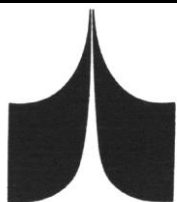


COMMERCIAL DRIVER APPLICATION FOR QUALIFICATION



Michelsen
packaging company

202 N. 2ND AVE & 922 N. 1ST AVE
YAKIMA, WA 98902

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status. The company will not hire relatives of current employees, which includes spouses, parents, grandparents, children, brothers, sisters, aunts, uncles, nieces, nephews, or in-laws. **The purpose of this application is to determine whether or not the applicant is qualified to operate Motor Carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and Michelsen Packaging Company.**

INSTRUCTIONS TO APPLICANT

PRINT CLEARLY - Fill in all blanks & provide all information requested. If the answer to any question is "No" or "None," do not leave the item blank, write "No", "None" or N/A.

PERSONAL INFORMATION

Date: _____

Name: First _____ Middle _____ Last _____

Current Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Date of Birth: _____ Social Security Number: _____

If your above address is less than 3 years continue listing them below to cover the previous 3-year period:

1. Street: _____ Dates: From _____ To _____

City: _____ State: _____ Zip: _____

2. Street: _____ Dates: From _____ To _____

City: _____ State: _____ Zip: _____

3. Street: _____ Dates: From _____ To _____

City: _____ State: _____ Zip: _____

Use backside of sheet for additional addresses

EMPLOYMENT INFORMATION

Position applying for: _____

_____ Full Time OR _____ Part Time? Expected pay: _____ Date you can start work? _____

Are you able to perform the essential functions of the job you are applying for with or without reasonable accommodation? Yes ☐ No ☐

If hired, will you be able to provide evidence of your identity and eligibility to work in the United States? Yes ☐ No ☐

GENERAL INFORMATION

Are you related to anyone employed by our company? Yes ☐ No ☐ If yes, who: _____

Have you ever filed an application with us before? Yes ☐ No ☐ If yes, when: _____

Have you ever been employed with us before? Yes ☐ No ☐ If yes, give dates: _____

List any special skills or training (foreign languages spoken, special machines/vehicles operated; i.e. forklift, truck, special licenses, etc. _____

DRIVER LICENSE INFORMATION All licenses held in the last 3 years:

State _____ Number _____ Expiration Date _____
State _____ Number _____ Expiration Date _____
State _____ Number _____ Expiration Date _____

DRIVING EXPERIENCE

Type of Equipment: _____ From: _____ To: _____ Approximate number of miles: _____

ACCIDENT RECORD Last 3 years: (If none, write NONE)

Date of Accident: _____ Nature of Accident: _____ Location: _____ # of Fatalities: _____ # of People injured: _____

TRAFFIC VIOLATIONS / CONVICTIONS Last 3 years: (If none, write NONE)

Date _____ Violation _____ State _____ Commercial Vehicle: Yes / No
Date _____ Violation _____ State _____ Commercial Vehicle: Yes / No
Date _____ Violation _____ State _____ Commercial Vehicle: Yes / No
Date _____ Violation _____ State _____ Commercial Vehicle: Yes / No
Date _____ Violation _____ State _____ Commercial Vehicle: Yes / No

Have you ever had any driver license denied, suspended, revoked, or cancelled by any issuing state agency?

Yes ☐ No ☐ If yes, state of issuance; explanation: _____

EMPLOYMENT HISTORY Must provide 10-year employment history (CFR 383.35) – Account for gaps between employers: (If owner/operator, list carriers leased to)

1. Employer: _____ Phone: _____
Address: _____ City: _____ State: _____
From: _____ To: _____ Supervisor _____
Describe your job: _____
Reason for leaving: _____ May we contact? Yes ☐ No ☐
Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes ☐ No ☐
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes ☐ No ☐
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2. Employer: _____ Phone: _____
Address: _____ City: _____ State: _____
From: _____ To: _____ Supervisor _____
Describe your job: _____
Reason for leaving: _____ May we contact? Yes ☐ No ☐
Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes ☐ No ☐
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes ☐ No ☐

3. Employer: _____ Phone: _____
 Address: _____ City: _____ State: _____
 From: _____ To: _____ Supervisor _____
 Describe your job: _____
 Reason for leaving: _____ May we contact? Yes ☐ No ☐
 Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes ☐ No ☐
 Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes ☐ No ☐

4. Employer: _____ Phone: _____
 Address: _____ City: _____ State: _____
 From: _____ To: _____ Supervisor _____
 Describe your job: _____
 Reason for leaving: _____ May we contact? Yes ☐ No ☐
 Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes ☐ No ☐
 Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes ☐ No ☐

5. Employer: _____ Phone: _____
 Address: _____ City: _____ State: _____
 From: _____ To: _____ Supervisor _____
 Describe your job: _____
 Reason for leaving: _____ May we contact? Yes ☐ No ☐
 Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes ☐ No ☐
 Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes ☐ No ☐

Use backside of sheet for additional employers

For driver applicants of commercial motor vehicles that require a Commercial Driver License (CDL) the applicant must disclose their controlled substance and alcohol status per the requirements of 49 CFR part 40.25

As a prospective driver employee, you have the right to review information provided by previous employers. You have the right to have errors in the information corrected by the previous employer(s) and for that previous employer(s) to re-send the corrected information to the prospective employer; the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Driver employees who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review the previous employer provided investigative information, must submit a written request to the prospective employer, which may be done at anytime, including when applying or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five (5) business day deadlines will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived their request to review the records.

“I certify 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.”

Applicant's Signature _____ **Date** _____



**CONSENT FORM FOR DRUG/ALCOHOL SCREENING,
CRIMINAL HISTORY BACKGROUND CHECK
& EMPLOYMENT VERIFICATION**

Pursuant to the Federal Motor Carrier Safety Regulations 49 CFR part 40 and part 391 and the Substance Abuse and Testing Policy of the Company, I understand that passing a drug/alcohol urinalysis is a condition of employment at Michelsen Packaging Company and its subsidiaries, and that if I refuse to take the test or test positive for one or more of the substances being tested for, the offer of employment may be rescinded. I hereby consent to submit to a urinalysis drug screen and breath alcohol testing.

I acknowledge that the conduct of the tests does not create a physician-patient relationship. The results of the tests and any resulting related interviews, whether conducted because of new hire, reasonable suspicion, work related accident or injury, or for random driver testing, will be released to The Healthy Worker or other similar organization the Company has contracted with to provide testing services. After review by the service provider, the test results will be forwarded to Michelsen Packaging Company.

I acknowledge the results of the tests and related interviews will be used by the Company in accordance with the above-mentioned regulations and policies. A confirmed positive test will result in the individual being declared "Not medically qualified to operate a commercial motor vehicle." This may result in the rescission of an offer of employment and can result in disciplinary action up to and including termination of employment for an employee. If I am hired to work at Michelsen Packaging or a subsidiary before the results of the testing are received by the Company, I understand that if the test results are positive, I will be terminated immediately.

This consent form will be valid during the term of my employment with Michelsen Packaging or, due to transfer, with any company that falls under the operation control of Michelsen Packaging. Such testing will occur throughout the term of my employment and association with the company and no such notice of tests need be required other than that which has been given with this notice.

I understand that Michelsen Packaging Company may conduct a nationwide criminal background check and any negative information appearing in the report may adversely impact the offer of employment and it may be rescinded.

I understand that if I choose not to sign this form, I may be excluded from employment with Michelsen Packaging Company.

I give my consent for the release of the test results and other medical information to Michelsen Packaging Company management for appropriate review.

I hereby declare the information provided by me in this application is true and complete, and I understand that falsification of this information is grounds for refusal to hire me or for termination of my employment. I authorize any of the persons or organizations identified by me in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability for any damage which may result from furnishing such information to you. I authorize you to request, receive, and verify all information given in this application.

In consideration for my employment as a company driver, I agree to conform to the rules and regulations of the company set forth in the company's employee and/or driver handbook and acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or added to by the employer at any time, at the employer's sole option and without any prior notice to me.

I acknowledge that, if I am employed by the employer, my employment will be at-will, and may be terminated at any time, by the employer or by me, with or without cause.

Applicant's Signature _____ **Date** _____



COMMERCIAL VEHICLE DRIVER APPLICANT

Controlled Substance and Alcohol Questionnaire
Pursuant to 49 CFR part 40.25(j)

PERSONAL INFORMATION

Date: _____

Name: First _____ Middle _____ Last _____

Current Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

49 CFR part 40.25(j)

Have you ever 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, <u>safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules</u> during the past two years?		YES	NO
If YES -	Have you successfully completed the return-to-duty process?	YES	NO
If YES -	Documentation <u>MUST BE PROVIDED</u> before any safety-sensitive transportation function is performed.		

Applicant's Signature _____ Date _____

TO BE COMPLETED BY EMPLOYER:

Received by: _____

Reviewed by: _____

Title: _____

Date: _____

Title: _____

Date: _____