



P.O. BOX 16173
LITTLE ROCK, AR 72231
FAX #: 501-955-4256
US IS CUSTOMER #: 2966

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faster processing (available at Pilot)



DRIVER'S INFORMATION FORM

Name _____ Social Security No. _____ Date _____
(print) _____

TO BE READ AND SIGNED

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 for this investigation. I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with this investigation.

I understand that information I provide regarding current and/or previous employers may be used, and those carrier or 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 or carriers;
- Have errors in the information corrected by previous employers or carriers and for those previous employers or carriers to re-send the corrected information to Maverick Transportation, LLC.
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) or carriers and I cannot agree on the accuracy of the information.

Signature _____ Date _____

PART I – DOT DRUG AND ALCOHOL RELEASE

_____ (Carrier)

I authorize, per 49 CFR Part 40, the release of information from my DOT regulated drug and alcohol testing records by the carriers (company/school) listed below to DAC for the sole purpose of transmitting such records to the above listed carrier. I authorize release of the following information concerning DOT drug and alcohol testing violations including pre-employment tests during the past three years: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including verified adulterated or substituted results); (iv) other violations of DOT drug and alcohol testing regulations; (v) information obtained from previous employers or carriers of a drug and alcohol rule violation(s); and (vi) documents, if any, of completion of a return-to-duty process following a rule violation.

The information that I have authorized DAC to review involves tests required by DOT. If any carrier (company/school) listed below furnishes DAC with information concerning items (i) through (vi) above, I also authorize that carrier (company/school) to release and furnish the dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the three year period and the name and phone number of any substance abuse professional who evaluated me during the past three years.

Print Name _____ Signature _____ Date _____

PART II – INVESTIGATIVE CONSUMER REPORT RELEASE

I hereby fully release and discharge you and DAC Services, their respective affiliates, subsidiaries, directors, officers, employees, agents and attorneys thereof, and each of them, and any individual, organization, entity, agency, or other source providing information to above named carrier and/or DAC Services from all claims and damages arising out of or relating to any investigation of my background. I have been provided a copy of the summary of rights of the consumer pursuant to the Fair Credit Reporting Act (FCRA), and have also been provided a disclosure that an investigative consumer report will be sought pursuant to the FCRA.

By signing below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect this investigation outcome. I further certify that all of the information that I have furnished on this form is true and complete.

I hereby authorize and give my consent to the above carrier procurement of consumer report(s) (FCRA). If contracted, this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my contract period. THIS AUTHORIZATION DOES NOT APPLY TO DRUG AND ALCOHOL INFORMATION OBTAINED UNDER PART I.

Print Name _____ Signature _____ Date _____

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JOB HISTORY (continued)



CARRIER OR EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING	
WERE 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			

CARRIER OR EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING	
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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			

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ADDRESS		POSITION HELD	
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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			

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

†The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.



P E T T R

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT _____				
NEXT PREVIOUS _____				
NEXT PREVIOUS _____				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS – DRIVER

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

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

- 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 _____
 - C. Have you ever been disqualified to drive by Federal Regulations? YES _____ NO _____
 - D. Have you ever tested positive for Controlled Substances in the past 3 years? YES _____ NO _____
 - E. Have you had an alcohol test with a Breath Alcohol Concentrate of 0.04 or greater in the past 3 years? YES _____ NO _____
 - F. Have you ever refused a required test for drug or alcohol in the past 3 years? YES _____ NO _____
- IF THE ANSWER TO A, B, C, D, E OR F IS YES, GIVE DETAILS _____

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK _____ <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR AND 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)			
OTR OR LOCAL? _____	—			
TYPE OF MATERIAL HAULED? _____	—			
OTHER _____				

LIST STATES OPERATED IN FOR 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? _____

EXPERIENCE AND QUALIFICATIONS – OTHER

LIST ANY OTHER EXPERIENCE THAT YOU MAY WANT TO SHARE _____

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS FORM _____

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 _____ (NAME) _____ (CITY, STATE)

HAVE YOU EVER SERVED IN THE ARMED FORCES? IF SO, WHAT BRANCH? _____ WHEN? _____

TO BE READ AND SIGNED BY DRIVER

This certifies that this information 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: _____



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P.O. Box 16173 • Little Rock, Arkansas 72231 • 800-289-1100 • Fax Number: 501-955-4256

REQUEST FOR INFORMATION FROM PREVIOUS CARRIER OR EMPLOYER

DATE: _____ CO FAX #: _____

TO (Name of Previous Carrier or Employer): _____

DRIVER'S NAME: _____ SOCIAL SECURITY #: _____ - _____ - _____

DATES OF EMPLOYMENT: FROM _____ TO _____ POSITION: _____

Your cooperation in giving the following data will be appreciated.

1. OTR experience: _____ From: _____ To: _____ # of Trucks in Fleet: _____
2. What type of equipment did the driver operate? _____
3. Driver ran in approximately what areas? _____
4. Work record? _____
5. Type of material hauled? _____ Steel coils? _____ Lumber? _____
6. Any accidents? Yes _____ No _____ Details: _____
7. Any abandonments? Yes _____ No _____ Details: _____
8. Quit under dispatch? Yes _____ No _____ Details: _____
9. Reason for leaving? _____
10. Is this driver eligible to return? Yes _____ No _____ If no, please explain: _____
11. Was the equipment taken care of? Yes _____ No _____

ALCOHOL AND CONTROLLED SUBSTANCE TEST RESULTS AS REQUIRED BY FMSR 382.413

List here all alcohol tests with a concentration result of 0.04 or greater, positive controlled substances test results to be tested, within the past three (3) years. If none, please write "NONE".

12. As required by FMSR 382.413: _____

A. Has this person ever tested positive for a controlled substance in the past three (3) years? _____

B. Has this person ever had an alcohol test with a Breath Alcohol Concentrate of 0.04 or greater in the past three (3) years? _____

C. Has this person ever refused a required test for drugs or alcohol in the past three (3) years? _____

D. Has this individual violated other DOT drug/alcohol regulations? _____

E. Have you received information from a previous employer that this individual has violated DOT drug/alcohol regulation? _____

F. If yes to any of these five (5) preceding questions, please give the SAP's (Substance Abuse Professional's) address and phone number for further reference: _____

13. Additional Comments: _____

DATE: _____ FOR (Name of Company): _____ BY (Person Supplying Info): _____

FORMER CARRIER OR EMPLOYER:

You are hereby authorized to give Maverick Transportation,LLC. all information regarding my services, character and conduct while with your company and are released from ANY/ALL liability which may result from furnishing such information.

WITNESS: _____ SIGNATURE: **X** _____