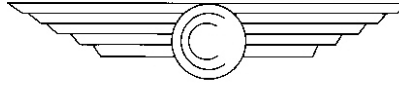


OEHME CARRIER CORP.



1 Mark V Drive
Lititz, PA 17543

Date: _____

Referring Driver: _____

Application for Employment

Name: _____

Address: _____
Street city st zip

Date of Birth: ___/___/___
(Required for driving positions only)

Social Security #: ___ - ___ - _____

Phone: _____

Address(es) 1. _____
for the past 2. _____
three years 3. _____

Experience & Qualifications – Driver (attach sheet if more space is needed)

License

Driver Licenses	State	License #	Type	Expiration Date

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? ___ Yes ___ No

B. Has any license, permit, or privilege ever been suspended or revoked? ___ Yes ___ No

If the answer to either A or B is yes, attach a statement giving details

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, ect)	From	To	Approximate Number of Miles (total)

Accident Record for Past 3 Years or more

Date	Nature of Accident (Rear end, overturn, ect)	Fatalities	Injuries

Traffic Convictions for Past 3 years (other than parking)

Location	Date	Charge	Penalty



1 Mark V Drive
Lititz, PA 17543

Employment Record (attach sheet if more space is needed)

*Note: Show ALL employment for the past 3 years and all
Commercial Driving Experience for the past 10 years.*

Last Employer:

Name _____

Address _____

Position Held _____ From _____ to _____ Salary _____

Reason for Leaving _____

Subject to FMCSR's? ___ Yes ___ No

Subject to drug / alcohol testing requirements per 49 CFR part 40? ___ Yes ___ No

Second Last Employer:

Name _____

Address _____

Position Held _____ From _____ to _____ Salary _____

Reason for Leaving _____

Subject to FMCSR's? ___ Yes ___ No

Subject to drug / alcohol testing requirements per 49 CFR part 40? ___ Yes ___ No

Third Last Employer:

Name _____

Address _____

Position Held _____ From _____ to _____ Salary _____

Reason for Leaving _____

Subject to FMCSR's? ___ Yes ___ No

Subject to drug / alcohol testing requirements per 49 CFR part 40? ___ Yes ___ No

Fourth Last Employer:

Name _____

Address _____

Position Held _____ From _____ to _____ Salary _____

Reason for Leaving _____

Subject to FMCSR's? ___ Yes ___ No

Subject to drug / alcohol testing requirements per 49 CFR part 40? ___ Yes ___ No

Fifth Last Employer:

Name _____

Address _____

Position Held _____ From _____ to _____ Salary _____

Reason for Leaving _____

Subject to FMCSR's? ___ Yes ___ No

Subject to drug / alcohol testing requirements per 49 CFR part 40? ___ Yes ___ No

Sixth Last Employer:

Name _____

Address _____

Position Held _____ From _____ to _____ Salary _____

Reason for Leaving _____

Subject to FMCSR's? ___ Yes ___ No

Subject to drug / alcohol testing requirements per 49 CFR part 40? ___ Yes ___ No



1 Mark V Drive
Lititz, PA 17543

**Release & Documentation of Testing Information by
Previous Employer**

This form may be used to fulfill the requirement of §382.413, obtaining information from a new driver's previous employer(s) regarding past drug and alcohol testing results. This information must be obtained from all employers of all new drivers within the preceding three years. It must be obtained no later than 14 calendar days after the first time a driver performs a safety sensitive function. Send a separate request to each previous employer you may be contacting. After it is completed and signed by a program representative, keep the form in the driver's qualification file.

Date of driver's employment application: ____/____/____

Part 1, to be completed by the driver / applicant

I, _____, hereby authorize, _____
(driver / applicant name) (previous employer)

to release _____ at _____
(company contact) (new employer)

(address) (city, state, zip)

(phone) (fax)

results of any positive controlled substance tests; alcohol tests with a result of 0.04 or greater; evidence of refusal to be tested; information on any required substance abuse professional (SAP) evaluation, determination of need for assistance, and compliance with SAP recommended for the preceding three years since December 31, 1994 (December 31, 1995 for employers with less than 50 drivers), whichever is less. I request such records be released immediately. *This authorization is valid until withdrawn by me in writing.*

Dated this _____ day of _____, 20_____.

(Applicant's Name. Printed) (Applicant's Signature)

(Social Security Number) (Witness Signature)

Part 2, To Be Completed By Previous Employer

1. Has this person ever tested positive for controlled substances in the past three years during their employment with your company? Yes No
2. Has this person ever had a breath alcohol test with a result of 0.04 or greater in the past three years during their employment with your company? Yes No
3. Has this person ever refused a required test for drugs or alcohol in the past three years during their employment with your company? Yes No

NOTE: *If YES to any of the above questions, please release any documentation relating to the SAP evaluation, determination, and compliance, and give the SAP's name, address and phone number for further reference.*

SAP Name: _____ SAP Phone: _____

SAP Address: _____

SAP City, State, Zip: _____

Name of Person Releasing Information: _____ Date ____/____/____

Signature of Person Releasing Information: _____



1 Mark V Drive
Lititz, PA 17543

Driver Release

In connection with my application for employment with your company, I understand that an investigation will be conducted on my background as a commercial vehicle operator. This investigation may include a consumer credit report; past substance abuse history; Motor Vehicle Records; felony convictions and fraudulent Workers' Compensation Claims searches; and any past employment history necessary to satisfy 49 CFR, parts 382, 383, and 391.

If any of these reports are used to deny employment, I have the right to request a copy of the report used to deny my employment. The Fair Credit Reporting Act mandates any employer, or prospective employer, to provide me with the requested copy of the adverse reports.

All reports and decisions will be made in accordance with the American with Disabilities Act, and such reports will not be reviewed until the Conditional Job Offer has been made.

I have the right to make a written request within a reasonable period of time to receive additional detailed information regarding the nature and scope of this investigation. I hereby give my consent to Oehme Carrier Corporation to obtain the above information and agree that such information relevant to my employment will be held in strict confidence between the people who have the right to know and the agreeing parties.

I authorize, without reservation, those parties contracted by Oehme Carrier Corporation, to furnish the above information.

Print Name

Applicant's Signature

Social Security Number

Drivers License Number

Witness Signature

Date