

Ahrens Brothers Transport, INC.

PO Box 178

Brenham, TX 77834

979-836-1660

COMMERCIAL DRIVER APPLICATION

DATE OF APPLICATION: _____ HIRE DATE: _____

NAME _____
(FIRST) (MIDDLE) (MAIDEN NAME, IF ANY) (LAST)

ADDRESS _____
(STREET) (CITY) (STATE & ZIP CODE)

DATE OF BIRTH _____ SOCIAL SEC. NO. _____
(Required for truck drivers)

ADDRESS COVERING THE PAST THREE YEARS:

_____ HOW LONG? _____
(STREET) (CITY) (STATE & ZIP CODE)

_____ HOW LONG? _____
(STREET) (CITY) (STATE & ZIP CODE)

_____ HOW LONG? _____
(STREET) (CITY) (STATE & ZIP CODE)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

HOME PHONE _____ CELL PHONE _____

EMERGENCY CONTACT NAME: _____

ADDRESS: _____

PHONE: _____

Have you worked for the company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____

Rate of new pay expected _____

EXPERIENCE AND QUALIFICATIONS-----DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR-TWO TRAILERS				
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

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

DATES	NATURE OF ACCIDENT (HEAD ON, REAR-END UPSET, ETC)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

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

DATE	VIOLATION	STATE	CMV	
			YES	NO

(ATTACH SHEET IF MORE SPACE IS NEEDED)

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 STATEMENT GIVING DETAILS

EMPLOYMENT RECORD (Attach Sheet if More Space Is Needed)

NOTE: DOT REQUIRES THAT EMPLOYMENT FOR AT LEAST 3 YEARS AND/OR COMMERCIAL DRIVING
EXPERIENCE FOR THE PAST 10 YEARS BE SHOWN

LAST EMPLOYER: NAME _____			
ADDRESS _____			
TELEPHONE _____		SUPERVISOR _____	
POSITION HELD _____	FROM _____	TO _____	SALARY _____
REASONS FOR LEAVING _____			

Were you subject to the Federal Motor Carrier Safety Regulations during this period?
Yes _____ No _____
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?
Yes _____ No _____

EMPLOYER: NAME _____			
ADDRESS _____			
TELEPHONE _____		SUPERVISOR _____	
POSITION HELD _____	FROM _____	TO _____	SALARY _____
REASONS FOR LEAVING _____			

Were you subject to the Federal Motor Carrier Safety Regulations during this period?
Yes _____ No _____
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?
Yes _____ No _____

EMPLOYER: NAME _____			
ADDRESS _____			
TELEPHONE _____		SUPERVISOR _____	
POSITION HELD _____	FROM _____	TO _____	SALARY _____
REASONS FOR LEAVING _____			

Were you subject to the Federal Motor Carrier Safety Regulations during this period?
Yes _____ No _____

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?
Yes _____ No _____

EMPLOYER: NAME _____
ADDRESS _____
TELEPHONE _____ SUPERVISOR _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASONS FOR LEAVING _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period?
Yes _____ No _____

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?
Yes _____ No _____

EMPLOYER: NAME _____
ADDRESS _____
TELEPHONE _____ SUPERVISOR _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASONS FOR LEAVING _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period?
Yes _____ No _____

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?
Yes _____ No _____

EMPLOYER: NAME _____
ADDRESS _____
TELEPHONE _____ SUPERVISOR _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASONS FOR LEAVING _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period?
Yes _____ No _____

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?
Yes _____ No _____

EMPLOYER: NAME _____			
ADDRESS _____			
TELEPHONE _____	SUPERVISOR _____		
POSITION HELD _____	FROM _____	TO _____	SALARY _____
REASONS FOR LEAVING _____			

Were you subject to the Federal Motor Carrier Safety Regulations during this period?
 Yes _____ No _____

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?
 Yes _____ No _____

For driver applicants of commercial motor vehicles that require a Commercial Driver License (CDL) the applicant must disclose their controlled substance and alcohol status per the requirements of 49 CFR part 40.25(j).

As a prospective driver employee, you have the right to review information provided by previous employers. You have the right to have errors in the information corrected by the previous employer(s) and for that previous employer(s) to re-send the corrected information to the prospective employer; 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.

Driver employees 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 thirty (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 (5) business day deadlines 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 their request to review the records.

CERTIFICATION

"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

 Signed

**COMMERCIAL VEHICLE DRIVER APPLICANT
Controlled Substance and Alcohol Questionnaire
Pursuant to 49 CFR part 40.25(j)**

Application Date: _____

Name _____
First M Middle L Last

Address _____ Home Telephone _____

Cell Phone _____

City _____ State _____ Zip _____

Date of Birth _____ Social Security Number _____

49 CFR 40.25(j)

Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain <u>safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?</u>	YES	NO
If YES-----Have you successfully completed the return to duty process?	YES	NO
If YES-----Documentation <u>MUST BE PROVIDED</u> before any safety-sensitive transportation function is performed.	YES	NO

Applicant's Signature _____ Date _____

Signed _____



RELEASE OF CDL HOLDER'S REPORTED POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST RESULTS



Use this form to obtain the CDL holder's reported positive alcohol or controlled substance test results information.

This form should ONLY be used if you wish to inquire whether or not a prospective driver (CDL Holder) has had a positive alcohol or controlled substance test result reported to the Texas Department of Public Safety in compliance with state law.

**THIS FORM IS NOT REQUIRED FOR REPORTING A POSITIVE
ALCOHOL OR CONTROLLED SUBSTANCE TEST.**

1. This form must be completed in full and include the driver's original signature.

Texas Department of Public Safety
Motor Carrier Bureau, MSC #0521
6200 Guadalupe, Building P
Austin, Texas 78752-4019

2. Deliver, mail or FAX the completed form to:

Facsimile: 512-424-5310

I, _____
Print Name of CDL Holder

of _____
Print Address of CDL Holder

authorize release of the CDL holder's reported positive alcohol or controlled substance test results reported under state law

to _____
Print Name

of _____
Print Address

Driver License Number _____ State _____ Date of Birth _____

Signature of Driver

Date

X

If you wish to request and receive this information by electronic mail, submit a completed and notarized Electronic Mail Verification Form (MCS-32), available at the following web address:
<http://www.txdps.state.tx.us/forms/index.htm>.

MCS-21 (Rev 9/10)



Transport, INC.

PO Box 178

Brenham, TX 77833

(979) 836-1660 office (979) 836-3739

MOTOR VEHICLE RECORD (MVR) POLICY

It is the policy of Ahrens Brothers Transport, INC. to obtain the detailed driver information (MVR) on each prospective driver before an offer for employment is extended to the individual. Management will review the MVR to as certain if a valid license is held and if the driving record is within the parameters set by company driving policy. A "driver" is someone who could not perform the duties assigned to them without driving a vehicle.

By signing this policy, I understand that management conducts an annual Review of each driver's driving performance. Based upon the outcome of the Annual review, the driving exposure, and the losses experienced during the Past year, MVRs may be ordered and reviewed. As a company policy MVRs are checked regularly on all employees' driving records. Employee Records that are found to not meet the criteria set by management, driving Privileges may be revoked, or other disciplinary action may be taken.

Printed Name State Issued

Drivers License Number

DOB

Signature _____ Date _____

Employee Benefits

Vacation

1 year of service you earn 5 days
2 years of service you earn 10 days
5 years service you earn 15 days

Insurance

After 30 days of employment you are eligible for Health/Dental/Vision and Life Insurance. We will give a \$300 allowance towards employees who chose to take our Health insurance.

After 1 year of service the employee will be eligible for IRA.

After 1 year of service ABT will provide Short and Long Term Disability for full time drivers.

Holiday Pay - -\$150 for Off Duty Drivers and \$200 for On Duty drivers

New years Day
Easter
Independence Day
Thanksgiving
Christmas

Safety Incentives and Awards

\$25 bonus to all drivers who attend Safety Meetings

\$50 DOT Compliance for No Violations or Warnings on roadside inspections

\$200 Safety Bonuses awarded quarterly for no incidents, accidents or injuries

\$100 gift card awarded quarterly in 2nd and 4th quarters for NO Dot write ups, critical log audit violations, no more than 3 non critical log audit violations and no moving violations

One week vacation for NO Dot write ups, no critical log audit violations, no more than 6 non critical audit violations and No moving violations from September 1 through August 31.

Yearly Bonus will be determined by driver performance throughout year

\$200 yearly allowance for FRC-

If you are employed less than 6 months with us, we will deduct from your paycheck any allowances for FRC's, Railroad card, Twic card and Physicals that were paid by Ahrens Brothers Transport.