



Ward Timber, LTD.

P.O. Box 360

Linden, Texas 75563

Driver Applicants,

Please fill out application completely.

You may fax to 903-756-8626 email to linda.price@wardtimber.com or deliver it to

1101 Hwy 59 South

Linden, TX 75563

Thank you,

Linda Price

Office 903-756-3836

Fax: 903-756-8626

Cell: 903-720-8729

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

Applicant / Employee Permission to Acquire Personal Information

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 testing results, and your driving records may be obtained for employment purposes. Your employer or prospective employer may obtain this information from Accufax, Equifax, Transunion, Experion, or other vendors of such information services.

You should also be aware that, as a condition of your application for employment or continued employment, your employer or prospective employer may acquire your criminal background records by means of employing a service that specialized in obtaining such records via electronic interface with local, state, and federal municipalities, law enforcement agencies, bureaus, or other sources of such criminal and court records.

Lastly, you should be aware that your employer or prospective employer may utilize the FMCSA's Pre-Employment Screening (PSP) system in order to obtain your previous DOT roadside inspection and crash records for review.

Your signature on this form constitutes your acknowledgement of full understanding of the information presented above, and the granting of your permission for your employer or perspective employer to obtain any and all such records as are referred to within the information presented above.

Applicant / Employee Signature

Date of signature

Printed name of applicant / employee

Social Security Number

Employer Witness

Company Name

REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

In connection with your application for employment with **Ward Timber Ltd.**, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize **Ward Timber Ltd.** to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (Attach Sheet if More Space is Needed) IF NO ACCIDENTS, WRITE NONE.

DATES	NATURE OF ACCIDENT (Head-on, Rear-end, etc.)	FATALITIES	INJURIES
LAST ACCIDENT _____			
NEXT PREVIOUS _____			
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

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)

EMPLOYMENT RECORD

(Attach Sheet if More Space is Needed)

NOTE: DOT Requires That Employment for at Least 3 Years and/or Commercial Driving Experience for the Past 10 Years Be Shown.

*****Please List Employment Beginning with Most Recent Employment.*****

EMPLOYER: Name _____
 Address _____
 Position Held _____ From _____ to _____ Salary _____
 Reasons for Leaving _____
 Contact Person _____ Phone Number _____

EMPLOYER: Name _____
 Address _____
 Position Held _____ From _____ to _____ Salary _____
 Reasons for Leaving _____
 Contact Person _____ Phone Number _____



EMPLOYER: Name _____
Address _____
Position Held _____ From _____ to _____ Salary _____
Reasons for Leaving _____
Contact Person _____ Phone Number _____

EMPLOYER: Name _____
Address _____
Position Held _____ From _____ to _____ Salary _____
Reasons for Leaving _____
Contact Person _____ Phone Number _____

EMPLOYER: Name _____
Address _____
Position Held _____ From _____ to _____ Salary _____
Reasons for Leaving _____
Contact Person _____ Phone Number _____

EMPLOYER: Name _____
Address _____
Position Held _____ From _____ to _____ Salary _____
Reasons for Leaving _____
Contact Person _____ Phone Number _____

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.

Date

Applicant's Signature

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

I hereby authorize you to release the following requested information to:

_____ for the purposes of investigation *as required by Section 391.23 of the Federal Motor Carrier Safety Regulations*. You are released from any and all liability which may result from providing such information.

(Date) _____
(Applicant's Signature)

Mail or Fax To:

(Previous Employer Name): _____	<input type="checkbox"/> First Request
(Attention): _____	Date _____
(Phone): _____	<input type="checkbox"/> Second Request
(Fax): _____	Date _____

To Whom It May Concern:

The individual named below has made application to this company for a position as a driver and states that he/she was employed by you as a driver from _____ to _____
(date of termination) (date of hire)

We do appreciate your time in completing, in confidence, the information requested below. A business reply envelope has been enclosed (if mailed to you) for your convenience, or you may return the information via email to the attention of _____ at _____. Thank you for your cooperation.

Sincerely,

Name: _____ Phone: _____

Title: _____ Fax: _____

NAME OF APPLICANT: _____ **SSN:** _____

1. Employed from _____ to _____ as _____ at salary or wage of \$ _____.
2. Did he/she drive a motor vehicle for you? Yes ___ No ___, Straight Truck? Yes ___ No ___, Tractor-Semitrailer? Yes ___ No ___
Bus? Yes ___ No ___. Other? (Specify) _____
3. Was he/she efficient and a safe driver? Yes ___ No ___
4. Was his/her general conduct satisfactory? Yes ___ No ___
5. Reason he/she left your company: Discharged ___; Resignation ___; Lay Off ___; Military Duty ___
6. Please advise history of past driving record, if available, for past three years. _____

Please indicate your opinion by placing a checkmark in the appropriate column.

CHARACTERISTICS	EXCELLENT	GOOD	FAIR	POOR
Disposition, Tact, Ability to get along with others				
Initiative, Resourcefulness				
Safety Habits				
Driving Skill				
Attitude				
Loyalty				

Additional comments _____

Request for Information Related to Alcohol & Controlled Substances Testing

During our employment, the above named applicant:

- Had no violations to our alcohol and controlled substances policy.
- Had confirmed positive controlled substance test(s).
- Had confirmed blood alcohol test(s) resulting in a blood alcohol concentration greater than .04 (BrAC).
- Refused to submit to an alcohol or controlled substance test.

Signature of Previous Employer Representative _____

Title of Previous Employer Representative _____

Date _____

***PRE-EMPLOYMENT URINALYSIS AND BREATH ANALYSIS
CONSENT FORM***

I understand that as required by the Federal Highway Administration Regulations, Title 49 Code of Federal Regulations, Section 382.301, all driver-applicants of this employer must be tested for controlled substances and alcohol as a pre-condition for employment.

I consent to the urine sample collection and testing for controlled substances and the breath sample collection and testing for alcohol.

I understand that a verified positive test result for controlled substances and/or an alcohol concentration of 0.04 or higher will render me unqualified to operate a commercial motor vehicle.

The medical review officer will maintain the results of my controlled substance test. Negative and positive results will be reported to the employer. If the results are positive, the controlled substance will be identified.

Alcohol test results will be maintained by the employer.

The results will not be released to any other parties without my written authorization.

I understand the above conditions and hereby agree to comply with them.

_____ / _____ / _____
(Applicant's Name – Print) (Month) (Day) (Year)

(Applicant's Signature)

**RELEASE & DOCUMENTATION OF PRE-EMPLOYMENT TESTING
INFORMATION BY APPLICANT/DRIVER REQUIRED BY Part 40 .25(j)**

PART 40.25(j) requires Employers to ask Applicant/Driver whether he/she has tested positive or refused to test on any Pre-employment alcohol or drug test administered by an Employer to which the Applicant/Driver applied but did not obtain safety sensitive transportation work covered by DOT agency alcohol and drug testing rules during the past two (2) years.

NAME _____ DATE _____

SOCIAL SECURITY NUMBER _____

Applicant/Driver to answer items listed below.

During the past two (2) years have you *tested positive* on a Pre-employment alcohol or drug test administered by Employer to which you applied for but did not obtain a safety sensitive transportation work covered by Department of Transportation (DOT) drug and alcohol testing rules?

YES _____ **NO** _____

During the past two (2) years have you *refused to test* on a Pre-employment alcohol or drug test administered by Employer to which you applied for but did not obtain a safety sensitive transportation work covered by Department of Transportation (DOT) drug and alcohol testing rules?

YES _____ **NO** _____

If you answered **YES** to either of the questions above, please provide documentation of your successful completion of the return – to-duty process required by Part 40 Subpart O.

Date ____/____/____
(Month) (Day) (Year)

Name _____
(Please Print)

(Signature of Applicant/Driver)

(Witness Signature)

Record keeping requirements: If “YES” to either question – 5 year retention.
If “NO” to both questions – discard after employment terminates.

DRIVER'S STATEMENT OF ON-DUTY HOURS (For Newly Hired Drivers)

Federal Motor Carrier Safety Regulations – § 395.8 (j) (2) – Motor Carriers, when using a driver for the first time or intermittently, shall obtain from the driver a signed statement giving the total time on duty during the immediately preceding 7 days and the time at which the driver was last relieved from duty prior to beginning work for the motor carriers.

Note: Hours for any compensated work, including work for a non-motor carrier entity, must be recorded on this form.

Please Print

Driver Name _____ Social Security No. _____

Driver's License: State _____ Number _____ Class _____

Endorsement(s) _____ Restriction(s) _____

Type of License _____ Issuing State _____

<i>DAY</i>	<i>1</i> <small>(yesterday)</small>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>	
<i>DATE</i>								
<i>HOURS WORKED</i>								<i>Total Hours</i>

I hereby certify that the information given above is correct to the best of my knowledge and belief and that I was last relieved from work at _____ AM PM on _____.

(Time) (Day) (Month) (Year)

Driver's Signature _____
Date

Federal Motor Carrier Safety Regulations – § 395.2 (8) and (9) – **On duty time** means all time from the time a driver begins to work or is required to be in readiness to work until the time the driver is relieved from work and all responsibility for performing work. **On duty time** shall include:

- (8) Performing any other work in the capacity, employ or service of a motor carrier; and
- (9) Performing any compensated work for a person who is not a motor carrier.

Are you currently working for another employer? Yes _____ No _____

At this time do you intend to work for another employer while still employed by this company. Yes _____ No _____

I hereby certify that the information given above is true. I also understand that once I become employed with this company if I begin working for any additional employer(s) for compensation that I must immediately inform this company of such employment activity.

Driver's Signature _____
Date

Witness: _____
Company Representative _____
Date

Ward Timber Ltd.
PO Box 360
Linden, TX 75563

AUTHORIZATION TO OBTAIN INFORMATION

I have read and understood the preceding Disclosure to Consumer. Under the Fair Credit Reporting Act ("FCRA"), 15 U.S.C. § 1681 et seq., the regulations applicable to the federal Department of Transportation's Federal Motor Carriers Safety Administration, including 49 CFR § 40.329, the Americans with Disabilities Act and all other applicable federal, state, and local laws, I hereby authorize and permit the above named company to obtain information about me, where permitted, which may pertain to my employment records, driving history records, driving performance and safety history, criminal history, credit history, civil records, workers' compensation (post-offer only), alcohol and drug testing, verification of my academic and/or professional credentials, and information and/or copies of documents from any military service records.

I understand an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living that may be obtained by interviews with individuals who may have knowledge concerning any such items of information. I authorize information to be obtained from my former employers to satisfy driver qualification regulations.

DOT Drivers. I understand that Title 49 of the Federal Code of Regulations, § 391.23, requires that my prospective employer and/or its agent(s) may contact all former employers of a driver within the last three years under the regulation of the Department of Transportation. Information such as dates of employment, position, accident history, as well as information pertaining to my drug and alcohol testing history, may be requested from each employer in accordance with Section 391.23 and 49 CFR 40.25.

By signing below, I consent to and authorize the gathering of this information by my prospective employer or employer and those who my prospective employer or employer has engaged to request and obtain this information including former employers, and/or from or through a consumer reporting agency, such as iiX, a Verisk Analytics Business.

I understand and acknowledge that the information provided in the consumer reports or investigative consumer reports may assist my employer or prospective employer to make a determination regarding my suitability as an employee.

I further understand that, under the FCRA, in the event of Adverse Action, I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I agree that a copy of this authorization has the same effect as an original. Where permitted, this authorization shall remain in effect over the course of my employment and reports may be ordered periodically during the course of my employment.

Applicant's / Employee's Full Name (Print clearly)

Applicant's / Employee's Signature

_____/_____/_____
Date of Signature

SEAT BELT USAGE POLICY

Ward Timber recognizes that seat belts are extremely effective in preventing injuries and loss of life.

We care about our employees and want to make sure that no one is injured or killed in a tragedy that could have been prevented by the use of seat belts.

Therefore, all truck drivers must wear seat belts when operating (or riding as a passenger) in a company-owned vehicle, or operating (or riding as a passenger) in any vehicle on company business when the vehicle is in motion.

All of these scenarios require seat belts if the truck is in motion: on the yard, at the mill, on the road, in your driveway, leaving a garage, etc...

Any time that your truck begins to move, it is expected and required that you wear a seat belt, effective immediately.

I, _____ (PRINT NAME), DO HEREBY AGREE TO THE TERMS OF THE "SEAT BELT USAGE POLICY", EFFECTIVE MARCH 7TH, 2019 BY WARD TIMBER, LTD. I ACKNOWLEDGE THAT FAILING TO WEAR MY SEAT BELT WHEN A VEHICLE IS IN MOTION ON COMPANY BUSINESS, NO MATTER THE LOCATION, IS A VIOLATION TO THIS POLICY. I UNDERSTAND THERE WILL BE DISCIPLINARY ACTION TAKEN IN THE EVENT I VIOLATE THESE TERMS. THE POLICY SIGNATURE SHEET WILL BE PLACED IN EACH DRIVER'S FILE FOR LATER REFERENCE.

Driver's Signature

Date

We want to get to know more about you and your wants and needs

(optional)

What are the motivating factors for inquiring about a position with Ward Timber?

Circle one or more below: (if you circle more than one, label your top priority with the #1)

*Pay *Location *Benefits *Passion to work *Being home every night

*No work on Sunday's *Other/additional comments:
