

# **BERTETTA**

## **TANKLINES INC.**

**811 Saint Helena Hwy S No 202  
Saint Helena, CA 94574  
650-872-2900 phone  
650-676-4485 fax**

Thank you for your interest in employment with Bertetta Tanklines, Inc. We are a San Francisco Bay Area based refined petroleum product hauling company, based in San Francisco. Incorporated in 2003 by Rocky Bertetta, we are growing rapidly. All of our trucks are new and special ordered Peterbilt trucks. We pride ourselves on being a family style Company. Our terminals are located all over the greater Bay Area.

We currently work out of the following terminals: Kinder Morgan, Brisbane - Kinder Morgan, San Jose - Chevron, Richmond - Shore Terminal, Richmond - Golden Eagle, Martinez - Equilon, San Jose - Equilon, Martinez - Equilon Sacramento, and Valero, Benicia.

We have terminals located in Brisbane, San Leandro (East- Bay), and San Jose. We will have future terminals in Northern California in the coming year.

Running a business is never easy, but hiring the best people helps us achieve our goals. We offer, newer polished Peterbilt trucks (our oldest truck is a 2004), and a highly professional and friendly staff.

Please complete the attached application in its entirety and either fax it back to us at 650-676-4485 or mail it back to us at:

Bertetta Tanklines, Inc.  
811 Saint Helena Hwy S No 202  
Saint Helena, CA 94574  
Attention: Mark Silva

Please include the following copies of documents as well:

- A. Copy of current DMV printout no more than 30 days old.
- B. Copy of Driver's License.
- C. Copy of current Medical Card.
- D. Copy of Social Security Card or Passport.

We look forward to receiving your application for employment with our Company and hope it results in a mutually beneficial and long lasting relationship.

Best regards,

Brad "Rocky" Bertetta



811 Saint Helena Hwy S No 202  
Saint Helena, CA 94574  
650-872-2900 phone  
650-676-4485 fax

## DRIVER'S APPLICATION FOR EMPLOYMENT

Date of Application: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

E-mail address: \_\_\_\_\_

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

### TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Bertetta Tanklines, Inc.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature: \_\_\_\_\_

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

Position applied for: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_  
Last First Middle

List your addresses of residency for the past 3 years:

Current Address: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ How long? \_\_\_\_\_

Previous Addresses: \_\_\_\_\_ How long? \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State & Zip Code \_\_\_\_\_ Month/Year \_\_\_\_\_  
How long? \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State & Zip Code \_\_\_\_\_ Month/Year \_\_\_\_\_  
How long? \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State & Zip Code \_\_\_\_\_ Month/Year \_\_\_\_\_

Do you have a legal right to work in the United States? \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_

(Required for Commercial Drivers)

Have you worked for this Company before? \_\_\_\_\_ Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment – All circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied?  
\_\_\_\_\_  
\_\_\_\_\_

If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

### EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state, and zip code/

Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

<u>Employer</u>		<u>Date</u>	
Name:		From Mo: Yr:	To Mo: Yr:
Address:		Position held	
City:	State:	Zip:	Salary/Wage
Contact Person:	Phone #:	Reason for leaving	
Where you subject to the FMCSRs† while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

<u>Employer</u>			<u>Date</u>	
Name:			From Mo: Yr:	To Mo: Yr:
Address:	Position held			
City:	State:	Zip:	Salary/Wage	
Contact Person:	Phone #:		Reason for leaving	
Where you subject to the FMCSRs† while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No				

<u>Employer</u>			<u>Date</u>	
Name:			From Mo: Yr:	To Mo: Yr:
Address:	Position held			
City:	State:	Zip:	Salary/Wage	
Contact Person:	Phone #:		Reason for leaving	
Where you subject to the FMCSRs† while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No				

<u>Employer</u>			<u>Date</u>	
Name:			From Mo: Yr:	To Mo: Yr:
Address:	Position held			
City:	State:	Zip:	Salary/Wage	
Contact Person:	Phone #:		Reason for leaving	
Where you subject to the FMCSRs† while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No				

<u>Employer</u>			<u>Date</u>	
Name:			From Mo: Yr:	To Mo: Yr:
Address:	Position held			
City:	State:	Zip:	Salary/Wage	
Contact Person:	Phone #:		Reason for leaving	
Where you subject to the FMCSRs† while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No				

<u>Employer</u>			<u>Date</u>	
Name:			From Mo: Yr:	To Mo: Yr:
Address:	Position held			
City:	State:	Zip:	Salary/Wage	
Contact Person:	Phone #:		Reason for leaving	
Where you subject to the FMCSRs† while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No				

† The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**ACCIDENT RECORD** for past 3 years or more (attach sheet if more space is needed). If none, write none.

<u>Dates</u>	<u>Nature of Accident</u> (Head-on, rear-end, roll over, etc.)	<u>Fatalities</u>	<u>Injuries</u>	<u>Hazmat Spill</u>

**TRAFFIC CONVICTIONS** and forfeitures for the past 3 years (other than parking violations). If none, write none.

<u>Location</u>	<u>Date</u>	<u>Charge</u>	<u>Penalty</u>

(Attach sheet if more space is needed)

**EXPERIENCE AND QUALIFICATIONS**

List all driver licenses or permits held in the past 3 years.

DRIVER LICENSES	<u>State</u>	<u>License Number</u>	<u>Type</u>	<u>Expiration Date</u>

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?     Yes     No
- B. Has any license, permit, or privilege ever been suspended or revoked?                 Yes     No

If the answer to either A or B is YES, give details:

\_\_\_\_\_

\_\_\_\_\_

**DRIVING EXPERIENCE** check yes or no:

Class of Equipment	Circle Type of Equipment	Dates		Approximate Number of Miles
		From (M/Y)	To (M/Y)	
Straight Truck <input type="checkbox"/> Yes <input type="checkbox"/> No	(Van, Tank, Flat, Dump, Refer)			
Tractor & Semi Trailer <input type="checkbox"/> Yes <input type="checkbox"/> No	(Van, Tank, Flat, Dump, Refer)			
Tractor – Two trailers <input type="checkbox"/> Yes <input type="checkbox"/> No	(Van, Tank, Flat, Dump, Refer)			
Tractor – Three trailers <input type="checkbox"/> Yes <input type="checkbox"/> No	(Van, Tank, Flat, Dump, Refer)			
School Bus >8 people <input type="checkbox"/> Yes <input type="checkbox"/> No				
School Bus >15 people <input type="checkbox"/> Yes <input type="checkbox"/> No				
Other				

List states operated in for the last five years: \_\_\_\_\_

Show special courses or training that will help you as a driver: \_\_\_\_\_

Which safe driving awards do you hold and from whom? \_\_\_\_\_

Show any trucking, transportation or other experience that may help in your work for this company: \_\_\_\_\_

List curses and training other than shown elsewhere in this application: \_\_\_\_\_

List special equipment or technical materials you can work with (other than those already shown). \_\_\_\_\_

**EDUCATION**

Circle highest grade completed: 1 2 3 4 5 6 7 8      High School: 1 2 3 4      College: 1 2 3 4

Last school attended: \_\_\_\_\_ City/State: \_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

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



## **FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT**

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

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Applicant's Signature

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Date

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Print name

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Social Security Number

### **Employer Obligations Fair Credit Reporting Act**

- Employers are required to obtain a signed release from the applicant prior to the conducting of any type of background investigation. This release and/or notification must be a document separate from the application itself.
- Employers must keep a summary of applicant rights on file with individual applicant reports for use in the case of an adverse action situation.
- Should adverse action be taken (i.e. an individual is denied employment, promotion or retention), employers must provide the candidate with a copy of the background report, a summary of applicant rights and a letter advising of adverse action prior to the action being taken. Additionally, included in the completed report, employers must provide applicants with the Consumer Reporting Agency's address and toll-free phone number.
- Arrest (i.e. non-conviction) record information on applicants not expected to reach or exceed an annual salary of \$75,000 must be limited to a 7-year search scope. Arrest record information on those reasonably expected to reach or exceed \$75,000 annually may date back as far as information is obtainable. Effective in October 1998, conviction information on all may date back as far as records allow. (Please note that some states have further restrictions on what information can lawfully be used in an employment decision).



*Para informacion en espanol, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a Ia FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N. W, Washington, D.C. 20580.*

### **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - A person has taken adverse action against you because of information in your credit report;
  - You are the victim of identify theft and place a fraud alert in your file;
  - Your file contains inaccurate information as a result of fraud;
  - You are on public assistance;
  - You are unemployed but expect to apply for employment within 60 days.In addition, by September 2005 all consumers will be entitled to one free disclosure every 12months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:**

<b>TYPE OF BUSINESS:</b>	<b>CONTACT:</b>
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word “National” or initials “NA.” appear in or after bank’s name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words “Federal Credit Union” appear in institution’s name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator GIPSA Washington, DC 20250 202-720-7051

## Motor Vehicle Driver's

### CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

**MOTOR CARRIER INSTRUCTIONS:** The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

**DRIVER REQUIREMENTS:** Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. They are as follows:

- 1) **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.
  
- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.1 5(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (If the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

The following license is the only one I possess:

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

**DRIVER CERTIFICATION:** I certify that I have read and understood the above requirements.

Driver's Name (Printed):

\_\_\_\_\_

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

Notes: \_\_\_\_\_

## MOTOR VEHICLE DRIVER'S Certification of Violations/Annual Review of Driving Record

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/she has forfeited bond or collateral during the preceding 12 months (Section 391.27). Drivers who have provided information required by Section 38331 need not repeat that information on this form.

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/she shall so certify (Section 391.27).

COMPLETED BY DRIVER – CERTIFICATION OF VIOLATIONS			
Name of Driver: (Print)	Social Security Number:	Date of Employment:	
Home Terminal (City and State)	Driver's License Number:	State:	Expiration Date:
<p><b>I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.</b></p> <p><b>(If you have had no violations, check the following box - <input type="checkbox"/> None.)</b></p>			
Date	Offense	Location	Type of Vehicle Operated
<p>If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.</p> <p>Date of Certification: _____ Driver's Signature: _____</p>			

COMPLETED BY BERTETTA TANKLINES – ANNUAL REVIEW OF DRIVING RECORD	
<p>MOTOR CARRIER INSTRUCTIONS: Review the Certificate of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.</p>	
<p>I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one):</p>	
<p><input type="checkbox"/> Meets minimum requirements for safe driving      <input type="checkbox"/> Is disqualified to drive a motor vehicle pursuant to Section 391.25</p>	
<p><input type="checkbox"/> Does not adequately meet satisfactory safe driving performance</p>	
<p>Action taken with driver: _____</p>	
<p>Reviewed by: _____</p>	
Signature	Date
Printed Name	Title

Bertetta Tanklines, Inc. – 811 Saint Helena Hwy S No 202, Saint Helena, CA 94574

# PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG 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).

Prospective Employee Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ (print)

The prospective employee 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've successfully completed the DOT return-to-duty requirements?

Check one:  Yes  No

I certify that the information provided on this document is true and correct.

Prospective Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)