



NAME _____
 (First) (Middle) (Last)

ADDRESS _____ HOW LONG? _____
 (Street) (City) (State & Zip Code)

DATE OF BIRTH _____ SOCIAL SECURITY NO. _____ HIRE DATE _____

TELEPHONE NUMBER _____ EMAIL _____

PREVIOUS THREE YEARS RESIDENCY

 (Street) (City) (State & Zip Code) # OF YEARS _____

 (Street) (City) (State & Zip Code) # OF YEARS _____

 (Street) (City) (State & Zip Code) # OF YEARS _____

(ATTACH SHEET IF MORE SPACE IS NEEDED)

LICENSE INFORMATION

Section 383.21 FMCSR states "No person who operated 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 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 & SEMI-TRAILER				
TRACTOR- TWO TRAILERS				
OTHER				

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.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS	
				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 ___
 If yes, explain _____

B. Has any license, permit or privilege ever been suspended or revoked? Yes ___ No ___
 If yes, explain _____



**EMPLOYMENT RECORD
(ATTACH SHEET IF MORE SPACE IS NEEDED)**

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous 3 years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven prior to the initial three years (total of ten years employment record).

Must list the complete mailing address: street number and name, city, state and zip code.

LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

SECOND LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

THIRD LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

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, 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 interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulation of the company.

"I understand that the 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 employer;
- 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."

Date

Applicant's Signature

This certifies 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.

Date

Applicant's Signature



SAFETY PERFORMANCE HISTORY RECORD REQUEST

PART 1

TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) _____
First M.I. Last Social Security Number

Hereby authorize: _____ Date of Birth _____

Previous Employer: _____ Email: _____

Street: _____ Telephone: _____

City, State, Zip: _____ Fax No.: _____

To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____.
(Employment application date)

To: JP Sicard Inc Telephone: 802-525-9506
PO Box 508
Barton, VT 05822

In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's fax number: 802-525-4616

Prospective employer's email address: Jason@jpsicard.com

Applicant's Signature Date

This information is being requested in compliance with §40.25(g) and 391.23.

PART 2

TO BE COMPLETED BY PREVIOUS EMPLOYER

The applicant named above was employed by us. Yes No

Employed as _____ from (m/y) _____ to (m/y) _____

1. Did he/she drive vehicles for you? Yes No If yes, what type? Straight Truck Tractor-Semi trailer

Bus Cargo Tank Doubles/Triples Other (Specify) _____

2. Reason for leaving you employ: Discharged Resignation Lay Off Military Duty

If there is no safety performance history to report, check here _____, sign below and return.

ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here _____ if there is no accident register data for this driver.

Date Location # Injuries # Fatalities Hazmat Spill

1. _____

2. _____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies _____

Any other remarks: _____

Signature: _____

Title: _____ Date: _____



PREVIOUS EMPLOYER- COMPLETE PAGE 2 PART 3

PART 3: TO BE COMPLETED BY PREVIOUS EMPLOYER

If the driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here _____, fill in the dates of employment from _____ to _____, complete bottom of Part 3, sign, and return.

Driver was subject to Department of Transportation testing requirements from _____ to _____.

1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration?
 Yes No
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?
 Yes No
3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?
 Yes No
4. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in you employ, including return-to-duty and follow-up test? If yes, please send documentation back with this form.
 Yes No
5. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?
 Yes No

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 shown on page 1.

Name: _____
 Company: _____
 Street: _____
 City, State, Zip: _____ Telephone: _____
 Part 3 Completed by (Signature): _____ Date: _____

PART 4A: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) Faxed to previous employer Mailed Emailed Other _____ By: _____ Date: _____
--

PART 4B: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when information is obtained. Information received from: _____ Recorded by: _____ Method: Fax Mail Email Telephone Date: _____ Other _____
--

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORD REQUEST

<p>PAGE 1 PART 1: Prospective Employee</p> <ul style="list-style-type: none"> • Complete the information required in this section • Sign and date • Submit to the Prospective Employer <p>PAGE 2 PART 4A: Prospective Employee</p> <ul style="list-style-type: none"> • Complete the information • Send to Previous Employer <p>PAGE 1 PART 2: Previous Employer</p> <ul style="list-style-type: none"> • Complete the information required in this section • Sign and date • Complete PAGE 2 SECTION 3 	<p>PAGE 2 PART 3: Previous Employer</p> <ul style="list-style-type: none"> • Complete the information required in this section • Sign and date • Return to Prospective Employer <p>PAGE 2 PART 4B: Prospective Employer</p> <ul style="list-style-type: none"> • Record receipt of the information • Retain the form
--	---



ANNUAL REVIEW OF DRIVING RECORD
391.25

Name (Last, First, MI)

Social Security Number

This day I reviewed the driving record of the above named driver in accordance with 391.25 of the Federal Motor Carrier Safety Regulations. I considered any evidence that the driver has violated applicable provisions of the Federal Motor Carrier Safety Regulations and Hazardous Materials Regulations. I considered the driver's accident record and any evidence that he/she violated laws governing the operation while under the influence of alcohol or drugs, that indicate that the diver has exhibited a disregard for the safety of the public. Having done the above, I find that:

the driver meets the minimum requirements for safe driving, or

the diver is disqualified to drive a motor vehicle pursuant to 391.15

Date

JP Sicard Inc

Reviewed by: Signature and Title

Date

JP Sicard Inc

Reviewed by: Signature and Title

Date

JP Sicard Inc

Reviewed by: Signature and Title



DRIVER'S CERTIFICATION OF VIOLATIONS

391.27

DATE	OFFENSE	LOCATION	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)

JP Sicard Inc

PO Box 508 Barton, VT 05822

(Reviewed By: Signature)

(Title)