

Staunton Foods, LLC
PO Box 569, Staunton, VA 24402-0569
Ph. 540-885-1214 Fax 540-885-0021

DRIVER APPLICATION FOR EMPLOYMENT

Please Note: This application must be filled out completely or it will not be processed

EQUAL OPPORTUNITY EMPLOYER

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status or the presence of a disability. The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40.

TO BE READ AND SIGNED BY APPLICANT

I understand that information I provide regarding current and /or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49CFR 391.23(d) and (e).

I also understand that I have the right to:

- Review information provided by previous employers
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer, and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Applicant Signature: _____ **Date of Application:** _____

GENERAL INFORMATION

Pursuant to FMCSR code 391.21(b)2, please complete the following information:

Name: _____ Phone: () _____ SS#: _____
Address: _____ City: _____
State: _____ Zip: _____ How long have you lived at this address? _____ Date of Birth: _____

RESIDENCES IN THE PAST THREE YEARS

Pursuant to FMCSR code 391.21(b)3, please complete the following information:

Address: _____ How Long? _____
Address: _____ How Long? _____
Address: _____ How Long? _____

In case of an emergency, notify: _____
(Name) (Address) (Phone)

Have you worked for this company before? Y / N Where? _____ Reason for leaving? _____

Who referred you? _____ Rate of Pay expected? _____

Have you ever been convicted of a misdemeanor or felony? _____ Date? _____

Are you able to perform the requirements of the position as they have been provided/described to you? _____

Do you permit us to run your Motor Vehicle Report? _____ If so, please provide the following:

Name (exactly how appears on your driver's license): _____

License #: _____ State: _____ Class: _____ Expiration Date: _____

DRIVING INFORMATION

ACCIDENT RECORD FOR PAST 3 YEARS (ATTACH SHEET IF MORE SPACE IS NEEDED)

Pursuant to FMCSR code 391.21(b)7, please provide the following information:

Dates	Nature of Accident Head-on, rear-end, upset, etc.	Fatalities	Injuries
Last Accident:			
Next Previous:			
Next Previous:			

TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

Pursuant to FMCSR code 391.21(b)8, please provide the following information:

LOCATION	DATE	CHARGE	PENALTY

DRIVER'S LICENSES & PERMITS FOR THE PAST 3 YEARS

Pursuant to FMCSR code 391.21(b)5, please provide the following information:

State	License Number	Type / Class	Expiration Date(s)	Endorsements

Have you ever been disqualified under Federal Motor Carrier Safety Regulations Guidelines? Yes ___ No ___ Date? ___

Pursuant to FMCSR code 391.21(b)10, please answer the following:

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes ___ No ___ Date? ___

Has any license, permit or privilege ever been suspended or revoked? Yes ___ No ___ Date? ___

Have you ever been convicted or are any charges pending for driving while under the influence of alcohol, a narcotic drug, amphetamines or derivatives thereof? Yes ___ No ___ Date? ___

Have you ever failed or refused any DOT pre-employment drug or alcohol test by any employer where you did not accept or were refused employment as a driver? Yes ___ No ___ Date? ___

If you answered "YES" to any of the above, please explain: _____

DRIVING EXPERIENCE

Pursuant to FMCSR code 391.21(b)6, please provide the following:

Class of Equipment	Type of Equipment (van, tank, flat, etc.)	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: _____

Truck Driving School: _____ Graduation Date: _____

City, State: _____ Phone Number: _____

Which safe driving awards do you hold and from whom? _____

WORK EXPERIENCE Pg.1

PLEASE READ: Department of Transportation requires us to have employment history for the past 10 years.

If a former employer is no longer in business, in addition to the information provided below, please provide W-2's, 1099's and references.

CURRENT OR LAST EMPLOYER COMPANY NAME: _____
ADDRESS: _____ CITY _____ STATE _____
PHONE: _____ FAX: _____ E-MAIL: _____
SUPERVISOR NAME: _____ REASON FOR LEAVING _____
JOB DESCRIPTION: _____ FROM: ____/____/____ TO: ____/____/____

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? YES NO *Was this job subject to FMCSA Regulations? YES NO

**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason

SALARY HISTORY: _____

SECOND LAST EMPLOYER COMPANYNAME: _____
ADDRESS: _____ CITY _____ STATE _____
PHONE: _____ FAX: _____ E-MAIL: _____
SUPERVISOR NAME: _____ REASON FOR LEAVING _____
JOB DESCRIPTION: _____ FROM: ____/____/____ TO: ____/____/____

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? YES NO *Was this job subject to FMCSA Regulations? YES NO

**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason

SALARY HISTORY: _____

THIRD LAST EMPLOYER COMPANY NAME: _____
ADDRESS: _____ CITY _____ STATE _____
PHONE: _____ FAX: _____ E-MAIL: _____
SUPERVISOR NAME: _____ REASON FOR LEAVING _____
JOB DESCRIPTION: _____ FROM: ____/____/____ TO: ____/____/____

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? YES NO *Was this job subject to FMCSA Regulations? YES NO

**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason

SALARY HISTORY: _____

* The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: 1) weighs or has a GVWR of 10,001 pounds or more, 2) is designed or used to transport 9 or more passengers, or 3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**Any gaps in employment and/or unemployment must be explained.

Driver Applicant Name: _____ **Social Security Number:** _____

WORK EXPERIENCE Pg.2

PLEASE READ: Department of Transportation requires us to have employment history for the past 10 years.

If a former employer is no longer in business, in addition to the information provided below, please provide W-2's, 1099's and references.

FOURTH LAST EMPLOYER COMPANY NAME: _____
ADDRESS: _____ CITY _____ STATE _____
PHONE: _____ FAX: _____ E-MAIL: _____
SUPERVISOR NAME: _____ REASON FOR LEAVING _____
JOB DESCRIPTION: _____ FROM: ____/____/____ TO: ____/____/____

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? YES NO *Was this job subject to FMCSA Regulations? YES NO

**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason

SALARY HISTORY: _____

FIFTH LAST EMPLOYER COMPANY NAME: _____
ADDRESS: _____ CITY _____ STATE _____
PHONE: _____ FAX: _____ E-MAIL: _____
SUPERVISOR NAME: _____ REASON FOR LEAVING _____
JOB DESCRIPTION: _____ FROM: ____/____/____ TO: ____/____/____

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? YES NO *Was this job subject to FMCSA Regulations? YES NO

**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason

SALARY HISTORY: _____

SIXTH LAST EMPLOYER COMPANY NAME: _____
ADDRESS: _____ CITY _____ STATE _____
PHONE: _____ FAX: _____ E-MAIL: _____
SUPERVISOR NAME: _____ REASON FOR LEAVING _____
JOB DESCRIPTION: _____ FROM: ____/____/____ TO: ____/____/____

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? YES NO *Was this job subject to FMCSA Regulations? YES NO

**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason

SALARY HISTORY: _____

* The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: 1) weighs or has a GVWR of 10,001 pounds or more, 2) is designed or used to transport 9 or more passengers, or 3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**Any gaps in employment and/or unemployment must be explained.

Driver Applicant Name: _____ **Social Security Number:** _____

WORK EXPERIENCE Pg.3

PLEASE READ: Department of Transportation requires us to have employment history for the past 10 years.

If a former employer is no longer in business, in addition to the information provided below, please provide W-2's, 1099's and references.

SEVENTH LAST EMPLOYER COMPANY NAME: _____
ADDRESS: _____ CITY _____ STATE _____
PHONE: _____ FAX: _____ E-MAIL: _____
SUPERVISOR NAME: _____ REASON FOR LEAVING _____
JOB DESCRIPTION: _____ FROM: ____/____/____ TO: ____/____/____

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? YES NO *Was this job subject to FMCSA Regulations? YES NO

**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason

SALARY HISTORY: _____

EIGHTH LAST EMPLOYER COMPANY NAME: _____
ADDRESS: _____ CITY _____ STATE _____
PHONE: _____ FAX: _____ E-MAIL: _____
SUPERVISOR NAME: _____ REASON FOR LEAVING _____
JOB DESCRIPTION: _____ FROM: ____/____/____ TO: ____/____/____

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? YES NO *Was this job subject to FMCSA Regulations? YES NO

**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason

SALRY HISTORY: _____

NINTH LAST EMPLOYER COMPANY NAME: _____
ADDRESS: _____ CITY _____ STATE _____
PHONE: _____ FAX: _____ E-MAIL: _____
SUPERVISOR NAME: _____ REASON FOR LEAVING _____
JOB DESCRIPTION: _____ FROM: ____/____/____ TO: ____/____/____

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? YES NO *Was this job subject to FMCSA Regulations? YES NO

**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason

SALARY HISTORY: _____

* The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: 1) weighs or has a GVWR of 10,001 pounds or more, 2) is designed or used to transport 9 or more passengers, or 3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**Any gaps in employment and/or unemployment must be explained.

Driver Applicant Name: _____ **Social Security Number:** _____

WORK EXPERIENCE Pg.4

PLEASE READ: Department of Transportation requires us to have employment history for the past 10 years.

If a former employer is no longer in business, in addition to the information provided below, please provide W-2's, 1099's and references.

TENTH LAST EMPLOYER COMPANY NAME: _____
ADDRESS: _____ CITY _____ STATE _____
PHONE: _____ FAX: _____ E-MAIL: _____
SUPERVISOR NAME: _____ REASON FOR LEAVING _____
JOB DESCRIPTION: _____ FROM: ____/____/____ TO: ____/____/____

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? YES NO *Was this job subject to FMCSA Regulations? YES NO

**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason

SALARY HISTORY: _____

ELEVENTH LAST EMPLOYER COMPANY NAME: _____
ADDRESS: _____ CITY _____ STATE _____
PHONE: _____ FAX: _____ E-MAIL: _____
SUPERVISOR NAME: _____ REASON FOR LEAVING _____
JOB DESCRIPTION: _____ FROM: ____/____/____ TO: ____/____/____

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? YES NO *Was this job subject to FMCSA Regulations? YES NO

**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason

SALARY HISTORY: _____

TWELFTH LAST EMPLOYER COMPANY NAME: _____
ADDRESS: _____ CITY _____ STATE _____
PHONE: _____ FAX: _____ E-MAIL: _____
SUPERVISOR NAME: _____ REASON FOR LEAVING _____
JOB DESCRIPTION: _____ FROM: ____/____/____ TO: ____/____/____

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? YES NO *Was this job subject to FMCSA Regulations? YES NO

**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason

SALARY HISTORY: _____

* The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: 1) weighs or has a GVWR of 10,001 pounds or more, 2) is designed or used to transport 9 or more passengers, or 3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**Any gaps in employment and/or unemployment must be explained.

Driver Applicant Name: _____ **Social Security Number:** _____

COMMENTS: _____

Are you legally eligible for employment in the United States of America? YES NO

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodations)? YES NO

Answering yes to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pleaded "Guilty" or "no contest" to or been convicted of a crime? YES NO

If yes, please provide dates & details: _____

TO BE READ AND SIGNED BY APPLICANT

I certify that all information I have provided in order to apply for and secure work is true, complete and correct.

I expressly authorize you to make such investigations, without reservation, and obtain information from all references, employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in the application, resume and interview process. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations and organizations for furnishing such information about me.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in disqualification for consideration or discharge. I understand, also, that I am required to abide by all the rules and regulations of the company.

Applicant agrees to furnish such additional information as may be requested and to willingly submit to any examination NOW OR IN THE FUTURE as may be required to obtain and to continue employment which could include, but not be limited to a D.O.T Physical, Drug screen and/or written test. Positive findings on a drug screen would make the driver/applicant ineligible to drive.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by an executive of the company.

I understand that I may only hold one Commercial Drivers License, that this license must be issued by the state I reside in and I agree to comply with these federal requirements.

I understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I agree to these conditions of employment and if employed, agree to abide by any and all company rules during employment.

This certifies that I have read and understand the preceding paragraphs and agree to any and all terms of employment contained in them. This certifies that this application was completed by me and that all entries on it and all information in it are true and complete.

Signature: _____

Date: _____

**RELEASE & DOCUMENTATION OF PRE-EMPLOYMENT TESTING INFORMATION
BY APPLICANT/DRIVER REQUIRED BY PART 40.25(j)**

PART 40.25(j) requires Employers to ask Applicant/Driver whether he/she has tested positive or refused to test on any pre-employment alcohol or drug test administered by an Employer to which the Applicant/Driver applied but did not obtain safety sensitive transportation work covered by DOT agency alcohol and drug testing rules during the past three (3) years.

NAME _____ **DATE** _____

SOCIAL SECURITY # _____

Applicant/Driver please answer items listed below.

A. During the past three (3) years have you tested positive on a pre-employment alcohol or drug test, administered by an Employer to which you applied for, but did not obtain safety sensitive transportation work covered by Department of Transportation (DOT) drug and alcohol testing rules?

YES _____ **NO** _____

B. During the past three (3) years have you **refused** to test on a pre-employment alcohol or drug test, administered by an Employer to which you applied for, but did not obtain safety sensitive transportation work covered by the Department of Transportation (DOT) drug and alcohol testing rules?

YES _____ **NO** _____

If you answered **YES** to either of the questions above, please provide documentation of your successful completion of the return – to – duty process required by Part 40 Subpart O.

Date: _____ **Name (Print)** _____

Signature of Applicant/Driver _____

Witness _____

**Record keeping requirements: If “yes” to either question – 5 year retention.
If “no” to both questions – discard after employment terminates.**

Applicant, this page only, enter Name, SSN & D.O.B. in box below & sign box at bottom. Leave the rest blank.

Previous Employer: _____
Street: _____
City, State, Zip: _____

Contact: _____
Phone: _____
Fax No: _____

Prospective Employee Name: _____ Social Security Number: _____ Date of Birth: _____ This person has submitted an application to our company for a position as a truck driver. He/she states that he/she was employed by your company as a _____ from _____ to _____. Are the above dates correct? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain: _____.
--

Safety Performance History

Did he/she drive motor vehicles for you? Yes No
If yes, what type: Straight Truck Tractor-Trailer Other (specify): _____
Was it: Over the Road Local
Was Driver: Discharged Laid off Resigned
Eligible for Rehire? Yes No Upon Review If no, please explain: _____

Accident History

Please complete the following for any accidents included on your accident register (§390.15(b)) that involve the applicant in the previous three (3) years or check here if there is no accident register for this driver.

Date	Location	# Injuries	#Fatalities	Hazmat Spill
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Drug & Alcohol History

Pursuant to §382.409 of the Federal Motor Carriers Safety Regulations, please provide information from your records concerning the following questions: Within the past three (3) years has this driver ever:

- Had an alcohol test with a concentration level result of 0.04 or greater? Yes No
- Tested positive or adulterated or substituted a test specimen for controlled substances? Yes No
- Refuse to submit to a post-accident, random, reasonable suspicion or follow-up alcohol or controlled substance test?
 Yes No - If yes, date: _____
- Violated other DOT drug or alcohol regulations? Yes No
- Have you received information from a previous employer that this person violated and DOT drug or alcohol regulations? Yes No
- Violated any DOT Drug & Alcohol Return-To-Duty requirements (including follow-up testing) requiring successful completion from a SAP rehabilitation referral? Yes No

If answering yes to any of the above questions, please give the following SAP information further reference.

Name: _____
Address: _____
Phone: _____

Completed By

Signature: _____ Date: _____
Printed Name: _____ Title: _____

Authorization/Liability Release

I hereby authorize the above stated company to release all records of employment, including assessments of my job performance, ability and fitness to include drug and alcohol test results and accidents 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 from any and all liability of any type as a result of providing this information to the company requesting this information. This information is being requested in compliance with §40.25 and §391.23

Applicant Signature: _____ **Witness:** _____
Date: _____ **Date:** _____

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to Staunton Foods, LLC. for purposes of investigation
(Prospective Employer)

as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability, which may result from furnishing such information.

(Applicant's Signature)

(Date)

Applicant, please sign & date ONLY

In accordance with the provisions of Sections 604 and 607 of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), I hereby certify the following:

1. the consumer (applicant) has authorized, in writing, the procurement of this report;
2. the consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. the information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose;
4. the information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-322, Title XXX, section 300002(a)).

(Signature of Requester)

(Date)

TO: _____

DEAR SIR/MADAM:

The following named person has made application with our company for the position of _____. In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

The following named person is employed with our company in the position of _____. In accordance with Section 391.25, Federal Department of Transportation Regulations, please furnish the undersigned with the employee's driving record for the past year.

NAME OF APPLICANT/DRIVER _____

ADDRESS _____
(Number & Street) (City) (State) (Zip)

FORMER ADDRESS _____
(Number & Street) (City) (State) (Zip)

DATE OF BIRTH _____ SSN _____ LICENSE NO. _____

REQUESTED BY

Staunton Foods, LLC.
(Name of Company)

(Typed Name)

PO Box 569
(Address)

(Title)

Staunton, VA 24402
(City) (State)

(Signature)

DRIVER'S RIGHTS UNDER FMCSR 391.23

As a driver you are provided with certain rights under the Federal Motor Carrier Safety Regulations in Part 391.23. These rights are:

391.23(i)(1)

- (i) The right to review information provided by previous employers;
- (ii) 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;
- (iii) 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.

391.23(i)(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

391.23(j)(1) Drivers wishing to request correction of erroneous information in records received pursuant to paragraph (i) of this section must send the request for the correction to the previous employer that provided the records to the prospective employer.

391.23(j)(2) 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 a driver's request to correct the data that it does not agree to correct the data. If the previous employer corrects and forwards the data as requested, that employer must also retain the corrected information as part of the driver's safety performance history record and provide it to subsequent prospective employers when requests for this information are received. If the previous employer corrects the data and forwards it to the prospective motor carrier employer, there is no need to notify the driver.

391.23(j)(3) Drivers wishing to rebut information in records received pursuant to paragraph (i) of this section must send the rebuttal to the previous employer with instructions to include the rebuttal in that driver's safety performance history.

391.23(j)(4) After October 29, 2004, within five business days of receiving a rebuttal from a driver, the previous employer must:

- (i) Forward a copy of the rebuttal to the prospective motor carrier employer;
- (ii) Append the rebuttal to the driver's information in the carrier's appropriate file, to be included as part of the response for any subsequent investigating prospective employers for the duration of the three-year data retention requirement.

391.23(j)(5) The driver may submit a rebuttal initially without a request for correction, or subsequent to a request for correction.

391.23(j)(6) The driver may report failures of previous employers to correct information or include the driver's rebuttal as part of the safety performance information, to the FMCSA following procedures specified at Sec. 386.12.

391.23(k)(1) The prospective motor carrier employer must use the information described in paragraphs (d) and (e) of this section only as part of deciding whether to hire the driver.

391.23(k)(2) The prospective motor carrier employer, its agents and insurers must take all precautions reasonably necessary to protect the records from disclosure to any person not directly involved in deciding whether to hire the driver. The prospective motor carrier employer may not provide any alcohol or controlled substances information to the prospective motor carrier employer's insurer.

391.23(l)(1) No action or proceeding for defamation, invasion of privacy, or interference with a contract that is based on the furnishing or use of information in accordance with this section may be brought against--

- (i) A motor carrier investigating the information, described in paragraphs (d) and (e) of this section, of an individual under consideration for employment as a commercial motor vehicle driver,
- (ii) A person who has provided such information; or
- (iii) The agents or insurers of a person described in paragraph (l)(1)(i) or (ii) of this section, except insurers are not granted a limitation on liability for any alcohol and controlled substance information.

391.23(l)(2) The protections in paragraph (l)(1) of this section do not apply to persons who knowingly furnish false information, or who are not in compliance with the procedures specified for these investigations.

I, the undersigned, have received a copy of, read, and understand the above mentioned rights.

**Please Sign
& Date**

Driver's Signature

Date

STATEMENT OF EMPLOYMENT STATUS / VERIFICATION

() Statement of Self-Employment

() Statement of Unemployment

I, _____, was () self-employed () unemployed from _____
to _____.

My self-employment / unemployment consisted of: _____

The following references can verify my self-employment:

Name: _____

Address: _____

Telephone: _____

I did business with the following bank(s): (Please write on back if more space is needed)

Name of Bank: _____

Address: _____

Telephone: _____

If you were an Owner/Operator, please list all companies you were leased with for the ten-year history, prior to this application date. (Please write on the back if more space is needed)

1. Name: _____ Telephone: _____
Address: _____
2. Name: _____ Telephone: _____
Address: _____
3. Name: _____ Telephone: _____
Address: _____

ADDITIONAL EMPLOYMENT VERIFICATION:

Regulations require all employment be verified for the last 10 years. Other forms of employment verification required (choose one or more) **Please attach.**

() Self-Employment 1099 copies enclosed

() Yearly profit and loss statements

() IRS tax filing form 1040

() Copies of checks (1st & last)

() Copies of unemployment reg. card.

() Copies of unemployment check(s)

I certify that all entries are true and complete. I am submitting this form as an addendum to my application for verification purposes.

Signature

Date

EDUCATION:

Institution	Location	Years Attended	GPA	Graduated Y/N
High School				
College				
Driving School				
Trade or Other School				

REFERENCES:

Please provide personal references that we may contact to assist us in our hiring decision

Name	Address	Phone #	E-mail	Relationship

I _____ authorize Staunton Foods LLC, or its authorized agent to contact any of the educational institutions and personal references listed above to confirm information provided and to inquire about me in regards to the position I have applied for with Staunton Foods. I further authorize those individuals and institutions listed above to provide information about me to Staunton Foods LLC or its authorized agent for the purposed of determining the fit for the position applied for.

Signature

Date