

# BIFF'S INC.

8610 Hansen Ave. Shakopee, MN 55379

\*Applicants fill out ALL SHADED areas of application

## APPLICATION FOR EMPLOYMENT AS A TRUCK DRIVER (\$391.21)

Full Legal Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_  
(Present address, include street, city, state & zip code)

\*How long at this address: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Position applied for: \_\_\_\_\_ Date Available: \_\_\_\_\_

**\*Previous address(es) for 3 years preceding the date of this application**

Dates (list)	Street Address	City	ST.	Zip

### DRIVER LICENSE INFORMATION

List DRIVER'S LICENSE NUMBER & following information Please include your CURRENT, valid license plus past 3 years including permits. **REQUIRED INFORMATION**

State	Driver's License Number	Class and Endorsements	CDL Class <u>Y/ N</u> (Put X) required				Expiration Date
			YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
			YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
			YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	

### DRIVING EXPERIENCE & CDL DATE REQUIRED

Need date the CDL license was first obtained. The nature and extent of your experience in the operation of motor vehicles, including the type of equipment (such as buses, trucks, truck tractors, semitrailers, full trailers, and pole trailers) which you have operated. Due to **SUBPART E- ENTRY-LEVEL DRIVER TRAINING REQUIREMENTS- Part 380** this information is required.

<b>MY CDL (Commercial A or B or C) LICENSE was FIRST OBTAINED ON:</b>	<small>MONTH</small>	<small>DAY</small>	<small>YEAR</small>
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Type of Equipment	Period of Time	Nature and Extent

### MOTOR VEHICLE ACCIDENTS

List all motor vehicle accidents in which you were involved during the 3 years preceding the date that the application is submitted. Please include the date, location, nature of accident, fatalities or personal injuries. (Use additional paper if necessary.) **If NONE, please write NONE**

<small>Date incident occurred:</small>		<small>Location</small>	
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Details:

<small>Date incident occurred:</small>		<small>Location</small>	
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Details:

# EDUCATION

Type of School Attended	School name and location	Did you graduate YES/ NO	Diploma/ Degree	Major Course of Study
High School: circle highest grade completed 9 10 11 12				
Technical or Vocational				
College or University				
Graduate School				
Professional Seminars, or Additional Training				

# EMPLOYMENT EXPERIENCE

List names and addresses where you were employed during the **last 10 years** "This is a **DOT requirement**". (391.21(10&11))  
**\*\*You must include the complete address including street, city, state, zip code and phone number\*\***

**PRINT CLEARLY. ANSWER EACH SAFETY SENSITIVE QUESTION (YES OR NO) UNDER EACH EMPLOYER RECORDED**

<b>1. Past Employer</b>		<b>Dates Employed From / TO</b> (mm/dd/yyyy)		Work Performed		
Address		from	To			
Phone #:	Fax #:	Hourly Rate/ Salary Starting   Final				
Job Title:	Supervisor Name:			<b>I was subject to FMCSR rules while employed at this company:</b>	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
Reason for Leaving				<b>My job was designated as a safety sensitive subject to 49 CFR Part 40</b>	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
<b>2. Past Employer</b>		<b>Dates Employed From / TO</b> (mm/dd/yyyy)		Work Performed		
Address		from	To			
Phone #:	Fax #:	Hourly Rate/ Salary Starting   Final				
Job Title:	Supervisor Name:			<b>I was subject to FMCSR rules while employed at this company:</b>	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
Reason for Leaving				<b>My job was designated as a safety sensitive subject to 49 CFR Part 40</b>	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
<b>3. Past Employer</b>		<b>Dates Employed From / TO</b> (mm/dd/yyyy)		Work Performed		
Address		from	To			
Phone #:	Fax #:	Hourly Rate/ Salary Starting   Final				
Job Title:	Supervisor Name:			<b>I was subject to FMCSR rules while employed at this company:</b>	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
Reason for Leaving				<b>My job was designated as a safety sensitive subject to 49 CFR Part 40</b>	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
<b>4. Past Employer</b>		<b>Dates Employed From / TO</b> (mm/dd/yyyy)		Work Performed		
Address		from	To			
Phone #:	Fax #:	Hourly Rate/ Salary Starting   Final				
Job Title:	Supervisor Name:			<b>I was subject to FMCSR rules while employed at this company:</b>	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
Reason for Leaving				<b>My job was designated as a safety sensitive subject to 49 CFR Part 40</b>	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>

# EMPLOYMENT EXPERIENCE CONTINUED

List names and addresses where you were employed during the **last 10 years.**

**\*\*You must include the complete address including street, city, state, zip code and phone number\*\***

<b>5. Past Employer</b>		<b>Dates Employed From / TO (mm/dd/yyyy)</b>		Work Performed		
Address		from	To			
Phone #:	Fax #:	Hourly Rate/ Salary Starting   Final				
Job Title:	Supervisor Name:			I was subject to FMCSR rules while employed at this company:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Reason for Leaving				My job was designated as a safety sensitive subject to 49 CFR Part 40	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>6. Past Employer</b>		<b>Dates Employed From / TO (mm/dd/yyyy)</b>		Work Performed		
Address		from	To			
Phone #:	Fax #:	Hourly Rate/ Salary Starting   Final				
Job Title:	Supervisor Name:			I was subject to FMCSR rules while employed at this company:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Reason for Leaving				My job was designated as a safety sensitive subject to 49 CFR Part 40	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>7. Past Employer</b>		<b>Dates Employed From / TO (mm/dd/yyyy)</b>		Work Performed		
Address		from	To			
Phone #:	Fax #:	Hourly Rate/ Salary Starting   Final				
Job Title:	Supervisor Name:			I was subject to FMCSR rules while employed at this company:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Reason for Leaving				My job was designated as a safety sensitive subject to 49 CFR Part 40	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>8. Past Employer</b>		<b>Dates Employed From / TO (mm/dd/yyyy)</b>		Work Performed		
Address		from	To			
Phone #:	Fax #:	Hourly Rate/ Salary Starting   Final				
Job Title:	Supervisor Name:			I was subject to FMCSR rules while employed at this company:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Reason for Leaving				My job was designated as a safety sensitive subject to 49 CFR Part 40	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>9. Past Employer</b>		<b>Dates Employed From / TO (mm/dd/yyyy)</b>		Work Performed		
Address		from	To			
Phone #:	Fax #:	Hourly Rate/ Salary Starting   Final				
Job Title:	Supervisor Name:			I was subject to FMCSR rules while employed at this company:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Reason for Leaving				My job was designated as a safety sensitive subject to 49 CFR Part 40	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>10. Past Employer</b>		<b>Dates Employed From / TO (mm/dd/yyyy)</b>		Work Performed		
Address		from	To			
Phone #:	Fax #:	Hourly Rate/ Salary Starting   Final				
Job Title:	Supervisor Name:			I was subject to FMCSR rules while employed at this company:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Reason for Leaving				My job was designated as a safety sensitive subject to 49 CFR Part 40	YES <input type="checkbox"/>	NO <input type="checkbox"/>

## TRAFFIC VIOLATIONS- LAST 3 YEARS

List all motor vehicle laws or ordinances (other than violations involving only parking) of which you were convicted or forfeited bond or collateral during the 3 years preceding the date of this application. **If NONE, please write NONE**

Date	Violation	Location-City and State	In CMV- ( check box)
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

## REVOCATIONS AND SUSPENSIONS

Have you had a license, permit or privilege to operate a motor vehicle denied, revoked or suspended?  No  Yes If yes, give facts and circumstances in detail.

Date	Violation	Explanation

  

Date	Violation	Explanation

## SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment and other experience.


**Note: Previous employer(s) may be contacted and information provided may be used to investigate the applicant's background. Per 391.23(i), (due process rights) the employee can request information received as part of the background investigations completed.**

- (i)(1)(i) The right to review information provided by previous employers;
- (i)(1)(ii) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;
- (i)(1)(iii) 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. (For a more detailed explanation of the driver's rights please see FMCSR 391.23)

"This certifies that the application was completed by me, and that all entries on it and information contained in it are true and complete to the best of my knowledge. I understand that if I am employed, false statements may result in dismissal. I authorize **Biff's Inc.** to make an investigation of any of the facts set forth in this application."

All offers of employment are conditional upon satisfactory reference checks. Successful completion of a physical exam and drug test is required for certain classifications.

By signing this form I authorize **Biff's Inc.** to obtain a Motor Vehicle Report pursuant to **§391.23** requirements.

**X** \_\_\_\_\_  
Applicant's Signature

**X** \_\_\_\_\_  
Date

**RELEASE & DOCUMENTATION OF PRE-EMPLOYMENT TESTING  
INFORMATION BY DRIVER / APPLICANT - Part 40.25(j).**

(This form is used to fulfill the requirement of **Part 40.25(j)**). An employer must ask the driver whether he/she has tested positive, or refused to test on any pre-employment drug or alcohol test administered by an employer to which the driver applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past 2 years.

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

**To be completed by driver / applicant.**

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

**Yes**

**No**

During the past (2) two years, have you **refused to test** on a pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by the 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.

\_\_\_\_\_  
\_\_\_\_\_

**Print Legal Name of driver:** \_\_\_\_\_

**Signature of driver:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Witness/Management signature:** \_\_\_\_\_

**Witness/Management printed name:** \_\_\_\_\_

**BIFF'S INC.**  
**8610 Hansen Ave. Shakopee, MN 55379**

**RECORD OF VIOLATION (§391.27) & REVIEW OF MOTOR VEHICLE RECORD (§391.25)**

Each motor carrier shall require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted or on account of which he/she has forfeited bond or collateral during the **preceding 3 years (at the time of employment)** and then at least once every 12 months thereafter. By signing this form I authorize Biff's Inc. to obtain a Motor Vehicle Report pursuant to §391.25 requirements.

**COMPLETED BY DRIVER - CERTIFICATION OF VIOLATIONS**

Legal Name of driver (please print)	Employee ID Number & SSN	Birth Date	
Driver's License Number	License Expiration Date	Hire Date	State

**Check box if you have no violations in the past twelve months**

**\*If driver applicant-need to complete for the past 3 years including last year.**

Date	Offense	Location	Type of Vehicle

**I certify, by not listing any violations above, that I have not been convicted, forfeited bond, or collateral on account of any violation.**

**Driver's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**COMPLETED BY COMPANY – ANNUAL & INITIAL REVIEW OF MVR RECORD**

Biff's Inc., shall, review the motor vehicle record of each driver employed to determine if that driver meets minimum requirements for safe driving. In reviewing a driving record, Biff's Inc. must consider any evidence that the driver has violated applicable provisions of the FMCSR. Biff's Inc. must also consider the driver's accident record and any evidence that the driver has violated laws governing the operation of motor vehicles, and must give great weight to violations, such as speeding, reckless driving, and operation while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard for the safety of the public. The review shall determine if the driver is disqualified to drive a motor vehicle pursuant to §391.15 or §383.51 of the FMCSR. This review should occur at the **time of employment (for the last 3 years of driving history)** and at least once every twelve months thereafter. *(Please include a copy of the MVR results with this review process.)*

**On \_\_\_\_\_, 20\_\_\_\_, I reviewed the driving record of the above name driver in accordance with Section §391.25 of the FMCSR and find that he/she (Check One):**

- Meets minimum requirements for safe Driving**
- Is disqualified to drive a motor vehicle pursuant to Section §391.15 or §383.51 of the FMCSR.**

Reviewed by:	Signature	Date
	Printed name	Title

**BIFF'S INC.**  
8610 Hansen Ave. Shakopee, MN 55379

**PART §382—CONTROLLED SUBSTANCES AND**  
**ALCOHOL USE TESTING & WRITTEN POLICY RECEIPT**

CHECK BOX IF DRIVER DOES NOT OPERATE A COMMERCIAL MOTOR VEHICLE AS DEFINED BY PART §382

**§382.107 Commercial motor vehicle**—means a motor vehicle or combination of motor vehicles used in commerce to transport passengers or property if the motor vehicle—

- (1) Has a gross combination weight rating of 11,794 or more kilograms (26,001 or more pounds) inclusive of a towed unit with a gross vehicle weight rating of more than 4,536 kilograms (10,000 pounds); or
- (2) Has a gross vehicle weight rating of 11,794 or more kilograms (26,001 or more pounds); or
- (3) Is designed to transport 16 or more passengers, including the driver; or
- (4) Is of any size and is used in the transportation of materials found to be hazardous for the purposes of the Hazardous Materials Transportation Act and which require the motor vehicle to be placarded under the Hazardous Materials Regulations (49 CFR part 172, subpart F).

**I completed the Controlled Substances and Alcohol Use and Testing-training program provided by my employer, Biff's Inc., in accordance with the provisions outlined in CFR 49, Part 40 and Part §382. I reviewed the Controlled Substances and Alcohol Use Policy of Biff's Inc.. As required by §382.601(b)(1-11) the following items were discussed:**

- Abbreviations and definitions
- Who is covered by the Alcohol and Drug rules found in Part §382?
- What is a safety sensitive function?
- What are the Alcohol and Drug prohibitions?
- Which tests are required and when will I be tested?
  1. pre-employment
  2. post-accident
  3. random
  4. reasonable suspicion
  5. return-to-duty and follow-up
- What happens if I refuse to be tested?
- How is Alcohol and Drug testing done?
- What are the consequences of violating the Alcohol or Drug prohibitions--test positive?
- Where can I go for help? Who can answer my questions about Alcohol and Drugs?
- What are the effects of Alcohol and Drugs use on health, work and personal life?

CHECK BOX DRIVER RECEIVED A COPY OF THE COMPANY'S, Biff's Inc., WRITTEN DRUG  
POLICY Part §382.601(d)

X  
\_\_\_\_\_  
Driver's Legal Signature

X  
\_\_\_\_\_  
Driver Printed Name

X  
\_\_\_\_\_  
Date -acknowledgement & completing D&A training and receipt of company policy

**BIFF'S INC.**  
**8610 Hansen Ave. Shakopee, MN 55379**

**CERTIFICATE OF LICENSE COMPLIANCE AND DRIVER NOTICE**

Instructions: All drivers must read the notice and complete the certificate of compliance at time of hire. The completed certification is a permanent item of driver qualification file.

**NOTICE TO DRIVERS**

1. **No driver may possess more than one license, and no motor carrier may use a driver having more than one license.**
2. A driver convicted of a traffic violation (other than parking) must notify the motor carrier AND the state that issued the license to that driver of such conviction within 30 days.
3. If your driver's license is suspended, revoked, or canceled, you must notify your supervisor no later than the end of the next working day following notification of driver's license suspension, revocation, or cancellation. **Failure to do this may result in termination.** You must never drive a company vehicle without a valid driver's license, **if you do so, you may be terminated.**
4. Any person applying for a job as a commercial vehicle driver must inform the prospective employer of all previous employment as a driver of any and all commercial motor vehicle (over 10,000 lbs) for the past 10 years, in addition to any other required information about the applicant's employment history.
5. You are responsible for renewing your driver's license so that you never drive a company vehicle with an expired driver's license. You must notify your supervisor immediately if your license expires and is not renewed.

**CERTIFICATION BY DRIVER**

I hereby certify that I have read and understand the above driver provisions and agree to comply with all aspects of this notice per our company policy.

**By signing this form, I further certify that the vehicle license listed below is the only one (license) I currently hold.**

driver's legal name: (print)		social security number or EID
driver's address Present address, <b><u>Include street, city, state &amp; zip code PLEASE PRINT CLEARLY</u></b>		
license state:	license type/ class	license number:
driver's signature:		date:

**Any additional licenses held, have been surrendered to the states listed below.**

surrendered license to: state	type/class	license number
surrendered license to: state	type/class	license number



# BIFF'S INC.

8610 Hansen Ave. Shakopee, MN 55379

**EMPLOYEE AUTHORIZATION AND COMPANY REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER**

(§382.413, §383.35, §390.15, §391.23)

**\*\* REQUESTS FOR INFORMATION ARE TO ALL PREVIOUS EMPLOYERS IS MANDATORY PER FMCSR FOR THIS APPLICANT. RESPOND TO THIS REQUEST FOR INFORMATION WITHIN 30 DAYS. FAILURE TO COMPLY WITH REQUEST IS IN VIOLATION OF 49CFR391.23 AND 40.25, FOR WHICH YOU MAY BE PROSECUTED.**

I hereby authorize you to provide Biff's Inc. with the following information regarding my Alcohol and Controlled Substances Testing results, services, character, and conduct while in your employ. You are released from any and all liability, which may result from furnishing such information. A photocopy of this authorization is to be considered as valid as the original.

X \_\_\_\_\_ X \_\_\_\_\_  
**Applicant signature** **Date**

To: \_\_\_\_\_ From: **Biff's Inc.**  
 \_\_\_\_\_ **8610 Hansen Ave**  
 \_\_\_\_\_ **Shakopee, MN 55379**

**FAX #** \_\_\_\_\_ **Return FAX#** \_\_\_\_\_

**Applicant name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

The above referenced individual has made application to **Biff's Inc.**, as a company driver. To comply with §382.413, §390.15; §391.23, and §383.35 of the Federal Motor Carrier Safety Regulations, we must investigate the employment record, accidents and Alcohol and Controlled Substance Testing record of the applicant. Your reply will be held in strict confidence

**\*Did the applicant work for you as \_\_\_\_\_? From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_**

**\*\*YES**  **NO**  (check one) **if NO, please explain** \_\_\_\_\_

**\*Did applicant drive a motor vehicle(s) for you? YES**  **NO**   
 (check one)  **Passenger Van**  **Bus**  **Straight Truck**  **Tractor-Trailer** **Other:** \_\_\_\_\_

**\*Was applicant involved in any accidents?** (check one) **YES**  **NO**  **IF yes, please provide a short description of accident(s) w/ dates** \_\_\_\_\_

**\*Reason for leaving your employ:**  **Discharged**  **Laid Off**  **Resigned**  **Other** \_\_\_\_\_

**\*Would you rehire this employee at a later date?** (check one) **YES**  **NO**

**INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION DURING THE PAST 3 YEARS-(by past employer)**

Information about the above named applicant	YES	NO	IF YES, PLEASE PROVIDE DATE:
*Alcohol test with a result of 0.04 or greater?	<input type="checkbox"/>	<input type="checkbox"/>	
* Verified positive controlled substances test results?	<input type="checkbox"/>	<input type="checkbox"/>	
*Refusals to be tested?	<input type="checkbox"/>	<input type="checkbox"/>	
*Was rehabilitation completed as required?	<input type="checkbox"/>	<input type="checkbox"/>	

Our company did not complete Drug and Alcohol testing per FMCSA DOT - Part 40 and 382 requirements; during the past 3 years, on this former employee.

If you answered yes to any of the above questions, please provide the name, address and telephone number of the Substance Abuse Professional on the back of this form. Also, please use the back of the form for any additional information you would like to provide.

**Signature:** \_\_\_\_\_ **Position:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**To be completed by the present employer after completion by previous employer**

Biff's Inc. representative (name/date) that closed this background check is _____	on _____
<input type="checkbox"/> Biff's Inc. received and closed this background check - form needs to include signature and date from previous employer completed above.	
<input type="checkbox"/> After "good faith effort" by Biff's Inc., this form was not received from the previous employer. (include documentation showing attempts)	