



Motor Carrier Attachment 14

Accident Driver DQ File

Chattanooga, Tennessee 06/26/2015

HWY15MH009

(19 pages)

DRIVER APPLICATION FORM

COMPANY NAME Cool Running Express Location: Region/District/Branch _____
COMPANY ADDRESS _____
Street _____ City London State Ky Zip _____

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 current/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 6-16-15

NAME _____
First _____ Middle _____
Social Security Number _____ Phone Number _____ Date of Birth _____ Hire Date _____
ADDRESS _____
Street _____ City London State Ky Zip _____ Number of Years _____
PAST 3 YEAR _____
RESIDENCY _____
Street _____ City London State Ky Zip _____ Number of Years _____
Street _____ City _____ State _____ Zip _____ Number of Years _____

Employment History

(Use Additional Employment History Information form if necessary)

All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three years. You must give the same information for all employers for whom you have driven a commercial vehicle seven years prior to the initial three years (total of ten year employment record).

You are required to list the complete mailing address: street number and name, city, state and zip code.

CURRENT OR LAST EMPLOYER: Name _____
Street Address Rainbow City City _____ State _____ Zip _____
Position Held Driver From 12-12-14 To 4-2-15
(month/year) (month/year)
Reasons for Leaving Road Rage Driver Come Over on Me and I hit a truck in Real Em
Were you subject to the FMCSRs** while employed? ☒ 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
*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

SECOND LAST EMPLOYER: Name _____
Street Address _____ City London State Ky Zip _____
Position Held Data Entry From 10-12-13 To 12-12-14
(month/year) (month/year)
Reasons for Leaving More Money
Were you subject to the FMCSRs** while employed? ☐ 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
*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

THIRD LAST EMPLOYER: Name _____
Street Address _____ City London State Ky Zip _____
Position Held Driver From 3-21-2001 To 7-22-13
(month/year) (month/year)
Reasons for Leaving _____
Were you subject to the FMCSRs** while employed? ☒ 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
*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

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

*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 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a

EXPERIENCE AND QUALIFICATION

Attach separate sheet if more space is needed

Driving Experience

If no driving experience within the last 3 years – check here ☐

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Circle all that apply)	DATES		APPROXIMATE NUMBER OF MILES
		FROM	TO	
Straight Truck	Van, Reefer, Tank, Flat			
Tractor & Semi-Trailer	Van, Reefer, Tank, Flat	3-22-2001	7-2013	
Tractor – Two Trailers	Van, Reefer, Tank, Flat			
Tractor – Three Trailers	Van, Reefer, Tank, Flat			
Motorcoach – School Bus (Greater than 8 passengers)	N/A			
Motorcoach – School Bus (Greater than 15 passengers)	N/A			
Other: _____	Van, Reefer, Tank, Flat, N/A			

OR

Accident History (3 years)

If no accidents within the last 3 years – check here ☐

DATE (month/year)	NATURE OF ACCIDENT (head-on, rear-end, upset, etc.)	NUMBER OF FATALITIES	NUMBER OF INJURIES	HAZARDOUS MATERIALS SPILL?
2-25-15	rear-end	0	0	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

Traffic Convictions and Forfeitures (3 years)

If no traffic convictions and/or forfeitures in the last 3 years – check here ☒

DATE CONVICTED (month/year)	VIOLATION (Other than violations involving parking only)	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral and/or points)
_____	_____	_____	_____
_____	_____	_____	_____

License Information

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

State: IL License Number: [REDACTED] Expiration Date: [REDACTED]

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? ☐ Yes ☒ No
If yes, give details _____

B. Has any license, permit, or privilege ever been suspended or revoked? ☐ Yes ☒ No
If yes, give details _____

Applicant Certification

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: [REDACTED] Date: 6-16-15

Company Name Cool Runnings Express, Inc.


FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.


Applicant's signature

6-16-2015
Date


Print name


Social Security number

I hereby authorize you to release the following information to Cool Runnings Express
(Prospective Employer)
for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

[Redacted]
(Applicant's Signature)

10-15-15
(Date)

In accordance with the provisions of Sections 604 and 607 of the **Fair Credit Reporting Act**, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the **Driver's Privacy Protection Act of 1994** (Public Law 103-322, Title XXX, Section 300002(a)).

[Redacted]
(Signature of Requester)

(Date)

TO: _____

DEAR SIR/MADAM:

- ☒ The following named person has made application with our company for the position of Driver. In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.
- ☐ The following named person is employed with our company in the position of _____. In accordance with Section 391.25, Federal Department of Transportation Regulations, please furnish the undersigned with the employee's driving record for the past year.

NAME OF APPLICANT/DRIVER [Redacted]

ADDRESS [Redacted]

(Number & Street)

(City)

(State)

(Zip Code)

FORMER ADDRESS [Redacted]

(Number & Street)

(City)

(State)

(Zip Code)

DATE OF BIRTH [Redacted]

SSN [Redacted]

LICENSE NO. [Redacted]

REQUESTED BY

Cool Runnings Express
(Name of Company)

[Redacted]
(Typed Name)

[Redacted]
(Address)

Secretary

London

Ky 40743

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

Driver Name (Print) _____

Social Security Number _____

Driver's License: State Ky Number _____ Class A Endorsement(s) N Restriction(s) None

Type of License Commercial Driver License

DAY	1 (yesterday)	2	3	4	5	6	7	
DATE								
HOURS WORKED	0	0	0	0	0	0	0	TOTAL HOURS 0

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

10:30 am A.M. On 16 6 2015
P.M. Day Month Year

Drivers Signature Date 6-16-15

EMPLOYMENT CHECKLIST FOR MULTIPLE-EMPLOYER DRIVER

The qualification file for a multiple-employer driver employed under the rules in Section 391.63 must include the following forms and must be retained for 3 years after the person's employment by the motor carrier ceases.

1. **Medical Examiner's Certificate** – The medical examiner's certificate of his physical qualification to drive a motor vehicle or a legible photographic copy of the certificate pursuant to Section 391.43. Published by: J. J. Keller & Associates, Inc. - Neenah, WI Book No. 2B or 646-FS-C2
2. **Certificate of Driver's Road Test** – The certificate of driver's road test issued to the driver pursuant to Section 391.31(e), or a copy of the license or certificate which the motor carrier accepted as equivalent to the driver's road test pursuant to Section 391.31. Published by: J. J. Keller & Associates, Inc. - Neenah, WI Form No. 13-F

ALCOHOL AND CONTROLLED SUBSTANCE TESTING

A motor carrier must ensure that a multiple-employer driver is currently participating in drug and alcohol testing program as required by Part 382 of the Federal Motor Carrier Safety Regulations.

Verify participation in current drug and alcohol testing program for driver's regular motor carrier's employment program.

Information regarding individual results of alcohol and controlled substance testing shall be maintained in a secure location with controlled access.

Processed by: _____ Date: _____
(Zamier Agent)

PLEASE FAX BACK TO CRED A AT 606-364-3002 THANK YOU

ATT: DRIVER
PERSONNEL

PHONE APPLICATION VERIFICATION RELEASE

I certify that I personally completed this application and that all information is true and correct. I authorize COOL RUNNINGS EXPRESS, INC. to conduct a thorough background investigation in accordance with state and federal law and authorize my previous employer to release any information requested by COOL RUNNINGS EXPRESS, INC. and hold their harmless of all liability from the release of any said information. Also, in accordance with the provisions of 49 CFR part 382.405 and 382.413, I hereby authorize and require my previous and / or current employers specifically listed by me to release the results (including refusal to test) of all drug and alcohol test taken by me, pursuant to the provisions of 49CFR while in their employment to COOL RUNNINGS EXPRESS, INC. by what ever means is expedient.

Date: 10-16-15

Applicant's Name

SSN #

Applicant's Signature

Referred by

Company Policy

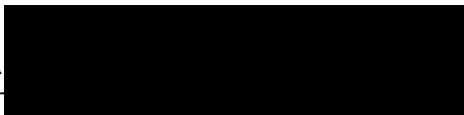
Some of the rules that apply to drivers is that you accept responsibility of your load that it is secured at all times. If there is damage on product and you can not prove that it was not your fault then you can be charged up to \$1000.00 for the damages that are done. One of the things you can do if you have damage product on your trailer is to take pictures of the product before the receiver takes it off of your trailer. If you think of any other ways to show your not responsible please make sure to use them.

Same goes for any damage that might be done to trailer or truck. You can be charged up to \$1000.00 for damages that might occur from being negligent. Again take pictures to show what might have took place.

If you fail to weight your load after getting loaded and get caught on scales for over weight you are the one to pay the fine. So make sure after you get loaded you get a weight before crossing any scales.

After reading some of the rules that apply to company policy I understand and agree to the rulings.

Driver

A black rectangular box redacting the signature of the driver.

Date

6-15-16

REQUEST FOR EMPLOYMENT INFORMATION FORM

ATT:		ATTEMPT MADE:
DRIVER NAME:		SSN:
COMPANY NAME:		PHONE:
ATT:	SAFETY DEPT.	FAX:
RETURN TO:		COOL RUNNINGS EXPRESS, Inc.
RETURN FAX:		PHONE:

*****Please complete all information*****

The individual listed above has applied for a driving position with Cool Runnings Express, Inc.

*****Check all that apply*****

Employment dates		From:	To:	If incorrect list dates:	
Type:	X	Equipment:	X	Trailer:	X
OTR		Tractor Trailer		40 FT.	
Regional		Flatbed		42 FT.	
Local		Double/Triples		45 FT.	
		Tanker		48 FT.	
		Straight Truck		53 FT.	
		Drop Deck-LB		Other	
Reason for Separation:		X	Eligible for Rehire:		X
Quit without notice			Yes		
Quit w/Notice			NO		
Discharged			Upon Review		
Lack of Work			If no Explain:		
Current-None					
Problems with Attitude:			Problems with Attendance		

If Other Please Describe:

Problems with Logs?	YES	NO	If yes Describe:
Tickets or Suspensions?			If yes Describe:

*****Accident Detail And Totals*****

Date dd/mm/yyyy	Prev X	Non Prev X	Hazmat X	No. of injuries	No. of Fatalities	City	St	Damage Amt.	Description

*****Please make a YES - NO - NA selection for each question*****

	YES	NO	NA
Did individual perform a safety sensitive function in any DOT regulated mode subject to alcohol drug testing requirements?			
Undergone an Alcohol Test with a concentration result of p.04 or greater?			
Undergone a Controlled Substance Test in which a positive result was verified?			
Refused to undergo either a DOT Drug or Alcohol Test?			
Had an adulterated or substituted drug test verified?			
Violated any other Federal Motor Carrier Safety Admin. Drug or alcohol regulation?			
Did a previous employer report a drug and alcohol rule violation to you? If you answered yes, you must provide the previous employer's report per 40.25.			
Did driver successfully complete return-to-duty requirements following violation of a DOT drug and alcohol regulation? If yes please provide documentation of successful completion.			

I have applied to Cool Runnings Express, Inc. for employment and I desire that they be fully advised of my Employment record, Safety Performance History and Drug/Alcohol test records with my former employers. I have been informed of my rights under 391.23(i). I respectfully request that you furnish the above information concerning my employment with your organization and I hereby release you from all liability for providing the information requested.

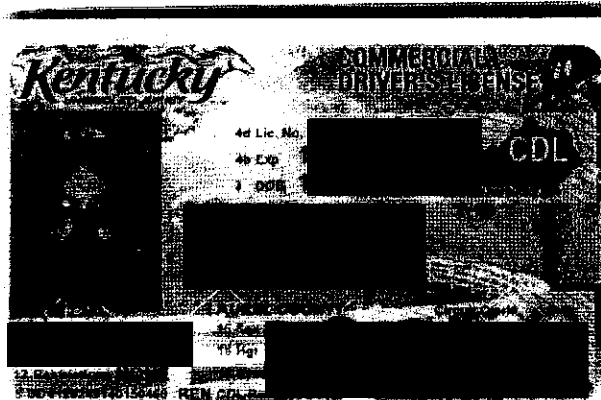
Signature of Applicant

6-16-15
Date

Is there a rebuttal statement attached (Yes) or (No) Contacts for rebuttals or corrections ()

VERIFICATION COMPLETED BY:

Print name: _____ Signature: _____ Title: _____ Date: _____



MEDICAL EXAMINER'S CERTIFICATE				TC 94-157 Rev 02/14
DRIVER LICENSE NUMBER	STATE	INTRASTATE ONLY	CDL	
SIGNATURE OF DRIVER	KY	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
ADDRESS				
I Certify that I have examined [redacted] in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 393.41-391.49) and with knowledge of the driving duties, I find this person is qualified, and if applicable, only when:				
<input checked="" type="checkbox"/> Wearing corrective lenses	<input type="checkbox"/> Driving within an exempt Intracity zone (49 CFR 391.62)			
<input type="checkbox"/> Wearing hearing aids	<input type="checkbox"/> Accompanied by a Skill Performance Evaluation Certificate (SPE)			
<input type="checkbox"/> Accompanied by a [redacted] waiver/exemption	<input type="checkbox"/> Qualified by operation of 49 CFR 393.64			
The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.				
MEDICAL EXAMINER'S NAME (PRINT)		SIGNATURE OF MEDICAL EXAMINER		
[redacted]		[redacted]		
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE #	ISSUE STATE	NATIONAL REGISTRY #	TELEPHONE	
[redacted]	KY	[redacted]	[redacted]	
<input type="checkbox"/> MD	<input type="checkbox"/> Chiropractor	DATE OF EXAM		
<input type="checkbox"/> DO	<input checked="" type="checkbox"/> Advanced Practice Nurse	11-21-2014		
<input type="checkbox"/> Physician Assistant	<input type="checkbox"/> Other Practitioner	MEDICAL CERTIFICATION EXPIRATION DATE		
		11-21-2016		



COMMONWEALTH OF KENTUCKY
Transportation Cabinet
<http://transportation.ky.gov>
Division of Driver Licensing



B92533491 - OFFICIAL DRIVING HISTORY RECORD

(KRS.186.018)

DRIVER'S NAME	LICENSE NO.	REQUEST NO.	REQUEST DATE	REQUEST STATUS
[REDACTED]	[REDACTED]	[REDACTED]	6/17/2015	OK

LICENSE INFORMATION

DATE ISSUED	DATE EXPIRED	LICENSE STATUS	CDL STATUS
[REDACTED]	[REDACTED]	IN FORCE	IN FORCE

CLASS LICENSE	ENDORSEMENTS	RESTRICTIONS
Operators Class D , CDL Class A	Tankers - Bulk Haulers	

CLASS PERMIT	PERMIT STATUS	PERMIT ISSUE DATE	PERMIT EXPIRE DATE

MEDICAL CERTIFICATION INFORMATION

MED CERT ISSUE	MED CERT EXPIRE	STATUS	SELF CERT	NUM. OF REST.	RESTRICTIONS
[REDACTED]	[REDACTED]	C	NI		

DRIVER SPE EXPIRE	DRIVER SPE EFFECTIVE	DRIVER WA/EX EXPIRE	DRIVER WA/EX EFFECTIVE

DOCTOR FIRST NAME	DOCTOR MIDDLE NAME	DOCTOR LAST NAME	DOCTOR SPECIALTY CODE	DOCTOR PHONE NUMBER
[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]

DOCTOR LICENSE NUMBER	DOCTOR JURISDICTION	DOCTOR REGISTRATION NUMBER
[REDACTED]	KY	[REDACTED]

ENTRIES




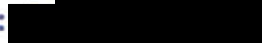


ENTRY NO.	CITATION DATE	DESCRIPTION-LOCATION	CV	HM	CONV/ADM DATE	EXP. DATE	CITATION NO.	PTS
056	12/10/2014	SPEEDING 16-25 MPH OVER LIMIT - MADISON	N	N	01/26/2015		14T09266 A	6

055		SELF CERTIFICATION RECEIVED - FRANKFORT	Y		11/26/2014	11/26/2019		
054		MEDICAL CERTIFICATION RECEIVED - FRANKFORT	Y		11/26/2014			
045		RENEWAL LICENSE ISSUED - LAUREL	N		12/19/2012			

END OF RECORD

Unauthorized use prohibited

** CONFIDENTIAL **

	NATIONWIDE MEDICAL REVIEW  Indianapolis, IN 46250 Office:  Fax: 
	 Certified M.R.O.
	 Certified M.R.O.

Results of these tests: **Negative**

Soc Sec # / ID #:		Donor Name:	
Test Type:	Pre-Employment	Employer Name:	TRACS/COOL RUNNINGS EXPRESS INC()
Lab:	MEDTOX LABORATORIES	Specimen ID#:	
Collection Site:		Protocol:	HHS/DOT
Collection Date:	06/16/2015	Employer Acct#:	
Lab Date:	06/17/2015	Lab Result Date:	06/17/2015
Test Panel:	5-Panel	MRO Dates:	06/16/2015
		Receipt of CCF #2	06/17/2015 01:57:24 PM
Testing Authority	FMCSA	Verified Report Date:	

The above captioned individual has submitted to drug testing pursuant to the requirements of 49 CFR 40 and pertinent regulations of the employer listed above. Urine testing was carried out for the following drugs Amphetamines, Cocaine, Opiate, Phencyclidine, Marijuana, 6-AM, Ecstasy.

Medical Review Officer 



Information Current As Of 06/12/2015

Verification of Employment - Current & Previous

Order Information

Verification Type:	Employment
Permissible Purpose:	Employment purposes
Reference Number:	[REDACTED]
Tracking Number:	NA

Employment

Employer:

Headquarters Address:

Street:

City:

Miami

State:

FL

Zip Code:

Employer Disclaimer:

For additional information on Drivers Please email Ask [REDACTED] Com SPECIAL INFORMATION ABOUT THIS EMPLOYER

If the message "Data Not Provided" is displayed in the Federal Employer ID Number (FEIN) field for the verification above, please use [REDACTED] which this employer has identified as the corporate level FEIN associated with their account. The Work Number is in the process of adding individual record level information to the FEIN field in the verification. If there is a number displayed in FEIN field from the above verification and it differs from the one appearing in this disclaimer message, please use the number from the FEIN field in the verification, as it is employee-specific.

Division:

Employment Status: No Longer Employed

Most Recent Start Date: 12/04/2014

Original Hire Date: Data not provided

Termination Date: 04/04/2015

Total Time With Employer: 0 Years, 4 Months

Job Title: 0601-DRIVER

The statement above is an official verification generated from The Work Number. Because this verification is system-generated with data that originated directly from the employer's payroll system, it is tamper-resistant and represents a higher level of authenticity than employee-furnished copies of paystubs or W2s. If any information is missing, it is because the employer did not provide this information for inclusion in The Work Number verification. Information not provided by the employer is showing as "Data Not Provided". Note: If this person left this employer and was rehired later, the "Total Time with Employer" amount will likely be understated and will only reflect the most recent consecutive months of service. Questions? Call 1-800-996-7566 (Hearing impaired clients may call 1-800-424-0253 / TTY).



**receipt****Equifax Verification Services**

St. Louis, Missouri 63146

Verifier: [REDACTED]

Company: cool runnings express

Verification Date: 6/17/2015

Payment Information		Verification Information		
Payment Type	Last Four Credit Card #s	SSN Verified	Reference #	Price
Visa	[REDACTED]	[REDACTED]	[REDACTED]	\$27.95
Total				\$27.95

Thank you for using The Work Number®, a service of Equifax!

Equifax is a registered trademark of Equifax Inc. The Work Number is a registered trademark of TALX Corporation, a wholly owned subsidiary of Equifax Inc. Copyright © 2013, Equifax Inc., Atlanta, Georgia. All rights reserved

[REDACTED]

From: [REDACTED]
To: COOL RUNNINGS EXPRESS INC
Subject: [REDACTED]

Last Hired 12/4/2014
Termination Date: 4/4/2015
Position Held: DRIVER

The Drug & Alcohol Program History and Records for [REDACTED] is included below. [REDACTED] had a total of 1 DOT recordable collisions while working with Ryder. Please be aware that the information disclosed only includes occurrences within the last three calendar years. Details required by the DOT about those collisions are provided below.

For any questions regarding DOT recordable accident information and drug & alcohol history, please email your questions to Ask_DOT_Compliance@ryder.com.

DRUG AND ALCOHOL PROGRAM HISTORY AND RECORDS

Has this driver ever had a verified positive drug test? ☐ Yes ☒ No
Has this driver ever refused a drug test (includes substituted and adulterated results)? ☐ Yes ☒ No
Has this driver ever failed and alcohol test (result of .04 percent or more)? ☐ Yes ☒ No
Has this driver ever refused and alcohol test? ☐ Yes ☒ No
If you answered "Yes" to any questions above, has the driver completed the DOT return-to-duty requirements? ☐ Yes ☐ No
If yes, and the driver successfully completed a SAP's rehabilitation referral, did the driver later have alcohol test with a concentration of .04 or higher, a verified positive drug test, or a refuse to submit to testing (including verified adulteration or substituted drug test results)? ☐ Yes ☐ No

DOT RECORDABLE COLLISION HISTORY

<u>DATE</u>	<u>CITY</u>	<u>STATE</u>	<u>FATALI TIES</u>	<u>INJU RIES</u>	<u>DESCRIPTION:</u>	<u>HAZ MAT SPILL</u>
02/25/15	MT VERNON	KY	0	0	IV HIT OV IN MOTION(NOT PARKED OR STOPPED	N

Information Current As Of 12/12/2014

Verification of Employment - Current & Previous

Order Information

Verification Type: Employment
Permissible Purpose: Employment purposes
Reference Number: [REDACTED]
Tracking Number: NA

Employment

Employer: [REDACTED]**Headquarters Address:****Street:** [REDACTED]**City:** Reston**State:** VA**Zip Code:** 20190

Employer Disclaimer: This is a global message and is provided on every verification for your information and convenience.

Garnishment requests should be sent to:

Division: [REDACTED]**Employment Status:** Inactive**Most Recent Start Date:** 04/14/2014**Original Hire Date:** Data not provided**Termination Date:** 12/03/2014**Total Time With Employer:** Data not provided**Job Title:** General Clerk II

The statement above is an official verification generated from The Work Number. Because this verification is system-generated with data that originated directly from the employer's payroll system, it is tamper-resistant and represents a higher level of authenticity than employee-furnished copies of paystubs or W2s. If any information is missing, it is because the employer did not provide this information for inclusion in The Work Number verification. Information not provided by the employer is showing as "Data Not Provided". Note: If this person left this employer and was rehired later, the "Total Time with Employer" amount will likely be understated and will only reflect the most recent consecutive months of service. Questions? Call 1-800-996-7566 (Hearing impaired clients may call 1-800-424-0253 / TTY).



Information Current As Of 06/12/2015

Verification of Employment - Current & Previous

Order Information

Verification Type: Employment
Permissible Purpose: Employment purposes
Reference Number: [REDACTED]
Tracking Number: NA

Employment

Employer: [REDACTED]**Headquarters Address:****Street:** [REDACTED]**City:**

Miami

State:

FL

Zip Code: [REDACTED]**Employer Disclaimer:**

For additional information on Drivers Please email Ask_DOT_Compliance [REDACTED]
INFORMATION ABOUT [REDACTED]
If the message "Data Not Provided" is displayed in the Federal Employer ID Number (FEIN) field for the verification above, please use [REDACTED] which this employer has identified as the corporate level FEIN associated with their account. The Work Number is in the process of adding individual record level information to the FEIN field in the verification. If there is a number displayed in FEIN field from the above verification and it differs from the one appearing in this disclaimer message, please use the number from the FEIN field in the verification, as it is employee-specific.

Division: 3646
Employment Status: No Longer Employed
Most Recent Start Date: 12/04/2014
Original Hire Date: Data not provided
Termination Date: 04/04/2015
Total Time With Employer: 0 Years, 4 Months
Job Title: 0601-DRIVER

The statement above is an official verification generated from The Work Number. Because this verification is system-generated with data that originated directly from the employer's payroll system, it is tamper-resistant and represents a higher level of authenticity than employee-furnished copies of paystubs or W2s. If any information is missing, it is because the employer did not provide this information for inclusion in The Work Number verification. Information not provided by the employer is showing as "Data Not Provided". Note: If this person left this employer and was rehired later, the "Total Time with Employer" amount will likely be understated and will only reflect the most recent consecutive months of service. Questions? Call 1-800-996-7566 (Hearing impaired clients may call 1-800-424-0253 / TTY).



Jun 17 15 05:03p

Cool Runnings Express

REQUEST FOR EMPLOYMENT INFORMATION FORM

ATT:
 DRIVER NAME:
 COMPANY NAME:
 ATT:
 RETURN TO:
 RETURN FAX:

SAFETY DEPT.

ATTEMPT MADE:

SSN:

PHONE:

FAX:

COOL RUNNINGS EXPRESS, Inc.

PHONE:

****Please complete all information****

The individual listed above has applied for a driving position with Cool Runnings Express, Inc.
 ****Check all that apply****

Employment dates		From:	To:	If incorrect list dates:	
		3/01/02	7/29/13		
Type:	<input checked="" type="checkbox"/>	Equipment:	<input checked="" type="checkbox"/>	Trailer:	<input checked="" type="checkbox"/>
OTR	<input checked="" type="checkbox"/>	Tractor Trailer	<input checked="" type="checkbox"/>	40 FT.	<input checked="" type="checkbox"/>
Regional	<input checked="" type="checkbox"/>	Flatbed	<input checked="" type="checkbox"/>	42 FT.	<input checked="" type="checkbox"/>
Local	<input checked="" type="checkbox"/>	Double/Triples	<input checked="" type="checkbox"/>	45 FT.	<input checked="" type="checkbox"/>
		Tanker	<input checked="" type="checkbox"/>	48 FT.	<input checked="" type="checkbox"/>
		Straight Truck	<input checked="" type="checkbox"/>	53 FT.	<input checked="" type="checkbox"/>
		Drop Deck-LB	<input checked="" type="checkbox"/>	Other	<input checked="" type="checkbox"/>
		Reason for Separation:		<input checked="" type="checkbox"/>	Eligible for Rehire:
		Quit without notice		<input checked="" type="checkbox"/>	Yes
		Quit with notice		<input checked="" type="checkbox"/>	NO
		Discharged		<input checked="" type="checkbox"/>	Upon Review
		Lack of Work		<input checked="" type="checkbox"/>	If no Explain:
		Current Name		<input checked="" type="checkbox"/>	Problems with Attendance
		Problems with Attitude:		<input checked="" type="checkbox"/>	

If Other Please Describe:

Problems with Logs? YES NO ☒ If yes Describe:
 Tickets or Suspensions? YES NO ☒ If yes Describe:

****Accident Detail And Totals****

Date	Prev	Non	Hazmat	No. of	No. of	City	St	Damage	Description
dd/mm/yyyy	X	Prev X	X	Injuries	Fatalities			Amt.	
2/26/2011	X			0	0	London	KY		Swerved to avoid deer
2/25/2011	X			0	0	London	KY		Misjudged Clearance

****Please make a YES - NO - NA selection for each question****

	YES	NO	NA
Did individual perform a safety sensitive function in any DOT regulated mode subject to alcohol drug requirements?	<input checked="" type="checkbox"/>		
Undergone an Alcohol Test with a concentration result of 0.04 or greater?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Undergone a Controlled Substance Test in which a positive result was verified?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Refused to undergo either a DOT Drug or Alcohol Test?		<input checked="" type="checkbox"/>	
Had an adulterated or substituted drug test verified?		<input checked="" type="checkbox"/>	
Violated any other Federal Motor Carrier Safety Admin. Drug or alcohol regulation?		<input checked="" type="checkbox"/>	
Did a previous employer report a drug and alcohol rule violation to you? If you answered yes, you must provide the previous employer's report per 40.25.		<input checked="" type="checkbox"/>	
Did driver successfully complete return-to-duty requirements following violation of a DOT drug and alcohol regulation? If yes please provide documentation of successful completion.		<input checked="" type="checkbox"/>	

I have applied to Cool Runnings Express, Inc. for employment and I desire that they be fully advised of my Employment record, Safety Performance History and Drug/Alcohol test records with my former employers. I have been informed of my rights under 391.23(i). I respectfully request that you furnish the above information concerning my employment with your organization and I hereby release you from all liability for providing the information requested.

6-16-15
 Date

Is there a rebuttal statement attached (Yes) or (No) Contacts for rebuttals or corrections ()

VERIFICATION COMPLETED BY:

Print name

Signature:

Title: Operations Mgr Date: 6/18/15