

Sanford and Hawley, Incorporated
1790 Farmington Avenue
Unionville, CT 06085-0545
Phone (860) 673-3213 Fax (860) 675-2171
US DOT CARRIER #352649

DRIVER SUPPLEMENT

The information requested on this driver supplement will be used to establish qualification to drive a motor vehicle under Federal Law. This request is made pursuant to 49 CFR Part 392.21 et. seq.

NAME: _____
Last First M.I.

Social Security Number: _____ Date of Birth: _____

EMPLOYMENT RECORD

List below all of your employers for the last three (3) years.

Start with last or current position, including military experience, and work back.
(Attach a separate sheet if necessary).

CURRENT Employer: _____ Supervisor's Name: _____

Address: _____ City: _____ State: _____ Phone: () _____

Position Held: _____ From: _____ To: _____ Salary: _____

Did you operate a commercial motor vehicle for this employer? Yes No. If yes, type? _____

Reason for Leaving: _____

FORMER Employer: _____ Supervisor's Name: _____

Address: _____ City: _____ State: _____ Phone: () _____

Position Held: _____ From: _____ To: _____ Salary: _____

Did you operate a commercial motor vehicle for this employer? Yes No. If yes, type? _____

Reason for Leaving: _____

FORMER Employer: _____ Supervisor's Name: _____

Address: _____ City: _____ State: _____ Phone: () _____

Position Held: _____ From: _____ To: _____ Salary: _____

Did you operate a commercial motor vehicle for this employer? Yes No. If yes, type? _____

Reason for Leaving: _____

In addition to the information on the prior page, show **all driving positions held as a commercial driver** during the past ten years.

Note: The United States Department of Transportation requires that applicants for driving positions must advise prospective employers of positions held as a commercial driver during the past ten (10) year period.

FORMER Employer: _____ Supervisor's Name: _____
Address: _____ City: _____ State: _____ Phone: (____) _____
Position Held: _____ From: _____ To: _____ Salary: _____
Did you operate a commercial motor vehicle for this employer? Yes No. If yes, type? _____
Reason for Leaving: _____

FORMER Employer: _____ Supervisor's Name: _____
Address: _____ City: _____ State: _____ Phone: (____) _____
Position Held: _____ From: _____ To: _____ Salary: _____
Did you operate a commercial motor vehicle for this employer? Yes No. If yes, type? _____
Reason for Leaving: _____

FORMER Employer: _____ Supervisor's Name: _____
Address: _____ City: _____ State: _____ Phone: (____) _____
Position Held: _____ From: _____ To: _____ Salary: _____
Did you operate a commercial motor vehicle for this employer? Yes No. If yes, type? _____
Reason for Leaving: _____

Date of last Department of Transportation prescribed physical examination: _____

UNEXPIRED COMMERCIAL DRIVER LICENSES AND PERMITS

(Attach separate sheet if necessary)

ISSUING STATE	LICENSE NO.	TYPE	EXPIRATION DATE
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_____	_____	_____	_____
_____	_____	_____	_____

Do you have more than one license issued to you? Yes No

DRIVING EXPERIENCE

(Attach separate sheet if necessary)

Class of Equipment	Type of Equipment (See below **)	Dates From	To	Approximate Number of Miles (Total)
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(** I.e. buses, trucks, truck tractors, semi-trailers, full trailers, and pole trailers)

Other relevant driving experience information: _____

List states operated in for last five (5) years: _____

ACCIDENT REVIEW

(Attach separate sheet if necessary)

List for the past three (3) years, starting with your most recent:

Accident Dates	Nature of Accident***	Personal Injuries	Fatalities
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(*** Head-on, rear-end, upset, etc.)

**VIOLATIONS OF COMMERCIAL MOTOR VEHICLE LAWS OR ORDINANCES
(OTHER THAN PARKING VIOLATIONS)**

Please list all violations of commercial motor vehicle laws or ordinances in which you were convicted or forfeited a bond or collateral in the past three (3) years.

(Attach separate sheet if necessary)

Location	Date	Charge	Penalty

DENIAL, REVOCATION OR SUSPENSION

I hereby state that I have never had any license, permit or privilege to operate a commercial motor vehicle denied, revoked or suspended.

Yes No If no, explain _____

• Have you ever been denied a license, permit or privilege to operate a motor vehicle?
 Yes No If yes, explain _____

• Has any license, permit or privilege ever been suspended or revoked?
 Yes No If yes, explain _____

• Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations?
 Yes No If yes, explain _____

(Attach separate sheet if necessary)

Please explain in detail the facts and circumstances in which you have had any denial, revocation or suspension of any license, permit or privilege to operate a commercial motor vehicle.

AUTHORIZATION AND RELEASE

I understand that the information in this application will be used and that previous employers will be contacted for purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. I hereby authorize Sanford & Hawley Inc. to contact all of my former employers, including my current employer, to conduct the investigations and inquiries prescribed by the Federal Motor Carrier Safety Act. I also hereby explicitly authorize Sanford and Hawley, Inc. to investigate my character, credit experience, general reputation, criminal record, driving history, personal characteristics and mode of living. I understand that the forgoing is intended as notice required pursuant to The Fair Credit Reporting Act. I agree to release from liability and hold harmless Sanford and Hawley Inc., its sub-contractors, investigators, information suppliers, my current employer and my former employers.

CERTIFICATION

This certifies that this supplement to my 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: _____

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**PRE-EMPLOYMENT URINALYSIS
CONSENT FORM**

I understand that as required by Federal Motor Carrier Safety Regulations, Title 49 United States Code of Federal Regulations, Section 391.103, and company policy, all prospective drivers must submit to a controlled substance test.

A urine sample will be collect and tested for controlled substances.

I also understand that if I test positive for use of controlled substances, I am not medically qualified to operate a commercial motor vehicle.

The results of the drug test will be maintained by the Medical Review Officer for the company who will report whether the test results were negative or positive to the motor carrier. The results will not be released to any additional parties without my written authorization.

I hereby agree to submit to a drug screen urinalysis.

Print applicant's name

Applicant's signature

Date: _____

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NOTICE TO APPLICANTS

Sanford and Hawley, Incorporated (hereinafter "Company") requires successful completion of a urinalysis drug test as part of its pre-employment screening process for positions that could involve the operation of a commercial motor vehicle. The substances tested for will include marijuana, cocaine, PCP, opiates and amphetamines.

Additionally, the Company requires successful completion of a urinalysis controlled substance test and /or breath alcohol test if the Company has reasonable suspicion that the employee is under the influence of drugs and/or alcohol which adversely affects the employee's job performance, could adversely affect the employee's job performance, or is prohibited by Federal Regulations. The Company requires employees in occupations that have been designated as safety sensitive by the Federal Regulation to undergo random urinalysis drug testing at the rate of 50% of the total covered employees. Random alcohol tests will be conducted at the rate of 25% of the total Federal Highway Administration covered employees. These rates are subject to revision to such rates as are directed by the FHWA Administrator. Drug and/or alcohol tests will also be conducted post accident, return to duty and follow up.

Drug and alcohol tests are conducted for the Company by an outside, professional laboratory. Further details may be provided to applicants who successfully meet the Company's other criteria for employment.

Pursuant to 49 CFR Part 382.413, we are not permitted to allow new employees to operate commercial motor vehicle's for more than 14 days, unless we obtain information from their prior employers of the last two years regarding and positive tests for controlled substances, alcohol (B.A.C. .04 OR GREATER) and any refusal to test. Should you fail to consent to the release of this information by your prior employer(s) or should your prior employer(s) fail to provide us with this information, your employment will be terminated. In the event that we learn that you have tested positive for controlled substances, alcohol (B.A.C. of .04 or greater), and/or have refused to be tested and that you have not been evaluated by a substance abuse professional, have not completed, or are not participating in, any required assistance programs, and/or have not completed return to duty testing, your employment will be terminated.

Because we are required to notify applicants of our intent to conduct urinalysis controlled substance testing and/or alcohol testing, we ask that you sign and date this notice. Also, by signing this document, you hereby consent to all testing laboratories releasing any, and all, controlled substance and alcohol test results and other pertinent information regarding testing to the Company.

Print applicant's name

Applicant's signature

Date: _____