# HARBIN LUMBER COMPANY, INC. OPERATIONS AND PROCEDURES MANUAL

## Section 500– Trucks & Drivers

## 503.2 – Driver Application

**NOTE:** This application is to be completed <u>in addition to</u> Form 304.1.1 Application for Employment for all applicants who may be driving a vehicle as part of their job responsibilities.

NAME:			SSN:			DOB:		
PRESENT ADDRESS:						<b>I</b>		
PHONE (HOME):	PHONE (WORK):							
If at above address	for le	ess than three (3) years	s, list all	add	resses for the	past three	(3) y	ears.
PREVIOUS ADDRESS:								
PREVIOUS ADDRESS:								
ATTACH AN ADDITIONAL SHEET IF MORE SPACE IS NEEDED FOR ADDRESSES.								
IN CASE OF EMERGENCY, NOTIFY:								
NAME:	PHONE:							
ADDRESS:								
EXPERIENCE AND QUALIFICATIONS - DRIVER								
		STATE			LICENSE #.	TYPE	=	EXP. DATE
LIST ALL DRIVER'S LICENS HELD IN THE PAST THREE								
YEARS.								
Have you ever been denied a license, permit or privilege to operate a motor O YES O NO vehicle?						O NO		
Has any license, permit or privilege ever been suspended or revoked?					O YES		O NO	
Have you ever been disqualified subject to section 391.15 of the Federal Moto Carrier Safety Regulations?				deral Motor	O YES		O NO	
IF THE ANSWER TO A, B OR C IS YES, ATTACH A STATEMENT GIVING DETAILS.								
DRIVING EXPERIENCE								
CLASS OF EQUIPMENT		TYPE OF EQUIF (VAN, TANK, FLA			DATES FROM	DATE TO	S	TOTAL MILES
STRAIGHT TRUCK								
TRACTOR AND SEMI TRAI	LER							
TWIN TRAILER								
OTHER								

List all states in which yo	ou have operate	d in the past 3 years:						
List special courses or tr driver	aining received	that will help you as a						
List all safe driving awar	ds you have rec	eived and from whom?						
			CCT		SDACE			
ACCIDENT R		ST 3 YEARS (ATTACH SH			SPACE	NEEDED)		
DATE OF ACCIDENT	DATE OF ACCIDENT NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)			FATA	LITIES	INJU	JRIES	
				O YES	O NO	O YES	O NO	
				O YES	О NO	O YES	O NO	
				O YES	O NO	O YES	O NO	
TRAF		ONS AND FORFEITURES F	-	-	T 3 YEAF	RS		
LOCATION	OCATION DATE CHARGE			PENALT			Y	
	EXPERIEN	CE AND QUALIFICATIONS	6 - PL	ATFOR	M			
List types of platform exp	perience and ye	ars of each						
List platform equipment	you can operate	e (lift truck, etc.)						
List courses or training r	eceived in platfo	orm work.						

### TO BE READ AND SIGNED BY APPLICANT

I understand that this application is not an employment contract and that, if hired, my employment and compensation can be terminated, with or without cause, at any time at the option of either the Company or myself.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

SIGNATURE:	DATE:
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#### IMPORTANT DISCLOSURE REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In connection with your application for employment with Harbin Lumber Company, Inc., Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer 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, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

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. You may challenge the accuracy of the data by submitting a request to https://dataqs.fmcsa.dot.gov. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

#### **AUTHORIZATION**

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Harbin Lumber Company, 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 authorizing 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. I understand I may challenge the accuracy of the data by submitting a request to https://dataqs.fmcsa.dot.gov. If I challenge 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 understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, 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.

Date:	 	 
Signature:	 	 

Name (Please Print): \_\_\_\_\_\_

**NOTICE:** This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

**NOTICE:** The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 2/11/2016

# General Consent for Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse

I hereby provide consent to Harbin Lumber Company to conduct queries of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse. This permission is given for the entirety of my employment.

I understand that if a query conducted by Harbin Lumber Company indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Harbin Lumber Company without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for Harbin Lumber Company to conduct a query of the Clearinghouse, Harbin Lumber Company must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Signature

Printed Name

Date