



DRIVER'S APPLICATION FOR QUALIFICATION UNDER FMCSR PART 391

Company	Evans Delivery Company, Inc.				
Carrier	Evans Delivery Company – DOT 038111				
Address	PO Box 268				
City	Pottsville	State	PA	Zip	17901

(Answer all questions – please print)

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 non-job related disability.

Date of application:		Position applied for:	
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Name:			
CDL #		Social Security No.	

List your addresses of residency for the past three years. Current Address:

Street				City				
State		Zip		Phone and Cell phone			How Long at that address?	
Street				City			State	Zip
Street				City			State	Zip
Street				City			State	Zip

Email Address:		Gender: Male or Female (circle)	
Do you have the legal right to work in the United States?			

Date of Birth		Can you provide Proof of age?	
Have you worked for this company before?			
From:		To:	
		Rate of Pay:	
		Position	
Reason for leaving:			
Are you employed?		If not, how long since last employment?	
Who referred you?			

Is there any reason you might be unable to perform the functions of the job for which you have applied as described in the attached job description?	
Do you meet the physical requirements as set out in 391.41 of the FMSCR?	



Employment History

Driver applicants to drive in interstate commerce must provide the following information on all employers for the preceding 10 years. List **complete** mailing address (street number, city, state, zip code), phone number and fax number. (List employers in reverse order starting with the most recent. Add another sheet as necessary.)

Employer		Date	
Name		From (M/YR):	To (M/YR):
Address:		Position held:	
City		CDL Class A used? ___yes ___no	
Contact person:	Phone:	Reason for leaving:	
Fax #	Faxed _____ Mailed _____	Second attempt _____ Returned _____	
Employer		Date	
Name		From (M/YR):	To (M/YR):
Address:		Position held:	
City		CDL Class A used? ___yes ___no	
Contact person:	Phone:	Reason for leaving:	
Fax #	Faxed _____ Mailed _____	Second attempt _____ Returned _____	
Employer		Date	
Name		From (M/YR):	To (M/YR):
Address:		Position held:	
City		CDL Class A used? ___yes ___no	
Contact person:	Phone:	Reason for leaving:	
Fax #	Faxed _____ Mailed _____	Second attempt _____ Returned _____	
Employer		Date	
Name		From (M/YR):	To (M/YR):
Address:		Position held:	
City		CDL Class A used? ___yes ___no	
Contact person:	Phone:	Reason for leaving:	
Fax #	Faxed _____ Mailed _____	Second attempt _____ Returned _____	
Employer		Date	
Name		From (M/YR):	To (M/YR):
Address:		Position held:	
City		CDL Class A used? ___yes ___no	
Contact person:	Phone:	Reason for leaving:	
Fax #	Faxed _____ Mailed _____	Second attempt _____ Returned _____	



VERIFICATION PAGE FOR REFERENCE CHECK

CONFIDENTIAL FAX INTENDED FOR SOLE USE OF INTENDED RECIPIENT IN COMPLIANCE WITH FMCSR PART 391.23 INVESTIGATION & INQUIRIES

ATTENTION: SAFETY DEPT / HUMAN RESOURCES DEPT: The person named below has applied as a CDL class A driver. He/she has listed your firm as a past work experience. **PLEASE COMPLETE THE FOLLOWING EMPLOYMENT VERIFICATION AS SOON AS POSSIBLE BY FAX.** Thank you for your cooperation in advance. EVANS Recruiting & safety Department

FROM: EVANS DELIVERY CO.
PO BOX 268
POTTSVILLE PA 17901

RETURN TO FAX: (570) 385-5970
PHONE: (800) 666-7885 - EXT. 3043

COMPANY: _____ ATTN: _____ FAX #: (_____) _____ - _____

1st request / / WORK HISTORY INQUIRY 2nd Request / /

****Applicant** _____ **Social Security No.** _____

The following information will be held in strict confidence:

1. This driver lists dates with your firm from _____ to _____ is this correct? _____ if not please list correct dates _____
 2. Was he/she a tractor/trailer driver with a Class A CDL? _____ yes _____ no Specify equipment driven 48' ___ 53' ___ vans ___ reefers ___ flatbed ___ other _____ (Please explain)?
 3. Number of DOT reportable accidents _____ How many of these were preventable? _____
 4. Please list dates of accidents _____
 5. Has this person had an alcohol test with a result of .04 or higher alcohol concentration? _____
 6. Has this person TESTED POSITIVE FOR A CONTROLLED SUBSTANCE IN THE PAST 3 YEARS? _____
 7. Has this person refused to be tested (including verified adulterated or substituted drug test results)? _____
 8. Has this person committed other violations of the DOT agency drug and alcohol testing regulations? _____
 9. If this person has violated a DOT drug and alcohol regulation, do you have documentation of the employee's successful completion of DOT return-to-duty requirements, including follow-up tests?
 10. Did the applicant pose any disciplinary problems? _____
 11. Why did this applicant leave your company? Voluntary Quit _____ Terminated _____ Mutual _____
 12. Would you re-hire this person? Yes _____ no _____ upon review _____ co policy is no rehire _____
- Remarks: _____

By: _____ Title _____ Date _____
Signature of person supplying information

CONSENT TO RELEASE INFORMATION

Pursuant to 382.405(f)(h), I hereby authorize the companies listed on my application to furnish to **EVANS DELIVERY CO** the above information, during the two years preceding the date of this form of all controlled substance & alcohol testing results, & any refusals to test. I further consent to the release of any similar information as above under 382.413.

I hereby authorize release of all information concerning employment, including oral assessments of my job performance, ability, & fitness, to each & every company (or their authorized agents) which may request such information as requested under 391.23 from liability of any type as a result of providing the above mentioned information to the above mentioned person and their company.

**

DRIVER'S SIGNATURE

WITNESS'S SIGNATURE



RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) **IF NONE WRITE "NONE"** IN THE FOLLOWING SECTION.

DATES	NATURE OF ACCIDENT (HEAD ON, REAR END, ETC.)	FATALITIES	INJURIES

CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) **IF NONE WRITE "NONE"** IN THE FOLLOWING SECTION.

DATES	LOCATION	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

Have you ever been convicted of a felony? If Yes, please list details	
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EDUCATION

HIGHEST GRADE COMPLETED 1 2 3 4 5 6 7 8 HIGH SCHOOL 1 2 3 4 COLLEGE 1 2 3 4

DRIVING SCHOOL ATTENDED	NAME	CITY

EXPERIENCE AND QUALIFICATIONS – DRIVER

STATE	LICENSE NO.	CLASS OR TYPE	EXPIRATION DATE

HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE?	YES	NO
HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED?	YES	NO

IF THE ANSWER TO ANY OF THE ABOVE IS YES, ATTACH STATEMENT GIVING DETAILS

DRIVING EXPERIENCE IF NONE, WRITE "NONE" IN THE FOLLOWING SECTION

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	DATE FROM	DATE TO	APPROX NO OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR – TWO TRAILERS				
MOTORCOACH – SCHOOL BUS				

LIST STATES OPERATED IN FOR LAST 5 YRS: YEARS:	
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EXPERIENCE AND QUALIFICATIONS – OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY:

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION:

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE SHOWN):

TO BE READ AND SIGNED BY APPLICANT

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

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries concerning medical history will be made only if and after a conditional offer of employment has been extended.) I hereby, release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

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

DATE	APPLICANT'S SIGNATURE

PRE-EMPLOYMENT CONSENT

I understand that as required by the Federal Motor Carrier Safety Regulations, Title 49 United States Code of Federal Regulations, Section 382, and company policy, all prospective drivers must submit to a controlled substances test. A urine sample will be collected and tested for controlled substances. I also understand that if I test positive for use of controlled substances, I am not medically qualified to operate a commercial motor vehicle.

The results of the drug test will be maintained by the Medical Review Officer for the company, and forward the results, negative or positive, to the motor carrier. The results will not be passed to any additional parties without my written authorization.

I hereby agree to submit to a drug screen urinalysis.

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Signature

Date



OMB No. 1615-0047; Expires 06/30/08

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.		I attest, under penalty of perjury, that I am (check one of the following): <input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A lawful permanent resident (Alien #) A _____ <input type="checkbox"/> An alien authorized to work until _____ (Alien # or Admission #) _____	
Employee's Signature			Date (month/day/year)

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.		
Document Title: _____	Document #: _____	Expiration Date (if any): _____
I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.		
Signature of Employer or Authorized Representative		Date (month/day/year)

Form I-9 (Rev. 06/05/07) N

LISTS OF ACCEPTABLE DOCUMENTS

LIST A Documents that Establish Both Identity and Employment Eligibility	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Eligibility
	OR	AND
1. U.S. Passport (unexpired or expired)	1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address	1. U.S. Social Security card issued by the Social Security Administration <i>(other than a card stating it is not valid for employment)</i>
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address	2. Certification of Birth Abroad issued by the Department of State <i>(Form FS-545 or Form DS-1350)</i>
3. An unexpired foreign passport with a temporary I-551 stamp	3. School ID card with a photograph	3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. An unexpired Employment Authorization Document that contains a photograph (Form I-766, I-688, I-688A, I-688B)	4. Voter's registration card	4. Native American tribal document
	5. U.S. Military card or draft record	5. U.S. Citizen ID Card <i>(Form I-197)</i>
5. An unexpired foreign passport with an unexpired Arrival-Departure Record, Form I-94, bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, if that status authorizes the alien to work for the employer	6. Military dependent's ID card	6. ID Card for use of Resident Citizen in the United States <i>(Form I-179)</i>
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	7. Unexpired employment authorization document issued by DHS <i>(other than those listed under List A)</i>
	9. Driver's license issued by a Canadian government authority	
	For persons under age 18 who are unable to present a document listed above:	
	10. School record or report card	
	11. Clinic, doctor or hospital record	
	12. Day-care or nursery school record	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)



OCCUPATIONAL ACCIDENT INSURANCE DRIVER ENROLLMENT FORM

OCCUPATIONAL BENEFIT SCHEDULE (TRK 9112594)	CLASS 1 under age 70 CLASS 2 age 70 but < 75	CLASS 3 age 75 & over
ACCIDENTAL DEATH	\$50,000	\$50,000
SURVIVOR'S BENEFIT	\$250,000	\$150,000
DISMEMBERMENT OR PARALYSIS	\$300,000	\$200,000
ACCIDENT MEDICAL EXPENSE	\$2,000,000	\$500,000
DEDUCTIBLE FOR AME	\$0.00	\$0.00
INCURREAL PERIOD	104 WEEKS	104 WEEKS
TEMP TOTAL DISABILITY BENEFIT	\$600.00	\$400.00
WAITING PERIOD	7 DAYS	7 DAYS
BENEFIT DURATION FOR TTD	104 WEEKS	104 WEEKS
CONTINUOUS TOTAL DISABILITY	\$600.00	
MAXIMUM BENEFIT PERIOD	TO AGE 70	
COMBINED SINGLE LIMIT	\$2,000,000	\$1,000,000

NON-OCCUPATIONAL COVERAGE

ACCIDENTAL DEATH BENEFIT	\$15,000 (PRINCIPAL SUM)	\$15,000 (PRINCIPAL SUM)
DISMEMBERMENT	\$15,000 (PRINCIPAL SUM)	\$15,000 (PRINCIPAL SUM)
INCURREAL PERIOD	365 DAYS	365 DAYS
ACCIDENT MED EXP	\$ 5,000 (MAX UP TO 52 WKS)	\$ 5,000 (MAX UP TO 52 WKS)
MAX BENEFIT PERIOD	52 WEEKS	52 WEEKS
HEMORRHOIDS/HERNIA	\$10,000	\$10,000

DRIVER INFORMATION:

NAME: _____ Social Security _____ / _____ / _____

Street Address _____

City _____ State _____ ZIP _____ Phone # (____) - _____

Date of Birth _____ Beneficiary's Name _____

Relationship _____ Address _____

City _____ State _____ ZIP _____ Phone # (____) - _____

Please Check One: Class 1 & 2 - \$120.00/mo Class 3 - \$120.00/mo

As a participant in the National Union Occupational Accident Program, I understand and hereby state:

1. The Occupational Accident coverage provided is not a contract for Statutory Worker's Compensation Insurance and neither my carrier nor I become participants in the Workers' Compensation system by purchasing this insurance.
2. I certify to the best of my knowledge and belief that all information on this form is complete and truthful.
3. I authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company or any other organization, institution or person that has any records, including any medical records to furnish such information or copies of records to National Union Fire Insurance Company, the motor carrier or the motor carrier's designee. A photographic copy of this authorization shall be as valid as the original.
4. I am an independent contractor paid by a 1099 tax form not as a W-2 employee.
5. I authorize the above named motor carrier with whom I have a contract, to take deductions in the amount indicated above from my settlement account on my behalf, and to remit premiums to National Union Fire Insurance Company, or its appointed agent.

Driver
Signature _____ Date _____



DRIVER STATEMENT OF ON-DUTY HOURS (For Newly Hired Drivers)

§395.8 Driver's record of duty status.

(j)(2) Motor carriers, when using a driver for the first time or intermittently, shall obtain from the driver a signed statement giving the total time on duty during the **immediately preceding 7 days** and the time at which the driver was last relieved from duty prior to beginning work for the motor carriers.

(k)(2) The driver shall **retain a copy** of each record of duty status for the **previous 7 consecutive days** which shall be in his/her possession and available for inspection while on duty.

(j) **Drivers used by more than one motor carrier.** (1) When the services of a driver are used by more than one motor carrier during any 24 hour period in effect at the driver's home terminal, the driver shall submit a copy of the record of duty status to each motor carrier. The record shall include:

§395.2 Definitions.

On duty, time means all time from the time a driver begins to work or is required to be in readiness to work until the time the driver is relieved from work and all responsibility for performing work. On duty time shall include:

(8) Performing any other work in the capacity, employ, or service of a motor carrier; and

(9) Performing any compensated work for a person who is not a motor carrier.

NAME:						SSN#:				
LIC STATE:		LICENSE NO.:						CLASS A		
EXPIRES:				ENDORSEMENTS:						
DAY		1	2	3	4	5	6	7		
DATE									TOTAL HOURS BELOW:	
HOURS WORKED										
I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work/duty at the following time and date:										
TIME:		AM PM	DATE:		LOCATION:					
Print and sign your name:										
Are you currently leased to or are working in any capacity for another carrier/company? <input type="checkbox"/> YES <input type="checkbox"/> NO										
At this time, do you intend to work for another carrier/employer and still work for this company? <input type="checkbox"/> YES <input type="checkbox"/> NO										
I hereby certify that the information given above is true and I understand that once I contract/lease to this company, if I begin working for any additional carrier/employer(s) for compensation that I must inform this company immediately of such lease or employment activity.										
Print and sign your name:							Date:			
Co. witness/representative:							Date:			