

# APPLICATION FOR QUALIFICATION

## Eliason Ranch Trucking LLC

1855 W MAIN ST \* PO BOX 250 TREMONTON, UT 84337

Phone: 435-230-8265 Email: mike@eliason.team

The purpose of this application is to determine whether 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.

**Office Use**

**Only:**

Applicant Hired?

YES ( ) NO ( )

**INSTRUCTIONS TO APPLICANT:** *Driver must complete application personally. Original must be turned into office for hiring purposes. Please answer all questions. If the answer to any question is "No" or "None", do not leave the item blank, but write "No" or "None". Also please write legible! This is important!*

\*The Age Discrimination of Employment Act of 1967 prohibits discrimination based on age with respect to individuals who are at least 40 but less than 70 years of age.

Date \_\_\_\_\_ Check One: Contractor  Driver

**PERSONAL INFORMATION**

Name: Last			First		Middle		Email Address		
Home Number:			Cell Number:		Emergency Contact:		Phone Number:		
Age	Date of Birth		Social Security			Physical Exam Taken		Medical Card Expires	
Drivers License Number			State of Drivers License		Endorsements		Drivers License Expires		
CDL Issued:			Years Local Experience			Years Over the Road Experience			

**ADDRESS HISTORY** Current Address and Previous Addresses

<b>Current Address:</b>							
Street Address			City	State	Zip	From	To
Street Address			City	State	Zip	From	To
Street Address			City	State	Zip	From	To
Street Address			City	State	Zip	From	To

**EDUCATION HISTORY**

Please circle the highest grade completed: Grade School: 1 2 3 4 5 6 7 8 9 10 11 12											
College: 1 2 3 4				Post Graduate: 1 2 3 4							

**EMPLOYMENT HISTORY**

Give a Complete Record of all employment for the past **THREE** years, including any unemployment of self-employment, and all commercial **driving experience** for the past **TEN** years. Begin with your most recent history.

**Please make copies of this page if you need more to reach 10 YEARS!**

Previous Employer:		MC #	DOT #
From:	To:	Company Name:	Supervisor's Name:
<small>Mo/Yr</small>	<small>Mo/Yr</small>		
Reason for Leaving:	Co Address:	Co Phone #:	Co Fax #:
<b>Job Duty Description:</b>			
Where you subject to the FMCSRs* while employed here? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> es <input type="checkbox"/> No			

Previous Employer:		MC #	DOT #
From:	To:	Company Name:	Supervisor's Name:
<small>Mo/Yr</small>	<small>Mo/Yr</small>		
Reason for Leaving:	Co Address:	Co Phone #:	Co Fax #:
<b>Job Duty Description:</b>			
Where you subject to the FMCSRs* while employed here? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> es <input type="checkbox"/> No			

Previous Employer:		MC #	DOT #
From:	To:	Company Name:	Supervisor's Name:
<small>Mo/Yr</small>	<small>Mo/Yr</small>		
Reason for Leaving:	Co Address:	Co Phone #:	Co Fax #:
<b>Job Duty Description:</b>			
Where you subject to the FMCSRs* while employed here? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> es <input type="checkbox"/> No			

Previous Employer:		MC #	DOT #
From:	To:	Company Name:	Supervisor's Name:
<small>Mo/Yr</small>	<small>Mo/Yr</small>		
Reason for Leaving:	Co Address:	Co Phone #:	Co Fax #:
<b>Job Duty Description:</b>			
Where you subject to the FMCSRs* while employed here? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> es <input type="checkbox"/> No			

Explain any gaps in employment:

List all states or foreign countries operated in for the last five years:

**DRIVING EXPERIENCE**

Class of Equipment	Dates		Type of Equipment (Van, Tank, Flat, etc.)	Approximate Total Miles
	From	To		
Straight Truck				
Tractor and Semi-trailer				
Tractor –two trailers				
Reefer Experience				

**ACCIDENT RECORD FOR THE PAST THREE YEARS** (attach a sheet if more space is needed)

Date of Accident	Nature & Details of Accidents DOT or NON DOT (Head on, rear end, upset, etc.)	Location of Accident # of Vehicles Towed Preventable	# of People Injured	# of Fatalities

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE LAST THREE YEARS** (All convictions, other than parking violations)

Date	Location	Vehicle Type		Charge	Penalty
		CMV	Non CMV		
		CMV	Non CMV		
		CMV	Non CMV		
		CMV	Non CMV		

**DRIVER'S LICENSE** ( List each driver's license held in the past three years)

State	License #	Type	Endorsements	Expiration Date

**DRIVER'S SAFETY** (List all Awards, Violation, Out of Service, Training Courses, etc. for the last year)

Date	Award, Violation, Out of Service	Comments

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 convicted of a felony? . . . . YES ( )  
 NO ( )  
 D. Have you ever tested positive or refused a DOT drug or alcohol pre-employment test within the past two years from an employer who did not hire you? . . . . YES ( )  
 NO ( )

If the answer to A, B, C or D is "YES", give details:

**PERSONAL REFERENCES**

List three persons for reference (other than family members) who have knowledge of your safety habits.

Name:	Phone Number:	Address:	How they know your habits:

**TO BE READ AND SIGNED BY APPLICANT**

*It is agreed and understood that any misrepresentation given on this application for qualification shall be considered an act of dishonesty.*

*I give the motor carrier and its agents or representatives the right to investigate all references and to secure additional information about my employment background. I hereby release from all liability for damages the motor carrier and its agents or representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.*

*I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.*

*It is agreed and understood that this application for qualification in no way obligates the motor carrier to employ me.*

*It is agreed and understood that if qualified to operate motor carrier equipment, I may be on a probationary period, during which I may be disqualified without recourse.*

*"I certify 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."*

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

\_\_\_\_\_  
Date

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

Carrier Name	Contact	Phone	Confidential Fax	Address
Eliason Ranch Trucking	Mike Martin mike@eliason.team	435-230-8265	<b>435-257-0181</b>	PO Box 250 Tremonton, UT 84337

I hereby authorize this company to release all records of employment, including 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.

<b>Applicant Name Printed</b>	<b>SSN</b>	<b>DOB</b>	<b>Applicants Signature</b>	<b>Date</b>
Dates of Employment From Month/Year	To Month/Year			

Previous Employer Name	Company Contact	Company Phone	Company Fax
Company Mailing Address	Dates of Employment From Month/Year	Dates of Employment To Month/Year	

**Past Employer to Complete DRUG & ALCOHOL INFORMATION**

**SECTION 1** –Please provide the following drug and alcohol information as required by FMCSR Part 391.23 & 40.25.

If no drug and alcohol information is available on above-named applicant check here.  If the driver was not subject to Department of Transportation testing requirements, please  Reason not Subject: \_\_\_\_\_

1. YES ( ) NO ( ) Has this person had any alcohol test with a result of 0.04 or higher alcohol concentration? .
2. YES ( ) NO ( ) Has this person tested positive or adulterated or substituted a test specimen for controlled substances?
3. YES ( ) NO ( ) Has this person refused to submit to a post accident, random, reasonable suspicion, follow-up alcohol or controlled substance test?
4. YES ( ) NO ( ) Any other violations of DOT agency drug and alcohol testing regulations (Part 382 or part 40)?
5. YES ( ) NO ( ) 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, a verified positive drug test or a refusal to test (including a verified adulterated/substituted drug test result)?
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.

## Past Employer to Complete ACCIDENT INFORMATION

### SECTION 2 – Please provide the following information on the driver/applicant;

Was the applicant involved in any accidents? If so, include dates and brief explanation:	
DOT/Non-DOT Recordable?	Was the accident Preventable?
Was the driver responsible for the accident?	
Other details of Accident:	

## Past Employer to Complete SAFETY/ADMINISTRATIVE INFORMATION

### SECTION 3 – Please provide the following information on the driver/applicant;

He/She was employed for you as a: \_\_\_\_\_ from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

What was the applicants' position with your company? Was he/she a:

Company Driver       Contract Driver       Contractor       Other

Did the applicant drive a motor vehicle for your company? If employed as a driver, what type of equipment did he/she operate.					
Straight Trucks	<input type="checkbox"/>	Tractor/Trailer	<input type="checkbox"/>	Doubles	<input type="checkbox"/>
Flat Bed	<input type="checkbox"/>	Belly Dump	<input type="checkbox"/>	Van	<input type="checkbox"/>
				Triples	<input type="checkbox"/>
				Reefer	<input type="checkbox"/>
				Other	<input type="checkbox"/>

Was the driver ever placed out of service for hours of service violations? If yes, please explain.
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Was the applicants' general conduct satisfactory?
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Reason for leaving your company: <input type="checkbox"/> Discharged <input type="checkbox"/> Laid Off <input type="checkbox"/> Resigned
--

Would you re-hire him/her? If not, why? Additional Comments:
<input type="checkbox"/> Yes Re-hire <input type="checkbox"/> No – would not re-hire <input type="checkbox"/> Upon Review

General area traveled and commodities transported.
--

What kinds of work did the applicant do?
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Was the applicant a safe driver?
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Previous Employer Representative Supplying Information:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

# CONTROLLED SUSTANCE & ALCOHOL TESTING INFORMATION ACKNOWLEDGEMENT/CONSENT FORM

As a condition of employment with Eliason Ranch Trucking, LLC, Commercial Motor Vehicle (CMV) Driver Applicants must submit to a pre-employment controlled substances test as required by the Federal Motor Carrier Safety Regulations (FMCSR) Section 382.301. A motor carrier must receive verified negative test results for the applicant driver for the applicant to be eligible for employment.

If you are hired, you will be subject to laws requiring additional controlled substances and alcohol testing on you under numerous situations including, but not limited to, the following:

<b>Post-Accident – Section 382.303</b>	<b>Random – Section 382.305</b>	<b>Reasonable Suspicion – Section 382.307</b>
<b>Return to Duty – Section 382.309</b>		<b>Follow-up – Section 382.311</b>

A driver, who tests positive for a controlled substance and/or alcohol test, will be immediately removed from a safety-sensitive position as required by Part 382 of the MFCSR. Federal law prohibits a driver from returning to a safety-sensitive position for any motor carrier until and unless the driver completes the Substance Abuse Professionals (SAP) evaluation, referral and educational/treatment process, as described in FMCSR Part 40, Subpart O.

The following is a referral list of Substance Abuse Professionals:

<b>NAME</b>	<b>Michele Myers SAPAA</b>	<b>Marlin Andrus EAPA</b>	<b>Maria G. Jensen ASAP</b>
<b>ADDRESS</b>	<b>4155 Harrison Blvd., Ste. 200 Ogden, UT 84403</b>	<b>2100 South State Street Salt Lake City, UT South Jordan, UT Midvale, UT</b>	<b>2975 Overland Ave Burley, ID 83318</b>
<b>EMAIL</b>	<b>mmyers@smartfella.com</b>	<b>Mandrus528@aol.com</b>	<b>options@pmt.org</b>
<b>PHONE #</b>	<b>(801) 510-4790</b>	<b>(801) 253-3169</b>	<b>(208) 878-2600</b>

All Controlled substances and alcohol testing will be conducted in accordance with Parts 40 and 382 of the FMCSR.

I \_\_\_\_\_ have read the above controlled substances and alcohol testing requirements and understand them. I acknowledge the receipt of the referral list of Substance Abuse Professionals.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date



**TRUCKING INDUSTRY:**  
**DOT D/A Disclosure and Authorization**

Send to Fax# (800) 257-8069

<b>HireRight Customer:</b>
Company Name: _____
Company Contact Name: _____
Fax #: (____) _____ - _____
HireRight Account Code: _____

**PART I – DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES – 49 CFR PART 391.23, DOT DRUG AND ALCOHOL TESTING**

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to HireRight for the purpose of HireRight transmitting such records to the HireRight customer listed above. I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous **three (3) years**: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes HireRight with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to HireRight, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous **three (3) years**; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous **three (3) years**.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous **three (3) years**. If necessary, attach additional pages, including the date, your name, social security number and signature.

Previous DOT-Regulated Employer	City	State	Phone Number
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I disclosure and authorization for release as well as the attached FMCSA Notification of Driver Rights and any applicable state law notices; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original.

Print Applicant Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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



## **Part 2 - FMCSA Notification of Driver Rights**

In compliance with 49 CFR Part 40 §391.23 you have certain rights regarding the safety performance history information that will be provided to prospective employers. I) You have the right to review information provided by previous employers. II) You have 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 prospective employers. III) You have 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. (2) Drivers who have previous DOT regulated employment history in the preceding three years and wish to review previous employer-provided investigative information must submit a written request to prospective employers. This 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. Prospective employers must provide this information within five business days of receiving the written request. If prospective employers have not yet received the requested information from the previous employer, then the five day deadline will begin when the requested safety performance history information is received. If you have not arranged to pick up or receive the requested records within 30 days of prospective employers making them available, the prospective employers may consider you to have waived your request to review the record.

**MANDATORY USE FOR ALL ACCOUNT HOLDERS**

**IMPORTANT NOTICE  
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

1. In connection with your application for employment with \_\_\_\_\_ (“Prospective Employer”), 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.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

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

**2. I authorize \_\_\_\_\_ (“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 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 the Prospective Employer to make a determination regarding my suitability as an employee.**

3. 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 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.

4. Please note: 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 FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

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I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, 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 NICT 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 provided in paragraphs 1-4 of this document to obtain a prospective Applicant’s consent. The language must be used in whole, exactly as provided. The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.

**REQUEST FOR MVR BASED ON PERMISSIBLE USE #13 OF THE DPPA**

This form shall be used by persons making requests for a driver record (**MVR** – Motor Vehicle Report) under U.C.A. 53-3-104. The form shall be completed by any requester who requires the written consent of the person to whom the information pertains. An MVR shall be released by the division only to qualifying requesters pursuant to >permissible uses= articulated in the federal Driver Privacy Protection Act (**DPPA**).

**PERSON REQUESTING THE MVR**

Name of the requester Katie Noorda or Mike Martin 435-257-4500  
Eliason Ranch Trucking

**Certification Statement:** I certify under penalty of law that I am entitled to personal information from the requested driver record. I am aware that there are criminal and civil penalties for knowingly obtaining, disclosing, or using the personal information for a purpose not permitted under DPPA (18 U.S.C. “2721-2724).

**PERSON TO WHOM THE MVR PERTAINS**

The requester listed above requests access to driver record(s), including personal information as defined in 18 U.S.C. “2721-2724, concerning the following person:

First Name	Middle	Last Name	Maiden Name
Date of Birth	Drivers License Number	State of License	Social Security Number
Physical Address:		Mailing Address:	

I am the individual to whom the MVR pertains and am the subject of the record. I grant permission for the above requester to receive copies of my driver license record (MVR) Reports.

Drivers Signature

**DRIVERS RIGHTS PERTAINING TO RELEASE OF  
DRIVER INFORMATION UNDER REGULATIONS 391.23**

Motor carriers have the responsibility to make the following investigations and inquiries with respect to each driver employed, other than a person who has been a regularly employed driver of the motor carrier for a continuous period which began before January 1, 1971.

(a)(1) An inquiry into the driver’s driving record during the preceding three years to the appropriate agency of every state in which the driver held a motor vehicle operator’s license or permit during those three years:

## DRIVER'S RIGHTS PERTAINING TO RELEASE OF DRIVER INFORMATION UNDER REGULATION 391.23

Motor carriers have the responsibility to make the following investigations and inquiries with respect to each driver employed, other than a person who has been a regularly employed driver of the motor carrier for a continuous period which began before January 1, 1971.

- (a)(1) An inquiry into the driver's driving record during the preceding three years to the appropriate agency of every State in which the driver held a motor vehicle operator's license or permit during those three years; and
- (a)(2) An investigation of the driver's employment record during the preceding three years.
- (b) A copy of the driver record(s) obtained in response to the inquiry or inquiries to each State driver record agency as required must be placed in the Driver Qualification File within 30 days of the date the driver's employment begins and be retained in compliance with 391.51.
- (c) Replies to the investigations of the driver's safety performance history must be placed in the Driver Investigation History File within 30 days of the date the driver's employment begins. This goes into effect after October 29, 2004.
- (d) Prospective motor carrier must investigate the information from all previous employers of the applicant that employed the driver to operate a CMV within the previous three years. This information must cover general driver identification and employment verification information, data elements as specified in 390.15 for accident involving the driver that occurred in the three-year period preceding the date of the employment application, and any accidents the previous employer may wish to provide.
- (e) Prospective motor carrier must investigate the information from all previous DOT regulated employers that employed the driver within the previous three years from the date of the employment application in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40.

Drivers have the following rights:

1. The right to review information provided by previous employers.
2. 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.
3. 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.

Drivers who wish to review previous employer-provided investigative information must submit a written request to the prospective employer when applying or as late as 30 days after employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five business days of receiving the written request. If the driver has not arranged to pick up or receive the requested records within 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.

Drivers wishing to request correction of erroneous information in records must send the request for the correction to the previous employer that provided the records. 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 the driver's request to correct the data that it does not agree to correct the data. Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instruction to include the rebuttal in the driver's Safety Performance History.

*I acknowledge that I have read and understand the contents of this document*

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Driver Name (Printed): \_\_\_\_\_

# ELIASON RANCH TRUCKING, LLC

PO BOX 250 Tremonton, UT 84337  
 1855 West Main Tremonton, UT 84337  
 PHONE 800-760-8135 FAX 435-257-0181

## Job Requirements

### **Commercial Motor Vehicle Driver Over-the-Road**

*This job description is only intended to be a general guideline, and is not intended to include every rule, regulation, or company policy.*

#### **Principal Duties and Responsibility**

<i>Drives tractor and 53-foot reefer combination transporting safely and efficiently all assigned shipments.</i>	<i>Over the road lanes: including but not limited to the Western states, North Carolina, and Texas.</i>
<b>Logs:</b> Always maintain a current log. Always know how many hours you have available, so you are aware of any concerns and limitations. Logs are due 6 days after delivery with trip envelope.	<b>Commodities:</b> Ice-cream, produce, groceries, potatoes, etc.
<b>Communication:</b> <i>Please make a check call every day. Keep in touch with dispatch regarding all pick-ups and deliveries. Notify dispatch of any discrepancies on load. Notify dispatch of all lumper costs before leaving the dock. Please be courteous, patient, and respectful at the docks. Your actions and attitude reflect on the entire company. If you feel you are being treated unfair call into dispatch to correct the matter.</i>	<b>Safety:</b> <i>Comply with all regulations, laws, rules, and company policies and procedures while performing job duties. Any and all accidents, incidents, traffic violations, and/or arrests must be reported immediately to the proper company representative. Report all road hazards observed enroute.</i>
<b>Dispatch:</b> Makes delivery or pick-up freight timely, obtaining signed receipts for bill of lading and any lumpers. Notify dispatch of all lumper costs before leaving the dock.	<b>Equipment Maintenance:</b> Maintain equipment pre & post trip inspections as required by company policy, state, federal, and local laws to ensure the vehicle is in safe operating condition.
<b>Trip Envelopes:</b> <i>Please fill out trip envelope completely. All documents inside the envelope need to be documented on the front. Please specify all states, miles, fuel, expenses and cash. Make sure miles match from beginning to end.</i>	<b>Safety:</b> <i>All paperwork to be turned in within 6 days of delivery. Including but not limited to bill of lading, lumper receipts, logs, fuel receipts, maintenance receipts, and reporting miles.</i>
<b>Maintenance:</b> All receipts for maintenance and fuel are to be turned in with each trip for reimbursement.	<b>Payroll:</b> All paperwork is due before payroll to eliminate any errors.

*This is just a reminder to keep things running smooth. If you have any questions or concerns, we ask that you bring them to our attention as soon as possible so they don't balloon into something big or before it is too late to correct. We want to thank you for all your efforts and hard work.*

#### **Work Environment**

Will spend time outside at times during inclement weather conditions. Duties including but not limited to putting chains on tires, maintenance checks on truck and trailer.	Subject to irregular work schedules, long trips, tight delivery schedules, and delays enroute on crowded streets and highways in all kinds of weather and during day or night.
Will spend a large percentage of time in the commercial motor vehicle over-the-road in different states across the United States.	May be exposed to heat, cold, dust, noise, and other irritants.

#### **Knowledge and Skills Required**

<i>Must have two years verifiable over the road experience operating a commercial motor vehicle.</i>	<i>Must be at least 23 years of age.</i>
Must possess and maintain a valid Commercial Driver's License in the state of residence with the proper endorsements.	Must be physically qualified to operate a commercial motor vehicle as required by Title 49, CFR. 301.41 and company policy.
<i>Must possess a good working knowledge and operating ability of a tractor/trailer combination unit; the knowledge and ability to perform minor repairs on the road; and the knowledge and ability to maintain equipment in a good condition consistent with company policy and local, state, and federal laws.</i>	<i>Must have the ability to read, write, and speak the English language sufficiently to complete all paperwork requirements established by company policy, and various laws and regulations.</i>

**Physical Demands**

<i>Must be able to perform occasional squatting, stooping, crouching, crawling, bending, twisting, climbing, reaching, lifting, and balancing as required to inspect equipment, to enter and exit vehicles, and to affect loading and/or unloading of commodities transported.</i>	<i>Must have the physical and mental ability to sit, stand, and remain alert while driving or while otherwise on duty for long periods of time up to 11 hours driving without rest or relief.</i>
Must be able to walk, bend, reach, stoop, squat, kneel, crawl, or climb under trailers to inspect, affect repairs, open and/or replace domes, valves, vents, or other equipment necessary for safe and efficient operation of the trailer.	Must be able to enter and exit the vehicle's cab 10 or more times a day with entry and exit achieved with the assistance of various configurations of steps and above shoulder-handholds.
<i>Must be able to lift and connect various hoses, fittings, and other equipment weighting up to or in excess of 50 pounds.</i>	<i>Must be able to hook and unhook trailers from the tractor including cranking lever used to raise and lower landing gear on trailers.</i>
Must be able to lift and carry items weighting up to 50 pounds a distance of up to 150 feet.	Must be able to grasp, fit and properly use had tools as required.
<i>Must have mechanical aptitude.</i>	<i>Must have good working habits.</i>
Report all accidents, spills, or property damage, regardless of extent of damage or injury, immediately to the proper company representative.	Must be able to follow written and verbal instructions in the English language.
<i>Report the condition of the equipment used at the end of each trip.</i>	<i>Contact dispatch as required.</i>
Make repairs to tractors and trailers as necessary for safe operation.	Keep vehicle(s) assigned in clean condition.
<i>Follow company guidelines pertaining to acceptable conduct when dealing with supervisors, shop personnel, drivers, and customers.</i>	<i>Complete and maintain records of service, maintenance, costs, and inspections.</i>
Practice good personal hygiene projecting an image of quality and professionalism at all times.	

**Report to**

<b>Derek - Load Coordinator</b> *Mid-west & East Coast inbound 435-237-9380 <b>Derek@Eliason.Team</b>	*Requesting time off *Low on hours and cannot meet scheduled picks or deliveries *Violation, Ticket, Accident, or Incident, or Concerns <u>notify immediately</u> (also notify Shane or Kate)
<b>Jared - Load Coordinator</b> *AZ,CO & West Coast inbound 435-230-8413 <b>Jared@Eliason.Team</b>	*When going to be late for pick or deliveries *Discrepancies in load (case counts / temps / pick & delivery locations ETC) *Issues at the dock *Scheduling issues
<b>Dale - Load Coordinator</b> *UT & ID outbound 435-230-2289 <b>Dale@Eliason.Team</b>	*When going to be late for pick or deliveries *Discrepancies in load (case counts / temps / pick & delivery locations ETC) *Issues at the dock *Scheduling issues
<b>Denise - Dispatch Detention</b> 435-257-1327 <b>Denise@Eliason.Team</b>	*Weather issues *Check in Calls or email *Possible detention ***Driver must check in at 1 ½ hrs after appointment time and specify possible detention - driver must update every 30 min with TEXT *Directions & Routing *Lumper amounts for approval
<b>Mikey Lyon - Shop Manager</b> 435-720-0544 <b>Shop@Eliason.Team</b>	*Maintenance *Drop & Hook *Violations on equipment
<b>Kati - Billing / Transflo</b> 435-257-1858 <b>Kati@Eliason.Team</b>	*Question on logs *Violations on logs
<b>Kate - Manager</b> 435-230-8044 <b>Kate@Eliason.Team</b>	*Drop & Hook Truck or Trailers *Violation, Ticket, Accident, or Incident *Drug and Alcohol, Harassment Issues *Payroll issues *EFS issues
<b>Shane President</b> 435-730-2110 <b>Shane@Eliason.Team</b>	*Approval for major maintenance items *Payroll issues *Drug and Alcohol, Harassment Issues *Accidents, Incidents, or Concerns <u>notify immediately</u> (also notify Derek)

Driver Name

Signature