

Motor Carrier Attachment 20:

Accident Driver DQ File

Cranbury, NJ; 06/07/2014 HWY14MH012

(41pages)



APPLICATION FOR EMPLOYMENT

WAL-MART STORES, INC.

ACKNOWLEDGEMENTS

Please read the following statement carefully.

Wal-Mart Stores, Inc. offers reasonable accommodation in the employment process for individuals with disabilities. If you need assistance in the application or hiring process to accommodate a disability, you may request an accommodation at any time. Please contact any member of management at your nearest Wal-Mart Stores, Inc. facility.

Wal-Mart Stores, Inc. is an Equal Opportunity Employer- By Choice.

I Agree

Wal-Mart Stores, Inc., in considering my application for employment, may verify the information set forth on this application and obtain additional background information relating to my background. I authorize all persons, schools, companies, corporations, credit bureaus, and law enforcement agencies to supply any information concerning my background.

I Agree

I understand that Wal-Mart Stores, Inc. has a commitment to maintain an alcohol/drug-free workplace and that Wal-Mart Stores, Inc., unless prohibited by state law, requires a drug screening test as a part of its selection and hiring process. I understand that such drug screening will consist of the testing of a urine sample or other medically recognized test designed to detect traceable amounts of a controlled substance in my body. If after a second confirmatory test reviewed by a Medical Review Officer, it is determined my specimen contains a prohibited controlled substance or was altered or substituted, I will be disqualified from consideration for employment and any offer of employment will be withdrawn. I further understand and agree that if I am employed, I may be required to submit to alcohol/drug-testing under certain circumstances during my employment.

I certify that the information on this application is correct and I understand that any misrepresentation or omission of any information will result in my disqualification from consideration for employment or, if employed, my dismissal. I understand that this application is not a contract, offer, or promise of employment and that if hired, I will be able to resign at any time for any reason. Likewise, the company can terminate my employment at any time with or without cause, unless otherwise required by law. I further understand that no one other than the President of Wal-Mart Stores, Inc., or Vice President of its People Division has the authority to enter into an employment contract or agreement with me, and that my at-will employment can be changed only by a written agreement signed by the President of Wal-Mart Stores, Inc.

I Agree

Some states and localities prohibit smoking in the workplace. This includes common work areas, meeting rooms, private offices, hallways, lounge areas, restrooms, vehicles (including Company cars), and any other enclosed location. Associates who work in locations with laws prohibiting indoor smoking or placing other restrictions on the use of tobacco products must follow the local laws. Please be advised that the location in which you are applying for may prohibit smoking in enclosed areas.



I understand this application will apply only to those requisitions for which I have applied during this session, and will be active until those positions are filled or are closed. If I would like to be considered for additional positions with the company, I understand and agree that it is my responsibility to submit an additional application(s) for any such position(s) if and when that position(s) for which I am qualified becomes available. I have read, understand and agree to this statement.

I Agree

	CONTACT I	NFORMATION	
Last Name:	First Name:	Social Security Number:	Date of Birth:
Roper	Kevin		
Address:	City:	State:	Zip:
	Cutler bay	Florida	33189
Home Phone:		Email Address:	
How did you learn about this opening?		The state of the s	o show evidence of on within three days of
Internet		Yes	

JONES BORD,	GA	30238
12/6/13		is .

RELATIVES AT WAL-MART				
	为15年的40年的40年的16日的16日的16日的16日的16日的16日的16日的16日的16日的16日			
Do you have a relative (by birth, No	adoption or marriage) that works for Wal-Mart?			
Relative's First Name:	Relative's Last Name:			
Relative's Relationship	Relative's Work Facility Name or Location			

MINIMUM QUALIFICATION QUESTIONS				
A CAMBRICATION OF STREET				
Question	Answer			
Do you have an Interstate (Class A) Commercial Drivers License with Hazmat endorsement?	Yes			
Do you have 3 years current over the road tractor/trailer experience	Yes			



Do you have a minimum of 50,000 miles over the road tractor trailer experience in each of the last 3 years?	Yes
Do you have a minimum of 250,000 miles over the road tractor/trailer experience?	Yes
Have you had any preventable accidents resulting in a fatality while operating a commercial motor vehicle in your lifetime?	No
Have you had more than 1 non-preventable accident while operating a commercial motor vehicle in the last 3 years?	No
Have you had more than 2 moving violations while operating a personal or commercial motor vehicle in the last 3 years?	No
Have you had any serious traffic violations while operating a commercial motor vehicle in the last 3 years?	No
Have you had any preventable accidents while operating a commercial motor vehicle in the last 3 years?	No
Have you ever been convicted for a DUI, DWI, OUI, or reckless driving with alcohol/drugs involved within the last 10 years?	No
Have you had any preventable D.O.T. recordable accidents (fatality, disabled vehicle required towing, requiring medical care) while operating a commercial motor vehicle in the last 10 years?	No

BACKGROUND INFORMATION				
Type of Employment seeking: Full Time	Are you available to work days, nights and weekends? Yes			
Will you now, or in the future, require sponsorship? No	If offered a position, how soon are you available to work? Within two weeks			
Are you currently a student? No	What is the highest level of education you have completed? High School or GED			

	THREE YEA	AR RESIDENCE HIS	TORY
	的。据得明显		
Address:	City:	State:	Zip:

		Carrier Safety Reg	ulations?
September 9, 1999	September 11, 2004	No	i i
	l as safety sensitive fun oject to drug and alcol R part 40?		No

	EXPERIENCE	AND QUALIFICATIONS	5
			对于特别的基本的
States operated in during the last five years:	All 48		
Have you ever been denied a license, permit, or privilege to operate a motor vehicle?	No	If No, enter "N/A", or if yes enter statement providing details:	N/A
Has any license, permit, or privilege ever been suspended or revoked?	No	If No, enter "N/A", or if yes enter statement providing details:	N/A

Μι	LICENSE IN 1st list all unexpired Comm	NFORMATION nercial Drivers Licer	ases (CDL's)
State:	License Number:	Endorsements:	CDL Expiration Date:
Florida		Hazmat, doubles triples, tanker	December 2016

DI	RIVING I	EXPERIENCE		
Do you have 50,000 verifiable rexperience in each of the last 3	niles over years?	the road tract	or/trailer	Yes
Do you have 250,000 verifiable experience?	miles ove	r the road trac	ctor/trailer	Yes
Please list the entire number. Ex.) 100,(000			
<u>Year</u>	Miles Driven	From: Mo/Yr	To: Mo/Yr	Equipment Type
Yr 1 (Miles driven previous 12 months)	100000	September 2012	September 2013	Flat, Van



Yr 2 (Miles driven previous 13-24 months)	150000	September 2012	September	Van
Yr 3 (Miles driven previous 25-36 months)	85000	September 2011	September , 2010	Van
Total Miles Driven	335000		1	

of miles driven and	nt you have oper the number of y	NT EXPERIENCE rated during your drivin years for each equipment dyears of driving experi	type. Include your
District Control			
Class of Equipment:	Equipment Type:	Number of Miles Driven:	Number of Years:
Tractor and Semi Trailer	Flat, Van	330000	3
Class of Equipment:	Equipment Type:	Number of Miles Driven:	Number of Years:
N/A	Flat,N/A	0	0
Enter Career Totals:	fish.	325,001 to 350,000 m	iles

ACCIDENT/INCIDENT HISTORY At Walmart we require a complete driving record for any individual who could become a Walmart driver.		
Have you had a preventable and/or non-preventable accident(s)/incident(s) in your entire driving history (this includes any preventable or non-preventable contact with other vehicles, equipment, stationary objects and/or animals)?	No	

PERSONAL VEHILLE. ALLIDENT ON \$5/2003 12/6/13

TRAFFIC CONVICTIONS AND LICENSE FORFEITURES AND PERSONAL	- PROFESSIONAL
· 通信性等。在1200年,1200年,1200年,1200年,1200年,1200年,1200年,1200年,1200年,1200年,1200年,1200年,1200年,1200年,1200年,1200年,1200年	u dia antia
Have you had a conviction and/or license forfeiture in the last three years (no parking violations or overweight fines)?	No

	CANDIDATE SIGNATURE
4. 影響等與於	可 以 表现的。 对这 类对导致起源。
Please review the follow	ing statement carefully before submitting.



	Cutler bay	Florida	33189
Country:		Time in Residence From:	Time in Residence To:
United States		August 11, 2009	September 20, 2013

	EMPLOYME	ENT HISTORY	
Current Employer Name:	Current Position Held:	Reason for leaving:	Employer Phone Number:
Werner Enterprise	Otr truck driver	Na	
Employer Address:	Employer City:	Employer State:	Employer Zip:
	Omaha	Nebraska	68138
From:	To:	Were you subject to Carrier Safety Regu	
June 17, 2011	September 20, 2013	Yes	
	as safety sensitive full ject to drug and alcol part 40?		Yes
			的影響的影響
Employer Name:	Position Held:	Reason for leaving:	Employer Phone Number:
Miami herald	Independent Contractor	Went back to trucking	
Employer Address:	Employer City:	Employer State:	Employer Zip:
1 herald ave	Miami	Florida	33156
From:	То:	Subject to Federal M Regulations?	Aotor Carrier Safety
February 5, 2011	June 13, 2011	No	
	l as Safety sensitive for ject to drug and alcolorate 40?		No
Employer Name:	Position Held:	Reason for leaving:	Employer Phone Number:
CRST	Otr truck driver	Family issues	HTTMF CONTURBED TOMORROWS
Employer Address:	Employer City:	Employer State:	Employer Zip:
John Street Company Street	Cedar Rapids	Iowa	52406
Employed From:	Employed To:	Were you subject to	Federal Motor



		Carrier Safety Regulations?	
April 4, 2010	December 30, 2010	Yes	
	as safety sensitive fur ect to drug and alcol part 40?	and the state of the second state of the second state of the second second second second second second second	Yes
		Marin Hara	
Employer Name:	Position Held:	Reason for leaving:	Employer Phone Number:
Brandsmart USA	Returns supervisor	Started new career	
Employer Address:	Employer City:	Employer State:	Employer Zip:
hwy	Miami	Florida	33157
Employed From:	Employed To:	Were you subject to Federal Motor Carrier Safety Regulations?	
December 17, 2005	March 30, 2010	No	
Was job designated as safety sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40?			No
Employer Name:	Position Held:	Reason for leaving:	Employer Phone Number:
Walmart	Deli clerk	Started new career	
Employer Address:	Employer City:	Employer State:	Employer Zip:
	Florida city	Florida	33034
Employed From:	Employed To:	Were you subject to Federal Motor Carrier Safety Regulations?	
November 4, 2004	March 30, 2010	No	
Was job designated as safety sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40?			No
Employer Name:	Position Held:	Reason for leaving:	Employer Phone Number:
Big lots	Assistant manager	Was laid off	
Employer Address:	Employer City:	Employer State:	Employer Zip:
hwy	Miami	Florida	33157
Employed From:	Employed To:	Were you subject to Federal Motor	



I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigations as required by section 391.23 of the Motor Carrier Safety Regulations. I understand that I have the following rights regarding the investigative information that will be provided to Wal-Mart pursuant to paragraphs (d) and (e) of section 391.23 of the Motor Carrier Safety Regulations:

- The right to review information provided by previous employers.
- The right to have errors in the information corrected by the previous employer and for that previous employer to resend the corrected information to Wal-Mart.
- The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and I cannot agree on the accuracy of the information.
- 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 have read, understand and agree to this statement.

Electronic Signature:	Kevin Roper	Electronic Date:	September 21, 2013
Signature (as on Social Security Card):		Today's Date:12-4-13	12-6-13.

SIDE 1

W/ -MART TRANSPORTATION 'LC SAFETY PER-ORMANCE HISTORY RECONDS REQUEST

SECTION 1:	TO BE COMPLETED BY PROSPE	ECTIVE EMPLOYEE
I, (Print Name)	KEVIN J ROPER	The Market Breefing of the Control o
- axistica entitles - ye-kines (M) - ye (M) o	First, M.I., Last	Social Security Number
	hereby authorize:	Date of Birth
Previous Employer:	WERNER	Email:
Street:		Telephone:
City, State, Zip:		Fax No.:
records within the pre	d the information requested by section 3 of this document covious 3 years from 2000 17, 2011 (date of employment application)	concerning my Alcohol and Controlled Substances Testing
Prospective Employe	n	
Attention:	Telephone	
Street:	reiephone	
City, State, Zip:	v	
Section of the Control of the Contro	0.25(g) and 391.23(h), release of this information must be n	made in a written form that ensures confidentiality, such as
Prospective employer	's confidential fax number:	
	's confidential email address:	
and the second second second second		
	Applicant's Signature	12-6-13 Date
This information is be	ing requested in compliance with §40.25 and §391.23.	1000000
SECTION 2:	TO BE COMPLETED BY PREVIO	OUS EMPLOYER
	ACCIDENT HISTOR	RY
The applicant name	ed above was employed by us. Ves \(\tag{No} \(\tag{No} \)	
Employed as	from (m/y)	to (m/y)
 Did he/she drive Cargo Tank □ [motor vehicle for you? Yes □ No □ If yes, what typ Doubles/Triples □ Other (Specify)	pe? Straight Truck ☐ Tractor-Semitrailer ☐ Bus ☐
2. Reason for leaving	ng your employ: Discharged Resignation Lay (Off ☐ Military Duty ☐
	performance history to report, check here \square , sign below	
ACCIDENTS: Com	iplete the following for any accidents included on years prior to the application date shown above, or che	your accident register (§390.15(b)) that involved t
Date	Location	No. of Injuries No. of Fatalities Hazmat Sp
1	Services in the service of the servi	
2		
or insurers or retain	rmation concerning any other accidents involving the ed under internal company policies:	e applicant that were reported to government agenci
Any other remarks:		
		^
		9:
	3	Date: 10

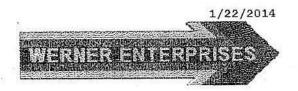
PREVIOUS EMPLOYER - COMPLETE SIDE 2 SECTION 3
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SIDE 1

W. -MART TRANSPORTATION LC SAFETY PER-ORMANCE HISTORY RECORDS REQUEST

SECTION 1:	TO BE COMPLETED E	BY PROSPECTIVE EMPLOYE	E
I, (Print Name)	KEVIN T ROPER First, M.I., Last	reby authorize:	Social Security Number
Previous Employer:	CRST	Paragrama the state adject	שמנפ סז צורנח Email:
Street:			Telephone:
City, State, Zip:	CEDAR RAPIDS, IA 5	2406	ax No.:
То:	the information requested by section 3 of ious 3 years from 4-4-19 (date of employment ap	plication)	nd Controlled Substances Testing
Attention:	84.76		December 19 and 19
Street:		t control of the second of the	t of the man to
City, State, Zip:		de sus sus sus sus sus sus sus sus sus su	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	2.25(g) and 391.23(h), release of this inform	nation must be made in a written form th	at ensures confidentiality, such as
Prospective employer's	s confidential fax number:		1
Prospective employer's	s confidential email address:		2 2
			12-6-13
·	/ Applicant's Signature		Date
This information is beir	ng requested in compliance with §40.25 an	d §391.23.	
SECTION 2:	TO BE COMPLETED	BY PREVIOUS EMPLOYER	
	ACCII	DENT HISTORY	
The applicant named Employed as	d above was employed by us. Yes from (m/y)	No □ to (m	(v)
1. Did he/she drive r	notor vehicle for you? Yes \square No \square I oubles/Triples \square Other (Specify)	f yes, what type? Straight Truck	Tractor-Semitrailer ☐ Bus ☐
2. Reason for leaving	g your employ: Discharged Resign	nation Lav Off Military Duty	1
	performance history to report, check he		
ACCIDENTS: Comp	plete the following for any accidents ars prior to the application date shown	included on your accident registe	r (§390.15(b)) that involved the no accident register data for this
Date	Location	No. of Injuries	No. of Fatalities Hazmat Spill
1 ,			
	THE RESERVE SAME THE RESERVE		
J	mation concerning any other accident		
or insurers or retaine	mation concerning any other accidents dunder internal company policies:		
*			Marie 400
		Signature:	
		Title:	11

DRIVERS Management, LLC



Employment Verification

Name:	KEVIN J ROPER
Company:	WALMART TRANS
SOCIAL SECURITY NUMBER:	

Position: Driver

Date of Hire: 06/17/2011

Termination Date:

Reason for Leaving: ACTIVE

Eligibility for Rehire: Current

Equipment:

Refrigerate

Flatbed

Vans X

Trailer Length: 48/53 Feet, Commodities: General, Areas Operated: All 48 States and Canada Comments:

ACCIDENTS:

DATE

CITY/ST

INJURY FATAL DOT PREVENT HAZMAT

In response to your Inquiry on the above name individual, the following is provided in accordance with the Federal Department of Transportation guidelines, 49 c.f.r Section 40

Ever Tested Positive for a Controlled Substance in the Last 3 Years: No

Ever had an Alcohol Test with a Breath Alcohol Concentration of 0.04 or Greater in the Last 3 Years: No

Ever Refused a Required Test for Drugs or Alcohol in the Last 3 Years: No

Other Violations of D.O.T. agency, drug and alcohol testing regulations in the last 3 years? No

The answers provided include information obtained from other previous employers



WAL-MART TRANSPORTATION, LLC SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SIDE 1

SECTION 1:	TO BE COMPLETED BY	PROSPECTIVE EMPLOYE	E
I, (Print Name)	KEVIN J ROPER		
	First, M.I., Last	authorize:	Social Security Number
B	WERNER	admonze.	Date of Birth
Previous Employer:			mail:
Street:	OMMIA ALE (0178	Т	elephone:
City, State, Zip:	OMAHA NE 68138-	F	ax No.:
records within the prev	the information requested by section 3 of this rious 3 years from	document concerning my Alcohol an	d Controlled Substances Testing
To:		11/4	
Prospective Employer	Walmart Transportation		
Attention:	Attn: Bentonville AR 72	71649959ne:	g.
Street:	Phone: 170 277 302 3 - Fax:	710-9686	
City, State, Zip:	Email:		
In compliance with §40 fax, email, or letter.	0.25(g) and 391.23(h), release of this information	n must be made in a written form th	at ensures confidentiality, such as
Prospective employer'	s confidential fax number:		
	s confidential email address:	com	
The same of the sa	Applicant's Signature		12-6-13.
This information is being	ng requested in compliance with §40.25 and §3	91.23.	Date
SECTION 2:	TO BE COMPLETED B	Y PREVIOUS EMPLOYER	
	ACCIDEN	T HISTORY	
The applicant name	d above was employed by us. Yes No		
	from (m/y)		v)
1. Did he/she drive r	motor vehicle for you? Yes ☐ No ☐ If ye oubles/Triples ☐ Other (Specify)	s, what type? Straight Truck	
	g your employ: Discharged Resignation		
	performance history to report, check here [그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그	1.
applicant in the 3 ye	plete the following for any accidents inc ars prior to the application date shown ab	uded on your accident register ove, or check here \square if there is	r (§390.15(b)) that involved the no accident register data for this
Date	Location	No. of Injuries	No. of Fatalities Hazmat Spill
2			
or insurers or retaine	mation concerning any other accidents in ed under internal company policies:		
	xx		
D. Company			(%)、(C)
CMV Miles Driven:_		Signature:	
		Title:	Date:

PREVIOUS EMPLOYER - COMPLETE SIDE 2 SECTION 3

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S. W. C. A.

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Print Request / Response Report		Dane	oonse Tracking ID: (None)	Set This Request Complete
CRST Van Provided By: Title: Recruiter Address: City / State / Zip: Cedar Rapids, IA 5 Phone: Fax:	2404	ness		Request #: 349840 uestions about this report?
Requested Subject Information			Deno	tes a value not equal to the Provided value
Kevin J Roner SSN: DOB:	B		Date Range Requested: 0	
Provided Subject Information			Denotes a v	value not equal to original Requested value
KEVIN J ROPER SSN: DOB:	1		Date Range Provided: 04	
Original Request Information	1	Provided Int	formation	
Position Held		Position Held	rormation	070 0
Reason For Leaving			on de a	OTR - Driver
Driver Class		Reason For Le	eaving	
Driver Type				
Was the driver Terminated?		Driver Type	- T - 1 - 10	
Was the driver subject to FMCSRs whi	lo		r Terminated?	
employed?		Eligible for Re		Review
Was the driver's job designated as a si sensitive function in DOT regulated mo to Drug and Alcohol testing per 49 CFF	de subject	employed?	r subject to FMCSRs while r's job designated as a safety	Yes v Yes
Areas Driven	1 - 40 -	sensitive func	tion in DOT regulated mode	subject
Equipment Driven		Full Time / Pa	Icohol testing per 49 CFR Pa	IT 40 ?
Trailer Driven			it time	
Loads Hauled		Areas Driven		
		Equipment Driven		Conventional Tractor
		Loads Hauled	·····	Van
		Miles per wee		
		Number of Sta		
		Trailer Length		53
Drug and Alcohol Information				
Drug and Alcohol information could no	be provided with the request. The service di	ate was more than	3 years in the past.	
		_		
Accidents				
No Accidents		With the second		
Activity Log				
######################################	RST Expedited)			
	ACCOUNT OF THE PARTY OF THE PAR			
Request was set "Submitted", authori	zed, and automatically fulfilled.			
12-11-2013 04:55 PM -	100 March (1797/1997)			
	ot be provided with the request. The service	date was more tha	n 3 years in the past.	
12-11-2013 04:55 PM - Literida Tyricki	1			
Request sent under order #	via Network method.			



WAL-MART TRANSPORTATION, LLC SAFETY PERFORMANCE HISTORY RECORDS REQUEST

IDE 1	SAFETY PERF	ORMAN	CE HISTORY R	ECORDS R	EQUEST	
SECTION 1:	TO BE C	OMPLETE	D BY PROSPECT	IVE EMPLOY	EE	
I, (Print Name)	KEUM T	ROPE	R		0	
*	First, M.I., Last				Pleinn?	acurity Number
	CRST		hereby authorize:			te of Birth
Previous Employer:	Crioi				Email:	***
Street:	CC000 0 10	OR TO	F2 11 01		Telephone: _	•
City, State, Zip:			52406			
o release and forward records within the pre-	d the information request vious 3 years from 44- (date	ed by section · 4 - 19 of employme	3 of this document concerns application). 4/21	erning my Alcohol a 0/0-12/201	nd Controlled S O	Substances Testing
Го:	W. L					
Prospective Employer	r: Walmart Transpor	tation				
Attention:		, Bentonville	AR 72718 0650 one: _		_	
Street:	Phone: 470.077	- Fax:	70 077 0007	- / -	1.23	
City, State, Zip:	Email:		.com		-	
fax, email, or letter.	0.25(g) and 391.23(h), re			e in a written form t	hat ensures co	nfidentiality, such as
Prospective employer	's confidential fax number	er:	J			
Prospective employer	r's confidential email add	ress:		iom		
		1			12-	6-13.
A	Applic	cant's Signature)			Date
This information is be	ing requested in complia	nce with §40.	25 and §391.23.			
SECTION 2:	TO BE	COMPLE	TED BY PREVIOU	IS EMPLOYER	3	
		P	ACCIDENT HISTORY			
	ed above was employe					
Employed as		from (m/	ý)	to (n	n/y)	
	motor vehicle for you? Doubles/Triples \(\text{Ot} \)					nitrailer 🗌 Bus 🗆
2. Reason for leavi	ng your employ: Disch	narged 🗆 R	tesignation Lay Off	☐ Military Duty I		
	performance history to		and the same and the same and the same	- 50 MAIN MANAGEMENT TO SERVE		
TOTAL TO MANAGEMENT AND THE STATE OF THE STA	* The strength of the consideration and the strength of the st				o- (6000 45/h	A) that involved t
	nplete the following for ears prior to the applic					
Date		Location			s No. of Fata	lities Hazmat Sp
or insurers or retain	ormation concerning ar ned under internal com	pany policie	S:			
					- N	
****				,		"Contraction
	are area and					
Civiv ivilles Driven:			Signature: _		Date	

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			Employee Nam	ne		
	TO BE COMPLETED	BY PREV	IOUS EMPLO	DYER		
	DRUG AND	ALCOHOL I	HISTORY			
	epartment of Transportation testing r	requirements v	while employed by		check here	, fill in
Driver was subject to Departs	ment of Transportation testing require	ements from _	lo	s, sign, and return.	VEC	NO
1. Has this person had an	alcohol test with a result of 0.04 or h	nigher alcohol	concentration?		YES	NO
2. Has this person tested	positive or adulterated or substituted	a test specime	oncemialion:	ubalana - 0	H	H
3. Has this person refused substance test?	d to submit to a post-accident, randor	m, reasonable	suspicion, or follo	w-up alcohol or contro	olled _	
4. Has this person commit	tted other violations of Subpart B of F	Part 382 or Ba	rt 402		님	님
If this person has violate	d a DOT drug and alcohol regulation, including return-to-duty and follow-up			rescribed rehabilitation		
	ssfully completed a SAP's rehabilitation alcohol test result of 0.04 or greater, a				form. \square	
in answering these question	ons, include any required DOT drug on the application date shown on side 1.		ng information obt	ituse to be tested? tained from prior previ	ious employer	s in the
Name:						
Company:						
20070000000000		_10200gV =				
Section 3 Completed by (Size	-1-2			Telephone:		
occurre completed by (Sign	nature);			Date:		
	TO BE COMPLETED B	Y PROSPI	ECTIVE EMP	LOYER	MINE III	
This form was (check one)	Faxed to previous employer		Emailed	X Other _onl	9 .	
	- Francis Simpleyer					
Ву:		-		Date:	12/11/201	13
EPRENTINA						
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SIDE 1 SECTION 1: P	rospective Employee	SID	E 2 SECTION 3	: Previous Employe	er	

- · Complete the information required in this section
- · Sign and date
- · Submit to the Prospective Employer

SIDE 2 SECTION 4a: Prospective Employer

- · Complete the information required in this section
- · Send to Previous Employer

SIDE 1 SECTION 2: Previous Employer

- Complete the information required in this section
- Sign and date
- Turn form over to complete SIDE 2 SECTION 3

- Complete the information required in this section
- · Sign and date
- · Return to Prospective Employer

SIDE 2 SECTION 4b: Prospective Employer

- · Record receipt of the information
- · Retain the form

O Copyright 2003 & Published by J. J. KELLER & ASSOCIATES, INC., Neenah, WI • (

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rospective Employer:	- Attn: Brenda Tvi	ickl		
ttention:		Benfonville, AR 79746-6650		
traei:	Phone:	dv		
ity. State, Zip:	Email: Brenda. I	/licki@wal-mart.com		
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ECTION 2.				
	TO BE C	OMPLETED BY PREVIOUS EMP	LOVER	
		ACCIDENT HISTORY		
Old he/she drive fro Cargo Tank D Dou	otor vehicle for you? Y	es O No Olf yes, what type? Straight (Specify)	_ to (m/y)	
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plicant in the 3 years ver.	s prior to the application	in dale shown above, or check here I w	register (§390.15(b)) that involved the there is no accident register data for this	-50
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SIDE 2

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SECTIONS	TO B	E COMPLETED	Employee N BY PREVIOUS EMP	ame	Kovin	RO	200
		- DOME LE LED	Y PREVIOUS EMP	LOYER	MARKET STATE	F 457 112	-15/41
If driver was not so	Ubject to Done	DRUG AND A	LCOHOL HISTORY				1017-01
the dates of emplo	yment from _ 1/2011	ansportation testing rec	luitements while small				
Driver was subject	ubject to Department of Troyment from	10 T/2011	, complete bottom of Section	by this employ	yer, please che	ck here	17:00
1. Has this person	on had an alcohol toot will	reauth testing requirem	ents from	to	retum,		
2. Has this person	on lested positive	a result of 0.04 or high	er alcohol concentration?	_5/_3x 5**		YES	NO
3. Has this person	on refused to aut	erated or substituted a t	est spectmen for controlled	out-1 -			
substance tes	on refused to submit to a post; on committed other violation	ost-accident, random, i	easonable suspicion, or fol	substances?			
Has this perso	on committed other violation	on of O		iow-up alcoho	or controlled		
5. If this person h	on committed other violation as violated a DOT drug and uremploy, including return-the successfully completed.	ins of Suppart B of Part	382, or Part 40?			\exists	
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subsequently i	as violated a DOT drug and Ir employ, including return-to the successfully completed have an alcohol test result se questions, include any	a SAP's rehabilitation	is? If yes, please send docu	mentation back	with this form		\Box
In answering the	ho successfully completed have an alcohol test result se questions, include any repuisition to the application to	of 0.04 or greater, a ve	elerral and remained in you	ur employ, did	this driver		
previous 3 years	se questions, include any r	equired DOT drug or a	cohol testing informati	fetuse to be te	sled?		
Name:		own on side 1.	testing information of	otained from p	rior previous en	nployers	in the
Company:	THE MIAMI	14-20-0					
Street:	7	(1074801).					
City, State, Zip:	HOMUSICAD_	F			1000		
ection 3 Completed	thu (Cina)	33035		Talent	:		
	by (Signature):(relephone: _	4	7	,
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- Commission	N 1: Prospective Employ	/ee	SIDE 2 SECTION -				

- Complete the information required in this section
- Sign and date
- Submit to the Prospective Employer

SIDE 2 SECTION 4a: Prospective Employer

- Complete the Information required in this section
- Send to Previous Employer

SIDE 1 SECTION 2: Previous Employer

- · Complete the information required in this section
- Sign and date
- Turn form over to complete SIDE 2 SECTION 3

SIDE 2 SECTION 3: Previous Employer

- · Complete the information required in this section
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SIDE 2 SECTION 4b: Prospective Employer

- · Record receipt of the information
- · Retain the form

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SIDE 2	Employee Name
SECTION 3: TO BE COMPLETED BY	PREVIOUS EMPLOYER
	COHOL HISTORY *
If driver was not subject to Department of Transportation testing require the dates of employment from to to	rements while employed by this employer, please check here , fill in
Driver was subject to Department of Transportation testing requirement	Is from
1. Has this person had an alcohol test with a result of 0.04 or higher	ralcohol concentration?
Has this person tested positive or adulterated or substituted a tes	st specimen for controlled substances?
3. Has this person refused to submit to a post-accident, random, resubstance test?	asonable suspicion, or follow-up alcohol or controlled
4. Has this person committed other violations of Subpart B of Part 3	82, or Part 40?
If this person has violated a DOT drug and alcohol regulation, did the program in your employ, including return-to-duty and follow-up tests	is person complete a SAP-prescribed rehabilitation
subsequently have an alcohol test result of 0.04 or greater, a veri	ferral and remained in your employ, did this driver
In answering these questions, include any required DOT drug or alc previous 3 years prior to the application date shown on side 1.	ohol testing information obtained from prior previous employers in the
Name:	
Street:	
City, State, Zip:	Telephone:
Section 3 Completed by (Signature):	Date:
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Ву:	Mailed Demailed Other
SECTION AND TO BE COMPLETED BY P	
Information received from:	
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INSTRUCTIONS TO COMPLETE THE SAFETY P	ERFORMANCE HISTORY RECORDS REQUEST
SIDE 1 SECTION 1: Prospective Employee	SIDE 2 SECTION 3: Previous Employer
 Complete the information required in this section 	Complete the information required in this section
Sign and date	Sign and date
 Submit to the Prospective Employer 	Return to Prospective Employer
SIDE 2 SECTION 4a: Prospective Employer	SIDE 2 SECTION 4b: Prospective Employer
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Complete the information required in this sectionSign and date	Retain the form Attack Attack

WAL-MART TRANSPORTATION, LLC
TY PERFORMANCE HISTORY RECORDS REQUES

Previous Employer: Are provious Employer: Are provious Employer: Are provious and forward the Information requested by socion 3 of this document concerning my Alcotical and Controlled Substances' (date of employment application). Alterniton: Phone	First, M.I., Last MEMMIX MERALD British British	Previous Employer: Street:	First, M.I., Last				
First, M.I., Last Name MERGLD Date of Birth Email: Telephone: Email: Telephone:	First, M.I., Last Manual Mekalin Mekali	revious Employer:					
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he applicant named above was employed by us. Yes No 1 No 1 to (m/y) to (m/y) to (m/y) Did he/she drive motor vehicle for you? Yes No I if yes, what type? Straight Truck Tractor-Semitrailer Cargo Tank Doubles/Triples Other (Specify) Reason for leaving your employ: Discharged Resignation Lay Off Military Duty there is no safety performance history to report, check here sign below and return. CCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b)) that involpilicant in the 3 years prior to the application date shown above, or check here if there is no accident register deriver. Date Location No. of injuries No. of Fatalities Hazelease provide information concerning any other accidents involving the applicant that were reported to government insurers or retained under internal company policies:	to (m/y) Ito (m/y) I	ECTION 2:	то	BE COMPLETED BY PREVI	OUS EMPLOYE	ER	
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from (m/y)	das	he applicant named	l above was empl	loyed by us. Yes D No D 1	Pi.		
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PRE-EMPLOYMENT APPLICANT DRUG AND ALCOHOL TEST STATEMENT

Sec. 40.25(j) As the employer, you must also ask the employee 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 testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you until and unless the employee documents successful completion of the return-to-duty process. (See Sec. 40.25(b)(5) and (e).

Wal-Mart Transportation, LLC

COMPANY NAME:

	LOCATION NUMBER:		-78	334
9	STREET:		•	
	CITY:	SMYR	JA	
	STATE, ZIP:	Del AWA	Re 19977	
	Applicant's Name:	Keuin		
-44	SS #:	· (PI	int)	
The a	pplicant is required by followin	y Sec. 40.25(g questions:	j) to respond to t	he
	Have you tested positive, on the common test administered by are sin, safety-sensitive transportal alcohol testing ru	n employer to whit ation work cover	ch you applied for, but ed by DOT agency dru	did not
	Check one:	Yes	No .	
2.)	If you answered Yes, can completed the DC			essfully
	Check one:	Yes	No	
Applica	ant's Signature:		Date: 12-6-13	BEIMMIE!
Witnes	sed By:	Signature)	Date:	<u>3</u> 22

D.O.T. Certified Associates Alcohol and Drug Abuse Policy and Consent Form Acknowledgment

I have received and read a copy of the Wal-Mart Private Fleet D.O.T. CERTIFIED ASSOCIATE ALCOHOL AND DRUG ABUSE POLICY and have had an opportunity to discuss it with Wal-Mart Management. I understand and agree to submit a urine sample or provide breath for testing under the circumstances and conditions as outlined in the policy.

I understand that if testing indicates the presence of illegal drugs or abuse of prescription drugs (taking someone else's medication) in my body in any detectable amount, I will be terminated.

I further understand that testing for alcohol will be administered by breath testing. Any Associate testing at 0.001 (zero tolerance) and above will be considered under the influence, resulting in automatic termination for violation of Company Policy.

I hereby acknowledge all of the above drug and alcohol testing policies and procedures and the use by Wal-Mart of results thereof in further determining my continued employment with this Company. Associates who refuse to timely submit a specimen for testing, or refuse to sign a consent form will be considered to have voluntarily resigned his or her employment. I understand this is not a contract for employment and that I remain "terminable at will" and am free to resign at any time I wish.

Associate's Signature

Associate's Printed Name

Associate's Driver Number

RETURN TO SUPERVISOR AFTER SIGNING

Walmart Dr	iver S	Skil	lls Evaluation		
Driver's Name KEVIN ROPER			Addres JONES BOAO, GA. 30	238	FOR
icense St FL . Equipment Driver	-Tractor #	2	-0461 Trailer # 132320		
Fested From: City SMYRNA St	$\mathcal{E} \cdot \tau$	o: Cit	Dover st DE.		
ested Fiorit. City Stry Kilox . St. E	of the last way	doct-back-pa		ensister.	0000000
	Party well in the block of the con-	MET 1.755576 (178)	of Driver Skills		
he above named driver was given a Driver Skills Evaluation of	AU_(m		ider my supervision.		
			te a Class 8 Combination Vehicle for Walmart Transportation.		
	53' van				
signature of Examiner	OT A RESERVE	0.1	Date: 12-6- 2013 Title: SAFET MANAGAL dress of Examiner: SMYRAM, DE. 1997	3	
organization: Walman creamsportegron, LLC	element was	Add	dress or examiner:		20191
"我们就是我们的是是我们的人们就是我们	CRITI	CAL:	VIOLATIONS		
(1 Fail = Au	tomatic	Fail o	of Driver Skills Evaluation)		
	Fail		TO THE SERVICE STATES TO SERVICE STATES	Fail	
ailure to wear seat belt			Consistently unsafe following distance		
reventable accident or incident			Unable to complete backing task with 6 or less repositions		-
angerous action or unsafe behavior			Failure to obey local, state, or federal laws and regulations		
ailure to cooperate with or follow examiner instructions	0	Size.	Failure to conduct self in a professional manner		ASSESSED.
Receives traffic citation			Failure of FMCSR 391.11(b)(2)	7//	~
oasting / out-of-gear operation			(//////////////////////////////////////	11	1/
Pre-Trip Ins	pectio	n &	Basic Skills Evaluation	N. P.	
Pre-Trip Inspection	Up 2 to orbit	No.	Pre-Trip Inspection (cont.)		_
GENERAL CONDITION APPROACHING	Yes	No	INSIDE CAB - ENGINE START UP	Yes	No
hecks fluid leaks	×		Checks dashboard warning lights	×	
hecks for damage to equipment		X	Checks instruments for normal readings	×	
CHECKS UNDER HOOD - ENGINE OFF	Yes	No	Checks wipers	×	
hecks fluid levels	×		Checks heat / AC Blower	×	
hecks general condition of engine compartment	×		Checks steering play	×	
hecks exhaust	>		Checks low air warning systems	X	
hecks steering system	×		Basic Skills Evaluation		
hecks front tractor suspension	×		DRIVER'S IN-CAB PREPARATIONS	Yes	No
hecks belts	X	0	Familiarizes self with cab controls	X	
WALK AROUND	Yes	No	Checks mirror adjustment		X
hecks lights	×		COUPLING	Yes	No
hecks license plates	×		Lines up unit	X	
hecks turn signals		X	Visually inspects trailer height/alignment	X.	
hecks reflectors	X		Visually inspects air line grommets	×	
hecks handrails	×		Connects air & electric lines properly	×	
hecks mirror brackets	×		Visually inspects 5th wheel coupling	X	
hecks steps	*	0	Raises dolly legs completely after coupling	X	
hecks fuel tanks		X	Uses gentle tug test to check coupling	×	
hecks battery box	×	Q	DRIVER SKILL EVALUATION - ON YARD	Yes	No
hecks frame rails	× ×		Checks to see if all wheels/tires are rolling on trailer	X	
hecks drive shaft			Uses all mirrors when operating vehicle	X	
hecks exhaust system		X	Observes speed limit on yard	>	0
hecks rear tractor & trailer suspension	×		Slides tandems safely	~	0
hecks brake systems hecks tires			Slides 5th wheel safely Visually checks to make sure pins are locked	0	
necks tires hecks lug nuts & wheels	A		Enters, stops on, and exits truck scale	0	
hecks mud flaps	X		Frequently scans immediate area for potential hazards	10	
hecks trailer annual inspection		-	DRIVER BACKING SKILLS	X Yes	No
SAFETY EQUIPMENT	Yes	No	Gets out and checks area before backing	×	100
hecks 4-way flashers, warning triangles, and fire extinguisher	>≤	and the same	Sets up properly	2	
INSIDE CAB - ENGINE OFF	Yes	No	Signals before backing	\\\-\	
hecks horns	>x		The Charles are a control of the Charles and the Charles are a control of the Charles and the Charles are a control of the control of the control of the control	3	, ,
hecks Permit Book		-	Uses all mirrors while backing Controls speed and direction while backing		- D
Checks inspection report (DVIR)		X.	Controls speed and direction wille backing	-	
checks windshield, door glass, and mirror glass	4		Pre-Trip Inspection & Basic Skills Evaluation	1 SH 383	SM2
hecks seat belt	~	u	Stores, Inc. Total # No's: 7 (Passing score = 12 or less) (Passing score = 12 or less)	4500000	CHARGO!

7834 Sm	yrna, De	Date:_	
Driver:		#:_	ř.

☐ driving with ☐ accompanie		Property of the second	10 (40 01110	
qualified by				licate (SPE
s physical examinatings completely and c	ion is true ar correctly, and	nd complete.	A complete e	xaminatio
			0.0	
	DATE	12/6	/13	
		₩D	Chiro	practor
-		(6)		
FICATE NO. ISSUIN	NG STATE	Physician Assistant	Other	ice Nurse r itioner
616				
Esp 100	ONLY		CDL	Пис
- 6			STATE	
	1 . 1	•		
	FICATE NO. ISSUII	GELCOMPLETELY AND CORRECTLY, and DATE FICATE NO. ISSUING STATE FICATE NO. INTRAS	GICATE NO. ISSUING STATE INTRASTATE ONLY	FICATE NO. ISSUING STATE Physician Other Assistant Other Pract INTRASTATE CDL ONLY ONLY YES NO YES

SEPARATE MOTOR CARRIER COPY BEFORE REMOVING LINER FROM LAMINATE

NO RETAIN

person is qualified; and, if applicable, only when:	41-391.49) and with knowledge of the driving duties, I find
wearing corrective lenses	driving within an exempt intracity zone (49 CFR 391.62)
wearing hearing aid	accompanied by a Skill Performance Evaluation Certificate (
accompanied by a waiver/exemption	qualified by operation of 49 CFR 391.64
MEDIAL EXAMINER'S NAME (PRINT)	MD DO Perilippractor
MEDICAL EXAMINER'S LIGENSE OR CERTIFICATE NO. / IS	Assistant Practice Nurse
SIGNATURE OF DEBAFE	DRIVER'S LICENSE NO. STATI
ADDRESS OF DRIVER	CUTLER BAY, FL 331
	1





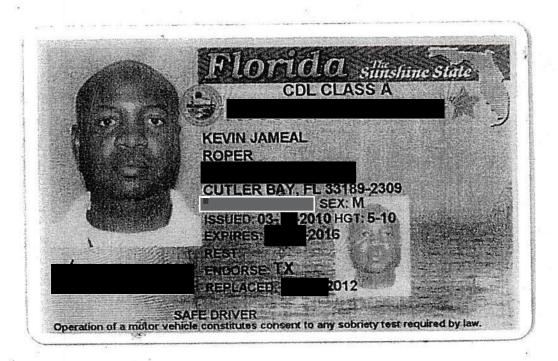
Specimen Result Certificate

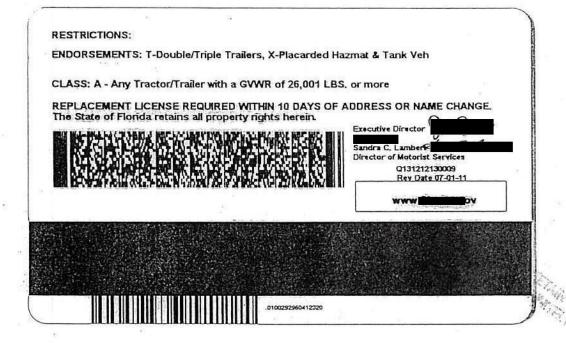
Number: 5001	39074		Report printed	d on 6/9/2	014 3:10:41 PM	Pa	ge 1 of 1
Attention: HRM			Verificati	on Date	12/13/2013 10	:01 AM	
Wal-Mart Transpor SMYRNA, DE 199		34/DOT	Medical Dr.	Review Office	r:		
Collection Site:	, ,		Overland	d Park, KS 66	225		
10176 - Occup. He	ealth/Medical Alte	ernative Care					
Donor Name:	ROPER, KEV	IN	Decode 5	2000 #			
Date Of Test:	12/06/2013		People F Reason		Pre-er	mployment	
ID Number: Laboratory:	500139074 ALERE		Regulati Specime		DOT-F Urine	FMCSA	
Drugs Tested:							
Drug Name	Result	Screening Cutoff	Confirmation Drug Cutoff	Name	Result	Screening Cutoff	Confirmation Cutoff
Marijuana Cocaine		50 ng/ml 150 ng/ml	6-Mor	noacetylmorph	nine	10 NG/ML 25 ng/ml	
Amphetamines Opiates		500 ng/ml 2000 ng/ml	Ecsta	sy		500 ng/ml	
Final Result Dis	sposition:	Neg	ative		Si S		ű
CCF Record Date an	d Data Entry Opera	itor : 12/13/201	3 -				
TO BE COMPLETED	DV THE MEDICAL	DEVIEW OFFI	CED	<u> </u>			
			accordance with applicable Fede	ral requirements. My o	determination/verification is:		
✓ Negative ☐ Dilute		sitive	Test Cancell		Refusal to tes	t because estituted	
REMARKS:							
Dr.		2.		12/13/20	013 10:01:32 AM		
(PRINT) Medical Rev	iew Officer's Name	Signature	of Medical Review Office	r Date (Mo.	/Day/Yr.)		



Specimen Result Certificate

D Number: 502160	0701			Repor	t printed on	6/9/2014 2:	00:02 PM	Pag	ge 1 of 1
Attention: HRM Wal-Mart Dispatch # LAGRANGE, GA 30 Collection Site:		/DOT		N	Verification Date Medical Review Overland Park, R	Officer:	01/2014 01	:06 PM	
Donor Name: Date Of Test: ID Number: Laboratory:	01/3	er, Kevin 1/2014 160701 RE		F	People Pass # Reason for Test Regulation: Specimen Type:			mployment FMCSA	
Drugs Tested: Drug Name		Result	Screening Cutoff	Confirmation Cutoff	n Drug Name		Result	Screening Cutoff	Confirmation Cutoff
Marijuana Cocaine Amphetamines Opiates			50 ng/ml 150 ng/ml 500 ng/ml 2000 ng/ml		6-Monoacetyl PCP Ecstasy	morphine		10 NG/ML 25 ng/ml 500 ng/ml	
Final Result Dis	positi	on:	Neg	ative			8		
CCF Record Date and	Data E	intry Opera	tor : 1/31/2014	-1	_				
TO BE COMPLETED E			entified by this form in	accordance with appl	t Cancelled	□F	Refusa <u>l to</u> tes	it because	
I have reviewed the laboratory re Negative		Pos	auve			dulterated		stituted	





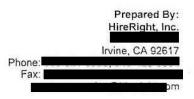
HireRight.

Intelligence to move forward."

Kevin J Roper

Complete Report

Social Security Number:



Request #: HE-020614-TC6NR

Turnaround time: 19.3 hours Package: Custom

Date Request Submitted: 02/06/2014 06:15:04 AM Request Completion Date: 02/07/2014 01:35:12 AM

Location #: 7834

Requested By: Wal-Mart Transportation Safety Bentonville, AR 72716 Phone: E-mail:

Product	Verification	Result	Adjudication Result
MVR Standard	FL. USA	MVR Record Clear	

MVR Standard Date MVR Request Submitted: 2/6/2014 6:15 AM Complete - MVR Record Clear MVR Request Completion Date: 2/7/2014 1:35 AM **Driver Personal Information**

State:

Florida

Location #

7834

License:

ROPER, KEVIN JAMEAL

CUTLER BAY, FL 33189-2309

DOB:

SEX: M; HGT: 5'-10"

Requested As:

CDL-PERMIT

Driver License Information

Class Restrictions Issued **Expires** Status CDL-A 03/15/2010 ID 04/30/1999 2012

Miscellaneous / State Specific Information

02/12/2010

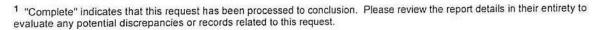
Туре	Description
CLASS	A - COMB VEH>26,000 GVWR, TOWED UNIT>10,001 GVWR
ENDOR	T - DOUBLES/TRIPLES, X - TANK/HAZMAT
MISC	Vision Exam: 1
MISC	Road Sign Exam: 1
MISC	Road Rules Exam: 3
MISC	Drive Exam: 1
MISC	Motor Cycle Rules Exam: 0
MISC	Motor Cycle Skill Exam: 0
	Original Issue Date: 06-09-99
MISC	
MISC	CDL Original Issue Date: 03-15-10
MISC	Previous Batch: 03-15-20 10T
MISC	Current Issue Batch: 03-15-10 T06
MISC	Duplicate Batch 1: 12-05-07 T06
MISC	Replacement Batch 1: 09-08-99 T04
MISC	Replacement Batch 2: 03-15-10 Q13 Replacement Batch 3: 10-15-12 T06
MISC	Replacement Batch 3: 10-15-12 T06
CLASS	ID - IDENTIFICATION CARD
CLASS	PERMIT - CMV - TEMPORARY DRIVING PERMIT
MISC	** CDL MEDICAL CERTIFICATION UNTIL 05-20-2015 **
MISC	** ENTRIES BELOW COVER THE PAST 3 YEARS **
MISC	** BLOCK PERSONAL INFORMATION **
MISC	** BLOCK FOR MAILING LIST **
MISC	** THIS PERSON ENDORSED FOR OPERATING VEHICLES WITH DOUBLE/TRIPLE TRAILERS **
MISC	** THIS PERSON ENDORSED FOR OPERATING PLACARDED HAZ MAT AND TANK VEHICLES **
MISC	** THIS PERSON HAS A DIGITAL IMAGE **
MISC	** THIS PERSON HAS A REAL ID **

Driving Record Information

MVR RECORD CLEAR

Information reported may be limited in accordance with the Fair Credit Reporting Act and applicable state law.

V/S Date - Violation/Suspension date C/R Date - Conviction/Reinstatement date

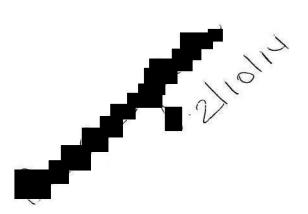


All times listed in Pacific - USA timezone

LEGAL NOTES:

Kevin Roper,

The information provided herein is a consumer report as defined in the federal Fair Credit Reporting Act [15 USC 1681 et.seq.] It contains confidential information on the individual named. It is submitted subject to the express conditions contained in your Subscriber Agreement with HireRight, and may be used solely for legally permissible employment purposes (i.e., as a factor in evaluating the named individual for employment, promotion, reassignment or retention as an employee). Proper use of the content of this report and final verification of the named individual's identity is your sole responsibility.



CONTRACT VICENTAL VIC

HireRight.

Intelligence to move forward."

Kevin J Roper

Complete Report

Social Security Number:

Prepared By: HireRight, Inc. Irvine, CA 9261

Request #: HE-121113-MR3S7

Turnaround time: 14.8 hours Package: Custom

Date Request Submitted: 12/11/2013 10:40:43 AM Request Completion Date: 12/12/2013 01:33:52 AM

Location #: 7834

Requested By: Brenda Tylicki Wal-Mart Transportation Safety Bentonville, AR 72716

Phone: (

Product Verification		Result	Adjudication Result
MVR Standard	, FL, USA	MVR Record Clear	

MVR Standard

Date MVR Request Submitted: 12/11/2013 10:40 AM

MVR Request Completion Date: 12/12/2013 1:33 AM

Complete - MVR Record Clear

Driver Personal Information

State:

Florida

Location #

7834

License:

ROPER, KEVIN JAMEAL

CUTLER BAY, FL 33189-2309

DOB:

SEX: M; HGT: 5'-10"

Requested As:

Driver License Information

Class

Issued

Expires

Status

Restrictions

CDL-A

03/15/2010

ID

04/30/1999

CDL-PERMIT

02/12/2010

Miscellaneous / State Specific Information

Type	Description
CLASS	A - COMB VEH>26,000 GVWR, TOWED UNIT>10,001 GVWR
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MISC	Vision Exam: 1
MISC	Road Sign Exam: 1
MISC	Road Rules Exam: 3
MISC	Drive Exam: 1
MISC	Motor Cycle Rules Exam: 0
MISC	Motor Cycle Skill Exam: 0
MISC	Original Issue Date: 06-09-99
MISC	CDL Original Issue Date: 03-15-10
MISC	Previous Batch: 03-15-20 10T
MISC	Current Issue Batch: 03-15-10 T06
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MISC	** THIS PERSON ENDORSED FOR OPERATING PLACARDED HAZ MAT AND TANK VEHICLES **
MISC	** THIS PERSON HAS A DIGITAL IMAGE **
MISC	** THIS PERSON HAS A REAL ID **
	그녀는 그리는 그를 잃으면 이 전에 가입을 그릇한 경치되었다. 그리는 그는 이번 사람이 되는 이번 경제 경험되었다. 그는 그를 그리고 그는 그를 그리고 그를 그리고 그를 그리고 그를 걸었다.

Driving Record Information

MVR RECORD CLEAR

Information reported may be limited in accordance with the Fair Credit Reporting Act and applicable state law.

V/S Date - Violation/Suspension date C/R Date - Conviction/Reinstatement date

All times listed in Pacific - USA timezone

LEGAL NOTES:

^{1 &}quot;Complete" indicates that this request has been processed to conclusion. Please review the report details in their entirety to evaluate any potential discrepancies or records related to this request.

The information provided herein is a consumer report as defined in the federal Fair Credit Reporting Act [15 USC 1681 et.seq.] It contains confidential information on the individual named. It is submitted subject to the express conditions contained in your Subscriber Agreement with HireRight, and may be used solely for legally permissible employment purposes (i.e., as a factor in evaluating the named individual for employment, promotion, reassignment or retention as an employee). Proper use of the content of this report and final verification of the named individual's identity is your sole responsibility.



WETHER 35

Walmart

Transportation

Wal-Mart Transportation LLC Motor Vehicle Driver's Certification of Violations

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall, at least once every 12 months, require each Driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the Driver has been convicted, or on account of which he has forfeited bond or collateral during the preceding 12 months, (Section 391.27)

<u>DRIVER REQUIREMENTS</u>: Each Driver shall furnish the list as required by the motor carrier above. If the Driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he shall so certify. (Section 391.27)

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

Date	Offense	Location	Type of Vehicle Operated NonE
			NONE.
collateral on account o	isted above, I certify that I of any violation received varing the past 12 months.	while operating a comme	
NAME OF DRIVER	KEUIN ROPE	Driver #: 17589	Dispatch # 7834
NAME OF DRIVER: (Type or Print) (DATE THE DRIVER/CERTIFIE TO BE ACCURATE)	ED THE ABOVE INFORMATION		ZER'S SIGNATURE)

Certification of Violations

2/08 (revised April 2012)

Walmart Transportation

NOTICE TO DRIVERS CERTIFICATE OF COMPLIANCE

NOTICE TO DRIVERS

The Commercial Motor Vehicle Safety Act of 1986 provides for a new set of controls over the drivers of commercial vehicles. The new law applies to all drivers operating vehicles and combinations with a Gross Vehicle Weight Rating over 26,000 pounds, and to any vehicle, regardless of weight, transporting hazardous materials. The following provisions of this legislation become effective July 1, 1987:

- No driver may possess more than one license, and no motor carrier may use a driver having more than one license.
- 2. A driver convicted of a traffic violation (other than parking) must notify the motor carrier AND the state which issued the license to that driver of such conviction within 30 days.
- 3. Any person applying for a job as a commercial vehicle driver must inform the prospective Employer of all previous employment as the driver of a commercial vehicle for the past 10 years, in addition to any other required information about the applicant's employment history.
- 4. Any violation is punishable by a fine not to exceed \$2,500. In addition, the Federal Motor Carrier Safety Regulations now require that a driver who loses any privilege to operate a commercial vehicle or who is disqualified from operating a commercial vehicle must advise the motor carrier the next business day after receiving notification of such action.

TO BE RETAINED BY THE CARRIER

Ц.	CERTIFICATION BY DRIVER	
*1	71: 1	1 in a state of the Con

I hereby certify that I have read and understand the driver provisions of the Commercial Motor Vehicle Safety Act of

Driver's N	ame (print) KW	N ROPE	R		SS#_			H	
Driver's A	NAME OF TAXABLE PARTY.				í e			. *	15
	JONES E	2020, (9A	30238	3	¥-			* 1	. 4
License: S	State FL Type/0	, .	·	.D.#					
		8.					The same of the sa		
I further co	ertify that the above c	ommercial vehic	ele license is	the only o	one held		or that I	have surre	endered
the follow	ing license(s) to the st	ate(s) indicated.	•	14	†i				
					350	14	. 4		
State	Type/Class	**	I.D						
State	Type/Class	Š.	I.D	3 *		21	, ri		2
	_ • _ •	,				.*		ii. Peta.	20
Driver's Si	gnature_	ع٠١	ha t		88			VOCE AND	¥ ∵.
Date 12	-6-13.	<i>!</i>	14 3		: :X	**	4.0	1.6	ة. 3

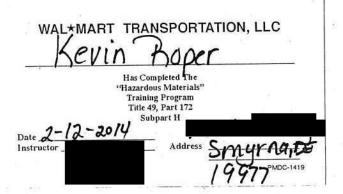
Wa..nart Transportal..on

Hazardous Material and Security Awareness Test

I have been trained and tested in compliance with Hazardous Materials 49 CFR 172.704 and Security Awareness HMD 215-D

- General Awarness
- Shipping Paper
- Labels
- Placards
- Loading & Securing
- Emergency Procedures (HM215D)
- WM Security Training
- Claims Training

	∞
Instructor Name	Walmart Transportation, LLC
instructor Name	
Kevin ROPER	7834
Associate (Print Name)	Location Number
	2.12.14
Associate Signature	Date
Driver Number 17589	IN BETA





DRIVER'S RECEIPT

I acknowledge receipt of Keller's Drug & Alcohol Testing: Training and Awareness Driver Handbook containing the following awareness topics:

- Introduction
- Abbreviations
- Definitions
- Who is Covered by the Drug and Alcohol Regulations?
- What is a Safety-sensitive Function? ...
- What are the Alcohol and Drug Prohibitions?
- What Tests are Required and When Will I Be Tested?

Pre-employment

Post-accident

Random

Reasonable Suspicion

Return-to-duty and Follow-up

- What Happens if I Refuse to Be Tested?
- How is Drug and Alcohol Testing Performed?
- What are the Consequences of Violating the Drug and Alcohol Prohibitions?
- Where Can I Go for Help?

Self-admission of Alcohol and Drug Use

What are the Effects of Drugs and Alcohol on the Body?

	g			2/12/
	Signatute			Date
L WF	almax	Γ.		
	Company		я .	•
			0	1-12-14
, Facilitator's	Signature		-	Date
WALMART	•			Dute
	Company			:
TE: This peceint shall be				

NOTE. This pecent shall be readyand signed by the driver A response the company supervisor shall commany in the receipt and place it in the lighter straining tile.

RETAIN INDEFINITELY

