



**LEON E. WINTERMYER, INC.**  
 220 Yocumtown Road, Etters, PA 17319

<b>Driver Name:</b>		<b>SSN:</b>	
<b>COMPANY NAME:</b>			
<b>ATTENTION:</b>		<b>Fax:</b>	<b>Phone:</b>
<b>Return To:</b>	H.R. – Leon E. Wintermyer, Inc.	<b>Fax:</b> 717-938-3911	<b>Phone:</b> 717-938-1468

**Employee Release**

(To be completed by Applicant)

I, \_\_\_\_\_ (Name of Applicant), \_\_\_\_\_ (Social Security Number)  
 hereby authorize \_\_\_\_\_ (Previous Employer) to release the following information to  
Leon E. Wintermyer, Inc. for the purposes stated in 49 CFR §391.23 and release the same from any liability resulting from providing  
 such information.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date

**Verification of Previous Employment**

(To be completed by Previous Employer and **returned within 30 days of receipt**)

Applicants Position: \_\_\_\_\_ Employed from: \_\_\_\_\_ to \_\_\_\_\_

Reason for Leaving:  Quit Without Notice  Quit With Notice  Discharged  Lack of Work  Currently Employed

Was his general conduct and attendance satisfactory?  Yes or  No Eligible for Rehire? \_\_\_\_\_

If no, please explain \_\_\_\_\_

<b>**** Please make a Yes or No selection for EACH question by placing an "X" in the appropriate box</b>	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>
Has the driver ever refused a required drug or alcohol test?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Has the driver ever tested positive on a required controlled-substance test?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Has the driver ever tested at or above 0.02 on any required alcohol test?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Has the driver ever violated any other provisions of the DOT drug and alcohol testing regulations?		<input type="checkbox"/>	No	<input type="checkbox"/>
Have you received information from any previous employer that this individual violated DOT drug and alcohol regulations?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

**Safety Performance History**

(To be completed by Previous Employer and **returned within 30 days of receipt**)

Please list the accidents, as defined at § 390.5, the applicant has been involved in during the last three years.

If none, check here

(1) Date \_\_\_\_\_ Nearest city or town \_\_\_\_\_

Number of injuries \_\_\_\_\_ Number of fatalities \_\_\_\_\_ Property Damage \$ \_\_\_\_\_

Was hazardous material, other than fuel, spilled from the fuel tanks of the motor vehicle involved in the accident? Yes  or No

Comments: \_\_\_\_\_

(2) Date \_\_\_\_\_ Nearest city or town \_\_\_\_\_

Number of injuries \_\_\_\_\_ Number of fatalities \_\_\_\_\_ Property Damage \$ \_\_\_\_\_

Was hazardous material, other than fuel, spilled from the fuel tanks of the motor vehicle involved in the accident? Yes  or No

Comments: \_\_\_\_\_

**Please list additional accident information on a separate page as well as information on accidents you may wish to provide pursuant to §390.15(b)(2) or your internal company policies.**

Prepared By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

### Prospective Employer Information

Attempt #1: Inquiry was  faxed  mailed  emailed  phoned \_\_\_\_\_ on \_\_\_\_\_  
(Name) (Date)

Attempt #2: Inquiry was  faxed  mailed  emailed  phoned \_\_\_\_\_ on \_\_\_\_\_  
(Name) (Date)

Previous employer failed to respond or could not be contacted

Information was received from previous employer by  fax  mail  email  phone

(Name) \_\_\_\_\_ (Date) \_\_\_\_\_

No records exist for driver  Employee was hired on \_\_\_\_\_ (Date)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** Safety performance history must be placed in employee's driver investigation history file within 30 days of the date employment begins

# Application Addendum for Drivers

## Driving Experience

DRIVER LICENSES (past and current)	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

List states operated in during the past five years \_\_\_\_\_  
 \_\_\_\_\_

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, etc.)	Dates		Approx. Total Miles
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Tractor - Two Trailers				
Other				

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

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH A STATEMENT GIVING DETAILS.

List any special courses or training that will help you as a driver \_\_\_\_\_  
 \_\_\_\_\_

What safe driving awards do you hold? From whom? \_\_\_\_\_  
 \_\_\_\_\_

List any other experience not previously specified that may help you in your employment with this company \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Driver Requirements

Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements with which you as a driver must comply. These requirements are in effect as of July 1, 1987 and are as follows:

- Possess only one license:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.

If you have more than one license, keep the license from your state of residence, and return the additional licenses to the states that issued them. **DESTROYING** a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by that state.

- Notification of License Suspension, Revocation or Cancellation:** Sections 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the **NEXT BUSINESS DAY** of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: **1)** your employing motor carrier, and **2)** the state that issued your license (if the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

**In accordance with the Federal Motor Carrier Safety Regulations, the following license is the only one I will possess:**

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

**DRIVER CERTIFICATION:** I certify that I have read and understood the requirements on the previous page.

Applicant's Name (Printed) \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT**

In accordance with the provision of Section 604(b)(2)(A) 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), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations.

**I have read and understood the above statement regarding obtainment of reports:**

Applicant's Name (Printed) \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_