

APPLICATION FOR QUALIFICATION

DIVERSIFIED TRANSFER & STORAGE, INC.

1640 MONAD ROAD, BILLINGS, MT 59101

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, write "No" or None." This is important!

The Age Discrimination 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.

Date _____ Check One: Contractor _____

Name _____ Driver _____
(First) (Middle) (Last)

Social Security Number _____

Age _____ Date of Birth _____ Phone Number _____

Have you ever been known by any name other than the one appearing on this application (including Maiden Name)?

If yes, by what name? _____ When? _____

Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you have applied for, but did not obtain employment during the previous three years? YES NO

Current & 3 Years Past residences _____ From _____ To _____

_____ From _____ To _____

_____ From _____ To _____

_____ From _____ To _____

Miles per week expected? _____ Rate of pay expected? _____

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Have you ever attended a truck driving school? _____ Name _____ Date _____

Have you ever been trained in Hazardous Materials Handling? _____ By Whom? _____

Have you ever been trained in refrigerated equipment operation? _____ By Whom? _____

Show special courses or training that will help you as a driver: _____

EMPLOYMENT

Give a COMPLETE RECORD of all employment for the past 10 years, including any unemployment or self employment. All time must be accounted for. Use additional paper if necessary. Fill in ALL blanks. If discharged from any job, please explain.

Leave NO BLANKS or gaps in time for the past 10 years.

DATES: From Month / Year _____ to _____

Company	Type of Equipment driven	
Address	Type of trailer pulled	
City	State	Zip
Telephone ()	Position Held	Compensation
Supervisor	Reason for Leaving	
Were you subject to FMCS regulations? Yes No	Was this a safety sensitive function under 49 CFR part 40? Yes No	

DATES: From Month / Year _____ to _____

Company	Type of Equipment driven	
Address	Type of trailer pulled	
City	State	Zip
Telephone ()	Position Held	Compensation
Supervisor	Reason for Leaving	
Were you subject to FMCS regulations? Yes No	Was this a safety sensitive function under 49 CFR part 40? Yes No	

DATES: From Month / Year _____ to _____

Company	Type of Equipment driven	
Address	Type of trailer pulled	
City	State	Zip
Telephone ()	Position Held	Compensation
Supervisor	Reason for Leaving	
Were you subject to FMCS regulations? Yes No	Was this a safety sensitive function under 49 CFR part 40? Yes No	

DATES: From Month / Year _____ to _____

Company	Type of Equipment driven	
Address	Type of trailer pulled	
City	State	Zip
Telephone ()	Position Held	Compensation
Supervisor	Reason for Leaving	
Were you subject to FMCS regulations? Yes No	Was this a safety sensitive function under 49 CFR part 40? Yes No	

DATES: From Month / Year _____ to _____

Company	Type of Equipment driven	
Address	Type of trailer pulled	
City	State	Zip
Telephone ()	Position Held	Compensation
Supervisor	Reason for Leaving	
Were you subject to FMCS regulations? Yes No	Was this a safety sensitive function under 49 CFR part 40? Yes No	

DATES: From Month / Year _____ to _____

Company	Type of Equipment driven	
Address	Type of trailer pulled	
City	State	Zip
Telephone ()	Position Held	Compensation
Supervisor	Reason for Leaving	
Were you subject to FMCS regulations? Yes No	Was this a safety sensitive function under 49 CFR part 40? Yes No	

EMPLOYMENT cont.

DATES: From Month / Year _____ to _____

Company	Type of Equipment driven	
Address	Type of trailer pulled	
City	State	Zip
Telephone ()	Position Held	Compensation
Supervisor	Reason for Leaving	
Were you subject to FMCS regulations? Yes No	Was this a safety sensitive function under 49 CFR part 40? Yes No	

DATES: From Month / Year _____ to _____

Company	Type of Equipment driven	
Address	Type of trailer pulled	
City	State	Zip
Telephone ()	Position Held	Compensation
Supervisor	Reason for Leaving	
Were you subject to FMCS regulations? Yes No	Was this a safety sensitive function under 49 CFR part 40? Yes No	

DATES: From Month / Year _____ to _____

Company	Type of Equipment driven	
Address	Type of trailer pulled	
City	State	Zip
Telephone ()	Position Held	Compensation
Supervisor	Reason for Leaving	
Were you subject to FMCS regulations? Yes No	Was this a safety sensitive function under 49 CFR part 40? Yes No	

DATES: From Month / Year _____ to _____

Company	Type of Equipment driven	
Address	Type of trailer pulled	
City	State	Zip
Telephone ()	Position Held	Compensation
Supervisor	Reason for Leaving	
Were you subject to FMCS regulations? Yes No	Was this a safety sensitive function under 49 CFR part 40? Yes No	

DATES: From Month / Year _____ to _____

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Address	Type of trailer pulled	
City	State	Zip
Telephone ()	Position Held	Compensation
Supervisor	Reason for Leaving	
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DATES: From Month / Year _____ to _____

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Address	Type of trailer pulled	
City	State	Zip
Telephone ()	Position Held	Compensation
Supervisor	Reason for Leaving	
Were you subject to FMCS regulations? Yes No	Was this a safety sensitive function under 49 CFR part 40? Yes No	

DATES: From Month / Year _____ to _____

Company	Type of Equipment driven	
Address	Type of trailer pulled	
City	State	Zip
Telephone ()	Position Held	Compensation
Supervisor	Reason for Leaving	
Were you subject to FMCS regulations? Yes No	Was this a safety sensitive function under 49 CFR part 40? Yes No	

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	DATES		APPROXIMATE # OF MILES (TOTAL)
	FROM	TO	
STRAIGHT TRUCK			
TRACTOR & SEMI TRAILER			
TRACTOR-TWO TRAILERS			
OTHER			

List States operated in for the last five years _____

What Safe Driving Awards do you hold and from whom? _____

ACCIDENT RECORD FOR PAST 3 YEARS (attach sheet if more space is needed)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	# OF FATALITIES	# OF PEOPLE INJURED

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE LAST 3 YEARS (other than parking violations)

LOCATION	DATE	CHARGE	PENALTY

DRIVER'S LICENSE (list each driver's license held in the last 3 years)

STATE	LICENSE #	TYPE	ENDORSEMENT	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. Have you ever been disqualified from driving under the FMCSR?.....YES___ NO___
- D. Have you ever been convicted of a crime or felony?.....YES___ NO___

(Not an automatic bar to qualification; explain all circumstances fully)

If the answer to A, B, C or D is Yes, give details: _____

PERSONAL REFERENCES

List three persons for reference, other than relatives, that have knowledge of your safety habits.

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

TO BE READ AND SIGNED BY APPLICANT

Diversified Transfer & Storage, Inc. (DTS) is an equal opportunity employer and does not discriminate on the basis of sex, age, race and color, religion, marital status, national origin, disability or veteran status.

It is agreed and understood that DTS or their 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 any liability for any damages on account of his/her furnishing such information.

I agree to furnish such information and complete such examination as may be required to complete my qualification file.

It is agreed and understood that this application for qualification in no way obligates DTS to employ or hire the applicant.

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

I hereby authorize DTS to obtain the results of all drug and/or alcohol tests in accordance with Sections 382.413 and 40.25 of the Federal Motor Carrier Safety Regulations.

It is 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. If hired or contracted, this authorization shall remain on file and shall serve as ongoing authorization for DTS to procure consumer reports at any time during my employment or contract period.

Disclosure and Releases: In connection with my application (including contract for services) with DTS, I understand that consumer reports which may contain public record information may be requested from DAC Services, Tulsa, Oklahoma, also known as US Investigations Services. These reports may include the following types of information: names and dates of previous employers, reasons for terminations of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, worker's compensation claims, credit or bankruptcy proceedings, criminal records, etc. from Federal, State, and other agencies which maintain such records, as well as information from DAC concerning previous driving record requests made by others from such state agencies and state provided driving records.

I AUTHORIZE WITHOUT EXCEPTION, ANY PARTY OR AGENCY CONTACTED BY DAC TO FURNISH THE ABOVE MENTIONED INFORMATION.

I have a right pursuant to Section 391 to make a request to DAC, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information, and the recipients of any reports on me which DAC has previously furnished within the three year period preceding my request. I hereby consent to DTS obtaining the above mentioned information from DAC, and I agree that such information which DAC has or obtains, and my employment history with DTS if I am hired or contracted, will be supplied by DAC to other companies which subscribe to DAC services. Furthermore, I understand that I have the right to have information errors corrected by previous employers and to have them resubmit the corrected information to prospective employers. In the event that a past employer and I cannot agree on the accuracy of the information, I understand that I have the right to have a rebuttal statement attached to alleged erroneous information.

This certifies that this application was completed by me, and that all entries on it and information on it are true and complete to the best of my knowledge. Falsification or omission of information can lead to disqualification for hire or to termination of employment.

Date

Applicant's Signature

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

Carrier's Name: Diversified Transfer & Storage

Contact Person: _____

Address: 1640 Monad Road

City, State, Zip: Billings, MT 59105

Telephone: (406) 896-3455

Confidential Fax: (406) 896-3420

SECTION 1 - Driver to complete this section ONLY!

Please complete "all five (5)" blank areas!!!

As a Commercial Motor Vehicle (CMV) Driver, I understand that per the Federal Motor Carrier Safety Regulations (FMCSR's) 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 dates 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

Print Name (1)

assessments 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.

Applicant's Signature (2)**SSN or ID Number (3)****D.O.B (4)****Today's Date (5)**

*****DRIVERS ARE NOT TO COMPLETE THIS SECTION*****

SECTION 2 – Past Employer to complete this section.

DRUG & ALCOHOL INFORMATION

Please provide the following Drug and Alcohol information as required by FMCSR Part 391.23 & 40.25.

Past Employer: _____

Contact Person: _____

Mailing Address: _____

City, State, Zip: _____

Telephone: _____

Fax: _____

Applicant worked for this Company from the dates of _____/_____/_____ **to** _____/_____/_____

If no Drug and Alcohol information is available on the above named applicant, please 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, verified positive drug test or a refusal to test (including a verified adulterated or 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 & state)	Any Vehicles Towed?	HazMat Spill?	# of Fatalities?	# of Injuries?

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

Please provide the following information in the above named Driver/Applicant:

He/She was employed by you as: _____ 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 transported: _____

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.

IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS
FROM THE PSP Online Service

In connection with your application for employment with Diversified Transfer & Storage (DTS), we may obtain one or more reports regarding your driving and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). If DTS uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, DTS will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, DTS will notify you that the action has been taken and that the action was based in part or in whole on this report. DTS cannot obtain background reports from FMCSA unless you consent in writing. If you agree that DTS may obtain such background reports, please read the following and sign below:

I authorize DTS 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 DTS to make a determination regarding my suitability as an employee.

I further understand that neither DTS nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. 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 DTS and I understand that if I sign this consent form, DST may obtain a report of my crash and inspection history. I hereby authorize DTS and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

Canadian Admittance Requirements

To all drivers applying for employment with DTS.

A portion of our loads originate or end in Canada, **therefore it is essential for us to know whether or not you can drive in Canada.** Ability to drive in Canada is not a prerequisite for qualification.

You cannot cross over or be admitted into Canada if:

1. You have had a felony DUI conviction in the past five (5) years.
2. You are currently charged with a DUI or felony.
3. You have had two (2) or more convictions for DUI or felonies (lifetime ban).
4. You have had any felony convictions involving bodily violence, personal injury, severe property damage, or use of a weapon (lifetime ban).

If you have had a DUI or felony over five (5) years ago, you will need to get an exoneration clearance waiver. In order to do this you must:

1. Apply in person at any border crossing immigration office between 8:00 am and 4:00 pm.
2. Cost is \$200.00 (CAN) or \$150.00 (U.S.); or less, depending on infraction.
3. It will help if you have your local police run a criminal check and take it with you to the border.