



Complete & Return application to: Barb Slater, Recruiter
Phone: 435-673-1566 ext. 1402 or 800-888-5838 ext. 1402
Fax: 435-627-0085, or 866-581-3250
Email: barb@andrustrans.com
Mail: Attn: Barb Slater, PO Box 880, St. George, UT 84771

Thank you for your interest in working for our company.

1. We do only run the eleven western states.
2. Home time is out 7 – 10 days and back home for about 1 ½ days.
3. Pay is based on your verifiable experience.
4. We do offer Medical & Dental after 6 months of continual employment
5. We do have a rider policy available after 3 months of continual employment
6. We do use Qualcomm & Transflow Systems.
7. We are paid weekly, but we do not have direct deposit. However you can get your pay on your Comdata card. If you bank with Wells Fargo, we can manually deposit your check in that bank.
8. Orientation is held in St. George, UT, we will pay for your transportation here, hotel accommodations, and meals are provided throughout orientation.
9. Orientation lasts about 3 days and drivers are usually out underneath a load on Thursday.
10. Once you have been with the Company for 30 days of continual employment you will receive a 30 day bonus of \$300.00. (If you have been employed by Andrus before you do not qualify for this)
11. You are required to have HAZMAT. If you do not have HAZMAT you are required to bring your Birth Certificate or Passport with you to orientation and will be required to have your background screening done and your fingerprints done. (See page 9 for agreement)
12. When submitting this application you will need to submit it with a copy of your Drivers License, DOT Long Form Physical, DOT Medical Card and a copy of your MVR.

STUDENTS

- We are hiring students with the following criteria: 160 hours of an Andrus approved school, 90 % or better on GPA, 95% or better on Attendance, and have graduated out of school within the last 30 days
 - If you have completed your schooling and meet the above requirements you will need to turn in a full driver application,(complete w/ 10 yrs current and previous work history) copies of your transcripts, copies of your attendance, your DOT Long Form Physical, Drivers License, Medical Card & MVR.
 - All students will be required to come to orientation and go out with a trainer for at least 4 weeks of OTR training. You will be on the trainers schedule throughout this time. Be prepared to possibly be away from home for these 4 weeks. Student pay is: 1st week - \$325.00, 2nd week - \$325.00, 3rd week - \$375.00, 4th week - \$375.00. Because you may start your week with a trainer in the middle of the week your pay will be prorated that week.
 - Once a student is upgraded you are required to run team for at least 6 months. You will be paid on the teams pay scale of 0-24 months. Your upgrade to a solo status will be based on your job performance while running team. ie: on time pickups, on time deliveries, log books, inspections, paperwork etc.
- *** If you are a student please submit this application with a copy of your: grades, certificate, & DOT Long form Physical.



3185 E. Deseret Dr. N., St. George, UT – 84770

Name _____ Date: _____

First Middle Last
 Any Previous Names: _____ Phone: () _____ Cell: () _____

Date of Birth: _____ Social Security Number _____

In case of emergency please contact: _____ Relationship: _____ Phone _____

Previous three years residency

Current Address: Street: _____ City: _____ ST: _____ Zip: _____
 Previous Address: Street: _____ City: _____ ST: _____ Zip: _____
 Previous Address: Street: _____ City: _____ ST: _____ Zip: _____

Email Address: _____ How did you hear about Andrus: _____

Have you worked for Andrus before? _____ When: _____

DRIVER EXPERIENCE & QUALIFICATION

License information: Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

_____/_____/_____/_____/_____
 State License # Class Endorsements Exp. Date

List all state you have operated in during the last five years _____

List Driving School attended and GPA: _____

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

Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes No

Have you ever had a controlled substance test with a positive result or an alcohol test with a confirmed breath alcohol concentration of 0.04 or greater? Yes No

If you answered yes to the previous question, have you completed a SAP evaluation? Yes No

*****If you answered "YES" to A, B, C, or D, give details: _____

<u>Class of Equipment</u>	<u>Type of Equipment</u>	<u>Dates</u>	<u>Approx. Total Miles</u>
Straight Truck			
Tractor and Semi – Trailer			
Twin Trailers – LCV 's			

Accident Review for past 3 years (Attach separate sheet of paper, if more space is needed)

<u>Date</u>	<u>Nature of Accident</u>	<u>Fatalities</u>	<u>Injuries</u>
Last Accident			
Next Previous			
Next Previous			

Traffic Convictions and Forfeitures for the past 3 years other than parking violations

<u>Location</u>	<u>Date</u>	<u>Charge</u>	<u>Penalty</u>

DRIVING EXPERIENCE: Andrus requires a 10 year work history. (If you do not have enough room, please attach another sheet with other work history.) The U.S. Department of Transportation requires that driver applications show all employment for the past three years.

Current Employer _____ Phone # _____
Address _____ City _____ ST _____ Zip _____
Position Held _____ Dates of Employment: From _____ To _____
Reason for leaving: _____ Supervisor or Contact Name: _____
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49CFR Part 40? Yes No

Previous Employer _____ Phone # _____
Address _____ City _____ ST _____ Zip _____
Position Held _____ Dates of Employment: From _____ To _____
Reason for leaving: _____ Supervisor or Contact Name: _____
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49CFR Part 40? Yes No

Previous Employer _____ Phone # _____
Address _____ City _____ ST _____ Zip _____
Position Held _____ Dates of Employment: From _____ To _____
Reason for leaving: _____ Supervisor or Contact Name: _____
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49CFR Part 40? Yes No

Previous Employer _____ Phone # _____
Address _____ City _____ ST _____ Zip _____
Position Held _____ Dates of Employment: From _____ To _____
Reason for leaving: _____ Supervisor or Contact Name: _____
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49CFR Part 40? Yes No

Previous Employer _____ Phone # _____
Address _____ City _____ ST _____ Zip _____
Position Held _____ Dates of Employment: From _____ To _____
Reason for leaving: _____ Supervisor or Contact Name: _____
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49CFR Part 40? Yes No

Previous Employer _____ Phone # _____
Address _____ City _____ ST _____ Zip _____
Position Held _____ Dates of Employment: From _____ To _____
Reason for leaving: _____ Supervisor or Contact Name: _____
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49CFR Part 40? Yes No

Previous Employer _____ Phone # _____
Address _____ City _____ ST _____ Zip _____
Position Held _____ Dates of Employment: From _____ To _____
Reason for leaving: _____ Supervisor or Contact Name: _____
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49CFR Part 40? Yes No

JOB DESCRIPTION – POSITION – OVER THE ROAD TRUCK DRIVER – READ EACH LINE CAREFULLY AND INITIAL ON THE BLANK BEFORE IT

- _____ 1. Driver must be at least 23 years of age
- _____ 2. Driver must be able to read, write and speak the English language in accordance with Section 391.11(b)(2) of the Federal Motor Carrier regulations, and possess the ability to communicate with satellite communications technology.
- _____ 3. At all times, driver must possess a valid commercial driver’s license issued in his/her state of residence, with appropriate endorsements and state endorsements.
- _____ 4. Driver must qualify physically and obtain a medical examiner’s certificate under the requirements of sub-part E, Section 391 of the Federal Motor Carrier Safety Regulations
- _____ 5. Driver must sit for extended periods of time, up to 11 hours per drive shift, in the seat and cab of a truck tractor.
- _____ 6. Driver must drive for periods of up to 11 hours per drive shift, while transporting hazardous or non-hazardous cargo in various weather conditions.
- _____ 7. Driver must demonstrate safety and professional driving courtesy at all times.
- _____ 8. Driver must be able to walk, bend, reach, push, pull, stoop, squat, and climb, as necessary, to perform vehicle inspections required under Section 396.13 of the Federal Motor Carrier Safety Regulations.
- _____ 9. Driver must be able to walk, bend, reach, push, pull, stoop and squat as well as grasp, lift and handle heavy equipment as necessary to ensure the essential function of safety during the coupling and uncoupling processes of tractor/trailer combinations.
- _____ 10. Driver must be able to walk, bend, reach, push, pull, stoop, and squat, as well as lift a minimum of 50 pounds to the waist. This is essential to the function of commercial driving for the purpose of the installation of tire chains, when road conditions and the local law requires of combination vehicles.
- _____ 11. Driver must be able to walk, bend, reach, push, pull, stoop, and squat as well as grasp and lift a minimum of 75 pounds to waist, and a minimum of 50 pounds over the head. This is essential to the function of commercial driving for the purpose of loading and unloading freight.
- _____ 12. Driver must read a map, plan a trip, and prepare daily logs, as well as all necessary trip reports, fuel reports, damage reports, and other paperwork as required by the Company in the efficient and safe routing for pick-up and delivery to all dispatches.
- _____ 13. Driver must set, and complete, individual daily goals, as prescribed by hours of service regulations and safety practices, with regard to on-time delivery of customers’ freight.
- _____ 14. Driver must report for dispatch at time(s) specified, and maintain contact with dispatch offices, as required.
- _____ 15. Drivers must familiarize themselves, and comply with, the proper methods of loading and unloading various cargos to be transported, and comply with, the proper procedures for mount and dismount from tractor, trailer and platform facilities.
- _____ 16. Driver must follow company guidelines regarding acceptable conduct, appearance, and acceptable hygiene when dealing with customers, fellow employees and the motoring public.
- _____ 17. In the event that an applicant fails a pre-employment drug screen, is sent home, or chooses to leave orientation, it will be the applicant’s responsibility to pay for their own travel home.
- _____ 18. Employment is contingent upon successful completion of road test, drug screening, and orientation.

By my signature, I have read and understand the job description, and I can perform the essential functions with or without reasonable accommodations: _____

Applicant Signature

Date

NEW HIRE RESERVE ACCOUNT

***New hires will have an amount of \$25 per week deducted until a \$400 reserve account is met. This reserve account will be held for unforeseen cost incurred by the driver. i.e. truck abandonment.

***All monies in reserve account will be refunded two weeks after final paycheck should the driver leave without owing an outstanding penalty due to truck recovery, or overdraw on advances.

***When a driver has been employed by Andrus Transportation for a period of two years, the reserve account will be returned to driver.

By my signature I acknowledge that I have read and understand the “New Hire Reserve Account” : _____
Applicant Signature Date

Invitation to Orientation is not a guarantee of a job. It is conditional pending favorable confirmation of job references and successful completion of all of the following:

****Road Test ** Drug Test **Job Assessment Physical **Orientation **Verified Work History**Evidence of eligibility to work in the United States****

By my signature I acknowledge that I have read and understand the “Invitation to Orientation” : _____
Applicant Signature Date

*****Once you are invited to Orientation you will be required to bring some original documents to show both identity and employment eligibility. If you do not have Hazmat you will also be required to bring original documents to get this started. (We will discuss this when your application has been approved)

ANDRUS PAY SCALE PACKAGE

Experienced Solo Driver

****Per Diem** – Travel allowance for expenses incurred on the road. This is non-taxable income.

****Idle Time Bonus** is calculated monthly and paid weekly. (To qualify for the idle time bonus the driver must keep his/her idle time below 20% each month.

****Mileage Bonuses** are calculated monthly and paid monthly. To receive the bonus you must be employed at the time the bonus is paid.

****Solo Driver** will receive ½ cpm increase per year for longevity.

****Three (3) years seniority** with Andrus Transportation gives you a 1cpm increase in addition to your ½ cpm increase. (You will have an 8 cpm cap on your base pay.)

****All drivers with HAZMAT Endorsements** will receive ¼ cpm additional base pay and an additional ½ cpm on all Hazmat loads.

****Dedicated lane** can vary from Standard Pay Scale.

Experienced Team Drivers

****Per Diem** – Travel allowance for expenses incurred on the road. This is non-taxable Income.

****Mileage Bonuses** are calculated monthly and paid monthly. To receive the bonus you must be employed in the Month that the bonus is paid. Teams must have 17,000 miles or more in a month to qualify. Bonus will be paid on all miles during the month.

****Team Drivers** will receive ¼ cpm increase per year for longevity.

****Three (3) years seniority** with Andrus Transportation gives you a 1 cpm increase in addition to your ½ cpm increase.

****All drivers with HAZMAT endorsements** will receive ¼ cpm additional base pay and an additional ¼ cpm per driver on all Hazmat Loads.

****Team Split** may vary depending upon experience.

****Dedicated Lane** can vary from Standard Pay Scale.

DROP PAY – Effective 1/19/05; First and Last Stops are included in per mile pay, drops 2,3,4 & 5 are paid at \$30.00 each drop , drops 6, 7,8 etc. are paid at \$50.00 each drop.

EXTRA PAY – Drivers pulling doubles will be paid an additional \$.01 cent per mile. Drivers pulling triples, or Rocky Mountain Doubles, will be paid \$.03cents per mile.

UNLOAD PAY – Drivers will be paid \$1.25 per 1,000 pounds to unload by hand. Drivers will be paid a minimum of \$30.00 to unload a load by hand.

LAYOVER PAY - \$75.00 per day after the first 24 hours.

30 DAY BONUS – Drivers will be paid a Bonus of Three Hundred Dollars (\$300.00) after 30 days of continuous employment. To receive the Bonus you must be employed in the month that the Bonus is paid. (If you have been employed by Andrus before, this does not apply)

DRIVER BENEFITS – A Benefits Package consisting of Medical, Dental, Vacation, and Life Insurance Plans, is available to full-time employees who meet the qualifying requirements. Medical and Dental Benefits are available after you have been a full time employee for 6 months.

TRAVEL EXPENSES – A Driver will be reimbursed up to One Hundred Dollars (\$100.00) for fuel costs incurred to travel to St. George, Utah for Driver Orientation or company will pay travel costs. Driver is responsible to turn in receipts at time of hire.

*****Andrus** pays on standardized route miles, which pay covers all hours worked including your pre and post-trip work (such as Federal and State DOT requirements.), plus any other activity that is related to, or a part of, your duties as a driver. Andrus may provide you with additional mileage pay for other situations such as extra drops, idle time or bonuses. Your compensation may also vary depending on experience and seniority. However, all hours worked that are related to, or part of, your regular driving work, including Federal and State DOT requirements, are paid only by your standard base mileage pay unless Andrus expressly provides for enhanced base mileage or other forms of pay or bonuses. No work is unpaid. You pay schedule is also included in the DOT file and in our Driver Handbooks that are distributed during orientation.

By my signature I acknowledge that I have read and understand the “Andrus Pay Scale Package”: _____

CONVICTIONS

Have you ever been convicted of a felony? _____ Have you ever been convicted of a misdemeanor? _____ Please provide information below on any arrests. ***Conviction of a crime is not an automatic bar to employment. All circumstances will be considered. LIST ALL ARRESTS.

Applicant's Name		SS #	
(1)Date of Arrest		(2)Date of Arrest	
Date Convicted		Date Convicted	
Charge		Charge	
Location	County	Location	County
Sentence	Time Served	Sentence	Time Served
Dates of Probation or Parole		Dates of Probation or Parole	
(3)Date of Arrest		(4)Date of Arrest	
Date Convicted		Date Convicted	
Charge		Charge	
Location	County	Location	County
Sentence	Time Served	Sentence	Time Served
Dates of Probation or Parole		Dates of Probation or Parole	

Any other Convictions? _____

Any charges pending now? _____

Any other Names used, Maiden, Married, Alias etc? _____

Any other explanations:

By signing below I certify 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.

Applicants Signature

Date

PREVIOUS EMPLOYER REQUEST/CONSENT FOR INFORMATION

Andrus Transportation Services, Inc 3185 E. Deseret Drive N. St. George, UT 84790 - Phone Number: 1-800-888-5838

Please fax back to Barb @ 1-866-581-3250 - Contact Barb @ 1-800-888-5838 x 1402

Applicants Name _____

Social Security Number _____

I hereby authorize my previous and/or current employers, to furnish Andrus Transportation Services Inc. the information requested below including information relating to any accidents in which I was involved and all information concerning my Alcohol and Controlled Substances testing records, including pre-employment testing. I agree to release all my previous and or current employers from any liability that may arise from providing such information.

Applicants Signature _____

Date _____

NOTICE TO FORMER EMPLOYER: PLEASE PROVIDE ALL INFORMATION REQUESTED BELOW IN ACCORDANCE WITH 49 CFR PART 391.23, YOU ARE REQUIRED TO PROVIDE INFORMATION REGARDING AND/OR INVOLVING THE DRIVER LISTED ABOVE. ALL INFORMATION WILL BE HELD IN STRICT CONFIDENCE.

Company Name: _____ Position: _____

Dates of Employment: From _____ To _____ Any other Dates of Employment _____

Please check all that apply:

Company Driver	<input type="checkbox"/>	Over the Road	<input type="checkbox"/>	Single	<input type="checkbox"/>	Tractor Trailer	<input type="checkbox"/>	Van/Reefer	<input type="checkbox"/>
Owner Operator	<input type="checkbox"/>	Regional	<input type="checkbox"/>	Team	<input type="checkbox"/>	Straight Truck	<input type="checkbox"/>	Flat Bed	<input type="checkbox"/>
Other	<input type="checkbox"/>	Local	<input type="checkbox"/>	Trainee	<input type="checkbox"/>	Tanker	<input type="checkbox"/>	Other	<input type="checkbox"/>

Types of Commodities hauled: _____ States operated in: _____

Accident Information

Did this employee: Resign _____ Discharged _____ LaidOff _____ Other _____ Explanation _____

Would you re-hire this person? Yes ___ No ___ If no why not? _____ Upon Review _____ Is this Co. Policy? _____

Please check any that apply:

Customer or Citizen's complaints	<input type="checkbox"/>	Freight Claims	<input type="checkbox"/>	Late Deliveries or Pick-Ups	<input type="checkbox"/>
Unauthorized Equipment Use	<input type="checkbox"/>	Unauthorized Miles	<input type="checkbox"/>	Unauthorized Passengers	<input type="checkbox"/>
Equipment kept in good condition	<input type="checkbox"/>	Any issues Regarding Security	<input type="checkbox"/>		<input type="checkbox"/>

Was applicant required to use log book? 60/7 ___ 70/8 ___

Violations: Fuel Stops ___ 11-Hour ___ 14-Hour ___ Pre-trip ___ Post trip ___ DOT OUT OF SERVICE ___ HOW MANY

IN ACCORDANCE WITH 49CFR PARTS40, PLEASE ANSWER THE FOLLOWING

1. Has this person ever tested positive for a controlled substance? Yes No
2. Has this person ever had an alcohol test with a result of 0.04 or higher alcohol concentration? Yes No
3. Has this person ever refused a required test for drugs or alcohol? Yes No
4. Has this person ever violated any other DOT drug or alcohol regulations? Yes No
5. Have you received information from any previous employer that this person violated DOT drug or alcohol regulations Yes No

IF YES TO ANY OF THE ABOVE QUESTIONS, PLEASE RELEASE THE NAME, ADDRESS, AND PHONE NUMBER OF THE SUBSTANCE ABUSE PROFESSIONAL (SAP) FOR FURTHER REFERENCE.

NAME OF SAP: _____

ADDRESS: _____ **PHONE:** _____

Company Name: _____ DOT #: _____

Person verifying this employment: _____ Signature _____

Please Print Name

Title _____ Phone _____ Ext. _____

CSA 2010

Important notice regarding background reports from the PSP online service:

In connection with your application for employment with Andrus Transportation Services Inc. (prospective employer), it may obtain one or more reports regarding your driving and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). If the Prospective Employer uses any of the information that obtains from the FMCSA in a decision not to hire you or to make any other adverse employment decision regarding you, Andrus Transportation will provide you with a copy of the report upon which its decisions were based and a written summary of your rights under the Fair Credit Reporting Act before taking any adverse action. If any final adverse action is taken against you based upon your driving history or safety report, Andrus Transportation will notify you that the action has been taken and that the action was based in part or in whole on this report. The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing. If you agree that Andrus Transportation may obtain such background reports, please read the following and sign below:

I authorize Andrus Transportation Services 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 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.

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 Data Qs system to the appropriate State for adjudication.

I have read the above Notice regarding Background reports provided to me by the Prospective Employer and I understand that as I sign this consent form, Andrus Transportation Services, Inc. may obtain a report of my crash and inspection history. I hereby authorize Andrus Transportation and its employees, authorized agents, and/or affiliates to obtain the information above.

Date _____ Name: _____ Signature: _____

HAZMAT ENDORSEMENT AGREEMENT

TSA BACKGROUND CHECK AGREEMENT

THIS AGREEMENT made this _____ day of _____, 20__ by and between **Andrus Transportation Services Inc.** and _____.

1. Said party (Andrus Transportation Services, Inc.) of the first part covenants and agrees that it shall pay for all expenses in regards for _____ (perspective employee name, printed) to obtain the necessary TSA Background check in order to obtain the Hazardous Material CDL Endorsement.
2. And said party (perspective employee) of the second part covenants and agrees that it shall remain employed with Andrus Transportation Services Inc. for a minimum period of six months or shall owe the first party, Andrus Transportation Services Inc., the sum of Three Hundred dollars. This amount is for the required TSA Background Check and for the expenses associated with obtaining the said Background check. Should the first party leave the employment either voluntarily or involuntarily, first party agrees that this amount shall be deducted from either the final paycheck or the Driver reserve Account if said amount becomes collectible.

This agreement has been read and agreed upon by both parties entering said agreement.

This is the entire agreement.

First Party _____ **Second Party** _____
Representative of Andrus Transportation Services Inc. **Signature of Perspective Employee**

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquires regarding 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 inquires 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.

"I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer, and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information."

Applicants Signature _____

Date _____