

Loma Vista Nursery, Inc.  
1107 E. 23rd Street  
Ottawa, Kansas 660637  
785-229-7200

**COMMERCIAL DRIVER APPLICATION**

FILL IN ALL BLANKS & PROVIDE ALL INFORMATION REQUESTED--PRINT OR TYPE

Date: \_\_\_\_\_

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_ Home telephone: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cellular telephone: \_\_\_\_\_

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

Driver's License Information: all licenses held, last 3 years:

State \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

State \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

State \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Experience:

_____	_____ to _____	_____
Type of vehicle driven	Dates	Approximate mileage driven
_____	_____ to _____	_____
Type of vehicle driven	Dates	Approximate mileage driven
_____	_____ to _____	_____
Type of vehicle driven	Dates	Approximate mileage driven

All Accidents, last 3 years: (If none, write NONE)

Date \_\_\_\_\_ Describe \_\_\_\_\_ Fatalities \_\_\_\_\_ Injuries \_\_\_\_\_

Date \_\_\_\_\_ Describe \_\_\_\_\_ Fatalities \_\_\_\_\_ Injuries \_\_\_\_\_

Date \_\_\_\_\_ Describe \_\_\_\_\_ Fatalities \_\_\_\_\_ Injuries \_\_\_\_\_

List all Traffic Violations Convictions, last 3 years: (If none, write NONE)

Date _____	Violation _____	State _____	Commercial Vehicle: <u>Yes / No</u>
Date _____	Violation _____	State _____	Commercial Vehicle: <u>Yes / No</u>
Date _____	Violation _____	State _____	Commercial Vehicle: <u>Yes / No</u>
Date _____	Violation _____	State _____	Commercial Vehicle: <u>Yes / No</u>
Date _____	Violation _____	State _____	Commercial Vehicle: <u>Yes / No</u>
Date _____	Violation _____	State _____	Commercial Vehicle: <u>Yes / No</u>
Date _____	Violation _____	State _____	Commercial Vehicle: <u>Yes / No</u>
Date _____	Violation _____	State _____	Commercial Vehicle: <u>Yes / No</u>

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

Yes     No    If yes; state of issuance; explanation: \_\_\_\_\_  
\_\_\_\_\_

Employment History, last 10 years (383.35)—account for gaps between employers: (If owner/operator, list carriers leased to)

1) Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
City, State, Zip code: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

2) Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
City, State, Zip code: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

3) Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
City, State, Zip code: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_  
.....

4) Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
City, State, Zip code \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_  
.....

5) Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
City, State, Zip code: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_  
.....

6) Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_  
.....

7) Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Reason for Leaving: \_\_\_\_\_

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(j).**

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 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.

**Certification**

**“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 Signed

**TO BE COMPLETED BY THE EMPLOYER:**

Application received by:

Application reviewed for completeness by:

Name

Name

Title

Date

Title

Date

**SIGNIFICANT DATES:**

Date of Hire: \_\_\_\_\_

Time & Date of Pre-Employment CST: \_\_\_\_\_

Time & Date of Pre-Employment CST Results Received: \_\_\_\_\_

Date First Used in Safety Sensitive Position: \_\_\_\_\_

Date of Termination: \_\_\_\_\_

Loma Vista Nursery, Inc.  
1107 E. 23rd Street  
Ottawa, Kansas 66067  
785-229-7200

**COMMERCIAL VEHICLE DRIVER APPLICANT**  
**Controlled Substance and Alcohol Questionnaire**  
**Pursuant to 49 CFR part 40.25(j)**

Application Date \_\_\_\_\_

Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_ Home Telephone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Telephone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**49 CFR 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 — <b>Documentation <u>MUST BE PROVIDED</u> before any safety-sensitive transportation function is performed.</b>			

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date Signed

**TO BE COMPLETED BY EMPLOYER:**

Received by: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

The Federal Motor Carrier Safety Regulations require all previous employers of this applicant to respond to this request for information within 30 days. Failure to comply with this request is in violation of 49CFR 391.23 and 40.25, for which you may be prosecuted. Questions concerning the requirements of this regulation should be directed to the Minnesota Division Office of the Federal Motor Carrier Safety Administration at 651-291-6150, during business hours.

**TO:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Former Employer's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax Number \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_ to release to all records of employment, including assessments of my job performance, ability, and fitness, including the dates of any and all alcohol or drug tests, with confirmed results, and/or my refusal to submit to any alcohol and drug tests and any rehabilitation completion under direction of Substance Abuse Professional (SAP) and/or Medical Review Officer (MRO) to each and every company (or their authorized agents) making such request in connection with my application for employment with said company. I, hereby, release the above named company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing the following information to the below mentioned person and/or company.

**Applicant's Signature & Date** \_\_\_\_\_

**Witness's Signature & Date** \_\_\_\_\_

**REQUEST FROM:**

Company: Loma Vista Nursery, Inc.

Address/City/State/Zip: 1107 E. 23rd Street Ottawa Kansas 66067

Telephone Number: 785-229-7200 Fax Number: 785-229-7201

Contact Person & Title: Leanne Follett, Human Resources

NAME OF APPLICANT: \_\_\_\_\_ SSN \_\_\_\_\_

JOB APPLYING FOR: CDL-A Driver

**INQUIRY INTO EMPLOYMENT HISTORY. PRECEDING 3 YEARS**

- Did applicant work for you as a \_\_\_\_\_ from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ YES or NO IF NO, please explain: \_\_\_\_\_
- If employed as driver, please answer the following: Company Driver? \_\_\_\_\_ Owner/Operator? \_\_\_\_\_ Other? \_\_\_\_\_  
Type of truck(s) and/or truck/tractor(s) operated: \_\_\_\_\_  
Commodities transported: \_\_\_\_\_ Area of operations: \_\_\_\_\_
- Accidents? YES or NO IF YES, please give date(s) and brief description of each accident: \_\_\_\_\_
- Why did this employee leave your company? \_\_\_\_\_
- Would you re-employ this person? YES or NO IF NO, please explain: \_\_\_\_\_
- Additional comments: \_\_\_\_\_

**INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION. PRECEDING 2 YEARS**

- Alcohol tests with a result of 0.04 or greater? ..... YES or NO If yes, please give date(s): \_\_\_\_\_
- Verified positive controlled substances test results? ... YES or NO If yes, please give date(s): \_\_\_\_\_
- Refusals to be tested? ..... YES or NO If yes, please give date(s): \_\_\_\_\_
- Was rehabilitation completed as required? ..... YES or NO If yes, please give date(s): \_\_\_\_\_

**Person providing the above information:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_ Date: \_\_\_\_\_



## AUTHORIZATION FOR RELEASE OF DRIVING RECORD

**NOTE:** *This request for check of driving record form applies to drivers licensed in all states except the state of Washington.* Drivers whose licenses are issued by the state of Washington must fill out the Washington State Employee or Prospective Employee Request Form.

### REQUEST FOR CHECK OF DRIVING RECORD

The following named person has made application with our company for the position of driver.

In accordance with Section 391.23(a)(1) and (b) of the Federal Motor Carrier Safety Regulations, we are required to make inquiry into the driving record during the preceding 3 years of every State in which an applicant-driver has held a motor vehicle operator's license or permit during those 3 years.

(Please Print)

Driver's Name: \_\_\_\_\_

State Licensed In: \_\_\_\_\_ License Number: \_\_\_\_\_

Employee  
Number: \_\_\_\_\_

Date of  
Birth: \_\_\_\_\_

I hereby authorize you to request the above information as required by section 391.23 of the Federal Motor Carrier Safety Regulations.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

MOTOR VEHICLE DRIVER'S

CERTIFICATION OF COMPLIANCE WITH DRIVERS LICENSE REQUIREMENTS

MOTOR CARRIER INSTRUCTIONS: These requirements apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle with a manufacturer's gross vehicle weight rating of 10,001 pounds or more, can transport more than 15 passengers, or transports hazardous materials that require placarding. Ask the driver to read and sign the form.

DRIVER REQUIREMENTS: The Commercial Motor Vehicle Safety Act of 1986 and Part 383 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

- 1. You, as a commercial vehicle driver, may not possess more than one license. The only exception is if a state requires you to have more than one license. This exception is allowed until January 1, 1990.

If you currently have more than one license, you should keep the license from your state or residence and return the additional license 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, you should close your record by notifying the state of issuance that you no longer want to be licensed by that state.

- 2. If at any time you violate a state or local traffic law (other than parking), you must report it to your employing motor carrier and the state that issued your license within 30 days.

Part 392.42 and Part 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.

Drivers or employers who violate these requirements are subject to civil penalties of up to \$2500.00 or, under certain circumstances, criminal penalties of \$5000.00 and/or 90 days imprisonment.

DRIVER CERTIFICATION: I certify that I have read and understand the above requirements.

The following license is the only one that I will possess:

Driver's License No. \_\_\_\_\_ State: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Driver's Signature: \_\_\_\_\_ SSN: \_\_\_\_\_

[Empty rectangular box for signature]







## COPY OF MEDICAL CARD

**YOU MUST FAX THIS COVER PAGE WITH YOUR MEDICAL CARD**

Make a legible black and white photocopy of both sides of your Medical Card.

***If these items are not legible, your certification process may be delayed.***

Make sure that your Employee ID is visible on your Medical Card. Return



## COPY OF DRIVERS LICENSE

**YOU MUST FAX THIS COVER PAGE WITH YOUR DRIVERS LICENSE**

Make a legible black and white photocopy of both sides of your Driver's License.

***If either of these items are not legible, your certification process may be delayed.***

Make sure that information is visible on your License