

TREDIT TIRE & WHEEL
3305 Charlotte Ave
Elkhart, Indiana 46517

COMMERCIAL DRIVER APPLICATION

FILL IN ALL BLANKS & PROVIDE ALL INFORMATION REQUESTED--PRINT OR TYPE

Date: _____

Name: First _____ Middle _____ Last _____

Address _____ Home telephone: _____

City _____ State _____ Zip _____ Cellular telephone: _____

Date of Birth: _____ Social Security Number: _____ - _____ - _____

If your above address is less than 3 years continue listing them below to cover the previous 3 year period:

1 Street _____ Dates: From _____ To _____
City _____ State _____ Zip _____

2 Street _____ Dates: From _____ To _____
City _____ State _____ Zip _____

Use backside of sheet for additional addresses

SKILLS: (check the appropriate space for any computer experience which applies)

Word Processing ___ Years: ___ / E-mail ___ Years: ___ / Internet ___ Years: ___ / Tour of Duty ___ Years: ___

EDUCATIONAL BACKGROUND: Starting with the most recent school attended, provide the following information.

SCHOOL (including city & State)	Years Completed	Completed	Major / Minor

REFERENCES (List name and phone number of (3) business / work references who are not related to you, and are not previous supervisors.)

NAME	Title	Relationship to You	Phone #	Years Known

Driver's License Information: all licenses held, last 3 years:

State _____ Number _____ Expiration Date _____

State _____ Number _____ Expiration Date _____

State _____ Number _____ Expiration Date _____

Experience:

_____ to _____
Type of vehicle driven Dates Approximate mileage driven

_____ to _____
Type of vehicle driven Dates Approximate mileage driven

_____ to _____
Type of vehicle driven Dates Approximate mileage driven

All Accidents, last 3 years: (If none, write NONE)

Date _____ Describe _____ Fatalities _____ Injuries _____

Date _____ Describe _____ Fatalities _____ Injuries _____

Date _____ Describe _____ Fatalities _____ Injuries _____

LIST ALL Traffic Violations Convictions, last 3 years: (If none, write NONE)

Date _____ Violation _____ State _____ Commercial Vehicle: Yes / No

Date _____ Violation _____ State _____ Commercial Vehicle: Yes / No

Date _____ Violation _____ State _____ Commercial Vehicle: Yes / No

Date _____ Violation _____ State _____ Commercial Vehicle: Yes / No

Date _____ Violation _____ State _____ Commercial Vehicle: Yes / No

Have you ever had any driver license denied, suspended, revoked or canceled by any issuing state agency?

Yes No If yes; given explanation _____

STATE OF ISSUANCE: _____

Have you ever pled "guilty" or "not contest" to, or been convicted of a crime? YES NO (NOTE: answering "yes" to this question does not constitute an automatic bar to employment. Factors concerning the dates, offense, and circumstances will be considered)

If yes: state date(s) and explanation:

TREDIT TIRE IS AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT HISTORY, last 10 years (383.35) account for gaps between employers:

1) Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip code: _____ Telephone: _____

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

Reason for Leaving: _____
Compensation (Starting) __ Hourly __ Salary \$ _____ per ____ / Compensation (Ending) __ Hourly __ Salary \$ _____ per ____

2) Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip code _____ Telephone: _____

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

Reason for Leaving: _____
Compensation (Starting) __ Hourly __ Salary \$ _____ per ____ / Compensation (Ending) __ Hourly __ Salary \$ _____ per ____

3) Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip code: _____ Telephone: _____

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

Reason for Leaving: _____
Compensation (Starting) __ Hourly __ Salary \$ _____ per ____ / Compensation (Ending) __ Hourly __ Salary \$ _____ per ____

4) Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip Code: _____ Telephone: _____

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

Reason for Leaving: _____

EMPLOYMENT HISTORY cont.

5) Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip code: _____ Telephone: _____
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
Reason for Leaving: _____

6) Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip code _____ Telephone: _____
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
Reason for Leaving: _____

7) Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip code: _____ Telephone: _____
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
Reason for Leaving: _____

8) Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip Code: _____ Telephone: _____
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
Reason for Leaving: _____

APPLICATION STATEMENT

I clarify that all information I have provided in order to apply for and secure work with Tredit Tire & Wheel is true, complete and correct.

I expressly authorize, without reservation, Tredit Tire & Wheel, its representatives, employees and agents to contact and obtain information from all references (personal and professional”, employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume’ or job interview. I hereby waive any and all rights and claims I may have regarding Tredit Tire & Wheel, its agents, employees and representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations and organizations for furnishing such information about me.

I understand that Tredit Tire & Wheel does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with our without cause and with or without prior notice, and Tredit Tire & Wheel reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period of definite duration. I understand that no supervisor or representative of Tredit Tire & Wheel is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer’s president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any aspect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the Tredit Tire & Wheel’s service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICATION STATEMENT

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

APPLICANT’S SIGNATURE & DATE REQUIRED

Declaration of Employment Status

Copy this form to cover additional gaps in employment.

I understand that I must provide my complete employment history for the past 3 years, including all CDL required positions during the same period. And all CDL required employment for the 7 years preceding that. Any gaps in employment longer than 1 month are explained as follows:

FROM: _____ TO _____

During this time, I was engaged in the following activity: _____

During this time (check if true) I was not employed by any company or individual. (check if true) I was not convicted of any criminal act involving the use of a commercial motor vehicle or while driving a commercial motor vehicle.

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 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 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 interviews 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 employers will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23 (d) & (e). I also understand my rights as outlined below.

Signature: _____ **Date:** _____

APPLICANT'S SIGNATURE & DATE REQUIRED

YOUR RIGHTS OF REVIEW

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

APPLICANT'S SIGNATURE & DATE REQUIRED

Date Signed

TO BE COMPLETED BY THE EMPLOYER:

Application received by:

Application reviewed for completeness by:

Name

Name

Title

Date

Title

Date

Fair Credit Reporting Act Disclosure Statement

In accordance with the provisions 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 I, 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.

APPLICANT'S SIGNATURE & DATE REQUIRED

Applicant's Signature

Date

Print Name

Social Security Number

TREDIT TIRE & WHEEL
3305 Charlotte Ave
Elkhart, Indiana 46517

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).

Controlled Substance and Alcohol Questionnaire, Consent & Release

Application Date _____

Name _____
First Middle Last

Date of Birth _____ Social Security Number _____ - _____ - _____

49 CFR 40.25(j)

<p>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</u> during the past two years?</p>		<p>YES</p>	<p>NO</p>
<p>If YES —</p>	<p>Have you successfully completed the return-to-duty process?</p>	<p>YES</p>	<p>NO</p>
<p>If YES —</p>	<p>Documentation <u>MUST BE PROVIDED</u> before any safety-sensitive transportation function is performed.</p>		

APPLICANT'S SIGNATURE & DATE REQUIRED

 Applicant's Signature Date Signed

I understand that, as required by the Federal Motor Carrier Safety Regulations and company policy, all drivers must submit to alcohol and controlled substance testing as a condition of employment. I also understand that any offer of employment will be contingent upon the results of an alcohol and controlled substance test.

Therefore, I agree to submit to the following alcohol and controlled substance tests in accordance and as defined by the FMCSA regulations and this company's policies; Pre-Employment, Random, Reasonable Suspicion, Return to Duty & Post Accident.

I certify that, I have read, understand, and agree to abide by the conditions of this consent and release.

APPLICANT'S SIGNATURE & DATE REQUIRED

 Applicant's Signature Date Signed

TREDIT TIRE WITNESS _____

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

(page 1 of 2)

TO BE COMPLETED BY APPLICANT, for each EMPLOYER listed under EMPLOYMENT HISTORY section where CMV functions were performed for past 3 YEARS.

The Federal Motor Carrier Safety Regulations require all previous employers of this applicant to respond to this request for information within 30 days. Failure to comply with this request is in violation of 49CFR 391.23 and 40.25, for which you may be prosecuted.

TO: _____ DATE: _____

Former Employer's Name

Mailing Address

City / State / Zip

Telephone #

Fax Number

FORMER EMPLOYER # 1

PROSPECTIVE EMPLOYEE

FORMER EMPLOYER

I, _____, hereby authorize _____ to release to all records of employment, including assessments of my job performance, ability, and fitness, including the dates of any and all alcohol or drug tests, with confirmed results, and/or my refusal to submit to any alcohol and drug tests and any rehabilitation completion under direction of Substance Abuse Professional (SAP) and/or Medical Review Officer (MRO) to each and every company (or their authorized agents) making such request in connection with my application for employment with said company. I, hereby, release the above named company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing the following information to the below mentioned person and/or company.

APPLICANT'S SIGNATURE & DATE REQUIRED

Signature _____ Date _____ SS# _____ Date of Birth _____

Please return to: **Mark Longcor, TREDIT TIRE & WHEEL**
3305 Charlotte Ave. Elkhart, Ind. 46517 Phone: (574) 293-0581 ext. 144 Confidential Fax: (574) 522-3274

TO BE COMPLETED BY FORMER EMPLOYER

INQUIRY INTO PREVIOUS ACCIDENT HISTORY

- Did applicant work for you from / / to / / YES or NO IF NO, please explain: _____
- If employed as driver, please answer the following:
 - Company Driver? ___ Owner/Operator? ___ Other? ___
 - Type of truck(s) and/or truck/tractor(s) operated: _____
- Accidents? YES or NO IF YES, please give date(s) and brief description of each accident:

DATE	LOCATION	#OF INJURIES	#OF FATALITIES	HAZMAT SPILL
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
- Why did this employee leave your company? _____
- Would you re-employ this person? YES or NO IF NO, please explain: _____
- Additional comments: _____

Company Representative Providing Information: Printed Name: _____ Title _____

Signature: _____ Date: _____

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

(page 2 of 2)

TO BE COMPLETED BY FORMER EMPLOYER

INQUIRY INTO DRUG & ALCOHOL HISTORY

- If driver was not subject to DOT testing requirements while employed by your company please check here , fill in the dates of employment from (m/y) _____ to (m/y) _____, complete the bottom section by signing and return.
- Driver was subject to DOT testing requirements from (m/y) _____ to (m/y) _____.

- Any alcohol tests with a result of 0.04 or greater? YES or NO If yes, please give date(s): _____
- Any verified positive controlled substances test results? YES or NO If yes, please give date(s): _____
- Any adulterated or substituted a test specimen for test? YES or NO If yes, please give date(s): _____
- Any refusal to submit to post accident, random, YES or NO If yes, please give date(s): _____
reasonable suspicion, or follow up testing?
- Any other violations of Subpart B of Part 382 or Part 40? YES or NO If yes, please give date(s): _____
- If yes to any above, did this person complete a SAP YES or NO If yes, please give date(s): _____
prescribed rehabilitation program, including return to
duty & follow up tests? If YES, please send documentation
with this form.

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date.

Company Representative Providing Information: Printed Name: _____ Title _____

Signature: _____ Date: _____

Please return to: **Mark Longcor, TREDIT TIRE & WHEEL**
3305 Charlotte Ave. Elkhart, Ind. 46517 Phone: (574) 293-0581 ext. 144 Confidential Fax: (574) 522-3274

TO BE COMPLETED BY TREDIT TIRE & WHEEL

1ST ATTEMPT

This form was (check one) ___ FAXED to previous employer ___ MAILED ___ OTHER DATE _____

BY: _____

2ND ATTEMPT

This form was (check one) ___ FAXED to previous employer ___ MAILED ___ OTHER DATE _____

BY: _____

3RD ATTEMPT

This form was (check one) ___ FAXED to previous employer ___ MAILED ___ OTHER DATE _____

BY: _____

INFORMATION WAS RECEIVED BY: (check one) ___ FAX ___ MAILED ___ OTHER DATE _____

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

(page 1 of 2)

TO BE COMPLETED BY APPLICANT, for each EMPLOYER listed under EMPLOYMENT HISTORY section where CMV functions were performed for past 3 YEARS.

The Federal Motor Carrier Safety Regulations require all previous employers of this applicant to respond to this request for information within 30 days. Failure to comply with this request is in violation of 49CFR 391.23 and 40.25, for which you may be prosecuted.

TO: _____ DATE: _____

Former Employer's Name

Mailing Address

City / State / Zip

Telephone #

Fax Number

FORMER EMPLOYER # 2
(IF NEEDED)

PROSPECTIVE EMPLOYEE

FORMER EMPLOYER

I, _____, hereby authorize _____ to release to all records of employment, including assessments of my job performance, ability, and fitness, including the dates of any and all alcohol or drug tests, with confirmed results, and/or my refusal to submit to any alcohol and drug tests and any rehabilitation completion under direction of Substance Abuse Professional (SAP) and/or Medical Review Officer (MRO) to each and every company (or their authorized agents) making such request in connection with my application for employment with said company. I, hereby, release the above named company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing the following information to the below mentioned person and/or company.

APPLICANT'S SIGNATURE & DATE REQUIRED

Signature _____ Date _____ SS# _____ Date of Birth _____

Please return to: **Mark Longcor, TREDIT TIRE & WHEEL**
3305 Charlotte Ave. Elkhart, Ind. 46517 Phone: (574) 293-0581 ext. 144 Confidential Fax: (574) 522-3274

TO BE COMPLETED BY FORMER EMPLOYER

INQUIRY INTO PREVIOUS ACCIDENT HISTORY

- Did applicant work for you from / / to / / YES or NO IF NO, please explain: _____
- If employed as driver, please answer the following:
 - Company Driver? ___ Owner/Operator? ___ Other? ___
 - Type of truck(s) and/or truck/tractor(s) operated: _____
- Accidents? YES or NO IF YES, please give date(s) and brief description of each accident:

DATE	LOCATION	#OF INJURIES	#OF FATALITIES	HAZMAT SPILL
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
- Why did this employee leave your company? _____
- Would you re-employ this person? YES or NO IF NO, please explain: _____
- Additional comments: _____

Company Representative Providing Information: Printed Name: _____ Title _____

Signature: _____ Date: _____

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

(page 2 of 2)

TO BE COMPLETED BY FORMER EMPLOYER

INQUIRY INTO DRUG & ALCOHOL HISTORY

- If driver was not subject to DOT testing requirements while employed by your company please check here , fill in the dates of employment from (m/y) _____ to (m/y) _____, complete the bottom section by signing and return.
- Driver was subject to DOT testing requirements from (m/y) _____ to (m/y) _____.

- Any alcohol tests with a result of 0.04 or greater? YES or NO If yes, please give date(s): _____
- Any verified positive controlled substances test results? YES or NO If yes, please give date(s): _____
- Any adulterated or substituted a test specimen for test? YES or NO If yes, please give date(s): _____
- Any refusal to submit to post accident, random, YES or NO If yes, please give date(s): _____
reasonable suspicion, or follow up testing?
- Any other violations of Subpart B of Part 382 or Part 40? YES or NO If yes, please give date(s): _____
- If yes to any above, did this person complete a SAP YES or NO If yes, please give date(s): _____
prescribed rehabilitation program, including return to
duty & follow up tests? If YES, please send documentation
with this form.

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date.

Company Representative Providing Information: Printed Name: _____ Title _____

Signature: _____ Date: _____

Please return to: **Mark Longcor, TREDIT TIRE & WHEEL**
3305 Charlotte Ave. Elkhart, Ind. 46517 Phone: (574) 293-0581 ext. 144 Confidential Fax: (574) 522-3274

TO BE COMPLETED BY TREDIT TIRE & WHEEL

1ST ATTEMPT

This form was (check one) ___ FAXED to previous employer ___ MAILED ___ OTHER DATE _____

BY: _____

2ND ATTEMPT

This form was (check one) ___ FAXED to previous employer ___ MAILED ___ OTHER DATE _____

BY: _____

3RD ATTEMPT

This form was (check one) ___ FAXED to previous employer ___ MAILED ___ OTHER DATE _____

BY: _____

INFORMATION WAS RECEIVED BY: (check one) ___ FAX ___ MAILED ___ OTHER DATE _____

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

(page 1 of 2)

TO BE COMPLETED BY APPLICANT, for each EMPLOYER listed under EMPLOYMENT HISTORY section where CMV functions were performed for past 3 YEARS.

The Federal Motor Carrier Safety Regulations require all previous employers of this applicant to respond to this request for information within 30 days. Failure to comply with this request is in violation of 49CFR 391.23 and 40.25, for which you may be prosecuted.

TO: _____ DATE: _____

Former Employer's Name

Mailing Address

City / State / Zip

Telephone #

Fax Number

ADDITIONAL FORMER
EMPLOYERS
(MAKE ADDITIONAL COPIES AS NEEDED)

PROSPECTIVE EMPLOYEE

FORMER EMPLOYER

I, _____, hereby authorize _____ to release to all records of employment, including assessments of my job performance, ability, and fitness, including the dates of any and all alcohol or drug tests, with confirmed results, and/or my refusal to submit to any alcohol and drug tests and any rehabilitation completion under direction of Substance Abuse Professional (SAP) and/or Medical Review Officer (MRO) to each and every company (or their authorized agents) making such request in connection with my application for employment with said company. I, hereby, release the above named company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing the following information to the below mentioned person and/or company.

APPLICANT'S SIGNATURE & DATE REQUIRED

Signature _____ Date _____ SS# _____ Date of Birth _____

Please return to: **Mark Longcor, TREDIT TIRE & WHEEL**
3305 Charlotte Ave. Elkhart, Ind. 46517 Phone: (574) 293-0581 ext. 144 Confidential Fax: (574) 522-3274

TO BE COMPLETED BY FORMER EMPLOYER

INQUIRY INTO PREVIOUS ACCIDENT HISTORY

- Did applicant work for you from / / to / / YES or NO IF NO, please explain: _____
- If employed as driver, please answer the following:
 - Company Driver? ___ Owner/Operator? ___ Other? ___
 - Type of truck(s) and/or truck/tractor(s) operated: _____
- Accidents? YES or NO IF YES, please give date(s) and brief description of each accident:

DATE	LOCATION	#OF INJURIES	#OF FATALITIES	HAZMAT SPILL
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
- Why did this employee leave your company? _____
- Would you re-employ this person? YES or NO IF NO, please explain: _____
- Additional comments: _____

Company Representative Providing Information: Printed Name: _____ Title _____

Signature: _____ Date: _____

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

(page 2 of 2)

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TO BE COMPLETED BY FORMER EMPLOYER

INQUIRY INTO DRUG & ALCOHOL HISTORY

- If driver was not subject to DOT testing requirements while employed by your company please check here , fill in the dates of employment from (m/y) _____ to (m/y) _____, complete the bottom section by signing and return.
- Driver was subject to DOT testing requirements from (m/y) _____ to (m/y) _____.

- Any alcohol tests with a result of 0.04 or greater? YES or NO If yes, please give date(s): _____
- Any verified positive controlled substances test results? YES or NO If yes, please give date(s): _____
- Any adulterated or substituted a test specimen for test? YES or NO If yes, please give date(s): _____
- Any refusal to submit to post accident, random, YES or NO If yes, please give date(s): _____
reasonable suspicion, or follow up testing?
- Any other violations of Subpart B of Part 382 or Part 40? YES or NO If yes, please give date(s): _____
- If yes to any above, did this person complete a SAP YES or NO If yes, please give date(s): _____
prescribed rehabilitation program, including return to
duty & follow up tests? If YES, please send documentation
with this form.

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date.

Company Representative Providing Information: Printed Name: _____ Title _____

Signature: _____ Date: _____

Please return to: **Mark Longcor, TREDIT TIRE & WHEEL**
3305 Charlotte Ave. Elkhart, Ind. 46517 Phone: (574) 293-0581 ext. 144 Confidential Fax: (574) 522-3274

TO BE COMPLETED BY TREDIT TIRE & WHEEL

1ST ATTEMPT

This form was (check one) ___ FAXED to previous employer ___ MAILED ___ OTHER DATE _____

BY: _____

2ND ATTEMPT

This form was (check one) ___ FAXED to previous employer ___ MAILED ___ OTHER DATE _____

BY: _____

3RD ATTEMPT

This form was (check one) ___ FAXED to previous employer ___ MAILED ___ OTHER DATE _____

BY: _____

INFORMATION WAS RECEIVED BY: (check one) ___ FAX ___ MAILED ___ OTHER DATE _____

14 AUX

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or, can transport more than 15 people, or transports hazardous materials that require placarding.

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

- 1 **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.

2 NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR

CANCELLATION: Sections 391.5 (b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations required 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 your employing motor carrier, and the state that issued your license (if the violation occurs in a state other than the one which issued your licensed). The notification to both the employer and state must be in writing.

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 above requirements.

APPLICANT'S SIGNATURE & DATE REQUIRED

Applicant's Signature

Date

Print Name

Tredit Tire Hand – Held Mobile Telephone / Device Policy

Purpose

The purpose of this policy is to comply with the DOT restrictions on cell phone use for drivers of commercial motor vehicles established in 49 CFR Part 177.

Scope

This policy applies to all employees who operate a CMV for Tredit Tire & Wheel.

Definitions

- **Hand-held mobile telephone** (also known as cell phone, mobile phone, smart phone, etc.) Any device using cell towers, satellites or wireless technology to communicate. Two way radios, walkie-talkies, CV radios or compliant mobile phones (i.e. hand-free headsets) are not considered hand-held mobile telephones.
- **Driving** - Driving refers to operating a motor vehicle on the highway, including while temporarily stationary because of traffic or momentary delays. Driving does not include operating the vehicle while along the side of or off the road, with the vehicle stationary in a secured location.

General Policy

- The use of hand-held mobile devices while driving is strictly prohibited. This includes all functions of the device including, but not limited to, phone calls, text messaging / SMS, e mail, MMS, Internet use, camera use, clock, etc.
- Regular callers must be informed that the driver will not be available while driving and should be notified beforehand of the best times to call based on driving schedule.
- Employees who receive calls from co-workers who are driving are obligated to ask to call back at a more appropriate time.
- Drivers who violate the restrictions will face federal civil penalties of up to \$2,750 for each offense and disqualification from operating a CMV for multiple offenses.

Headset / Hands-Free Use

The use of headsets or hand-free devices while driving is permissible IF:

- Use of the device does not cause distractions (e.g., fiddling with the device or taking eyes off the road to get it to function properly.)
- Any dialing or use of the handset is handled while stopped or pulled to the side of the road, unless the dialing of said device requires the use of no more than one button.
- Conversations do not interfere with the driver's ability to drive safely
- Road conditions are generally good and do not threaten your safety.

Exception in Case of Emergency

Drivers are permitted to use a hand-held mobile telephone if necessary to communicate with law enforcement or other emergency services.

State Laws

Tredit Tire and Wheel Company, Inc. is not responsible for any traffic violations or parking tickets acquired by violation of city ordinances, state or federal law regarding the driver's habits and operation of the motor vehicle. Any ticket issued is the driver's responsibility, even if the ticket is issued while conducting business for Tredit Tire & Wheel.

All Tredit Tire & Wheel drivers must comply with the company Hand-Held Mobile Telephone Policy on top of abiding by any state or local regulations addressing the same matter.

----- SEE Acknowledgment for signature on NEXT PAGE-----

**Tredit Tire Hand – Held Mobile
Telephone / Device Policy**

Acknowledgment

If you have any uncertainty or questions regarding the content of this policy, you are required to consult your supervisor. This should be done prior to signing and agreeing to the Tredit Tire and Wheel Company, Inc. Hand-Held Mobile Telephone Policy.

I have read and understand Tredit Tire & Wheel Company, Inc. Hand-Held Mobile Telephone Policy, and I understand the requirements and expectations of me as an employee. I agree to adhere to all provisions and procedures outlined in the policy, and I understand that failure to do so will result in discipline up to and including termination.

APPLICANT'S SIGNATURE & DATE REQUIRED

Applicant Signature

Date

Tredit Tire & Wheel Witness

Printed Name of Witness

Drivers Statement of On-Duty Hours

(To be completed upon hire)

Instructions: motor carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier. Rule 395.8(j)(2) Federal Motor Carrier Safety Regulations. **Note:** Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

Driver Name (print) _____ Social Security Number _____

Driver's License: State _____ Number _____ Class _____

Day	1	2	3	4	5	6	7	
Date								
Hours Worked								Total Hours

I hereby certify that the information given above is current to the best of my knowledge and belief, and that I was last relieved from work at

_____ A.M.
 _____ P.M. on _____
 time Day Month Year

Driver's Signature _____ Date _____

APPLICANT'S SIGNATURE & DATE REQUIRED

**TREDIT TIRE & WHEEL
DRIVER'S ROAD TEST EXAMINATION**

Driver's Name: _____

Driver's Address: _____

City: _____ State: _____ Zip: _____

The road test shall be given by the TREDIT TIRE or a person designated by it. The test shall be given by a person who is competent to evaluate and determine whether the person who takes the test has demonstrated that he or she is capable of operating the vehicle and associated equipment that the motor carrier intends to assign.

Rating of Performance

- _____ The pre-trip inspection (as required by 49 CFR 392.7).
- _____ Coupling and uncoupling of combination units, if the equipment he or she may drive includes combination units.
- _____ Placing the equipment in operation.
- _____ Use of vehicle's controls and emergency equipment.
- _____ Operating the vehicle in traffic and while passing other vehicles.
- _____ Turning the vehicle.
- _____ Braking and slowing the vehicle by means other than braking.
- _____ Backing and parking the vehicle.
- _____ Other, explain: _____

Type of equipment used in giving the test: _____

Examiner's signature: _____ Date: _____

Remarks:

If the road test is successfully completed, the person who gave it shall complete a certificate of driver's road test.

CERTIFICATE OF DRIVER'S ROAD TEST

Instructions: If the road test is successfully completed, the person who gave it shall complete a certificate of the driver's road test. The original or copy of the certificate shall be retained in the employing motor carrier's driver qualification file of the person examined and a copy given to the person who was examined. (49 CFR 391.31(e)(f)(g))

CERTIFICATION OF ROAD TEST

Driver's Name _____

Social Security Number _____

Operator's or Chauffeur's License Number _____

State _____

Type of Power Unit _____

Type of Trailer(s) _____

This is to certify that the above-named driver was given a road test under my supervision on (Date) _____ consisting of approximately _____ miles of driving.

It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

(Signature of Examiner)

(Title)

(Organization and Address of Examiner)

ANNUAL MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS

In accordance with 49 CFR 391.27, I _____ certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date	Offense	Location (City/State)	Type of Vehicle Operated

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

(Date of Certification)

(Driver's Signature)



ANNUAL REVIEW OF DRIVING RECORD

In accordance with 49 CFR 391.25, I certify that I have carefully reviewed the driving record of _____ to determine whether or not he/she meets the minimum requirements for safe driving specified in 49 CFR 391.11 or is disqualified to drive a motor vehicle pursuant to 49 CFR 391.15.

In reviewing this driver's record, I certify that I have considered any evidence that the driver has violated any applicable Federal Motor Carrier Safety Regulations or Hazardous Materials Regulations; and considered the driver's accident record and any evidence that the driver has violated laws governing the operations of motor vehicles, and I have given great weight to violations, such as speeding, reckless driving, and operating while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard of the safety of the public.

A copy of the response from each State agency to the inquiry required by 49 CFR 391.25(b) is attached. This form shall be maintained in the driver's qualification file, as required by 49 CFR 391.51.

TREDIT TIRE & WHEEL
3305 Charlotte Ave
Elkhart, Indiana 46517

REVIEWED BY

DATE

TITLE