



Safe. Secure. Smart.

Transportation Department
'Drivers Application'

D.O.T Summary prepared for: FEATHERLITE INC.

DATE _____

FULL NAME _____ SOC. SEC. # _____

PRESENT ADDRESS _____ PHONE # () _____

CITY _____ STATE _____ ZIP _____ DATE OF BIRTH _____

LIST ALL PREVIOUS ADDRESSES FOR THE PAST FIVE YEARS.

INCLUDES DATES, STREET, CITY AND STATE

1. _____

2. _____

LIST ALL DRIVER AND CDL (CLASS A) LICENSES EVER HELD FROM ALL STATES.

TYPE LICENSE NUMBER STATE EXP. DATE

HOW MANY YEARS HAVE YOU DRIVEN COMMERCIAL VEHICLES? _____

TRACTOR TRAILERS? _____

LIST TYPES OF VEHICLES AND AMOUNT OF TIME FOR EACH.

TYPE (VAN, FLAT, ETC.) AMOUNT OF TIME MILES

HOW DID YOU HEAR ABOUT FEATHERLITE? _____

HOW MANY YEARS HAVE YOU DRIVEN ANY VEHICLE THROUGHOUT THE FOUR SEASONS? _____

HAVE YOU EVER BEEN INVOLVED IN ANY TYPE OF ACCIDENT WITH ANY TYPE OF MOTOR VEHICLE? _____ IF YES, DESCRIBE BELOW.

<u>DATE</u> <u>MO & YR</u>	<u>CITY & STATE</u>	<u>TYPE OF ACCIDENT</u>	<u>INJURIES?</u> <u>FATALITIES?</u>	<u>VEHICLE</u> <u>DRIVEN</u>
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ARRESTS & VIOLATIONS

HAVE YOU EVER BEEN ISSUED A TRAFFIC CITATION? _____

IF YES, DESCRIBE BELOW, LISTING IN CHRONOLOGICAL ORDER WITH THE MOST RECENT FIRST.

<u>DATE</u> <u>MO & YR</u>	<u>CITY & STATE</u>	<u>VIOLATION</u>	<u>VEHICLE DRIVEN</u>
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HAVE YOU EVER HAD YOUR DRIVER'S LICENSE SUSPENDED, REVOKED, OR DENIED?

IF YES, WHEN AND WHAT FOR? _____

ARE YOU DRIVING WITH A PROBATIONARY OR RESTRICTED LICENSE? _____

HAVE YOU EVER BEEN ARRESTED AND CONVICTED (EXCLUDING TRAFFIC VIOLATIONS)? _____

IF YES, EXPLAIN: _____

WORK RECORD: LIST ALL JOBS FOR THE LAST TEN YEARS, PHONE NUMBER MUST BE LISTED.

NAME OF FIRM _____ CITY _____ STATE _____

TELEPHONE () _____ WORK PERFORMED _____

DATES: MO ____ YR ____ TO MO ____ YR ____ REASON FOR LEAVING _____

Were you subject to the FMCSRs* while employed here? Yes No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes No

NAME OF FIRM _____ CITY _____ STATE _____

TELEPHONE () _____ WORK PERFORMED _____

DATES: MO ____ YR ____ TO MO ____ YR ____ REASON FOR LEAVING _____

Were you subject to the FMCSRs* while employed here? Yes No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes No

NAME OF FIRM _____ CITY _____ STATE _____

TELEPHONE () _____ WORK PERFORMED _____

DATES: MO ____ YR ____ TO MO ____ YR ____ REASON FOR LEAVING _____

Were you subject to the FMCSRs* while employed here? Yes No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes No

NAME OF FIRM _____ CITY _____ STATE _____

TELEPHONE () _____ WORK PERFORMED _____

DATES: MO ____ YR ____ TO MO ____ YR ____ REASON FOR LEAVING _____

Were you subject to the FMCSRs* while employed here? Yes No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes No

NAME OF FIRM _____ CITY _____ STATE _____

TELEPHONE () _____ WORK PERFORMED _____

DATES: MO ____ YR ____ TO MO ____ YR ____ REASON FOR LEAVING _____

Were you subject to the FMCSRs* while employed here? Yes No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes No

NAME OF FIRM _____ CITY _____ STATE _____

TELEPHONE () _____ WORK PERFORMED _____

DATES: MO ____ YR ____ TO MO ____ YR ____ REASON FOR LEAVING _____

Were you subject to the FMCSRs* while employed here? Yes No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes No

NAME OF FIRM _____ CITY _____ STATE _____

TELEPHONE () _____ WORK PERFORMED _____

DATES: MO ____ YR ____ TO MO ____ YR ____ REASON FOR LEAVING _____

Were you subject to the FMCSRs* while employed here? Yes No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes No

ADDITIONAL WORK RECORD IF NEEDED

NAME OF FIRM _____ CITY _____ STATE _____

TELEPHONE () _____ WORK PERFORMED _____

DATES: MO ____ YR ____ TO MO ____ YR ____ REASON FOR LEAVING _____

Were you subject to the FMCSRs* while employed here? Yes No
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes No

NAME OF FIRM _____ CITY _____ STATE _____

TELEPHONE () _____ WORK PERFORMED _____

DATES: MO ____ YR ____ TO MO ____ YR ____ REASON FOR LEAVING _____

Were you subject to the FMCSRs* while employed here? Yes No
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes No

NAME OF FIRM _____ CITY _____ STATE _____

TELEPHONE () _____ WORK PERFORMED _____

DATES: MO ____ YR ____ TO MO ____ YR ____ REASON FOR LEAVING _____

Were you subject to the FMCSRs* while employed here? Yes No
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes No

NAME OF FIRM _____ CITY _____ STATE _____

TELEPHONE () _____ WORK PERFORMED _____

DATES: MO ____ YR ____ TO MO ____ YR ____ REASON FOR LEAVING _____

Were you subject to the FMCSRs* while employed here? Yes No
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes No

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

THIS CERTIFIES THAT PARTR 391 SUMMARY WAS COMPLETED BY ME, AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I HEREBY AUTHORIZE ANY FIRM, PARTY, OR AGENCY LISTED ABOVE TO FURNISH FEATHERLITE INC. WITH INFORMATION ON EMPLOYMENT DATES, SAFETY PERFORMANCE, TYPES OF WORK PERFORMED, DRUG AND ALCOHOL TEST RESULTS, AND ANY OTHER WORK-RELATED INFORMATION WHICH MAY REASONABLY BE REQUIRED TO SATISFY FEDERAL OR STATE SAFETY REGULATIONS.

DATE

SIGNATURE

THIS IS TO ADVISE YOU THAT YOUR REQUEST TO BECOME ASSOCIATED WITH FEATHERLITE INC. IS BEING PROCESSED AS QUICKLY AS POSSIBLE. PUBLIC LAW 91-508 REQUIRES THAT WE ADVISE YOU THAT A ROUTINE INQUIRY MAY BE MADE WHICH WILL PROVIDE APPLICABLE INFORMATION CONCERNING CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, AND MODE OF LIVING. UPON WRITTEN REQUEST, ADDITIONAL INFORMATION AS TO THE NATURE AND SCOPE OF THE REPORT, IF ONE IS MADE, WILL BE PROVIDED.

INVESTIGATIVE CONSUMER REPORT DISCLOSURE

In connection with your employment or application for employment (including contract for services), an investigative consumer report and consumer reports, which may contain public record information, may be requested from USIS Commercial Services ("USIS"). These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, academic history, professional credentials, drugs/alcohol use, information relating to your character, general reputation, personal characteristics, mode of living, educational background, or any other information about you which may reflect upon your potential for employment gathered from any individual, organization, entity, agency or other source which may have knowledge concerning any such items of information. Such reports may contain public record information concerning your driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from USIS concerning previous driving record requests made by others from such state agencies.

You have the right to receive, upon your written request within a reasonable period of time, (not to exceed 30 days) a complete and accurate disclosure of the nature and scope of the investigation requested. You have the right to make a request to USIS, upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the sources of information, and the recipients of any reports on you that USIS has previously furnished within the two-year period preceding your request. USIS may be contacted by mail at P.O. Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800) 381-0645.

Attached to this disclosure is a written summary of your rights under the Fair Credit Reporting Act (FCRA) as prepared by the Federal Trade Commission.

Print Applicant/Employee Full Name

Date _____

Applicant/Employee Signature

Notice to California Applicants

Under California law, the consumer reports we order on you for employment purposes within the State of California as defined as investigative consumer reports. These reports may contain information on your character, general reputation, personal characteristics and mode of living.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by USIS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at USIS in person, by mail, or by telephone. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

I request to receive a free copy of any investigative consumer report ordered on me by checking this box.
 (California applicants only)

529 REQUEST FOR PAST DRUG & ALCOHOL INFORMATION

Date: _____

To: _____ From: Featherlite Inc.

Contact: _____ Contact: Brent Hellickson or Brenda Grove

Phone: _____ Phone: 563-547-6000

Fax: _____ Fax: 563-547-6100

_____ (prospective driver) has contacted our company for the purpose of being cleared to operate a commercial motor vehicle on our fleet. On his/her work summary he/she has listed your company as one for which he/she has worked as a driver during the past three years. As required by the D.O.T. PER 49 SUBPART B 40.25 (H) we are requesting that you provide us the following information.

1. Has _____, SS # _____, worked for your company within the past three years as a commercial vehicle operator?
Circle one: YES NO
2. Has this individual had an alcohol test with the confirmed breath alcohol concentration of 0.04 or greater in the past 3 years?
Circle one: YES NO
3. Has this individual had a controlled substance test with a positive result in the past 3 years?
Circle one: YES NO
4. Has this individual refused a controlled substance test and/or alcohol test within the past 3 years (includes verified adulterated or substituted results)?
Circle one: YES NO
5. Has the individual violated other DOT drug and/or alcohol regulations?
Circle one: YES NO

If YES to any of the question, please release any documentation relating to the SAP evaluation, determination, and compliance, and give the SAP's name, address, and phone for further reference.

SAP's name _____ SAP' phone (____) _____

SAP's address/city/state/zip _____

Name of the person supplying information Signature

Thank you for your quick response to this request.

Driver's Name : _____ Date: _____

I consent to the release of the above requested information regarding any drug or alcohol test results performed while associated with the above stated company.

DRIVER'S SIGNATURE _____ SS# _____



Safe. Secure. Smart.

Transportation Department

Hwy. 63 & 9 • P.O.Box 320 • Cresco, IA 52136 • Phone 563-547-6000 • Fax 563-547-6100 • 1-800-800-1230

PROSPECTIVE EMPLOYEE PAST EMPLOYMENT

1. _____ applicant indicates employed as a _____ from _____ to _____. If the information is incorrect, indicate corrected information _____

2. Company Driver _____ Owner operator _____ Driver for owner/operator _____

3. Commodities transported _____

4. Areas operated in: EAST _____ WEST _____ NORTH _____ SOUTH _____ CAN _____

5. ACCIDENTS:

Table with 7 columns: Date, Type, Location, Pre/Non Prev., Injury, Fatal, Cost. Includes 4 rows of blank lines for data entry.

6. CITATIONS:

Table with 6 columns: Date, Type, State, OMVI, Suspension, Other. Includes 4 rows of blank lines for data entry.

7. Any problems with alcohol, drugs, garnishments, family, supervision of equipment? _____

8. Physical condition including any work comp. claims _____

9. Previous employers from your records _____

10. OPERATOR LICENSE # _____ STATE _____ Would you rehire? _____

COMPLETED BY: (signature) _____ Date: _____

I hereby authorize any firm, party, or agency to furnish Featherlite Inc. with information on dates, safety performance, type of work performed, drug and alcohol test results, and any other information which may be required to satisfy Federal and State requirements.

Date: _____ Signature: _____

"Release of Information Form -- 49 CFR Part 40 Drug and Alcohol Testing"

Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:

Employee Printed or Typed Name: _____

Employee SS or ID Number: _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in Section I-B, to the employer listed in Section I-A. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in Section II-A by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: _____ Date: _____

I-A.

New Employer Name: _____

Address: _____

Phone #: _____ Fax #: _____

Designated Employer Representative: _____

I-B.

Previous Employer Name: _____

Address: _____

Phone #: _____

Designated Employer Representative (if known): _____

Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:

II-A. In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing ~

- | | |
|---|------------------------|
| 1. Did the employee have alcohol tests with a result of 0.04 or higher? | YES ___ NO ___ |
| 2. Did the employee have verified positive drug tests? | YES ___ NO ___ |
| 3. Did the employee refuse to be tested? | YES ___ NO ___ |
| 4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? | YES ___ NO ___ |
| 5. Did a previous employer report a drug and alcohol rule violation to you? | YES ___ NO ___ |
| 6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? | N/A ___ YES ___ NO ___ |

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

II-B.

Name of person providing information in Section II-A: _____

Title: _____

Phone #: _____

Date: _____