

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

**IMPORTANT DISCLOSURE
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service (PSP AUTHORIZATION)**

In connection with your application for employment with **Barnhart Transportation, LLC** (“**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 **Barnhart Transportation, LLC** (“**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.

Commercial Driver Questionnaire (CDQ)

1...POLICYHOLDER'S NAME BARNHART TRANSPORTATION, LLC		POLICY NUMBER			
2. DRIVER INFORMATION	DRIVER'S FIRST NAME	MIDDLE INITIAL	LAST NAME		<input type="checkbox"/> M - <input type="checkbox"/> F
	LICENSE #	STATE	Date Of Birth (DOB)	Date of FIRST CDL	PRIOR STATE & LICENSE #'s
	COMMERCIAL DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE HIRED	JOB TITLE	DRIVER'S AUTO INSURANCE COMPANY	
HOME PHONE NUMBER					

3...WARNING: An incorrect answer, intentional or not, to any question below may jeopardize continuing coverage. If the answers to any of the following are "Yes," give details in the space provided

	YES	NO	
(a) Had any auto insurance refused, cancelled or expired in the past 5 years? Or been excluded or restricted on a policy in the past 5 years? OHIO RESIDENTS ONLY: Had any auto insurance refused, cancelled or expired for: (1) Material misrepresentation in application or in submission of claims? (2) suspension, revocation or expiration of operator's license of named insured or principal operator?	<input type="checkbox"/>	<input type="checkbox"/>	
(b) Been required to file evidence of financial responsibility in the past 5 years.	<input type="checkbox"/>	<input type="checkbox"/>	
(c) Had their driver's license or driving privileges revoked or suspended in the last 5 years? (Give date and reason.)	<input type="checkbox"/>	<input type="checkbox"/>	
(d) Received a ticket for speeding, a PBJ (PJC in NC) or any other vehicle code violation within the past 5 years? (If "Yes," Give date and description of violation(s). If Speeding, include your actual speed and speed limit.)	<input type="checkbox"/>	<input type="checkbox"/>	
(e) Ever receive any felony convictions? Give date, description and penalty.	<input type="checkbox"/>	<input type="checkbox"/>	
(f) Had a physical or mental impairment or disability or other medical infirmity? Identify any such condition (E.G. heart, diabetes, epilepsy, hearing/sight/limb loss, back condition or other medical infirmity) its duration and treatment obtained and / or medication prescribed	<input type="checkbox"/>	<input type="checkbox"/>	
(g) Had any comprehensive losses (deer, fire, glass breakage, theft, etc.) in the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>	
(h) FOR MD ONLY: Refused to submit to chemical test or been given probation before judgment for an alcohol violation in the past 3 years?	<input type="checkbox"/>	<input type="checkbox"/>	
(i) While driving any motor vehicle commercial or personal, been involved in an accident during the past 5 years? Describe all accidents regardless of who was at fault under no. 8 below.....	<input type="checkbox"/>	<input type="checkbox"/>	

(NOTE FOR DC ONLY: Question 3(a) not applicable. For questions (b), (c), (d), (g), (h), & (i) ask for 3 year record only.)
 (NOTE FOR MD ONLY: For questions 3 (a), (b), (c), (d), (g), (h) & (i) ask for 3 year record only.)
 (NOTE FOR WI ONLY: Question 3(f) not applicable.)

4. List driver's previous experience driving types of commercial vehicles insured and any safety courses completed	
5. Does driver take home any company autos on a regular basis?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does driver have any restrictions on license?	<input type="checkbox"/>	<input type="checkbox"/>
7. Were MVRs/CLUEs ordered on any/all drivers?	<input type="checkbox"/>	<input type="checkbox"/>
8. Years' Experience (Continuous years driving)	
Agent: Do you consider this an acceptable risk?	
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DC APPLICANT(S) PLEASE READ	Warning: it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and / or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant
OHIO APPLICANTS PLEASE READ	Any person who with intent to defraud or knowing that he is facilitating a fraud against and insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud
NY APPLICANTS PLEASE READ (Fraud Warning)	Any person who knowingly and with the intent to defraud any insurance company or other person file : an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who in connection with such application or claim, knowingly makes or knowingly assists, abets m solicits, or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation
PA APPLICANTS PLEASE READ	Any person who knowingly and with the intent to defraud any insurance company or other person files and application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading. Information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties
VA APPLICANT(S) PLEASE READ	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
OTHER APPLICANT(S) PLEASE READ	Any person who knowingly files an application containing any false, incomplete or misleading information, may be subject to criminal and/or civil penalties

Commercial Driver Signature: I Certify that I have given true and complete answers to the above questions. You have my permission to obtain a copy of my motor vehicle driving record for purposes of determining my eligibility for coverage under this policy

Driver's Signature: _____ **Date:** _____

Policyholder Signature: _____

Policyholder's (or Authorized Representative's) Signature _____ **Title** _____ **Date** _____



Application For Employment -- CDL Driver (CDL-APP)

**Barnhart Transportation, LLC
9251 West Main Rd
North East, PA 16428**

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

TO BE READ AND SIGNED BY APPLICANT: 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 also understand that I have the right to:

- o Review information provided by previous employers
- o 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
- o 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.

Applicant Signature: X _____ Date of signature _____ Date of Application _____

Both dates above must be filled out.

Driver Name	Last	Middle	First
1) Address			
City	State	ZIP	
Date Of Birth	Social Security #	PEC/Osha 10 #	TWIC Card # TWIC EXP Date
Do you have a passport? <input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes Passport#		

Previous Addresses for the Past THREE (3) Years (Current address listed above, 1)

2) Address				
City	State	Zip	From	To
3) Address				
City	State	Zip	From	To
4) Address				
City	State	Zip	From	To

Commercial Driver's License Information

Drivers License #	Type	State	Exp. Date
Date CDL First Obtained	Has your CDL ever been Revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES explain? Years CDL Experience (Continuous)	
Endorsements? (Check all that apply) Vehicles	<input type="checkbox"/> Double Triple Trailers <input type="checkbox"/> Passenger Vehicles	<input type="checkbox"/> Tanker <input type="checkbox"/> Hazardous	
Materials			
List any additional License(s) held in the past 3 years below:			
State	License#	Exp. Date	
State	License#	Exp. Date	

Driving / Equipment Experience:

Equipment Class	Type of Equipment (VAN, TANK, FLAT, ETC.)	Dates		Approximate Miles Driven
		From	TO	
Straight Truck		/		
Tractor & Semi Trailer		/		
Other		/		

List Commodities hauled – More information is better:

I am applying as a (CHECK ONE) Owner Operator | Company Driver
| Leased Driver -> Who are you leasing on with? _____ | Other _____

What division are you applying for? Check one below or Other _____

Bulk Tanker (Sand, Cement, Aggregate) Bulk Liquid Tanker , Flatbed (Step, Heavy Haul, Conestoga, RGN)

Please list your experience and any training courses completed (If you circled Sand, please make sure the PEC/OSHA 10# field above is filled in. If you circled flatbed, please make sure you are in process of obtaining the required TWIC Card)

Background Check Release Form

I _____ Give Barnhart Transportation, LLC permission to perform a background check on me. The background check will be used to verify criminal records for the past 7 years. The Information that will be pulled shall include; Federal, State and Local misdemeanor & summary offenses, Global Sanction Search and Social Security Verification.

Signature Name (Please Print) Date

Motor Vehicle Driver's Certification of Violations

I certify that the following is a true and complete list of traffic violations (other than parking tickets) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date of Conviction	Location	Vehicle Type	Description of violation (e.g. Speeding 69 / 55)

If no violations during the last 12 month period write "NONE" across all boxes above

License# _____ Expiration Date: _____ State of Issue: _____ Social Security#: _____
Driver/License Information

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

X Driver's Signature Name (Please Print) Date of Certification

DRIVER QUALIFICATIONS

All the following items must be TRUE for a new applicant to qualify for employment at Barnhart Transportation, LLC.

- Must meet all Federal Motor Carrier Safety Regulations
- A valid Class A Commercial Driver's License with proper endorsements from state of residence
- 24 years of age or older with a minimum of (3) years continuous driving experience.
- Current license NO suspension/revocation
- Moving Violations
 - o No more than two (2) moving violations in the past three (3) years
 - o No more than one (1) moving violations in the past twelve (12) months.

Any of the following items immediately disqualify any new applicant from employment at Barnhart Transportation, LLC

- Any serious traffic violations in the past three (3) years which includes the following
- Reckless/careless driving
- Hit and Run, Leaving the scene of an accident or Failure to report an accident
- Speed >or= 15 miles over posted limit
- Erratic/improper lane changes
- Following too closely
- Disregard stoplight and/or sign or any other traffic control device
- No offenses for driving while intoxicated/under the influence EVER
- Any preventable DOT recordable accidents within the past three (3) years
- More than one (1) non-preventable accident in the last three years
- Any preventable accidents while operating a commercial motor vehicle resulting in a fatality (lifetime)
- Any Logbook Falsification within two (2) years (that put driver out of service)
- Any (1) offenses within (2) years of Fatigued Driving or HOS violations where you exceeded your 14 hour shift time or driving time of 11 hours within 24 month period (that put driver Out Of Service)
- Failing any pre-employment screening for drugs/alcohol

Part 1 & 2 to be completed by Prospective Employee At Time of Application In accordance with §391.21 & .23 of the Federal Motor Carrier Safety Regulations (FMCSR). an applicant must list all previous work experience for the three (3) years prior to the date of application shown on page one, as well as all commercial driving experience for seven (7) years prior to those three years, for a total of 10 years. If you are an owner operator, list carriers leased to. PLEASE LIST STARTING WITH MOST RECENT EMPLOYER.USE ADDITIONAL SHEET IF NEEDED.

I, (Print Name): First Middle Last Social Security # Date of Birth
Hereby authorize my previous employer Previous Employer Name to release and forward the information requested below
Concerning my alcohol and controlled substance testing and accident history records within the previous (3) years from the date of my employment application which is
Application Date The information should be sent to my prospective employer Barnhart Transportation, LLC to the address, confidential fax or confidential e-mail shown below.
Applicant's Signature X Date:

Part 2 to be completed by Prospective Employee

TO Previous Employer: Dates of Employment Start End
Address City State Zip
Reason for leaving? Account for period between jobs:
Contact or SuperName: Title: Contact Phone# Fax# Email Address

Part 3 to be completed by Prospective Employer

This form is being: FAXED MAILED E-MAILED COMPLETED BY PHONE OTHER Explain
BY: Date:

Please take a moment and complete the information requested in part 4. We would appreciate your prompt response. As you are aware, after October 29, 2004, failures to respond within 30 days to investigative requests for safety performance history will result in a complain notification being filed with the Federal Motor Carrier Safety Administration (FMCSA) using the complaint process specified at §386.12 of the Federal Motor Carrier Safety Regulations (FMCSR)

Please send responses to: Email: safety@barnhart-trans.com | Secure Fax: 814-347-5156 | Call 814-347-5254 with any questions or mail to:
~ Barnhart Transportation, LLC | Attn. HR Dept | PO Box 247 | Harborcreek, PA 16421 ~

Part 4: to be completed by previous Employer

Did the above named applicant work for your company? Yes No
If Yes, Please list the actual dates of employment ? Date Hired: To:
Did He / She drive a motor vehicle for your company? Yes No
If yes, please check the types of vehicles operated: STRAIGHT TRUCK TRACTOR / SEMI-TRAILER COMBO
CARGO TANK FLATBED DOUBLES / TRIPLES BUS
PNEUMATIC TANK LIQUID TANK RGN OTHER (please Specify)
Reason for leaving your company: Discharge Resignation Lay Off Military Duty
Would this applicant be considered for employment with your company again? Yes No
If there is NO safety performance history to report, check here, sign at the bottom of part 4 and return

Accident History: Please give the following information for any accidents included on your accident register (§390.15(b)) that involved the applicant (regardless of fault) which occurred in the previous (3) years. Or check here if there is no accident register data for this applicant.

Date	City, State	Description	#injuries	#Fatalities	HazMat Spill
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

Please provide any other accident information involving the applicant which is retained under internal company policies.

Any other remarks:

Drug & Alcohol History : If applicant was NOT subject to Department of Transportation (DOT) testing requirements while employed by you, please check here , sign below and return.

Applicant was subject to DOT testing requirements.	From Date:	TO Date:
Has this person had an alcohol test with a result of .04 or higher alcohol concentration?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has this person tested positive or adulterated or substituted a test specimen for controlled substances?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substances test?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has this person committed or other violations of Subpart B of Part 382, or 49 CFR part 40?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If this person has violated a DOT drug and Alcohol regulation, did this person complete an SAP-prescribed rehabilitation program while in your employ, including return-to- duty and follow-up tests? (If YES, please send documentation of the SAP name, address and phone number when you return this form)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
For a driver who successfully completed and 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 refusal to be tested (including verified adulterated or substituted drug test results)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	

Part 4 completed by (signature): _____ **Please Print Name:** _____ **Title:** _____ **DATE:** _____

Part 5: To be completed by Prospective Employer

Information received on (DATE) ____/____/____ by (check one): FAXED MAILED E-MAIL TELEPHONE OTHER | Initial on receipt: _____

Part 1 & 2 to be completed by Prospective Employee At Time of Application In accordance with §391.21 & .23 of the Federal Motor Carrier Safety Regulations (FMCSR). an applicant must list all previous work experience for the three (3) years prior to the date of application shown on page one, as well as all commercial driving experience for seven (7) years prior to those three years, for a total of 10 years. If you are an owner operator, list carriers leased to. PLEASE LIST STARTING WITH MOST RECENT EMPLOYER.USE ADDITIONAL SHEET IF NEEDED.

I, (Print Name):	First	Middle	Last	Social Security #	Date of Birth
Hereby authorize my previous employer		Previous Employer Name		to release and forward the information requested below	
Concerning my alcohol and controlled substance testing and accident history records within the previous (3) years from the date of my employment application which is					
Application Date	The information should be sent to my prospective employer Barnhart Transportation, LLC to the address, confidential fax or confidential e-mail shown below.				
Applicant's Signature	X _____			Date: _____	

Part 2 to be completed by Prospective Employee

TO Previous Employer:	Dates of Employment	Start	End
Address	City	State	Zip
Reason for leaving?	Account for period between jobs:		
Contact or SuperName: _____ Title:	Contact Phone#	Fax#	Email Address

Part 3 to be completed by Prospective Employer

This form is being:	<input type="checkbox"/> FAXED	<input type="checkbox"/> MAILED	<input type="checkbox"/> E-MAILED	<input type="checkbox"/> COMPLETED BY PHONE	<input type="checkbox"/> OTHER Explain _____
BY: _____	Date: _____				

Please take a moment and complete the information requested in part 4. We would appreciate your prompt response. As you are aware, after October 29, 2004, failures to respond within 30 days to investigative requests for safety performance history will result in a complain notification being filed with the Federal Motor Carrier Safety Administration (FMCSA) using the complaint process specified at §386.12 of the Federal Motor Carrier Safety Regulations (FMCSR)

Please send responses to: Email: safety@barnhart-trans.com | Secure Fax: 814-347-5156 | Call 814-347-5254 with any questions or mail to:
 ~ Barnhart Transportation, LLC | Attn. HR Dept | PO Box 247 | Harborcreek, PA 16421 ~

Part 4: to be completed by previous Employer

Did the above named applicant work for your company?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, Please list the actual dates of employment ?	Date Hired:	To:	
Did He / She drive a motor vehicle for your company?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please check the types of vehicles operated:	<input type="checkbox"/> STRAIGHT TRUCK	<input type="checkbox"/> TRACTOR / SEMI-TRAILER COMBO	
<input type="checkbox"/> CARGO TANK	<input type="checkbox"/> FLATBED	<input type="checkbox"/> DOUBLES / TRIPLES	<input type="checkbox"/> BUS
<input type="checkbox"/> PNEUMATIC TANK	<input type="checkbox"/> LIQUID TANK	<input type="checkbox"/> RGN	<input type="checkbox"/> OTHER (please Specify)
Reason for leaving your company:	<input type="checkbox"/> Discharge	<input type="checkbox"/> Resignation	<input type="checkbox"/> Lay Off <input type="checkbox"/> Military Duty
Would this applicant be considered for employment with your company again?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If there is NO safety performance history to report, check here <input type="checkbox"/> , sign at the bottom of part 4 and return			

Accident History: Please give the following information for any accidents included on your accident register (§390.15(b)) that involved the applicant (regardless of fault) which occurred in the previous (3) years. Or check here if there is no accident register data for this applicant.

Date	City, State	Description	#injuries	#Fatalities	HazMat Spill
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

Please provide any other accident information involving the applicant which is retained under internal company policies.

Any other remarks:

Drug & Alcohol History : If applicant was NOT subject to Department of Transportation (DOT) testing requirements while employed by you, please check here , sign below and return.

Applicant was subject to DOT testing requirements.	From Date:	TO Date:
Has this person had an alcohol test with a result of .04 or higher alcohol concentration?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has this person tested positive or adulterated or substituted a test specimen for controlled substances?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substances test?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has this person committed or other violations of Subpart B of Part 382, or 49 CFR part 40?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If this person has violated a DOT drug and Alcohol regulation, did this person complete an SAP-prescribed rehabilitation program while in your employ, including return-to- duty and follow-up tests? (If YES, please send documentation of the SAP name, address and phone number when you return this form)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
For a driver who successfully completed and 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 refusal to be tested (including verified adulterated or substituted drug test results)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	

Part 4 completed by (signature): _____ **Please Print Name:** _____ **Title:** _____ **DATE:** _____

Part 5: To be completed by Prospective Employer

Information received on (DATE) ____/____/____ by (check one): FAXED MAILED E-MAIL TELEPHONE OTHER | Initial on receipt: _____

Part 1 & 2 to be completed by Prospective Employee At Time of Application In accordance with §391.21 & .23 of the Federal Motor Carrier Safety Regulations (FMCSR), an applicant must list all previous work experience for the three (3) years prior to the date of application shown on page one, as well as all commercial driving experience for seven (7) years prior to those three years, for a total of 10 years. If you are an owner operator, list carriers leased to. PLEASE LIST STARTING WITH MOST RECENT EMPLOYER. USE ADDITIONAL SHEET IF NEEDED.

I, (Print Name):	First	Middle	Last	Social Security #	Date of Birth
Hereby authorize my previous employer		Previous Employer Name		to release and forward the information requested below	
Concerning my alcohol and controlled substance testing and accident history records within the previous (3) years from the date of my employment application which is					
Application Date	The information should be sent to my prospective employer Barnhart Transportation, LLC to the address, confidential fax or confidential e-mail shown below.				
Applicant's Signature	X _____			Date: _____	

Part 2 to be completed by Prospective Employee

TO Previous Employer:	Dates of Employment	Start	End
Address	City	State	Zip
Reason for leaving?	Account for period between jobs:		
Contact or SuperName: _____ Title:	Contact Phone#	Fax#	Email Address

Part 3 to be completed by Prospective Employer

This form is being:	<input type="checkbox"/> FAXED	<input type="checkbox"/> MAILED	<input type="checkbox"/> E-MAILED	<input type="checkbox"/> COMPLETED BY PHONE	<input type="checkbox"/> OTHER Explain _____
BY: _____	Date: _____				

Please take a moment and complete the information requested in part 4. We would appreciate your prompt response. As you are aware, after October 29, 2004, failures to respond within 30 days to investigative requests for safety performance history will result in a complain notification being filed with the Federal Motor Carrier Safety Administration (FMCSA) using the complaint process specified at §386.12 of the Federal Motor Carrier Safety Regulations (FMCSR)

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Part 4: to be completed by previous Employer

Did the above named applicant work for your company?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, Please list the actual dates of employment ?	Date Hired:	To:	
Did He / She drive a motor vehicle for your company?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please check the types of vehicles operated:	<input type="checkbox"/> STRAIGHT TRUCK	<input type="checkbox"/> TRACTOR / SEMI-TRAILER COMBO	
<input type="checkbox"/> CARGO TANK	<input type="checkbox"/> FLATBED	<input type="checkbox"/> DOUBLES / TRIPLES	<input type="checkbox"/> BUS
<input type="checkbox"/> PNEUMATIC TANK	<input type="checkbox"/> LIQUID TANK	<input type="checkbox"/> RGN	<input type="checkbox"/> OTHER (please Specify)
Reason for leaving your company:	<input type="checkbox"/> Discharge	<input type="checkbox"/> Resignation	<input type="checkbox"/> Lay Off <input type="checkbox"/> Military Duty
Would this applicant be considered for employment with your company again?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If there is NO safety performance history to report, check here <input type="checkbox"/> , sign at the bottom of part 4 and return			

Accident History: Please give the following information for any accidents included on your accident register (§390.15(b)) that involved the applicant (regardless of fault) which occurred in the previous (3) years. Or check here if there is no accident register data for this applicant.

Date	City, State	Description	#injuries	#Fatalities	HazMat Spill
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

Please provide any other accident information involving the applicant which is retained under internal company policies.

Any other remarks:

Drug & Alcohol History : If applicant was NOT subject to Department of Transportation (DOT) testing requirements while employed by you, please check here , sign below and return.

Applicant was subject to DOT testing requirements.	From Date:	TO Date:
Has this person had an alcohol test with a result of .04 or higher alcohol concentration?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has this person tested positive or adulterated or substituted a test specimen for controlled substances?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substances test?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has this person committed or other violations of Subpart B of Part 382, or 49 CFR part 40?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If this person has violated a DOT drug and Alcohol regulation, did this person complete an SAP-prescribed rehabilitation program while in your employ, including return-to- duty and follow-up tests? (If YES, please send documentation of the SAP name, address and phone number when you return this form)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
For a driver who successfully completed and 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 refusal to be tested (including verified adulterated or substituted drug test results)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	

Part 4 completed by (signature): _____ **Please Print Name:** _____ **Title:** _____ **DATE:** _____

Part 5: To be completed by Prospective Employer

Information received on (DATE) ____/____/____ by (check one): FAXED MAILED E-MAIL TELEPHONE OTHER | Initial on receipt: _____

WORK EXPERIENCE (ADDENDUM PAGE 1) In accordance with §391.21 & .23 of the Federal Motor Carrier Safety Regulations (FMCSR). an applicant must list all previous work experience for the three (3) years prior to the date of application shown on the previous 3 pages On this page please list all commercial driving experience for seven (7) years prior to those three years, for a total of 10 years. If you are an owner operator, list carriers previously leased to. PLEASE LIST STARTING WITH MOST RECENT EMPLOYER.USE ADDITIONAL SHEET(s) IF NEEDED.

Fourth Last Employer Company Name:				
Supervisor Name		Supervisor Title		Reason for Leaving?
Address		City	State	ZIP
Phone Number:		Fax:		E-Mail:
Job Description – Duties		DATE EMPLOYED FROM		TO
*Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period			<input type="checkbox"/> Yes	<input type="checkbox"/> No
**Account for period between jobs – Include Dates (Month / Year) and Reason			FROM	TO
Reason?				

FIFTH Last Employer Company Name:				
Supervisor Name		Supervisor Title		Reason for Leaving?
Address		City	State	ZIP
Phone Number:		Fax:		E-Mail:
Job Description – Duties		DATE EMPLOYED FROM		TO
*Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period			<input type="checkbox"/> Yes	<input type="checkbox"/> No
**Account for period between jobs – Include Dates (Month / Year) and Reason			FROM	TO
Reason?				

SIXTH Last Employer Company Name:				
Supervisor Name		Supervisor Title		Reason for Leaving?
Address		City	State	ZIP
Phone Number:		Fax:		E-Mail:
Job Description – Duties		DATE EMPLOYED FROM		TO
*Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period			<input type="checkbox"/> Yes	<input type="checkbox"/> No
**Account for period between jobs – Include Dates (Month / Year) and Reason			FROM	TO
**Reason?				

* The Federal motor carrier safety regulations 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 VGWR of 10,001 pounds or more, 2) is designed or used to transport 9 or more passengers, or 3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

** Any gaps in employment and/or unemployment must be explained.

COLLISIONS

PLEASE LIST ALL MOTOR VEHICLE COLLISIONS IN WHICH YOU WERE INVOLVED (BOTH COMMERCIAL AND PRIVATE VEHICLE) DURING THE PAST THREE YEARS PRIOR TO THE APPLICATION DATE. IF NONE, WRITE "NONE"

Table with 6 columns: Date, State, Description, #injuries, #Fatalities, HazMat Spill. Includes checkboxes for Yes/No for HazMat Spill.

TRAFFIC CONVICTIONS AND FORFEITURES

Please list all traffic convictions and/or forfeitures (both commercial and private vehicle) for the past three years (other than parking). If none, write "none"

Table with 6 columns: Date, State, Violation, Penalty, #Fatalities, Commercial Vehicle?. Includes checkboxes for Yes/No for Commercial Vehicle?.

EDUCATION

Form with fields for highest grade completed (1-12), College (1-4), Other Training?, safety awards, and FMCSR knowledge.

GENERAL

Form with questions: Have you been a driver for this company before?, If YES when/where?, Is there any reason you might be unable to perform the functions of the job for which you have applied?, Have you ever been convicted for DUI, DWI or OUI?, In case of emergency contact: Name, Phone #, Relationship.

MUST BE READ AND SIGNED BY THE APPLICANT

I authorize the carrier to make such inquiries and investigations of my personal, employment, driving, 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 agree to abide by the rules and regulations of the carrier as well as the Federal Motor Carrier Safety Regulations. I also agree and understand that if I am selected to drive for the carrier that I will be on a probationary period during which time I may be discharged without recourse.

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.

Applicant Signature X _____ Printed Name _____ Date _____

Once the application is completed, submit it via e-mail to safety@barnhart-trans.com if you are unable to e-mail please call 814-347-5254 and select option 5 to speak with HR or Safety. All drivers will need their Drivers License, Medical Card & Long Form, Drug Testing Chain of custody form, Social Security Card and any Safety / Certification cards from previous training.

SAND – BULK TANK : If you are looking for employment with the Sand or Dry Bulk division you will need your OSHA 10 hour or PEC Safeland Card and your Passport. If you are applying for the Tanker or Flat Bed divisions it is recommended that you obtain your Passport, TWIC or SEALINK and optionally your OSHA 10 Hour certification. If you don't have any of those please begin the process now. Information is below for agency and contact information.

Passport - <https://travel.state.gov/content/passports/en/passports.html> Erie – Legion Road – 833-1018 - Helen

TWIC - <https://www.tsa.gov/for-industry/twic> -- (855) 347-8371 to find a location and make an appointment

SeaLink - <http://www.panynj.gov/port/truck-service-center.html> -- Port Authority Phone 908 354-4044

OSHA 10 Hour - <http://www.clicksafety.com/courses> (General Industry Course) -- 1-800-971-1080

PEC Safeland Training - <https://pecsafety.com/map/> -- 844.848.5884 – Training Support

OWNER OPERATORS: If you are looking to join the Barnhart team and need a plate, please make sure you bring the following with you:

- (1) ORIGINAL TITLE - Front and Back – (2) 2290 PAYMENT receipt – (3) Lease / Purchase Agreement if the truck is owned by someone else (4) a picture of the truck and the (5) Picture of the VIN tag from the driver side door frame of the truck. Please plan on being here for more than one day. If you have all information to us in advance the process goes much smoother.