



DRIVERS QUALIFICATION FILE CHECKLIST

Driver's Application For Employment
(49 CFR 391.21)

- Inquiry To Previous Employers - 3 Years
(49 CFR 391.23(A) (2) & (C))
- Inquiry To State Agencies Motor Vehicle Records - Annual
(49 CFR 391.25(A))
- Inquiry To State Agencies - 3 Years of Motor Vehicle Records
(49 CFR 391.23(A)(1))
- Annual Review Of Driving Record
(49 CFR 391.25)
- Annual Driver's Certification Of Violations
(49 CFR 391.27)

Driver's Road Test Certificate. or Equivalent
(49 CFR 391.31)

- Medical Examiner's Certificate
(49 CFR 391.43)

Multiple-Employer Drivers
(49 CFR 391 .63)

***NOTE: DRIVERS MUST BE ISSUED COPIES OF THESE CERTIFICATES.
DRIVERS NEED ONLY HAVE A COPY OF THE MEDICAL EXAMINER'S
CERTIFICATE IN THEIR POSSESSION WHILE DRIVING**

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name _____
(print)

Date of Application _____

Company American Eagle Ready Mix Arizona, LLC

Address 1300 South Litchfield Road Suite 210-G

City Goodyear State AZ Zip 85338

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

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 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 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.

Signature _____

Date _____

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

APPLICANT TO COMPLETE

(answer all questions - please print)

Position(s) Applied for _____

Name _____ Social Security No. _____
Last First Middle

List your addresses of residency for the past 3 years.

Current Address _____
Street City

State _____ Zip Code _____ Phone _____ How Long? _____
yr./mo.

Previous Addresses _____
Street City State & Zip Code How Long? _____
yr./mo.

Street _____ City _____ State & Zip Code _____ How Long? _____
yr./mo.

Street _____ City _____ State & Zip Code _____ How Long? _____
yr./mo.

Do you have the legal right to work in the United States? _____

Date of Birth _____ / _____ / _____ Can you provide proof of age? _____
(Required for Commercial Drivers)

Have you worked for this 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 pay expected _____

Have you ever been bonded? _____ Name of bonding company _____
(Answer only if a job requirement)

Have you ever been convicted of a felony? _____

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

If yes, explain if you wish.

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYMENT HISTORY (continued)

EMPLOYER			DATE	
NAME	FROM MO. YR.		TO MO. YR.	
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME	FROM MO. YR.		TO MO. YR.	
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME	FROM MO. YR.		TO MO. YR.	
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME	FROM MO. YR.		TO MO. YR.	
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
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WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME	FROM MO. YR.		TO MO. YR.	
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

†The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT _____				
NEXT PREVIOUS _____				
NEXT PREVIOUS _____				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS – DRIVER

List all driver licenses or permits held in the past 3 years

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

- 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, GIVE DETAILS _____
- _____
- _____

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 8 passengers</small>	—			
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 15 passengers</small>	—			
OTHER _____				

LIST STATES OPERATED IN FOR LAST FIVE YEARS: _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS – OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED (NAME) _____ (CITY, STATE) _____

TO BE READ AND SIGNED BY APPLICANT

This certifies 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.

Signature: _____ Date: _____

THE NEXT 2 FORMS MUST BE COMPLETED FOR EACH PREVIOUS DOT EMPLOYER FOR THE PAST 3 YEARS

(If you need extra copies please ask for them)

Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:

Employee Printed Name: _____

Employee SS or ID Number: _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by any previous employer, listed in Section I-A, to the employer listed in Section I-B. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in Section II-A by my previous employer, is limited to the following items for the past 2 years:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: _____

Date: _____

A.

Previous Employer Name: _____

Address: _____

Phone #: _____ **Fax #:** _____

B.

New Employer Name: **AMERICAN EAGLE READY MIX ARIZONA, LLC**
1300 South Litchfield Road Suite 210-G
Goodyear, AZ 85338

Phone #: 623-257-1370 **Cell #:** (602) 670-7068 **Email:** edickson@aemarizona.com

Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:

A. In the previous two years, for DOT-regulating testing.

- | | | |
|----|--|------------------------|
| 1. | Did the employee have alcohol tests with a result of 0.04 or higher? | YES ___ NO ___ |
| 2. | Did the employee have a verified positive drug test? | YES ___ NO ___ |
| 3. | Did the employee refuse to be tested? | YES ___ NO ___ |
| 4. | Did the employee have other violations of DOT agency drug and alcohol testing regulations? | YES ___ NO ___ |
| 5. | If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? | N/A ___ YES ___ NO ___ |
| 6. | Did the previous employer report a drug and alcohol rule violation to you? | YES ___ NO ___ |

(NOTE: previous employers, if you answered "yes" to any item in this Section II-A, you must also transmit a copy/copies of the appropriate documentation (e.g., CCFs, MRO results and reports, BATFs, SAP reports, follow-up testing record) to the new employer.

B.
Name of person providing the information in Section II-A: _____

Title: _____ Date: _____

Phone #: _____

To: _____

Date: _____

Previous Employers Company Name

Social Security Number: _____

Employee Name: _____

has made an application with this company for a position as a _____ and states that he/she was employed by you as _____ from _____ to _____

Please reply to the questions below regarding these applicants work history with you. Your reply will be held in strict confidence and will in no way involve you in any responsibility.

Please fee free to fax this response to (623) 257-1370 or email to edickson@aemarizona.com

Respectfully,
Safety Department

Are the employment records with your Company correct as stated above? _____

What kind(s) of work did this applicant preform? _____

Did the applicant drive motor vehicles for you? Passenger car _____ Straight truck _____ Bus _____
Tractor-Semi-trailer _____ Other (specify) _____

Was the applicant a safe and efficient driver? _____

Give dates of vehicle accidents in which he/she was involved. _____

Reason for leaving your employ: Discharged _____ Laid off _____ Resigned _____

Remarks: _____

Was the applicant's general conduct satisfactory? _____

Is the applicant competent for the position sought? _____

Did the applicant drink any alcoholic beverages while on duty? _____

	Excellent	Good	Fair	Poor	Very poor
Quality of work	_____	_____	_____	_____	_____
Cooperation with others	_____	_____	_____	_____	_____
Safety habits	_____	_____	_____	_____	_____
Personal habits	_____	_____	_____	_____	_____
Driving skills	_____	_____	_____	_____	_____
Attitude	_____	_____	_____	_____	_____

Remarks: _____

Date: _____ Signature: _____

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6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: _____

Date: _____

A.

Previous Employer Name: _____

Address: _____

Phone #: _____ **Fax #:** _____

B.

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1300 South Litchfield Road Suite 210-G
Goodyear, AZ 85338

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A. In the previous two years, for DOT-regulating testing.

- | | | |
|----|--|------------------------|
| 1. | Did the employee have alcohol tests with a result of 0.04 or higher? | YES ___ NO ___ |
| 2. | Did the employee have a verified positive drug test? | YES ___ NO ___ |
| 3. | Did the employee refuse to be tested? | YES ___ NO ___ |
| 4. | Did the employee have other violations of DOT agency drug and alcohol testing regulations? | YES ___ NO ___ |
| 5. | If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? | N/A ___ YES ___ NO ___ |
| 6. | Did the previous employer report a drug and alcohol rule violation to you? | YES ___ NO ___ |

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B.
Name of person providing the information in Section II-A: _____

Title: _____ Date: _____

Phone #: _____

To: _____

Date: _____

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Did the applicant drive motor vehicles for you? Passenger car _____ Straight truck _____ Bus _____
Tractor-Semi-trailer _____ Other (specify) _____

Was the applicant a safe and efficient driver? _____

Give dates of vehicle accidents in which he/she was involved. _____

Reason for leaving your employ: Discharged _____ Laid off _____ Resigned _____

Remarks: _____

Was the applicant's general conduct satisfactory? _____

Is the applicant competent for the position sought? _____

Did the applicant drink any alcoholic beverages while on duty? _____

	Excellent	Good	Fair	Poor	Very poor
Quality of work	_____	_____	_____	_____	_____
Cooperation with others	_____	_____	_____	_____	_____
Safety habits	_____	_____	_____	_____	_____
Personal habits	_____	_____	_____	_____	_____
Driving skills	_____	_____	_____	_____	_____
Attitude	_____	_____	_____	_____	_____

Remarks: _____

Date: _____ Signature: _____

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Date: _____

A.

Previous Employer Name: _____

Address: _____

Phone #: _____ **Fax #:** _____

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New Employer Name: **AMERICAN EAGLE READY MIX ARIZONA, LLC**

1300 South Litchfield Road Suite 210-G
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Phone #: (623) 257-1370 **Cell #** (602) 670-7068 **Email:** edickson@amarizona.com

Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:

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- | | | |
|----|--|------------------------|
| 1. | Did the employee have alcohol tests with a result of 0.04 or higher? | YES ___ NO ___ |
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| 3. | Did the employee refuse to be tested? | YES ___ NO ___ |
| 4. | Did the employee have other violations of DOT agency drug and alcohol testing regulations? | YES ___ NO ___ |
| 5. | If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? | N/A ___ YES ___ NO ___ |
| 6. | Did the previous employer report a drug and alcohol rule violation to you? | YES ___ NO ___ |

(NOTE: previous employers, if you answered "yes" to any item in this Section II-A, you must also transmit a copy/copies of the appropriate documentation (e.g., CCFs, MRO results and reports, BATFs, SAP reports, follow-up testing record) to the new employer.

B.
Name of person providing the information in Section II-A: _____

Title: _____ Date: _____

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To: _____

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Did the applicant drive motor vehicles for you? Passenger car _____ Straight truck _____ Bus _____
Tractor-Semi-trailer _____ Other (specify) _____

Was the applicant a safe and efficient driver? _____

Give dates of vehicle accidents in which he/she was involved. _____

Reason for leaving your employ: Discharged _____ Laid off _____ Resigned _____

Remarks: _____

Was the applicant's general conduct satisfactory? _____

Is the applicant competent for the position sought? _____

Did the applicant drink any alcoholic beverages while on duty? _____

	Excellent	Good	Fair	Poor	Very poor
Quality of work	_____	_____	_____	_____	_____
Cooperation with others	_____	_____	_____	_____	_____
Safety habits	_____	_____	_____	_____	_____
Personal habits	_____	_____	_____	_____	_____
Driving skills	_____	_____	_____	_____	_____
Attitude	_____	_____	_____	_____	_____

Remarks: _____

Date: _____ Signature: _____

**U.S. DEPARTMENT OF TRANSPORTATION
MOTOR CARRIER SAFETY PROGRAM
ANNUAL REVIEW OF DRIVING RECORD
391.25**



Name (Last, First, M.I.)



(Soc. Sec. No.)

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 the Hazardous Materials Regulations. I considered the driver's accident record and any evidence that he/she violated laws governing the operation of motor vehicles, and gave great weight to violations, such as speeding, reckless driving and operation while under the influence of alcohol or drugs, that indicate that the driver 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 driver is disqualified to drive a motor vehicle pursuant to 391.15

Date of Review

Motor Carrier's Name

Reviewed by: Signature and title



Date of Review

Motor Carrier's Name

Reviewed by: Signature and title



Date of Review

Motor Carrier's Name

Reviewed by: Signature and title

HOURS OF SERVICE RECORD FOR FIRST TIME OR INTERMITTENT DRIVERS

391.63

Instructions: When using a driver for the first time or intermittently, a signed statement must be obtained, giving the total time on duty (driving and on duty) during the immediate preceding seven days and the time at which the driver was last relieved from duty prior to beginning work.

Name (Print) _____

First

Middle

Last

DAY

TOTAL TIME ON DUTY

1

2

3

4

5

6

7

TOTAL

I hereby certify that the information contained herein is true to the best of my knowledge and belief, and that my last period of release from duty was from

_____ to _____
(Hour/Date) (Hour/Date)

Signature

DATE

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THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE *Online Service*

In connection with your application for employment with _____ (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

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. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

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

I authorize _____ (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing 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 challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant’s written or electronic consent prior to accessing the Applicant’s PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant’s consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of “employee” contained at 49 C.F.R. 383.5.

LAST UPDATED 12/22/2015

Background Check Disclosure

As part of your application for employment or continued employment, the Company/Employer named below may obtain information about you from a Consumer Reporting Agency (CRA), also known as a background screening company. As a result, you may be the subject of a "consumer report" or "investigative consumer report," also known as background reports. These background reports may be obtained at any time after receipt of your authorization and, if you are hired by the Company/Employer, throughout your employment where permitted by law.

The CRA preparing the consumer report is: **Simpliverified LLC, 1192 East Draper Parkway #221, Draper, Utah 84020, Phone # 855-837-1328**, For information about the CRA's privacy policy, go to: **www.simpliverified.com**

The consumer report may include information from employer personnel files, educational institutions, government agencies and licensing bureaus, credit bureaus, companies, corporations, and law enforcement agencies at the federal, state or county level relating to your past activities. An investigative consumer report may include information about your character, general reputation, personal characteristics, and/or mode of living which may be obtained through personal interviews with employers and other associates. *Credit history will only be obtained where permitted by law and when substantially related to the position you hold or seek.*

You have the right, upon written request made within a reasonable period of time after receipt of this notice, to request the nature and substance of any background report prepared about you. You may also request a copy of any report that is prepared about you and "A Summary of Your Rights Under the Fair Credit Reporting Act" (a copy of which is provided with this document). To do so, contact the CRA shown above.

Background Check Authorization

I acknowledge receipt of DISCLOSURE REGARDING PREPARATION OF BACKGROUND REPORT and "A Summary of Your Rights Under the Fair Credit Reporting Act."

By my signature below, I authorize procurement of consumer reports and/or investigative consumer reports by the Company/Employer named below and authorize preparation of such reports by the named CRA. I authorize without reservation law enforcement agencies, academic institutions, data repositories, credit bureaus, courts (federal, state, and local), government agencies and licensing bureaus, information service bureaus, employers, and others having information about me to furnish any and all information about me to the Consumer Reporting Agency when requested. I understand and authorize that these reports may be obtained and prepared any time after receipt of this authorization and during my employment, if hired, unless prohibited by applicable law or I withdraw my authorization in writing.

- If you are a resident of or will work for Company/Employer in Minnesota, Oklahoma, or California: Please check the box if you would like to receive a copy your background report.

I agree that a photocopy or facsimile of this authorization, whether signed electronically or handwritten, has the same authority as the original. If employed by the Company/Employer named below, I agree that this authorization will remain in effect throughout my employment unless prohibited by applicable law or I withdraw my authorization in writing.

I authorize Simpliverified to conduct the Background check(s) described above. I acknowledge I may request a hard copy of this Disclosure and Authorization form by calling Simpliverified at 855-837-1328

COMPANY/EMPLOYER American Eagle Materials Arizona

APPLICANT NAME _____

APPLICANT SIGNATURE _____ DATE: _____

NAME _____

First Middle (Full) Last Other names known By

Social Security Number _____ Date of Birth(For ID purposes only) _____

Month Day Year

Sex ___ Race _____ Drivers License # _____

Current Address _____

Previous Address _____

City State Zip _____

I understand that the information requested regarding date of birth, race and sex is for the sole purpose of gathering the above information accurately, and will not be used to discriminate against me in violation of any law. Read, Acknowledged and Authorized- I authorize **Simpliverified** to contact me at the following phone Number _____, or email address _____ for clarification of any information provided.

Signature

Print Name

Date