



# I D K Trucking LLC.

4579 Laclede Ave.  
Suite 442  
Saint Louis, Missouri 63108

## Application for Safety Clearance

*Read and sign before submitting application*

**NOTE: THIS APPLICATION WILL NOT BE CONSIDERED IF INCOMPLETE**

**This application is considered current for 30 days only**

I understand that the information on this application will be used and that prior employers will be contacted for purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations.

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Name: \_\_\_\_\_  
First Middle Last Cell phone #

Current Physical Address: \_\_\_\_\_  
Street City State Zip Home phone (if diff than above)

Mailing Address (if diff than above): \_\_\_\_\_  
Street or P.O. Box City State Zip FAX #

Please circle one of the following: **Owner/Operator** **Lease Purchase** **Driver** \_\_\_\_\_  
Email address

**(If you were at the above residence less than 3 years, please list all residents for past 3 years. Attach a separate sheet if necessary.)**

Street City State Zip

Street City State Zip

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security #: \_\_\_\_-\_\_\_\_-\_\_\_\_

How did you hear about IDK Trucking LLC or who referred you? \_\_\_\_\_

**Have you ever been convicted of a felony?** YES / NO **(If YES, please explain on a separate sheet of paper, sign and date)**

Expiration date of your **DOT MEDICAL CERTIFICATION**: \_\_\_\_/\_\_\_\_/\_\_\_\_

Expiration of your **Transportation Worker Identification Credential (TWIC™)**: \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you ever been granted a waiver under section 391.49 of the Federal Motor Carrier Safety Regulations pertaining to the loss of foot, leg, hand or arm? Yes or No (If yes, explain on separate sheet of paper)

**COMMERCIAL DRIVER LICENSE(S) held in the past three (3) years must be shown**

	State	Commercial License #	Type/Class	Expiration Date	Surrender Date
Current CDL					
Previous CDL					
Previous CDL					

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**(DRIVER EXPERIENCE & QUALIFICATIONS CONTINUED)**

- |  |     |    |
|--|-----|----|
| 1. Do you have Hazardous Material Endorsement on your CDL?   | Yes | No |
| 2. Will you deliver loads to Canada?   | Yes | No |
| 3. Have you ever been denied a license, permit or privilege to operate a Commercial Motor Vehicle? | Yes | No |
| 4. Has any license, permit or privilege ever been suspended or revoked?                            | Yes | No |
| 5. Have you ever been disqualified for violation of the FMCSR?                                     | Yes | No |

**\* IF YOU ANSWERED "YES" TO ANY QUESTION 3-5, YOU MUST ATTACH A DETAILED STATEMENT EXPLAINING THE SITUATION AND/OR CIRCUMSTANCES.**

**Please fill in ALL THE BLANKS or your application will be considered to be incomplete**

Class of Equipment	Type of Trailer *Flat / Step, Van, Etc.	From:	To:	Total Miles
Straight Truck				
Tractor / Trailer				
Twin Trailers				
Other				

Please list the areas / states that you have operated in the past five (5) years: \_\_\_\_\_

**ACCIDENT REVIEW FOR THE PAST 5 YEARS**

(Attach a separate sheet if more space is needed)

You must include ALL ACCIDENTS / INCIDENTS ~ regardless of fault ~

	Date & Nature of Accident (please be specific)	Fatalities	Injuries
Last Accident			
Previous Accident			
Next Previous Accident			

Please list any CARGO CLAIMS OR CARGO LOSSES for the past 3 years: \_\_\_\_\_

**LIST ALL TRAFFIC CONVICTIONS AND FOREFEITURES FOR THE PAST 3 YEARS**

DATE	LOCATION	CHARGE	PENALTY

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. I authorize my former employers to give IDK Trucking LLC. any and all information that is requested as per FMCSR Part 391.15 & 391.23.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
DATE

# EMPLOYMENT HISTORY

YOU MUST LIST ALL EMPLOYMENT FOR THE LAST 10 YEARS, INCLUDING ANY UNEMPLOYMENT OR SELF EMPLOYMENT

=====

**Current or Last Company**

Employer: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ U S DOT #: \_\_\_\_\_

Address \_\_\_\_\_

Type of Work Performed \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Type of Vehicle driven, Trailer type & area operated in \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Were you subject to the FMCSR's \* while employed here? Yes \_\_\_\_\_ No \_\_\_\_\_

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes \_\_\_\_\_ No \_\_\_\_\_

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**Second Last Company**

Employer: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ U S DOT #: \_\_\_\_\_

Address \_\_\_\_\_

Type of Work Performed \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Type of Vehicle driven, Trailer type & area operated in \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Were you subject to the FMCSR's \* while employed here? Yes \_\_\_\_\_ No \_\_\_\_\_

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes \_\_\_\_\_ No \_\_\_\_\_

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**Third Last Company**

Employer: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ U S DOT #: \_\_\_\_\_

Address \_\_\_\_\_

Type of Work Performed \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Type of Vehicle driven, Trailer type & area operated in \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Were you subject to the FMCSR's \* while employed here? Yes \_\_\_\_\_ No \_\_\_\_\_

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes \_\_\_\_\_ No \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Revised 09/09

Drivers Application (AP2a)

Employer: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ U S DOT #: \_\_\_\_\_

Address \_\_\_\_\_

Type of Work Performed \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Type of Vehicle driven, Trailer type & area operated in \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Were you subject to the FMCSR's \* while employed here? Yes \_\_\_\_\_ No \_\_\_\_\_

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes \_\_\_\_\_ No \_\_\_\_\_

Employer: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ U S DOT #: \_\_\_\_\_

Address \_\_\_\_\_

Type of Work Performed \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Type of Vehicle driven, Trailer type & area operated in \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Were you subject to the FMCSR's \* while employed here? Yes \_\_\_\_\_ No \_\_\_\_\_

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes \_\_\_\_\_ No \_\_\_\_\_

Employer: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ U S DOT #: \_\_\_\_\_

Address \_\_\_\_\_

Type of Work Performed \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Type of Vehicle driven, Trailer type & area operated in \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Were you subject to the FMCSR's \* while employed here? Yes \_\_\_\_\_ No \_\_\_\_\_

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes \_\_\_\_\_ No \_\_\_\_\_

=====

This certifies that this application was completed by me, and all entries on it and information in it are true and complete to the best of my knowledge. I certify that I have included all past employment as an operator of a commercial motor vehicle driver in the past ten years. \*(FMCSR's) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle (1) has a GVW or weights 10,001 pounds or more, (2) is designed or used to transport nine or more passengers, or (3) is of any size, used to transport hazardous material in a quantity requiring placarding.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ U S DOT #: \_\_\_\_\_

Address \_\_\_\_\_

Type of Work Performed \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Type of Vehicle driven, Trailer type & area operated in \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Were you subject to the FMCSR's \* while employed here? Yes \_\_\_\_\_ No \_\_\_\_\_

Was you job designated as a safety-sensitive function in any DOT-Regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes \_\_\_\_\_ No \_\_\_\_\_

Employer: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ U S DOT #: \_\_\_\_\_

Address \_\_\_\_\_

Type of Work Performed \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Type of Vehicle driven, Trailer type & area operated in \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Were you subject to the FMCSR's \* while employed here? Yes \_\_\_\_\_ No \_\_\_\_\_

Was you job designated as a safety-sensitive function in any DOT-Regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes \_\_\_\_\_ No \_\_\_\_\_

Employer: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ U S DOT #: \_\_\_\_\_

Address \_\_\_\_\_

Type of Work Performed \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Type of Vehicle driven, Trailer type & area operated in \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Were you subject to the FMCSR's \* while employed here? Yes \_\_\_\_\_ No \_\_\_\_\_

Was you job designated as a safety-sensitive function in any DOT-Regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes \_\_\_\_\_ No \_\_\_\_\_

=====

This certifies that this application was completed by me, and all entries on it and information in it are true and complete to the best of my knowledge. I certify that I have included all past employment as an operator of a commercial motor vehicle driver in the past ten years. \*(FMCSR's) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle (1) has a GVW or weights 10,001 pounds or more, (2) is designed or used to transport nine or more passengers, or (3) is of any size, used to transport hazardous material in a quantity requiring placarding.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DECLARATION OF UNEMPLOYMENT OR NON TRUCKING**  
**SELF-EMPLOYMENT**  
**(LAST THREE YEARS OF DRIVER'S EMPLOYMENT HISTORY MUST BE VERIFIED)**

The time period(s) listed below reflect gaps in your employment history within the last **THREE** years. Please describe your activities during these specified period(s).

**Dates:** From \_\_\_\_\_ To: \_\_\_\_\_  
(month/year) (month/year)

From \_\_\_\_\_ To: \_\_\_\_\_  
(month/year) (month/year)

From \_\_\_\_\_ To: \_\_\_\_\_  
(month/year) (month/year)

**During the above period specified, I was engaged as follows:**

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**I ALSO CONFIRM THAT DURING THAT PERIOD, THE STATEMENTS I HAVE CHECKED BELOW ARE TRUE:**

- \_\_\_ I was **NOT** employed in any capacity on a full-time or regular part-time basis.
- \_\_\_ I was self-employed. (Please provide W-2)
- \_\_\_ I did **NOT** collect unemployment during this period
- \_\_\_ I was not convicted of a crime or felony involving a motor carrier or any aspect of the motor carrier industry. (DUI or Drugs)
- \_\_\_ I was **NOT** involved in a motor vehicle accident of any type.

**SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

**DECLARATION OF UNEMPLOYMENT OR  
NON TRUCKING EMPLOYMENT IN THE LAST 10 YEARS**

*(Best practices recommends having 10 years of employment, however, only last 3 years must be verified)*

The time period(s) listed below reflect gaps in your employment history within the last **TEN** years.  
Please describe your activities during these specified period(s).

**Dates:** From \_\_\_\_\_ To: \_\_\_\_\_  
(month/year) (month/year)

From \_\_\_\_\_ To: \_\_\_\_\_  
(month/year) (month/year)

From \_\_\_\_\_ To: \_\_\_\_\_  
(month/year) (month/year)

**During the above period specified, I was engaged as follows:**

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**I ALSO CONFIRM THAT DURING THAT PERIOD, THE STATEMENTS I HAVE CHECKED BELOW ARE TRUE:**

\_\_\_ I was **NOT** employed with a motor carrier or any aspect of the motor carrier industry.

\_\_\_ I was not convicted of a crime or felony

\_\_\_ I was **NOT** involved in a commercial motor vehicle accident of any type.

**SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

## **DRIVER'S RIGHTS PERTAINING TO RELEASE OF DRIVER INFORMATION UNDER REGULATION 391.23**

Motor carriers have the responsibility to make the following investigations and inquiries with respect to each driver employed, other than a person who has been a regularly employed driver of a motor carrier for a continuous period which began before January 1, 1971

- (a)(1) An inquiry into the driver's driving record during the proceeding three years to the appropriate agency of every State in which the driver held a motor vehicle operator's license or permit during those three years; and
- (a)(2) An investigation of the driver's employment record during the previous three years.
- (b) A copy of the driver record(s) obtained in response to the inquiry or inquiries to each State driver record agency as required must be placed in Driver Qualification File within 30 days of the date the driver's employment begins and be retained in compliance with 391.51.
- (c) Replies to the investigation of the driver's safety performance history must be placed in the Drivers Investigation History File within 30 days of the date the driver's employment begins. This goes into effect after October 29, 2004.
- (d) Prospective motor carrier must investigate the information from all previous employers of the applicants that employed the driver to operate a CMV within the previous three years. This information must cover general driver identification and employment verification, data elements as specified in 390.15 for accidents involving the driver that occurred in the three-year period preceding the date of the employment application, and any accidents that previous employer may wish to provide.
- (e) Prospective motor carrier must investigate the information from all previous employers that employed the driver within the previous three years from the date of the employment application in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40.

Drivers have the following rights:

1. The right to review information provided by previous employers.
2. The right to have errors in the information corrected by previous employer and for that previous employer to re-send the corrected information to the prospective employer.
3. 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.

Drivers who wish to review previous employer-provided investigative information must submit a written request to the prospective employer when applying or as late as 30 days after employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five business days of receiving the written request. If the driver has not arranged to pick up or receive the requested record within 30 days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Drivers wishing to request correction of erroneous information in records must send the request for correction to the previous employer that provided the records. After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer or notify the driver within 15 days of receiving the driver's request to correct the data that it does not agree to correct the data. Drivers wishing to rebut information in records must send the rebuttal to previous employer with instruction to include the rebuttal in the driver's Safety Performance History.

***I acknowledge that I have read and understand the contents of this document***

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Driver's Name (Printed): \_\_\_\_\_



**DRIVER DRUG AND ALCOHOL**  
**PRE-EMPLOYMENT STATEMENT**

*IDK Trucking LLC policy and CFR Part 40.25(j) requires the prospective employer to ask any applicant, whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol rules during the past three years. If the potential employee admits that he or she had a positive test or refusal to test, IDK Trucking LLC must not use the employee to perform any safety-sensitive function, until and unless the potential employee provides documentation of successful completion of the return-to-duty process. See section 40.25(b)(5) and (e).*

**Applicants Name:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_  
(Please Print)

**As an applicant, applying to perform safety sensitive functions for IDK Trucking LLC, you are required by IDK Trucking LLC, Policy and CFR 40.25(j) to respond to the following questions.**

- 1. Have you tested positive, or refused to test, on any pre-employment, random, reasonable suspicion/cause, post accident or follow-up drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past three years?**

Yes \_\_\_\_\_ No \_\_\_\_\_

- 2. Have you tested positive, or refused to test, on any pre-employment, random, reasonable suspicion/cause, post accident or follow-up drug or alcohol test administered by an employer to which you applied or worked for within the last three years?**

Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered **Yes**, to any of the above questions, can you provide proof that you have successfully completed the DOT return-to-duty requirements? Yes \_\_\_\_\_ No \_\_\_\_\_

**Applicants Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Your signature is certification that the information provided above is true and correct**

# **CONTROLLED SUBSTANCE & ALCOHOL TESTING INFORMATION ACKNOWLEDGEMENT / CONSENT FORM**

As a condition of employment with **IDK Trucking Llc.** (Motor Carrier), Commercial Motor Vehicle (CMV)

Driver Applicants must submit to a pre-employment controlled substance test as required by the Federal Motor Carrier Safety Regulations (FMCSR) Section 383.301. A motor carrier must receive verified negative test result for the applicant driver for the applicant to be eligible for employment.

If you are hired, you will be subject to laws requiring additional controlled substances and alcohol testing on you under numerous situations including, but not limited to, the following:

- Post accident – section 382.303
- Random – Section 382.305
- Reasonable Suspicion – Section 382.307
  - Return to Duty – Section 382.309
  - Follow-Up – Section 382.311

A Driver who tests positive to a controlled substance(s) and/or alcohol test, will be immediately removed from a safety-sensitive position as required by Part 382 of the FMCSR. Federal law prohibits a Driver from returning to a safety-sensitive position for any motor carrier until and unless the Driver completes the Substance Abuse Professional (SAP) evaluation, referral and educational/treatment process, as described in FMCSR Part 40, subject O.

Then following is a referral list of Substance Abuse Professionals:

VRI	KP Enterprises Inc.	National SAP Network
3011 Palmer St. Missoula, MT 59802	660 West Baker, Ste. 219 B Costa Mesa, CA 92626	<a href="http://www.nsapn.com">www.nsapn.com</a>
(800) 833-3031	(800) 307-5327	(800) 879-6428

For a SAP near you check out [www.naadac.org](http://www.naadac.org)

**All controlled substances and alcohol testing will be conducted in accordance with the Parts 40 and 382 of the FMCSR.**

I \_\_\_\_\_ have read the above controlled substances and alcohol testing  
(Print Name)  
requirements and understand them. I acknowledge receipt of the referral list of Substance Abuse Professionals.

\_\_\_\_\_  
(Applicants Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Employer Representative)

**TRUCKING INDUSTRY:**  
**DOT D/A DISCLOSURE AND AUTHORIZATION**

IDK TRUCKING LLC

**PART 1 – DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES – 49 CFR PART 391.23, DOT DRUG AND ALCOHOL TESTING**

In accordance with DOT regulations 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to IDK Trucking for the purpose of transmitting such records. I understand that information/documents released pursuant to this Part 1 is limited to the following DOT-regulated testing items, including pre-employment testing, occurring during the previous three (3) years: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusal to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes IDK Trucking with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous three (3) years; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous three (3) years.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous three (3) years. If necessary, attach additional pages, including the date, your name, social security number and signature.

Previous DOT-Regulated Employer	City	State	Phone Number
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part 1 disclosure and authorization for release; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with knowledge that the information obtained pursuant to this authorization could effect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original.

Print Applicant Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART II – CONSUMER REPORT AND INVESTIGATIVE CONSUMER REPORT DISCLOSURE  
(FOR EMPLOYMENT PURPOSES)**

In connection with your employment or application for employment (including contract for services) and in accordance with applicable laws, USIS may obtain or assemble consumer reports and/or investigative consumer reports (collectively, “Reports”) which may include information about you related to: previous employment, (including employers, dates of employment, salary information, reasons for termination, etc.), accident history, academic history, verification of law and/or company policy, driving record, workers’ compensation claims , credit history, creditworthiness, credit capacity, bankruptcy filings, criminal history records, information about your character, general reputation, personal characteristics and mode of living (collectively, “information”). Information may be obtained from government agencies, educational institutions, USIS clients, personal references, personal interviews, and other information suppliers (collectively, “suppliers”).

Upon providing proper identification and complying with any applicable legal requirement, you have the right to request the nature and substance of all information in USIS’s files pertaining to you at the time of your request, including but not limited to: (i) whether any reports have been provided by USIS to other parties; (ii) identification of any Suppliers utilized by USIS in compiling such reports; and (iii) identification of any recipients of Reports furnished by USIS within the two (2) year period preceding your request. USIS may be contacted by mail at P.O. Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800) 381-0645

- [ ] ← Check this box if you are applying for employment in **California** and/or you are a California resident and, in either case, you wish to receive a copy of your **credit report or investigate consumer report** if one is obtained or assembled by USIS. Pursuant to the California Civil Code, you may view the file maintained on you by USIS during normal business hours. You may also obtain a copy of this file by submitting proper identification and paying applicable costs for such file, if required by law, by contacting USIS in person or by mail. USIS is required to have personal available to explain your file to you, and must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper Identification.
  
- [ ] ← Check this box if you are applying for employment in **Oklahoma** and/or you are a Oklahoma resident and, in either case, you wish to receive a copy of your **consumer report** if one is obtained or assembled by USIS.
  
- [ ] ← Check this box if you are applying for employment in **Minnesota** and/or you are a Minnesota resident and, in either case, you wish to receive a copy of your **consumer report** if one is obtained or assembled by USIS.

**PART II – AUTHORIZATION FOR RELEASE OF INFORMATION (FOR EMPLOYMENT PURPOSES)**

I hereby authorize USIS to receive information and disclose such information to its customers for the purpose of making a determination as to my eligibility for employment, promotion, retention or other lawful purpose. If hired or contracted, I authorize USIS and the USIS customer named above (“Customer”) to retain this document on file to act as ongoing authorization for the procurement and possession of Reports at any time during my employment or contract period. I fully release USIS and Suppliers from all claims of damages related to the investigation of my background and provision of information as set forth in this disclosure and authorization. I agree that the information USIS’s possession and my employment history with Customer if I am hired, may be supplied by USIS to other USIS customers for legally permissible purposes; provided , such information will not include Drug and Alcohol information set forth in Part I above, unless I have given separate specific consent for USIS to share such information.

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this part II disclosure and authorization for release; (iii) prior to signing I was given the opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntary and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; (vi) I authorize USIS and any person or entity contacted by USIS to furnish the above-mentioned information; and (vii) facsimile or photographic copies of this authorization area as valid as an original.

**NOTE – THIS AUTHORIZATION DOES NOT APPLY TO DRUG AND ALCOHOL INFO. ADDRESSED IN PART I.**

Print Applicants Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# IDK Trucking LLC

4579 Laclede Ave ~ Suite 422 ~ Saint Louis, Mo 63108-4006  
Ph # 855-435-8782 Fax # 848-229-0119 \*Secured Email: Recruiting  
[contactus@idktrucking.com](mailto:contactus@idktrucking.com)

**Drivers Release for Previous Employment and/or Lease information**

I hereby authorize the previous employers listed below, and/or educational institutions, training facilities or any institution or person whose name I have given reference, to release all records of past performance work and safety history, including information concerning my character, work habits, ability, financial responsibility, job performance and reason for leaving to IDK Trucking LLC as described in FMCSR Part 391.23. Furthermore, these companies, their employees, officers, directors, and agents are released from any liability as a result of providing the information requested.

As a Commercial Motor Vehicle (CMV) Driver, I understand that per FMCSR part 391.21, the information as described in FMCSR part 391.23 will be requested from all previous employers for which I have operated a CMV, subject to FMCSR parts 390 and/or 40, 382 & 383, WITHIN THE PAST THREE YEARS, from the date shown below. I acknowledge that this information will be used in determining my eligibility to be hired, that I have the right to review this information and rebut any errors in these statements from my prior employers, as described in the FMCSR Part 391.23, I hereby authorize these companies to release all records of employment. Including assessments of my job performance, ability and fitness (including dates of any and all alcohol or drug test, those confirmed results and/or my refusal to submit to any alcohol or drug test and any rehabilitation completion under direction of (SAP/MRO). I hereby release these companies, their employees, officers, directors and agents from any and all liability of any type as a result of providing said information to IDK Trucking LLC and their authorized agents.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Today's Date

**YOU MUST LIST ALL EMPLOYERS WITHIN THE LAST THREE YEARS**

COMPANY	CITY	STATE	PHONE #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



# IDK Trucking LLC

4579 Laclede Ave. Suite 422, MO 63108

Return Fax: 848-229-0119 Phone:

## Request for Driver's Safety Performance History Information from DOT Regulated Previous Employer(s)

### DRIVER PLEASE COMPLETE TOP SECTION ONLY

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Below---To be completed by Previous Employer

Name of Company: \_\_\_\_\_ U.S.DOT #: \_\_\_\_\_

Attention: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

The above named individual has submitted an application to this company for a position as a driver and states that he/she was leased to or employed by you as: \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Is this correct? \_\_\_\_\_ If not, please indicate correct dates. From: \_\_\_\_\_ to \_\_\_\_\_

#### \*\*\*Check all Apply\*\*\*

Type:	<input type="checkbox"/>	Equipment:	<input type="checkbox"/>	<input type="checkbox"/>	Reason for Separation:	<input type="checkbox"/>	Eligible for Rehire:	<input type="checkbox"/>
OTR		Flatbed		Stepdeck	Quit W/O Notice		Yes	
Regional		Van		Double/Triples	Quit W/Notice		No	
Local		Refer		RGN	Discharges		Upon Review	
		Tanker		Straight Truck	Why?			

#### \*\*\*Accident Detail and Totals\*\*\*

### Accident Information

Date	Location	# Fatalities	# Injuries	# Vehicles Towed	Hazmat Spills?

\*\*\* If more accidents to report please attach additional sheet with required details\*\*\*

Cargo Claims: Major [ ] Minor [ ] None [ ]

Please provide the following Drug and Alcohol information as required by FMCSR Part 391.23 (e) 40.25

If no Drug and Alcohol information is available on above applicant check here. [ ]

	Yes	Date	No
Has the driver ever refused a required drug or alcohol test within the last 3 years?			
Has the driver ever tested positive on a required controlled-substance test within the last 3 years?			
Has the driver ever tested at or above 0.02 on any required alcohol test within the last 3 years?			
Has the driver ever violated any other provisions of the DOT drug and alcohol testing Regulations within the last 3 years?			
Have you received information from any previous employer that this individual violated DOT drug and alcohol regulations within the last 3 years?			

Comments: \_\_\_\_\_

Prepared by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**DRIVER BRIEFING & INSTRUCTIONS  
FOR CONTROLLED SUBSTANCES AND ALCOHOL TESTING**

The collection of your urine specimen will be conducted under the guidelines required by the **FEDERAL MOTOR CARRIER SAFETY REGULATIONS, PART 40 – PROCEDURES FOR TRANSPORTATION WORKPLACE DRUG AND ALCOHOL TESTING PROGRAMS**. These regulations allow for individual privacy unless there is a reason to believe that a particular individual may alter or substitute the urine specimen to be provided. The collection site persons will take precautions to ensure that your specimen is not adulterated or diluted during the collection procedure. Your specimen collection must also follow a strict chain of custody and security procedures

*In addition...*

- ✓ Photo Identification must be presented at collection site or personal individual identification is necessary.
- ✓ You will be asked to remove any unnecessary outer garments such as a coat or jacket.
- ✓ All personal belongings like briefcase will remain with the outer garments. You may retain your wallet
- ✓ You will be instructed to wash and dry your hands prior to providing specimen.
- ✓ Your specimen will be provided in a privacy of a stall or otherwise partitioned area that allows for Individual privacy.
- ✓ After handing the specimen bottle to the collector, you should keep the specimen in full view at all times until it is sealed and labeled. This protects you against the wrong label being put on your bottle or someone possibly tampering with your specimen.
- ✓ If the collection site person has reason to believe that you have altered or substituted the specimen, the person will notify a higher level supervisor. Should you tamper, adulterate, or in any way attempt to dilute the specimen, the collection site person will request authorization to collect a second specimen under direct observation by a same gender collection site person.
- ✓ You will be asked to initial the identification label on the specimen container for the purpose of certifying that it came from you.
- ✓ You will be asked to sign the chain of custody form, certifying that the urine specimen as identified having been collected from you is in fact the specimen you provided.
- ✓ After the laboratory analysis, the result will be forwarded to the Medical Review Officer working for your employer. Prior to making a final decision to verify a positive test result from your employer, the Medical Review Officer will give you an opportunity to discuss the test results and submit medical documentation of legally prescribed medications.
- ✓ The results of the drug test will not be released to a third party without your written consent. The results are made known to the Medical Review Officer and a management official having authority to take adverse action against you for the use of a controlled substance.

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Driver's Signature

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Date



**IDK TRUCKING LLC  
SAINT LOUIS, MO**

**URINALYSIS CONSENT FORM**

PRE-EMPLOYMENT, RANDOM, POST ACCIDENT, REASONABLE SUSPICION,  
RETURN TO DUTY & FOLLOW-UP TESTING

I \_\_\_\_\_ understand that as required by the **FEDERAL MOTOR CARRIER SAFETY REGULATIONS, Part 382 – CONTROLLED SUBSTANCES & ALCOHOL USE & TESTING** along with **Part 391 – QUALIFICATIONS OF DRIVERS** as well as **IDK Trucking LLC Safety Policies, ALL DRIVER’S MUST SUBMIT TO CONTROLLED SUBSTANCES AND ALCOHOL TESTING.**

A urine sample will be collected and tested for **Controlled Substances.**  
A breath alcohol concentration (BAC) test will be administered for **Alcohol Testing.**

**I also understand that if I test positive for use of a controlled substance or alcohol, I am not medically qualified to operate a commercial motor vehicle.**

The results of the drug test will be maintained by the motor carrier Medical Review Officer, who will report whether the test results were negative or positive to the motor carrier.

**The results will not be released to any additional parties without my (the driver’s) authorization.**

*I hereby submit to controlled substances and alcohol testing.*

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
Print Applicant’s Name

**Signature:** \_\_\_\_\_  
Applicant’s Signature



# STATEMENT OF FELONY CONVICTION

Complete ONLY if you answered YES on application

NAME \_\_\_\_\_ SS# \_\_\_\_\_

DATE OF FELONY CONVICTION \_\_\_\_\_ CITY & STATE \_\_\_\_\_

DESCRIPTION OF FELONY CONVICTION \_\_\_\_\_

PROVISIONS OR STIPULATIONS OF THIS CONVICTION \_\_\_\_\_

ARE YOU CURRENTLY ON PROBATION? YES [ ] NO [ ]

IF ANSWERED YES, WHO IS YOUR PROBATION/PAROLE OFFICER AND HOW CAN HE/SHE BE CONTACTED? \_\_\_\_\_

WHEN DOES YOUR PROBATION/PAROLE EXPIRE? \_\_\_\_\_

ARE YOU REQUIRED TO OBTAIN TRAVEL PERMITS FROM YOUR P.O.? YES [ ] NO [ ]

COMMENTS \_\_\_\_\_

This certifies that this information was completed by me, and that all is true and correct to the best of my knowledge. I hereby authorize IDK Trucking LLC. and it's agents, to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency.

\_\_\_\_\_  
MUST BE SIGNED BY APPLICANT DATE

\_\_\_\_\_  
SAFETY SUPERVISOR DATE



**IDK TRUCKING LLC**  
**STATEMENT OF SELF-EMPLOYMENT**

Business Name \_\_\_\_\_

Address \_\_\_\_\_

Type of Business \_\_\_\_\_

I, \_\_\_\_\_ was self-employed doing business as \_\_\_\_\_

D.O.T. # \_\_\_\_\_ from the period of \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

\*If a **CMV** driving position, were you subject to **FMCSR**'s? **Yes**\_\_\_\_ **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?

**Yes**\_\_\_\_ **No**\_\_\_\_

Position \_\_\_\_\_ Equipment Type \_\_\_\_\_

Trailer type(s) \_\_\_\_\_

Accidents/Claims \_\_\_\_\_

**\*As a self-employed CMV operator, did you participate in a drug & Alcohol Abuse Consortium or program?** **Yes**\_\_\_\_ **No**\_\_\_\_

If yes, provide NAME of consortium or SAP Manager \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

\*Have you ever tested positive for a controlled substance in the last 3 years? \_\_\_\_\_

\*Have you had an alcohol test with a BAC of 0.04 or more in the last 3 years? \_\_\_\_\_

\*Have you refused a test for drug or alcohol testing in the last 3 years? \_\_\_\_\_

If you answered yes to any of the above three questions, please provide the SAP's full name, address and phone number \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

**\*MUST provide LOSS/RUN  
Experience from Insurance Co.**



**IDK TRUCKING LLC**  
**STATEMENT FOR COMPANY OUT-OF-BUSINESS**

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_

Type of Business \_\_\_\_\_

D.O.T. # (if available) \_\_\_\_\_

I, \_\_\_\_\_ was employed by this company as \_\_\_\_\_

From the period of \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ subject to FMCSR? \_\_\_\_\_

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? Yes \_\_\_\_\_ No \_\_\_\_\_

**Reason no longer in business:** \_\_\_\_\_

**\*I am able to provide, as proof of my employment:**

\_\_\_\_ W-2 or other tax forms

\_\_\_\_ Pay stubs

\_\_\_\_ Business-related references

\_\_\_\_ Log books, bills, or

\_\_\_\_ Other: please specify \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed