

*****All original forms must be maintained in employee files. If applicant wishes you may provide them copies.*****

Pre-Employment Forms

_____ **Driver's Application For Employment**

Be sure the front and last page have been signed and dated
Be sure Employment History portion has been completely filled out
Need seven years history for commercial motor vehicle driver's
Need three years history for interstate commerce

*****The following are attached to the application and must be signed by applicant before we are able to process the application*****

_____ **Motor Vehicle Record (MVR) Policy**

_____ **Certification of Compliance with Driver License Requirements**

Have applicant fill out and sign form. They must also include their driver's license information.

_____ **Notice Before Ordering Consumer Reports**

Please have applicant sign and date form.

_____ **Request For Information – From Previous Employer & Previous Employer Alcohol and Drug Testing Information**

These forms are 2 pages (front and back). Please have applicant sign the top portion on both pages on all three forms.

Please contact Melanie Kelly, Human Resource Manager with any questions

Melanie Kelly

United Oil

Off: (208) 733-7033
Fax: (208) 733-6129

P.O. Box 5159
220 Eastland Dr. So.
Twin Falls, Id. 83303

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name _____ Date of Application _____
(print)

Company Franklin United, Inc. / Magic Transport, Inc.

Address P.O. BOX 5159

City TWIN FALLS State IDAHO Zip 83303

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 the Company.

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

- Review information provided by 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 _____

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____
(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

This form is made available with the understanding that J. J. Keller & Associates, Inc. is not engaged in rendering legal, accounting, or other professional services. J. J. Keller & Associates, Inc. assumes no responsibility for the use of this form, or any decision made by an employer which may violate local, state, or federal law.

APPLICANT TO COMPLETE

(answer all questions - please print)

Position(s) 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? _____
yr./mo.

Previous Addresses _____ How Long? _____
Street City State & Zip Code yr./mo.

_____ How Long? _____
Street City State & Zip Code yr./mo.

_____ How Long? _____
Street City State & Zip Code yr./mo.

_____ How Long? _____
Street City State & Zip Code yr./mo.

Do you have the 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 bonded? _____ Name of bonding company _____
(Answer only if a job requirement)

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 [as described in the attached job description]?

If yes, explain if you wish.

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.)

EMPLOYER			DATE	
NAME			FROM MO.	YR.
ADDRESS			TO MO. YR.	
CITY	STATE	ZIP	POSITION HELD	
CONTACT PERSON		PHONE NUMBER	SALARY/WAGE	
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			REASON FOR LEAVING	
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				

EMPLOYMENT HISTORY (continued)

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				

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				

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				

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				

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				

*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.

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 _____

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		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)			
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 8 passengers</small>	---			
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 15 passengers</small>	---			
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

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY _____

LIST COURSES 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 (NAME) _____ (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: _____

United Oil

POST OFFICE BOX 5159
220 EASTLAND DRIVE SOUTH
TWIN FALLS, ID 83303-5159
PH. (208) 733-7033 or 1-800-228-8864
FAX (208) 733-6129

Motor Vehicle Record (MVR) Policy

It is the policy of Franklin United, Inc. and Magic Transport, Inc. to obtain and review the Motor Vehicle Record (MVR) on each prospective driver* before an offer for employment is extended to the individual. Management will reveal the Motor Vehicle Record to ascertain the applicant or employee holds a valid license and their driving report is within the parameters set by company diving policy.

**A driver is someone who could not perform the duties assigned to them without driving a vehicle.*

Management will conduct an annual review of each employee's driving performance, where driving is a part of his or her job. Based upon the outcome of the annual review, the driving exposure and the losses experienced during the past year, MVRs may then be ordered and reviewed. As a company policy MVRs are checked each three years on all employees where driving is part of their job description, annually on drivers under the age of 25, and annually on drivers identified during the annual driving review. If the employee's driving record does not meet the criteria set by management, driving privileges may be revoked, or other disciplinary action may be taken.

Signature

Date

Certification of Compliance with Driver License Requirements

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.

If you have more than one license, keep the license from your state of residence and return the additional licenses to the states that issued them. Destroying a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by that state.

- 2- **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15(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 will 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: _____

Notice Before Ordering Consumer Reports (Driving Records)

The Fair Credit Reporting Act (FCRA) provides individuals with certain rights regarding consumer reports and places certain obligations on employers using consumer reports for employment-related purposes. Consistent with the FCRA's requirements, this notice is provided to you in order to inform you that Franklin United, Inc. / Magic Transport, Inc. may, for employment-related purposes (e.g., evaluating you for initial employment, promotions, transfers, assigned duties, retention as an employee, etc.), obtain from a consumer reporting agency one or more consumer reports containing driving record information about you. Franklin United, Inc. / Magic Transport, Inc., will not obtain a consumer report without your signature below authorizing us to obtain a consumer report.

Authorization To Obtain Consumer Reports

I hereby acknowledge that I have read and understand the contents of the above notice and, by signing below, specifically authorize Franklin United, Inc. / Magic Transport, Inc. to obtain driving record information on me for employment related purposes as indicated above.

Full Name (please print)

Middle Initial

Last Name

Signature

Date

Previous Employer Alcohol and Drug Testing Information

Pursuant to 49CFR 382-413, I hereby authorize any and all of my previous employers, FOR THE LAST TWO YEARS from the date below, to release the following information to Franklin United, Inc. / Magic Transport, Inc..

- 1- Alcohol tests with a concentration result of 0.04 or greater
- 2- Positive controlled substance test results
- 3- Refusals to be tested

I understand that if Franklin United, Inc. / Magic Transport, Inc. is unable to obtain this information from my employers during the preceding two years no later than 14 calendar days after the first time I perform a safety-sensitive function for the company, I will be removed from duty until the information is obtained. If CDS and/or the company is unable to obtain the information, I will be terminated from employment with the company.

I understand that the company will terminate my employment if my employer(s) during the preceding two years provide information on alcohol tests with a concentration of 0.04 or greater, certified positive controlled substance test results, or refusal to be tested, and I am unable to provide information on a subsequent substance abuse professional evaluation and/or determination under 40 CFR 382.401(c)(4) and compliance with 49 CFR 382.309 (return to duty testing).

I understand Franklin United, Inc. / Magic Transport, Inc. has the responsibility for protecting the confidentiality of this information.



Applicant's Signature



Date

TO BE COMPLETED BY PREVIOUS EMPLOYER

Under Department of Transportation testing requirements:

- | | |
|---|--|
| Has this person had an alcohol test with a result of 0.04 or higher in alcohol concentration? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has this person had a verified positive drug test? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has this person refused to be tested? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has this person committed other violations of DOT agency drug and alcohol testing regulations? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If this person has violated a DOT agency drug and alcohol regulation, do you have documentation of the employee's successful completion of DOT return-to-duty requirements (including follow-up tests)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

In answering these questions, include any drug or alcohol testing information obtained from previous employers under 40.25 or other applicable DOT regulations. Thank you.

Signature of Person Completing Form

Date

Print Name

Title

Please send all necessary forms and related documents to:

Franklin United, Inc. / Magic Transport, Inc.

Attn: Human Resources

P.O. Box 5159

Twin Falls, ID 83303-5159

(208) 733-7033 phone

(208) 733-6129 fax

Request For Information – From Previous Employer

I hereby authorize you to release the following information to Franklin United, Inc. / Magic Transport, Inc. for the purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations.

→ Applicant's Signature	→ Date
Name and Address Of Previous Employer: _____ _____ _____ _____	This Form Was (check appropriate box) <input type="checkbox"/> Mailed, Date: _____ <input type="checkbox"/> Faxed, Date: _____ <input type="checkbox"/> Emailed, Date: _____ <input type="checkbox"/> Received by Phone, Date: _____ Name of Person Contacted: _____
Name of Applicant:	Date of Birth: _____
Social Security No.:	

The above named individual has mad application to this company for a position as _____ and states that he/she was employed by you as _____ from (m/y) _____ to (m/y) _____. In accordance with Section 391.23, we are obligated to request the information below from all previous employers of the applicant that employed him/her to operate a commercial motor vehicle within 3 years preceding (date of application) _____. Please complete the information below and return to us within 30 days, as required by Section 391.23(g). You may return the information by telephone, fax, mail or email to:

Franklin United, Inc./Magic Transport, Inc.
 Attn: Human Resources
 P.O. Box 5159
 Twin Falls, ID 83303-5159
 (208) 733-7033 phone
 (208) 733-6129 fax

TO BE COMPLETED BY PREVIOUS EMPLOYER

Section 1: Driver Identification

The applicant named above was employed by us. Yes No
 Employed as _____ from (m/y) _____ to (m/y) _____.
 If driver was involved in a safety-sensitive position subject to drug and alcohol testing under Part 40, check here and complete Alcohol and Drug Testing Information (page 2).

Section 2: Safety Performance History

If there is no safety performance history to report, check here

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: Discharge Resignation Lay Off Military Duty
 Comments: _____

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: _____

Signature	Title	Date
-----------	-------	------

Previous Employer Alcohol and Drug Testing Information

Pursuant to 49CFR 382-413, I hereby authorize any and all of my previous employers, FOR THE LAST TWO YEARS from the date below, to release the following information to Franklin United, Inc. / Magic Transport, Inc..

- 1- Alcohol tests with a concentration result of 0.04 or greater
- 2- Positive controlled substance test results
- 3- Refusals to be tested

I understand that if Franklin United, Inc. / Magic Transport, Inc. is unable to obtain this information from my employers during the preceding two years no later than 14 calendar days after the first time I perform a safety-sensitive function for the company, I will be removed from duty until the information is obtained. If CDS and/or the company is unable to obtain the information, I will be terminated from employment with the company.

I understand that the company will terminate my employment if my employer(s) during the preceding two years provide information on alcohol tests with a concentration of 0.04 or greater, certified positive controlled substance test results, or refusal to be tested, and I am unable to provide information on a subsequent substance abuse professional evaluation and/or determination under 40 CFR 382.401(c)(4) and compliance with 49 CFR 382.309 (return to duty testing).

I understand Franklin United, Inc. / Magic Transport, Inc. has the responsibility for protecting the confidentiality of this information.



Applicant's Signature



Date

TO BE COMPLETED BY PREVIOUS EMPLOYER

Under Department of Transportation testing requirements:

- | | |
|---|--|
| Has this person had an alcohol test with a result of 0.04 or higher in alcohol concentration? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has this person had a verified positive drug test? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has this person refused to be tested? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has this person committed other violations of DOT agency drug and alcohol testing regulations? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If this person has violated a DOT agency drug and alcohol regulation, do you have documentation of the employee's successful completion of DOT return-to-duty requirements (including follow-up tests)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

In answering these questions, include any drug or alcohol testing information obtained from previous employers under 40.25 or other applicable DOT regulations. Thank you.

Signature of Person Completing Form

Date

Print Name

Title

Please send all necessary forms and related documents to:

Franklin United, Inc. / Magic Transport, Inc.

Attn: Human Resources

P.O. Box 5159

Twin Falls, ID 83303-5159

(208) 733-7033 phone

(208) 733-6129 fax

Request For Information - From Previous Employer

I hereby authorize you to release the following information to Franklin United, Inc. / Magic Transport, Inc. for the purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations.

→ Applicant's Signature _____

→ Date _____

Name and Address Of
Previous Employer:

This Form Was (check appropriate box)

- Mailed, Date: _____
 Faxed, Date: _____
 Emailed, Date: _____
 Received by Phone, Date: _____
Name of Person Contacted: _____

Name of Applicant: _____
Social Security No.: _____

Date of Birth: _____

The above named individual has mad application to this company for a position as _____ and states that he/she was employed by you as _____ from (m/y) _____ to (m/y) _____. In accordance with Section 391.23, we are obligated to request the information below from all previous employers of the applicant that employed him/her to operate a commercial motor vehicle within 3 years preceding (date of application) _____. Please complete the information below and return to us within 30 days, as required by Section 391.23(g). You may return the information by telephone, fax, mail or email to:

Franklin United, Inc./Magic Transport, Inc.
Attn: Human Resources
P.O. Box 5159
Twin Falls, ID 83303-5159
(208) 733-7033 phone
(208) 733-6129 fax

TO BE COMPLETED BY PREVIOUS EMPLOYER

Section 1: Driver Identification

The applicant named above was employed by us. Yes No

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

If driver was involved in a safety-sensitive position subject to drug and alcohol testing under Part 40, check here and complete Alcohol and Drug Testing Information (page 2).

Section 2: Safety Performance History

If there is no safety performance history to report, check here

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: Discharge Resignation Lay Off Military Duty

Comments: _____

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: _____

Signature

Title

Date

Previous Employer Alcohol and Drug Testing Information

Pursuant to 49CFR 382-413, I hereby authorize any and all of my previous employers, FOR THE LAST TWO YEARS from the date below, to release the following information to Franklin United, Inc. / Magic Transport, Inc..

- 1- Alcohol tests with a concentration result of 0.04 or greater
- 2- Positive controlled substance test results
- 3- Refusals to be tested

I understand that if Franklin United, Inc. / Magic Transport, Inc. is unable to obtain this information from my employers during the preceding two years no later than 14 calendar days after the first time I perform a safety-sensitive function for the company, I will be removed from duty until the information is obtained. If CDS and/or the company is unable to obtain the information, I will be terminated from employment with the company.

I understand that the company will terminate my employment if my employer(s) during the preceding two years provide information on alcohol tests with a concentration of 0.04 or greater, certified positive controlled substance test results, or refusal to be tested, and I am unable to provide information on a subsequent substance abuse professional evaluation and/or determination under 40 CFR 382.401(c)(4) and compliance with 49 CFR 382.309 (return to duty testing).

I understand Franklin United, Inc. / Magic Transport, Inc. has the responsibility for protecting the confidentiality of this information.

→ Applicant's Signature

→ Date

TO BE COMPLETED BY PREVIOUS EMPLOYER

Under Department of Transportation testing requirements:

- | | |
|---|--|
| Has this person had an alcohol test with a result of 0.04 or higher in alcohol concentration? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has this person had a verified positive drug test? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has this person refused to be tested? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has this person committed other violations of DOT agency drug and alcohol testing regulations? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If this person has violated a DOT agency drug and alcohol regulation, do you have documentation of the employee's successful completion of DOT return-to-duty requirements (including follow-up tests)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

In answering these questions, include any drug or alcohol testing information obtained from previous employers under 40.25 or other applicable DOT regulations. Thank you.

Signature of Person Completing Form

Date

Print Name

Title

Please send all necessary forms and related documents to:

Franklin United, Inc. / Magic Transport, Inc.
Attn: Human Resources
P.O. Box 5159
Twin Falls, ID 83303-5159
(208) 733-7033 phone
(208) 733-6129 fax