or have the rate increased on the basis of such information unless the policyholder was determined to be at fault. No insurance company or its agent for underwriting purposes relating to the operation of commercial motor vehicles may use any information contained in the abstract relative to any person's operation of motor vehicles while not engaged in such employment, nor may any insurance company or its agent for underwriting purposes relating to the operation of noncommercial motor vehicles use any information contained in the abstract relative to any person's operation of commercial motor vehicles.

(13) Any employer or prospective employer or an agent acting on behalf of an employer or prospective employer, or a volunteer organization for which the named individual has submitted an application for a position that could require the transportation of children under eighteen years of age, adults over sixty-five years of age, or persons with physical or mental disabilities, receiving the certified abstract shall use it exclusively for his or her own purpose: (a) To determine whether the licensee should be permitted to operate a commercial vehicle or school bus, or operate a vehicle for a volunteer organization for purposes of transporting children under eighteen years of age, adults over sixty-five years of age, or persons with physical or mental disabilities, upon the public highways of this state; or (b) for employment purposes related to driving by an individual as a condition of that individual's employment or otherwise at the direction of the employer or organization, and shall not divulge any information contained in it to a third party.

(14) Any employee or agent of a transit authority receiving a certified abstract for its vanpool program shall use it exclusively for determining whether the volunteer licensee meets those insurance and risk management requirements necessary to drive a vanpool vehicle. The transit authority may not divulge any information contained in the abstract to a third party.

(15) Any alcohol/drug assessment or treatment agency approved by the department of social and health services receiving the certified abstract shall use it exclusively for the purpose of assisting its employees in making a determination as to what level of treatment, if any, is appropriate. The agency, or any of its employees, shall not divulge any information contained in the abstract to a third party.

(16) Release of a certified abstract of the driving record of an employee, prospective employee, or prospective volunteer requires a statement signed by: (a) The employee, prospective employee, or prospective volunteer that authorizes the release of the record, and (b) the employer or volunteer organization attesting that the information is necessary: (i) To determine whether the licensee should be employed to operate a commercial vehicle or school bus, or operate a vehicle for a volunteer organization for purposes of transporting children under eighteen years of age, adults over sixty-five years of age, or persons with physical or mental disabilities, upon the public highways of this state; or (ii) for employment purposes related to driving by an individual as a condition of that individual's employment or otherwise at the direction of the employer or organization. If the employer or prospective employer authorizes an agent to obtain this information on their behalf, this must be noted in the statement. This subsection does not apply to entities identified in subsection (1)(i) of this section.

(17) Any negligent violation of this section is a gross misdemeanor.

(18) Any intentional violation of this section is a class C felony.



JOB ANALYSIS

DATE: _____

APPLICANT: _____ () LOCAL CARTAGE () OTR

JOB TITLE: TRUCK DRIVER
EMPLOYER: INDEPENDENT DISPATCH, INC.
ADDRESS: 214 NE MIDDLEFIELD RD. PORTLAND, OR 97211
CONTACT: JOHN WISH / GREG MCGANN / BILL LUNDIN
TITLE: DIRECTOR-TRUCKING SERVICES/DIRECTOR-REGIONAL TRUCKING/ SAFETY MANAGER

JOB DESCRIPTION: TRUCK DRIVER- THIS WORKER DRIVES A TRACTOR-TRAILER COMBINATION TO PICK UP AND DELIVER ASSORTED FREIGHT LOADS. TYPICALLY THE LOCAL CARTAGE DRIVERS OPERATE IN THE PACIFIC NORTHWEST, AND THE OVER THE ROAD DRIVERS (OTR) OPERATE IN THE COMPLETE 48 STATE REGION. THE WORKER DRIVES TO AND FROM VARIOUS WAREHOUSES, CONTAINER YARDS, RAILROAD TERMINALS, AND MANUFACTURING FACILITIES.

THE JOB OF THE TRUCK DRIVER DOES ENTAIL MANY PHYSICAL DUTIES, INCLUDING BUT NOT LIMITED TO:

- HAND STACKING LOADS
CLIMBING LADDERS
CARRY TARPS
MOUNTING TIRE CHAINS
OPERATING NECESSARY TIEDOWN
EQUIPMENT (CHAINS, BINDERS, STRAPS, WINCHES, LOAD LOCKS)
CLIMBING IN AND OUT OF EQUIPMENT
OPERATING PALLET JACK EQUIPMENT
OPERATING FORKLIFT IF NEEDED

PHYSICAL DEMANDS: Continuous--67-100% of the day. Frequent--34-66%. Occasional--6-33%. Intermittent—1-5%.

- 1. Sitting-(Percent of time or hours per day? Surface? Foot controls?)—Continuous
Sitting while driving is in the continuous range. Operation of clutch, brake, and accelerator by foot control is essential. Seats have comfortable air suspension.
2. Standing-(Percent of time or hours per day? Type of surface? Duration of time?)—Occasional.
Occasionally, driver may stand while truck is being loaded to insure correctness of load documents. Driver will also be standing during load securements and tarping procedure.
3. Walking-(Percent of time or hours per day? Surface? Distance?)—Occasional
Walking is an occasional activity of this job, performed on all types of surfaces. Distances are typically within 20 feet.
4. Positions-(Can worker change positions frequently? Occasionally?)—Frequently.
Worker is free to adjust positions as desired for comfort.
5. Lifting and Carrying-(Weight? Type of object(s)? Frequency? Distance?)—Occasional.
Requirements for lifting and carrying vary greatly from day to day. Weights moved are from 20 to 100 pounds each. Objects vary in size and shape and quantity. Consecutive time spent loading and unloading materials by lifting/carrying should be 2-6 hours. Distance carrying is usually up to approximately 50 feet. Height of load stack may be from floor level to ceiling level. During winter, driver may have to carry tire chains to drive tires of tractor, and tires of trailer. Weights up to 80 pounds carried for approximately 75 feet.
6. Pushing/ Pulling-(Weight? Type of object(s) Times per hour? Distance?)—Intermittent.

The job requires an ability to exert pushing and pulling forces up to 10 pounds when operating truck transmission, power steering, and releasing brakes. Worker will also occasionally unload truck with manual pallet mover; requires pushing and pulling pallet jack into position; jacking up load and pulling with body jack handle to roll pallet across concrete floor.

7. **Handling/ Grasping-** (Use of hands for repetitive fine manipulation? Distance? Frequency?)—**Frequent- Continuous.**
The Job requires frequent handling and grasping throughout the workday in the activity of driving. The Individual is able to pace the work and change tasks so they can eliminate the need to spend long periods of time in any one task, except for driving.
8. **Overhead reaching-** (Frequency?)—**Occasional.**
The job requires overhead reaching during loading, unloading, and tarping.
9. **Bending/ Squatting-** (Frequency? From waist? Knees? Duration?)—**Intermittent.**
The job requires intermittent squatting and bending to inspect tires and equipment.
10. **Twisting-** (From what body part(s)? Frequency? How far? Work being done?)—**Intermittent.**
Twisting is not a required part of the job. The truck is equipped with side view mirrors. Most twisting motions encountered in this job would be the result of improper body mechanics.
11. **Climbing-** (Height? Slope? Number of steps? Frequency? On what? Ladder?)—**Occasional.**
Worker must climb up into tractor cab 4 to 8 times per day. Worker uses cab steps and three points of contact while climbing up 4 feet into cab. Climbing up and down from trailer bed and use of ladder are occasional requirements.
12. **Crawling-** (Surface? Frequency? Distance?)—**Occasional.**
The job requires kneeling and crawling during loading/unloading , tarping, pre-trip inspections, and brake adjustments.

Environmental Factors- Driving is performed inside the cab. Bouncing and vibration are present but minimized by air suspension. Loading and unloading is performed in ambient outside air as needed. Walking, inspecting, and servicing are done in outside environment and may be roadside.

Product(s) & Materials- (Completed product(s) & raw materials used in process).

Worker will handle and move a variety of products including but not limited to material, cartons, bags, palletized freight, and industrial supplies.

Machines/Tools/ Equipment used as part of the job-

Truck, pallet jack, necessary hand tools, tie down & securement equipment, intermittent forklift operation may be required.

Yes No Do you understand these requirements?

Yes No Do you have any limitations that will prevent you from doing the job described?

Yes No Can you perform the duties of the job with or without reasonable accommodation?

I have read and understand the contents of this job analysis, and I can perform the duties of the job described.

APPLICANTS SIGNATURE

DATE