



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altered or substituted, I will be disqualified from consideration for employment and any offer of employment will be withdrawn.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 [REDACTED]

CONTACT INFORMATION

Last Name:	First Name:	Social Security Number:	Date of Birth:
Roper	Kevin	[REDACTED]	[REDACTED]
Address:	City:	State:	Zip:
[REDACTED]	Cutler bay	Florida	33189
Home Phone:		Email Address:	
[REDACTED]		[REDACTED]	
How did you learn about this opening?		Will you be able to show evidence of work authorization within three days of your hire?	
Internet		Yes	

JONES BORO, GA 30238
12/6/13 [REDACTED]

RELATIVES AT WAL-MART

Do you have a relative (by birth, adoption or marriage) that works for Wal-Mart?

No

Relative's First Name:	Relative's Last Name:
Relative's Relationship	Relative's Work Facility Name or Location

MINIMUM QUALIFICATION QUESTIONS

<u>Question</u>	<u>Answer</u>
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 YEAR RESIDENCE HISTORY

Address:	City:	State:	Zip:
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		Carrier Safety Regulations?
September 9, 1999	September 11, 2004	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

EXPERIENCE AND QUALIFICATIONS			
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

LICENSE INFORMATION			
Must list all unexpired Commercial Drivers Licenses (CDL's)			
State:	License Number:	Endorsements:	CDL Expiration Date:
Florida	██████████	Hazmat, doubles triples, tanker	December █ 2016

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

RECEIVED
 11/22/2014

<u>Yr 2 (Miles driven previous 13-24 months)</u>	150000	September [REDACTED], 2012	September [REDACTED], 2011	Van
<u>Yr 3 (Miles driven previous 25-36 months)</u>	85000	September [REDACTED], 2011	September [REDACTED], 2010	Van
<u>Total Miles Driven</u>	335000			

EQUIPMENT EXPERIENCE

List type of equipment you have operated during your driving career, the number of miles driven and the number of years for each equipment type. Include your career total miles and years of driving experience.

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:		325,001 to 350,000 miles	

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
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PERSONAL VEHICLE.
ACCIDENT ON 9/5/2003
12/6/13 [REDACTED]

TRAFFIC CONVICTIONS AND LICENSE FORFEITURES - PROFESSIONAL AND PERSONAL

Have you had a conviction and/or license forfeiture in the last three years (no parking violations or overweight fines)?	No
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CANDIDATE SIGNATURE

Please review the following statement carefully before submitting.

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INFORMATION

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

EMPLOYMENT HISTORY

Current Employer Name:	Current Position Held:	Reason for leaving:	Employer Phone Number:
Werner Enterprise	Otr truck driver	Na	[REDACTED]
Employer Address:	Employer City:	Employer State:	Employer Zip:
[REDACTED]	Omaha	Nebraska	68138
From:	To:	Were you subject to Federal Motor Carrier Safety Regulations?	
June 17, 2011	September 20, 2013	Yes	
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?			Yes

Employer Name:	Position Held:	Reason for leaving:	Employer Phone Number:
Miami herald	Independent Contractor	Went back to trucking	[REDACTED]
Employer Address:	Employer City:	Employer State:	Employer Zip:
1 herald ave	Miami	Florida	33156
From:	To:	Subject to Federal Motor Carrier Safety Regulations?	
February 5, 2011	June 13, 2011	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:
CRST	Otr truck driver	Family issues	[REDACTED]
Employer Address:	Employer City:	Employer State:	Employer Zip:
[REDACTED]	Cedar Rapids	Iowa	52406
Employed From:	Employed To:	Were you subject to Federal Motor	


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		Carrier Safety Regulations?	
April 4, 2010	December 30, 2010	Yes	
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?			Yes
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: 12-6-13	12-6-13

RETURN
INDIVIDUALLY

WALMART TRANSPORTATION LLC
SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SIDE 1

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) KEVIN J ROPER _____
First, M.I., Last
_____ Social Security Number
_____ Date of Birth
_____ hereby authorize: _____

Previous Employer: WERNER _____ Email: _____
Street: _____ Telephone: _____
City, State, Zip: OMAHA, NE 68138 _____ Fax No.: _____

to release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from JUNE 17, 2011
(date of employment application)

To:
Prospective Employer: _____
Attention: _____ Telephone: _____
Street: _____
City, State, Zip: _____

In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's confidential fax number: _____
Prospective employer's confidential email address: _____
_____ Applicant's Signature

12-6-13
Date

This information is being requested in compliance with §40.25 and §391.23.

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY

The applicant named above was employed by us. Yes No
Employed as _____ from (m/y) _____ to (m/y) _____

- 1. Did he/she drive motor vehicle for you? Yes No If yes, what type? Straight Truck Tractor-Semitrailer Bus
Cargo Tank Doubles/Triples Other (Specify) _____
- 2. Reason for leaving your employ: Discharged Resignation Lay Off Military Duty

If there is no safety performance history to report, check here , sign below and return.

ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here if there is no accident register data for this driver.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

Any other remarks: _____

CMV Miles Driven: _____ Signature: _____ Title: _____ Date: 10

**WALMART TRANSPORTATION LLC
SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

SIDE 1

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) KEVIN J ROPER _____
 First, M.I., Last _____ Social Security Number _____

 hereby authorize: _____

 Date of Birth _____

Previous Employer: CRST _____ Email: _____
 Street: _____ Telephone: _____
 City, State, Zip: CEDAR RAPIDS, IA 52406 _____ Fax No.: _____

to release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from 4-4-10
 (date of employment application)

To: _____
 Prospective Employer: _____
 Attention: _____ Telephone: _____
 Street: _____
 City, State, Zip: _____

In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's confidential fax number: _____
 Prospective employer's confidential email address: _____

 Applicant's Signature _____ Date 12-6-13

This information is being requested in compliance with §40.25 and §391.23.

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY

The applicant named above was employed by us. Yes No
 Employed as _____ from (m/y) _____ to (m/y) _____

1. Did he/she drive motor vehicle for you? Yes No If yes, what type? Straight Truck Tractor-Semitrailer Bus
 Cargo Tank Doubles/Triples Other (Specify) _____
2. Reason for leaving your employ: Discharged Resignation Lay Off Military Duty

If there is no safety performance history to report, check here , sign below and return.

ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here if there is no accident register data for this driver.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

Any other remarks: _____

CMV Miles Driven: _____ Signature: _____
 Title: _____ Date: 11

PREVIOUS EMPLOYER - COMPLETE SIDE 2 SECTION 3

DRIVERS MANAGEMENT, LLC

1/22/2014



Employment Verification

Name:	KEVIN J ROPER
Company:	WALMART TRANS
Social Security Number:	[REDACTED]

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
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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

[REDACTED]

RETAIN
INDENTIFIED

TO BE COMPLETED BY PREVIOUS EMPLOYER

DRUG AND ALCOHOL HISTORY

If driver was **not** subject to Department of Transportation testing requirements while employed by this employer, please check here , fill in the dates of employment from _____ to _____, complete bottom of Section 3, sign, and return.

Driver was subject to Department of Transportation testing requirements from _____ to _____ .

YES NO

- 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? YES NO
- 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? YES NO
- 3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? YES NO
- 4. Has this person committed other violations of Subpart B of Part 382, or Part 40? YES NO
- 5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form. YES NO
- 6. For a driver who successfully completed a 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 refuse to be tested? YES NO

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on side 1.

Name: _____

Company: _____

Street: _____

City, State, Zip: _____ Telephone: _____

Section 3 Completed by (Signature): _____ Date: _____

TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) Faxed to previous employer Mailed Emailed Other _____

By: _____ Date: 12/17/2013

TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when information is obtained.

Information received from: Werner Enterprises

Recorded by: _____ Method: Fax Mail Email Telephone

Date: 12/16/2013 Other _____

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SIDE 1 SECTION 1: Prospective Employee

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

SIDE 2 SECTION 3: Previous Employer

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

SIDE 2 SECTION 4a: Prospective Employer

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

SIDE 2 SECTION 4b: Prospective Employer

- Record receipt of the information
- Retain the form

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

RETAIN INDENTIFIED

[Print](#)

[Set This Request Complete](#)

Request / Response Report

Response Tracking ID: (None)

Request #: 3498400

CRST Van
 Provided By: [REDACTED]
 Title: Recruiter
 Address: [REDACTED]
 City / State / Zip: Cedar Rapids, IA 52404
 Phone: [REDACTED]
 Fax: [REDACTED]

[Questions about this report?](#)

Requested Subject Information

Denotes a value not equal to the Provided value

Kevin J Roper
 SSN: [REDACTED]
 DOB: [REDACTED]

Date Range Requested: 04-2010 to 12-2010

Provided Subject Information

Denotes a value not equal to original Requested value

KEVIN J ROPER
 SSN: [REDACTED]
 DOB: [REDACTED]

Date Range Provided: 04-2010 to 12-2010

Original Request Information

Position Held
Reason For Leaving
Driver Class
Driver Type
Was the driver Terminated?
Was the driver subject to FMCSRs while employed?
Was the driver's job designated as a safety sensitive function in DOT regulated mode subject to Drug and Alcohol testing per 49 CFR Part 40?
Areas Driven
Equipment Driven
Trailer Driven
Loads Hauled

Provided Information

Position Held	OTR - Driver
Reason For Leaving	
Driver Class	
Driver Type	
Was the driver Terminated?	
Eligible for Rehire?	Review
Was the driver subject to FMCSRs while employed?	Yes
Was the driver's job designated as a safety sensitive function in DOT regulated mode subject to Drug and Alcohol testing per 49 CFR Part 40?	Yes
Full Time / Part Time	
Areas Driven	
Equipment Driven	Conventional Tractor
Trailer Driven	Van
Loads Hauled	
Miles per week	
Number of States Driven	
Trailer Length	53

Drug and Alcohol Information

Drug and Alcohol information could not be provided with the request. The service date was more than 3 years in the past.

Accidents

No Accidents

Activity Log

12-12-2013 08:17 AM - [REDACTED] (CRST Expedited)

Request was set "Submitted", authorized, and automatically fulfilled.

12-11-2013 04:55 PM - [REDACTED]

Drug and Alcohol information could not be provided with the request. The service date was more than 3 years in the past.

12-11-2013 04:55 PM - [REDACTED]

Request sent under order # [REDACTED] via Network method.

INDUSTRIAL

WAL-MART TRANSPORTATION, LLC

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SIDE 1

SECTION 1:

TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) KEVIN J ROPER
First, M.I., Last
Social Security Number
hereby authorize:
Date of Birth
Previous Employer: CRST
Email:
Street:
Telephone:
City, State, Zip: CEDAR RAPIDS, IA 52406
Fax No.:

to release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from 4-4-10 to 4/2010-12/2010 (date of employment application)

To:
Prospective Employer: Walmart Transportation
Attn:
Attention: Bentonville, AR 72716-0650
Street:
Phone: 479-277-0000 - Fax:
Email: .com
City, State, Zip:

In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's confidential fax number:
Prospective employer's confidential email address: .com

Applicant's Signature
Date 12-6-13

This information is being requested in compliance with §40.25 and §391.23.

SECTION 2:

TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY

The applicant named above was employed by us. Yes [] No []
Employed as from (m/y) to (m/y)

- 1. Did he/she drive motor vehicle for you? Yes [] No [] If yes, what type? Straight Truck [] Tractor-Semitrailer [] Bus [] Cargo Tank [] Doubles/Triples [] Other (Specify)
2. Reason for leaving your employ: Discharged [] Resignation [] Lay Off [] Military Duty []

If there is no safety performance history to report, check here [], sign below and return.

ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here [] if there is no accident register data for this driver.

Table with 5 columns: Date, Location, No. of Injuries, No. of Fatalities, Hazmat Spill. Rows 1, 2, 3.

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies:

Any other remarks:

CMV Miles Driven: Signature: Title: Date:

TO BE COMPLETED BY PREVIOUS EMPLOYER

DRUG AND ALCOHOL HISTORY

If driver was **not** subject to Department of Transportation testing requirements while employed by this employer, please check here , fill in the dates of employment from _____ to _____, complete bottom of Section 3, sign, and return.

Driver was subject to Department of Transportation testing requirements from _____ to _____.

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person committed other violations of Subpart B of Part 382, or Part 40? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. For a driver who successfully completed a 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 refuse to be tested? | <input type="checkbox"/> | <input type="checkbox"/> |

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on side 1.

Name: _____

Company: _____

Street: _____

City, State, Zip: _____ Telephone: _____

Section 3 Completed by (Signature): _____ Date: _____

TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) Faxed to previous employer Mailed Emailed Other online

By: _____ Date: 12/11/2013

TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when information is obtained.

Information received from: CRST Van

Recorded by: _____ Method: Fax Mail Email Telephone

Date: 12/12/2013 Other online

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

- SIDE 1 SECTION 1: Prospective Employee**
- Complete the information required in this section
 - Sign and date
 - Submit to the Prospective Employer

- SIDE 2 SECTION 3: Previous Employer**
- Complete the information required in this section
 - Sign and date
 - Return to Prospective Employer

- SIDE 2 SECTION 4a: Prospective Employer**
- Complete the information required in this section
 - Send to Previous Employer

- SIDE 2 SECTION 4b: Prospective Employer**
- Record receipt of the information
 - Retain the form

- 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

RETAIN
INDEFINITELY

SIDE 1

WAL-MART TRANSPORTATION, LLC SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SECTION 1

TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) KWIM J ROPER
 First, M.I., Last

Previous Employer: MIAMI HERALD
 Street: _____
 City, State, Zip: MIAMI, FL 33

to release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____
 (date of employment application)

To: Walmart Transportation
 Prospective Employer: Attn: Brenda Tylicki
 Attention: _____
 Street: _____
 City, State, Zip: _____
 Phone: _____ - Fax: _____
 Email: Brenda.tylicki@wal-mart.com

In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's confidential fax number: _____
 Prospective employer's confidential email address: _____

Applicant's Signature: _____ Date: 12-16-13

This information is being requested in compliance with §40.25 and §391.23.

SECTION 2

TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY

The applicant named above was employed by us. Yes No (Driver Personal Vehicle)

Employed as INDEPENDENT DELIVERY CONTRACTOR from (m/y) 01/2011 to (m/y) 04/2011

1. Did he/she drive motor vehicle for you? Yes No If yes, what type? Straight Truck Tractor-Semitrailer Bus Cargo Tank Doubles/Triples Other (Specify) _____

2. Reason for leaving your employ: Discharged Resignation Lay Off Military Duty

If there is no safety performance history to report, check here sign below and return.

ACCIDENTS: Complete the following for any accidents included on your accident register (§§90.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here if there is no accident register data for this driver.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

Any other remarks: _____

Signature: _____ Title: CENTER MANAGER Date: 1/13/14

CMV Miles Driven: _____

PREVIOUS EMPLOYER - COMPLETE SIDE 2 SECTION 3
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4008271

Loves Travel Stop

Contractor Name: Kevin Roger
 Vehicle: (I Move Personal Vehicle)

SIDE 2

SECTION 3: TO BE COMPLETED BY PREVIOUS EMPLOYER

DRUG AND ALCOHOL HISTORY

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here . Fill in the dates of employment from 1/2011 to 4/2011, complete bottom of Section 3, sign, and return.
 Driver was subject to Department of Transportation testing requirements from _____ to _____.

1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?	YES	NO
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has this person committed other violations of Subpart B of Part 382, or Part 40?	<input type="checkbox"/>	<input type="checkbox"/>
5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form.	<input type="checkbox"/>	<input type="checkbox"/>
6. For a driver who successfully completed a 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 refuse to be tested?	<input type="checkbox"/>	<input type="checkbox"/>

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application shown on side 1.

Name: _____
 Company: THE MIAMI HERALD
 Street: _____
 City, State, Zip: MIAMI FL 33132
 Section 3 Completed by (Signature): _____ Telephone: _____ Date: 1/13/14

SECTION 4a: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) Faxed to previous employer Mailed Emailed Other _____
 By: _____ Date: 12/31/2013
12/17/2013

SECTION 4b: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when information is obtained.
 Information received from: Miami Herald
 Recorded by: _____
 Date: 11/29/2014 Method: Fax Mail Email Telephone
 Other _____

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

- SIDE 1 SECTION 1: Prospective Employee**
- 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
 - Sign and date
 - Return to Prospective Employer
- SIDE 2 SECTION 4b: Prospective Employer**
- Record receipt of the information
 - Retain the form

RETAIN INDIVIDUALLY

SECTION 3: TO BE COMPLETED BY PREVIOUS EMPLOYER

DRUG AND ALCOHOL HISTORY

* If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here , fill in the dates of employment from _____ to _____, complete bottom of Section 3, sign, and return.

Driver was subject to Department of Transportation testing requirements from _____ to _____.

	YES	NO
1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has this person committed other violations of Subpart B of Part 382, or Part 40?	<input type="checkbox"/>	<input type="checkbox"/>
5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form.	<input type="checkbox"/>	<input type="checkbox"/>
6. For a driver who successfully completed a 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 refuse to be tested?	<input type="checkbox"/>	<input type="checkbox"/>

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on side 1.

Name: _____

Company: _____

Street: _____

City, State, Zip: _____ Telephone: _____

Section 3 Completed by (Signature): _____ *Date: _____

SECTION 4a: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) Faxed to previous employer Mailed Emailed Other _____

By: _____ Date: 12/31/2013
12/17/2013

SECTION 4b: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when information is obtained.

Information received from: _____

Recorded by: _____ Method: Fax Mail Email Telephone

Date: _____ Other _____

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

- SIDE 1 SECTION 1: Prospective Employee**
- Complete the information required in this section
 - Sign and date
 - Submit to the Prospective Employer

- SIDE 2 SECTION 3: Previous Employer**
- Complete the information required in this section
 - Sign and date
 - Return to Prospective Employer

- SIDE 2 SECTION 4a: Prospective Employer**
- Complete the information required in this section
 - Send to Previous Employer

- SIDE 2 SECTION 4b: Prospective Employer**
- Record receipt of the information
 - Retain the form

- 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

RETAIN
UNLESS
OTHERWISE
NOTED

WAL-MART TRANSPORTATION, LLC SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SIDE 1

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) KEVIN J ROYER [REDACTED]
 First, M.I., Last [REDACTED] Social Security Number [REDACTED]

hereby authorize: [REDACTED] Date of Birth [REDACTED]

Previous Employer: MIAMI HERALD Email: [REDACTED]

Street: [REDACTED] Telephone: [REDACTED]

City, State, Zip: [REDACTED] MIAMI FL 33 Fax No.: [REDACTED]

to release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from (date of employment application) 2/5/2011 - 6/13/2011

To: Walmart Transportation

Prospective Employer: Attn: [REDACTED]

Attention: [REDACTED] Bentonville, AR 72716-0650

Street: [REDACTED] Phone: [REDACTED] - Fax: [REDACTED]

City, State, Zip: [REDACTED] Email: [REDACTED]@wal-mart.com

In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's confidential fax number: [REDACTED]

Prospective employer's confidential email address: [REDACTED] .com

[REDACTED] Applicant's Signature Date 12-16-13

This information is being requested in compliance with §40.25 and §391.23.

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY

*The applicant named above was employed by us. Yes No

*Employed as _____ from (m/y) _____ to (m/y) _____

*1. Did he/she drive motor vehicle for you? Yes No If yes, what type? Straight Truck Tractor-Semitrailer Bus
 Cargo Tank Doubles/Triples Other (Specify) _____

*2. Reason for leaving your employ: Discharged Resignation Lay Off Military Duty

If there is no safety performance history to report, check here sign below and return.

ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here if there is no accident register data for this driver.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

Any other remarks: _____

CMV Miles Driven: _____ *Signature: _____ *Title: _____ *Date: _____

PREVIOUS EMPLOYER - COMPLETE SIDE 2 SECTION 3
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4098271

Walmart Transportation

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).

COMPANY NAME: Wal-Mart Transportation, LLC
LOCATION NUMBER: [REDACTED] - 7834
STREET: _____
CITY: SMYRNA
STATE, ZIP: DELAWARE 19977
Applicant's Name: Kevin Roper
(Print)
SS #: [REDACTED]

The applicant is required by Sec. 40.25(j) to respond to the following questions:

- 1.) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?
Check one: Yes No
- 2.) If you answered Yes, can you provide/obtain proof that you successfully completed the DOT return to duty requirements?
Check one: Yes No

Applicant's Signature: [REDACTED] Date: 12-6-13
Witnessed By: [REDACTED] Date: 12-6-13
(Signature)

RETAIN
INDEFINITELY

**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.

2/12/14
Date


Associate's Signature

KEVIN ROPER
Associate's Printed Name

17589
Associate's Driver Number

RETURN TO SUPERVISOR AFTER SIGNING

RETURN
INDEFINITE 23

Driver Skills Evaluation

Driver's Name: KEVIN ROPEL Address: JONESBORO, GA 30238
 License No: [REDACTED] St: FL Equipment Driven-Tractor #: 2-0461 Trailer #: 132320
 Tested From: City SMYRNA St DE To: City DOVER St DE

Certification of Driver Skills

The above named driver was given a Driver Skills Evaluation of 20 (miles) under my supervision.
 The driver showed Satisfactory Unsatisfactory skill to safely operate a Class 8 Combination Vehicle for Walmart Transportation.
 Qualified for: Conventional Tractor Trailer 53' van 57' van Doubles
 Signature of Examiner: [REDACTED] Date: 12-6- 2013 Title: SAFETY MANAGER
 Organization: Walmart Transportation, LLC Address of Examiner: [REDACTED] SMYRNA, DE 19977

CRITICAL VIOLATIONS

(1 Fail = Automatic Fail of Driver Skills Evaluation)

	Fail		Fail
Failure to wear seat belt	<input type="checkbox"/>	Consistently unsafe following distance	<input type="checkbox"/>
Preventable accident or incident	<input type="checkbox"/>	Unable to complete backing task with 6 or less repositions	<input type="checkbox"/>
Dangerous action or unsafe behavior	<input type="checkbox"/>	Failure to obey local, state, or federal laws and regulations	<input type="checkbox"/>
Failure to cooperate with or follow examiner instructions	<input type="checkbox"/>	Failure to conduct self in a professional manner	<input type="checkbox"/>
Receives traffic citation	<input type="checkbox"/>	Failure of FMCSR 391.11(b)(2)	<input type="checkbox"/>
Coasting / out-of-gear operation	<input type="checkbox"/>		

Pre-Trip Inspection & Basic Skills Evaluation

Pre-Trip Inspection	
GENERAL CONDITION APPROACHING	
Checks fluid leaks	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Checks for damage to equipment	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
CHECKS UNDER HOOD - ENGINE OFF	
Checks fluid levels	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Checks general condition of engine compartment	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Checks exhaust	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Checks steering system	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Checks front tractor suspension	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Checks belts	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
WALK AROUND	
Checks lights	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Checks license plates	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Checks turn signals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Checks reflectors	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Checks handrails	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Checks mirror brackets	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Checks steps	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Checks fuel tanks	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Checks battery box	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Checks frame rails	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Checks drive shaft	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Checks exhaust system	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Checks rear tractor & trailer suspension	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Checks brake systems	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Checks tires	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Checks lug nuts & wheels	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Checks mud flaps	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Checks trailer annual inspection	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
SAFETY EQUIPMENT	
Checks 4-way flashers, warning triangles, and fire extinguisher	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
INSIDE CAB - ENGINE OFF	
Checks horns	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Checks Permit Book	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Checks inspection report (DVIR)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Checks windshield, door glass, and mirror glass	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Checks seat belt	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Pre-Trip Inspection (cont.)	
INSIDE CAB - ENGINE START UP	
Checks dashboard warning lights	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Checks instruments for normal readings	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Checks wipers	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Checks heat / AC Blower	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Checks steering play	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Checks low air warning systems	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Basic Skills Evaluation	
DRIVER'S IN-CAB PREPARATIONS	
Familiarizes self with cab controls	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Checks mirror adjustment	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
COUPLING	
Lines up unit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Visually inspects trailer height/alignment	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Visually inspects air line grommets	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Connects air & electric lines properly	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Visually inspects 5th wheel coupling	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Raises dolly legs completely after coupling	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Uses gentle tug test to check coupling	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
DRIVER SKILL EVALUATION - ON YARD	
Checks to see if all wheels/tires are rolling on trailer	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Uses all mirrors when operating vehicle	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Observes speed limit on yard	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Slides tandems safely	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Slides 5th wheel safely	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Visually checks to make sure pins are locked	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Enters, stops on, and exits truck scale	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Frequently scans immediate area for potential hazards	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
DRIVER BACKING SKILLS	
Gets out and checks area before backing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Sets up properly	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Signals before backing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Uses all mirrors while backing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Controls speed and direction while backing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Pre-Trip Inspection & Basic Skills Evaluation

Total # No's: 7 (Passing score = 12 or less)

7834 Smyrna, De Date: _____
 Driver: _____ #: _____


MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined Kevin Roper in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge of the driving duties, I find this person is qualified; and, if applicable, only when:

- wearing corrective lenses
- wearing hearing aid
- accompanied by a _____
waiver/exemption
- driving within an exempt intracity zone (49 CFR 391.62)
- accompanied by a Skill Performance Evaluation Certificate (SPE)
- qualified by operation of 49 CFR 391.64

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.

SIGNATURE OF MEDICAL EXAMINER [REDACTED]		TELEPHONE [REDACTED]
DATE 12/6/13		
MEDICAL EXAMINER'S NAME (PRINT) [REDACTED]		<input checked="" type="checkbox"/> MD <input type="checkbox"/> Chiropractor <input type="checkbox"/> DO <input type="checkbox"/> Advanced Practice Nurse <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Other Practitioner
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO. C1-0006321	ISSUING STATE DE	
NATIONAL REGISTRY NO. 3826696616		
SIGNATURE OF DRIVER [REDACTED]	INTRASTATE ONLY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CDL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
DRIVER'S LICENSE NO. [REDACTED]	STATE FL	
ADDRESS OF DRIVER [REDACTED], Cutler Bay FL		
MEDICAL CERTIFICATION EXPIRATION DATE 12-06-2015 3389		

Walmart  **MOTOR CARRIER COPY**

SEPARATE MOTOR CARRIER COPY BEFORE REMOVING LINER FROM LAMINATE

RETAIN
INDEFINITELY

MEDICAL EXAMINER'S CERTIFICATE *Exp 489678.*
KEVIN ROPER

I certify that I have examined KEVIN ROPER in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge of the driving duties, I find this person is qualified; and, if applicable, only when:

- wearing corrective lenses
- wearing hearing aid
- accompanied by a _____ waiver/exemption
- driving within an exempt intracity zone (49 CFR 391.62)
- accompanied by a Skill Performance Evaluation Certificate (SPE)
- qualified by operation of 49 CFR 391.64

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.

SIGNATURE OF MEDICAL EXAMINER	PHONE	DATE
[REDACTED]	[REDACTED]	5/20/13
MEDICAL EXAMINER'S NAME (PRINT)	<input type="checkbox"/> MD <input type="checkbox"/> DO <input checked="" type="checkbox"/> Chiropractor	
[REDACTED]	<input type="checkbox"/> Physician Assistant <input type="checkbox"/> Advanced Practice Nurse	
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO. / ISSUING STATE		
CH10003 FL		
SIGNATURE OF DRIVER	DRIVER'S LICENSE NO.	STATE
[REDACTED]	[REDACTED]	FL
ADDRESS OF DRIVER		
[REDACTED] CUTLER BAY, FL 33189		
MEDICAL CERTIFICATE EXPIRATION DATE		
5/20/15		

[REDACTED] DISTRIBUTION: 1 COPY TO THE DRIVER, 1 COPY TO THE MOTOR CARRIER

RETAIN
 INDEFINITELY



Specimen Result Certificate

ID Number: 500139074

Report printed on 6/9/2014 3:10:41 PM

Page 1 of 1

Attention: HRM Wal-Mart Transportation Office #7834/DOT [REDACTED] SMYRNA, DE 19977	Verification Date 12/13/2013 10:01 AM
Collection Site: 10176 - Occup. Health/Medical Alternative Care	Medical Review Officer: Dr. [REDACTED] Overland Park, KS 66225 [REDACTED]

Donor Name: ROPER, KEVIN	People Pass # [REDACTED]
Date Of Test: 12/06/2013	Reason for Test: Pre-employment
ID Number: 500139074	Regulation: DOT-FMCSA
Laboratory: ALERE	Specimen Type: Urine

Drugs Tested:

Drug Name	Result	Screening Cutoff	Confirmation Cutoff	Drug Name	Result	Screening Cutoff	Confirmation Cutoff
Marijuana		50 ng/ml		6-Monoacetylmorphine		10 NG/ML	
Cocaine		150 ng/ml		PCP		25 ng/ml	
Amphetamines		500 ng/ml		Ecstasy		500 ng/ml	
Opiates		2000 ng/ml					

Final Result Disposition: Negative

CCF Record Date and Data Entry Operator : 12/13/2013 - [REDACTED]

TO BE COMPLETED BY THE MEDICAL REVIEW OFFICER

I have reviewed the laboratory results for the specimen identified by this form in accordance with applicable Federal requirements. My determination/verification is:

- Negative
 Dilute
 Positive
 Test Cancelled
 Adulterated
 Refusal to test because
 Substituted

REMARKS:

Dr. [REDACTED] Signature [REDACTED] Date (Mo./Day/Yr.) 12/13/2013 10:01:32 AM

(PRINT) Medical Review Officer's Name Signature of Medical Review Officer Date (Mo./Day/Yr.)



Specimen Result Certificate

ID Number: 502160701

Report printed on 6/9/2014 2:00:02 PM

Page 1 of 1

Attention: HRM Wal-Mart Dispatch #6854/DOT [REDACTED] LAGRANGE, GA 30241	Verification Date 02/01/2014 01:06 PM
Collection Site: [REDACTED]	Medical Review Officer: [REDACTED] Overland Park, KS 66225 [REDACTED]

Donor Name: Roper, Kevin	People Pass # [REDACTED]
Date Of Test: 01/31/2014	Reason for Test: Pre-employment
ID Number: 502160701	Regulation: DOT-FMCSA
Laboratory: ALERE	Specimen Type: Urine

Drugs Tested:

Drug Name	Result	Screening Cutoff	Confirmation Cutoff	Drug Name	Result	Screening Cutoff	Confirmation Cutoff
Marijuana		50 ng/ml		6-Monoacetylmorphine		10 NG/ML	
Cocaine		150 ng/ml		PCP		25 ng/ml	
Amphetamines		500 ng/ml		Ecstasy		500 ng/ml	
Opiates		2000 ng/ml					

Final Result Disposition: Negative

CCF Record Date and Data Entry Operator : 1/31/2014 - [REDACTED]

TO BE COMPLETED BY THE MEDICAL REVIEW OFFICER

I have reviewed the laboratory results for the specimen identified by this form in accordance with applicable Federal requirements. My determination/verification is:

- Negative
 Dilute
 Positive
 Test Cancelled
 Adulterated
 Refusal to test because
 Substituted

REMARKS:

Dr. [REDACTED] [REDACTED] 2/1/2014 1:06:06 PM

(PRINT) Medical Review Officer's Name Signature of Medical Review Officer Date (Mo./Day/Yr.)

Florida *The Sunshine State*
CDL CLASS A

KEVIN JAMEAL
 ROPER

CUTLER BAY, FL 33189-2309

ISSUED: 03-2010 HGT: 5-10
 EXPIRES: 2016

REST
 ENDORSE: TX
 REPLACED: 2012

SAFE DRIVER
 Operation of a motor vehicle constitutes consent to any sobriety test required by law.

RESTRICTIONS:

ENDORSEMENTS: T-Double/Triple Trailers, X-Placarded Hazmat & Tank Veh

CLASS: A - Any Tractor/Trailer with a GVWR of 26,001 LBS. or more

REPLACEMENT LICENSE REQUIRED WITHIN 10 DAYS OF ADDRESS OR NAME CHANGE.
 The State of Florida retains all property rights herein.

Executive Director [Redacted]
 Sandra C. Lambert [Redacted]
 Director of Motorist Services
 Q131212130009
 Rev Date 07-01-11

www.[Redacted].gov

[Barcode]

[Barcode] .0100292960412320



Intelligence to move forward.™

Kevin J Roper

Complete Report

Social Security Number: [REDACTED]

Prepared By:
HireRight, Inc.

Irvine, CA 92617

Phone: [REDACTED]
Fax: [REDACTED] pm

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: [REDACTED]
E-mail: [REDACTED]

Product	Verification	Result	Adjudication Result
MVR Standard	[REDACTED] FL, USA	MVR Record Clear	

MVR Standard

Date MVR Request Submitted: 2/6/2014 6:15 AM
MVR Request Completion Date: 2/7/2014 1:35 AM

Complete - MVR Record Clear

Driver Personal Information

State: Florida Location # 7834

License: [REDACTED]
ROPER, KEVIN JAMEAL

[REDACTED]
CUTLER BAY, FL 33189-2309

DOB: [REDACTED] SEX: M; HGT: 5'-10"

Requested As: [REDACTED], KEVIN ROPER

Driver License Information

Class	Issued	Expires	Status	Restrictions
CDL-A	03/15/2010	[REDACTED] 2016		
ID	04/30/1999	[REDACTED] 2012		
CDL-PERMIT	02/12/2010	[REDACTED] 2010		

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INDEXED

Miscellaneous / State Specific Information

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Type	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
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
MISC	Duplicate Batch 1: 12-05-07 T06
MISC	Replacement Batch 1: 09-08-99 T04
MISC	Replacement Batch 2: 03-15-10 Q13
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 **

2/10/14

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

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 INDEMNITY

¹ "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.

All times listed in Pacific - USA timezone

LEGAL NOTES:

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.

[REDACTED] 2/10/14

RETAIN
INDEPENDENTLY



Intelligence to move forward.™

Kevin J Roper

Complete Report

Social Security Number: [REDACTED]

Prepared By:
HireRight, Inc.

Irvine, CA 92617

Phone: [REDACTED]
Fax: [REDACTED]
[REDACTED]om

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: [REDACTED]

E-mail: [REDACTED]

Product	Verification	Result	Adjudication Result
MVR Standard	[REDACTED], 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: [REDACTED]

ROPER, KEVIN JAMEAL

[REDACTED]
CUTLER BAY, FL 33189-2309

DOB: [REDACTED] SEX: M; HGT: 5'-10"

Requested As: [REDACTED] KEVIN ROPER

Driver License Information

Class	Issued	Expires	Status	Restrictions
CDL-A	03/15/2010	[REDACTED] 2016		
ID	04/30/1999	[REDACTED] 2012		
CDL-PERMIT	02/12/2010	[REDACTED] 2010		

12/24/14

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Miscellaneous / State Specific Information

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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)

DRIVER REQUIREMENTS: 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

If no violation(s) are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation received while operating a commercial or personal vehicle required to be listed during the past 12 months.

Driver's License Number: [REDACTED] State: FL Expiration Date: [REDACTED] 2016

NAME OF DRIVER: KEVIN ROPER Driver #: 17589 Dispatch #: 7834
(Type or Print)

3/10/14 (DATE THE DRIVER CERTIFIED THE ABOVE INFORMATION TO BE ACCURATE) [REDACTED] (DRIVER'S SIGNATURE)

WAL-MART (MOTOR CARRIER'S NAME) [REDACTED] SMYRNA DE. 19977 (MOTOR CARRIER'S ADDRESS)

[REDACTED] (REVIEWED BY SIGNATURE) SAFETY MANAGER (TITLE)

COMPLETE INFORMATION IS REQUIRED BEFORE THIS FORM CAN BE SENT TO FLEET SAFETY-BENTONVILLE, AR.
ALL INCOMPLETE FORMS WILL BE SENT BACK TO THE DRIVER'S ASSIGNED DISPATCH OFFICE.

Walmart Transportation

NOTICE TO DRIVERS & CERTIFICATE OF COMPLIANCE

I. 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:

1. 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

II. CERTIFICATION BY DRIVER

I hereby certify that I have read and understand the driver provisions of the Commercial Motor Vehicle Safety Act of 1986.

Driver's Name (print) KEVIN ROPER SS# [REDACTED]

Driver's Address [REDACTED]

JONES BORO, GA 30238

License: State FL Type/Class A I.D. # [REDACTED]

I further certify that the above commercial vehicle license is the only one held _____ or that I have surrendered the following license(s) to the state(s) indicated.

State _____ Type/Class _____ I.D. _____

State _____ Type/Class _____ I.D. _____

Driver's Signature [REDACTED]


Date 12-6-13

RETAIN
INDEFINITELY

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



Instructor Name

Kevin ROPER

Associate (Print Name)



Associate Signature

Driver Number 17589

Walmart Transportation, LLC

7834

Location Number

2.12.14

Date


RETAIN
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WAL*MART TRANSPORTATION, LLC

Kevin Roper

Has Completed The
"Hazardous Materials"
Training Program
Title 49, Part 172
Subpart H

Date 2-12-2014

Instructor 



Address Smyrna, GA
19977 PMDC-1419

RETAIN
INDEFINITELY

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?

Driver's Signature 2/12/14
Date

WALMART
Company

Facilitator's Signature 2-12-14
Date

WALMART
Company

NOTE: This receipt shall be read and signed by the driver. A responsible company supervisor shall countersign the receipt and place it in the driver's training file.

RETAIN INDEFINITELY



**Alcohol &
Drug Testing**

Driver Awareness Training

Verification of participation
and completion of the
above Training Program



J. J. Keller
& Associates, Inc.
Since 1953

P.O. Box 368
Neenah, WI 54957-0368

Employee Kevin Roper
Instructor [REDACTED]
Company Walmart
Date 2-2-2014 239-BC (11907)

RETAIN
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