



OCEANexpress

518 22nd Street / PO Box 696 Hoquiam, WA 98550

Ph: 360-538-7400 Fax: 360-538-7272

DRIVER APPLICATION

NAME _____
(FIRST) (MIDDLE) (LAST)

ADDRESS _____ HOW LONG? _____
(STREET) (CITY) (STATE & ZIP CODE)

TELEPHONE NUMBER _____ CELL PHONE NUMBER _____

SOCIAL SECURITY NO. _____ DATE OF BIRTH _____ HIRE DATE _____

PREVIOUS THREE YEARS RESIDENCY

(STREET) (CITY) (STATE & ZIP CODE) # YEARS _____

(STREET) (CITY) (STATE & ZIP CODE) # YEARS _____

(STREET) (CITY) (STATE & ZIP CODE) # YEARS _____
(ATTACH SHEET IF MORE SPACE IS NEEDED)

LICENSE INFORMATION

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR - TWO TRAILERS				
OTHER				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS
				YES NO
				YES NO
				YES NO

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS
(OTHER THAN PARKING VIOLATIONS)**

DATE CONVICTED (month/year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, collateral and/or points)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES ____ NO ____

If yes, explain _____

B. Has any license, permit or privilege ever been suspended or revoked? YES ____ NO ____

If yes, explain _____

Physical Exam Expiration Date: _____

Have you ever worked for this company or any of its affiliates? Yes No

If yes, please give dates from: _____ To: _____

Reason for leaving: _____

Do you have reliable transportation? _____

Emergency contact: _____ **PhoneNumber** _____

Education History

Please circle highest grade completed:

Grade/High School: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4

Post-Graduate: 1 2 3 4

EMPLOYMENT RECORD (ATTACH SHEET IF MORE SPACE IS NEEDED)

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of **10(ten)** years employment record).

Must list the complete mailing address: Street number and name, City, State and Zip code.

LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____ FAX _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?
Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40 Yes No

SECOND LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____ FAX _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?
Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40 Yes No

THIRD LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____ FAX _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?
Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40 Yes No



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AUTHORIZATION FOR DRIVING RECORD REPORT

I authorize Ocean Express Transportation & Equipment, LLC and its insurance agent or any of their insurance companies to check my driving record and/or claim history. I understand that any information collected from my record will be used by the insurance agency or companies for business automobile insurance underwriting purposes and may affect my ability to drive for Ocean Express Transportation & Equipment, LLC.

A copy of the report will be forwarded to Ocean Express Transportation & Equipment, LLC and will be available for my review.

Full Name (Please Print)

Date of Birth

License Number & State	Commercial Driver's License? YES NO
------------------------	--

Signature

Date



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DRIVER'S RIGHTS PERTAINING TO RELEASE OF DRIVER INFORMATION UNDER REGULATION 391.23

Motor carriers have the responsibility to make the following investigations and inquiries with respect to each driver employed, other than a person who has been a regularly employed driver of the motor carrier for a continuous period, which began before January 1, 1971.

- (a)(1) An inquiry into the driver's driving record during the preceding three years to the appropriate agency of every State in which the driver held a motor vehicle operator's license or permit during those three years; and
- (a)(2) An investigation of the driver's employment record during the preceding three years.
- (b) A copy of the driver record(s) obtained in response to the inquiry or inquiries to each State driver record agency as required must be placed in the Driver Qualification File within 30 days of the date the driver's employment begins and be retained in compliance with 391.51.
- (c) Replies to the investigations of the driver's safety performance history must be placed in the Driver Investigation History File within 30 days of the date the driver's employment begins. This goes into effect after October 29, 2004.
- (d) Prospective motor carrier must investigate the information from all previous employers of the applicant that employed the driver to operate a CMV within the previous three years. This information must cover general driver identification and employment verification information, data elements as specified in 390.15 for accident involving the driver that occurred in the three-year period preceding the date of the employment application, and any accidents the previous employer may wish to provide.
- (e) Prospective motor carrier must investigate the information from all previous DOT regulated employers that employed the driver within the previous three years from the date of the employment application in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40.

Drivers have the following rights:

1. The right to review information provided by previous employers.
2. 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.
3. 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.

Drivers who wish to review previous employer-provided investigative information must submit a written request to the prospective employer when applying or as late as 30 days after employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five business days of receiving the written request. If the driver has not arranged to pick up or receive the requested records within 30 days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Drivers wishing to request correction of erroneous information in records must send the request for the correction to the previous employer that provided the records. After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer or notify the driver within 15 days of receiving the driver's request to correct the data that it does not agree to correct the data. Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instruction to include the rebuttal in the driver's Safety Performance History.

I acknowledge that I have read and understand the contents of this document

Driver's Signature: _____ Date: _____

Driver Name (Printed): _____

MANDATORY USE FOR ALL ACCOUNT HOLDERS
IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

1. In connection with your application for employment with _____ (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

2. I authorize _____ (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

3. I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

4. Please note: Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NICT on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant’s written or electronic consent prior to accessing the Applicant’s PSP report. Further, account holders are required by FMCSA to use the language provided in paragraphs 1-4 of this document to obtain an Applicant’s consent. The language must be used in whole, exactly as provided. **The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged. LAST UPDATED 10/29/2012**



Request for DOT Drug and Alcohol Testing Information from Previous Employer

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

APPLICANT NAME: _____ **SSN:** _____

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:** _____

Section I-A.

New Employer Name: Ocean Express Transportation
Address: 518 22nd Street PO BOX 696 Hoquiam, WA 98550
Phone: 360-538-7400 **Fax:** 360-538-7272
Designated Employer Representative: Sandy Watson / swatson@oceancos.com

Section I-B.

Previous Employer Name: _____
Address: _____

Phone: _____ **Fax:** _____
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 three 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.)

Section II-B.

Name of person providing information in Section II-A: _____
Title: _____
Phone: _____ **Date:** _____

Distribution: Send original to prospective employer; retain a copy an additional copy until the original is returned.

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PART 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) _____ Social Security Number: _____
 Hereby authorize: _____ Date of Birth: _____
 Previous Employer: _____ Phone#: _____ Fax: _____
 Address: _____ City, State, Zip: _____

To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substance Testing records within the previous **3 years** from: (Application Date): _____

To: Prospective Employer: **Ocean Express Transportation** Phone#: **(360) 538-7400**
 Attention: **Sandy Watson**
 Address: **PO Box 696**
 City, State, Zip: **Hoquiam, WA 98550**

In compliance with §40.25(g) and §391.23(h), release of this information must be made in a written form that ensures confidentiality such as fax, email, or letter.
 Prospective employer's confidential fax number: **(360) 538-7272**
 Prospective employer's confidential email address: **swatson@oceancos.com**

Applicants Signature: _____ Date: _____

This information is being requested in compliance with §40.25(g) and §391.23(h)

PART 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY

(1) The applicant named above was employed by us. Yes No
 Employed as _____ from (M/Y) _____ to (M/Y) _____
 If driver was involved in a safety sensitive position subject to controlled substance and alcohol testing under part 40, check here.
 Did he/she drive motor vehicles for you? Yes No If yes, what type? Straight Truck Tractor-Semi Trailer Bus Tanker
 Doubles/Triples Other (specify): _____

(2) Reason for leaving your employment: Discharged Resignation Lay off Military Duty
 If there is no safety performance history to report, check here , sign below and return.

ACCIDENTS: Complete the following for any accidents included on your accident register (390.15 (b)) that involved the applicant in the **3 years** prior to the application date shown above, or check here if there is no accident register data for this applicant.

Date	Location	# of Injuries	# of Fatalities	Hazmat involved
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies:

Any other remarks: _____

Signature: _____ Title: _____ Date: _____



Request for DOT Drug and Alcohol Testing Information from Previous Employer

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

APPLICANT NAME: _____ **SSN:** _____

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:** _____

Section I-A.

New Employer Name: Ocean Express Transportation

Address: 518 22nd Street PO BOX 696 Hoquiam, WA 98550

Phone: 360-538-7400 **Fax:** 360-538-7272

Designated Employer Representative: Sandy Watson / swatson@oceancos.com

Section I-B.

Previous Employer Name: _____

Address: _____

Phone: _____ **Fax:** _____

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 three 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.)

Section II-B.

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

Title: _____

Phone: _____ **Date:** _____

Distribution: Send original to prospective employer; retain a copy an additional copy until the original is returned.

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PART 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) _____ Social Security Number: _____
 Hereby authorize: _____ Date of Birth: _____
 Previous Employer: _____ Phone#: _____ Fax: _____
 Address: _____ City, State, Zip: _____

To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substance Testing records within the previous **3 years** from: (Application Date): _____

To: Prospective Employer: **Ocean Express Transportation** Phone#: **(360) 538-7400**
 Attention: **Sandy Watson**
 Address: **PO Box 696**
 City, State, Zip: **Hoquiam, WA 98550**

In compliance with §40.25(g) and §391.23(h), release of this information must be made in a written form that ensures confidentiality such as fax, email, or letter.
 Prospective employer's confidential fax number: **(360) 538-7272**
 Prospective employer's confidential email address: **swatson@oceancos.com**
 Applicants Signature: _____ Date: _____

This information is being requested in compliance with §40.25(g) and §391.23(h)

PART 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY

(1) The applicant named above was employed by us. Yes No
 Employed as _____ from (M/Y) _____ to (M/Y) _____
 If driver was involved in a safety sensitive position subject to controlled substance and alcohol testing under part 40, check here.
 Did he/she drive motor vehicles for you? Yes No If yes, what type? Straight Truck Tractor-Semi Trailer Bus Tanker
 Doubles/Triples Other (specify): _____

(2) Reason for leaving your employment: Discharged Resignation Lay off Military Duty
 If there is no safety performance history to report, check here , sign below and return.

ACCIDENTS: Complete the following for any accidents included on your accident register (390.15 (b)) that involved the applicant in the **3 years** prior to the application date shown above, or check here if there is no accident register data for this applicant.

Date	Location	# of Injuries	# of Fatalities	Hazmat involved
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies:

Any other remarks: _____

Signature: _____ **Title:** _____ **Date:** _____



Request for DOT Drug and Alcohol Testing Information from Previous Employer

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

APPLICANT NAME: _____ **SSN:** _____

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:** _____

Section I-A.

New Employer Name: Ocean Express Transportation
Address: 518 22nd Street PO BOX 696 Hoquiam, WA 98550
Phone: 360-538-7400 **Fax:** 360-538-7272
Designated Employer Representative: Sandy Watson / swatson@oceancos.com

Section I-B.

Previous Employer Name: _____
Address: _____

Phone: _____ **Fax:** _____
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 three 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.)

Section II-B.

Name of person providing information in Section II-A: _____
Title: _____
Phone: _____ **Date:** _____

Distribution: Send original to prospective employer; retain a copy an additional copy until the original is returned.

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PART 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) _____ Social Security Number: _____
 Hereby authorize: _____ Date of Birth: _____
 Previous Employer: _____ Phone#: _____ Fax: _____
 Address: _____ City, State, Zip: _____
 To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substance Testing records within the previous **3 years** from: (Application Date): _____

To: Prospective Employer: **Ocean Express Transportation** Phone#: **(360) 538-7400**
 Attention: **Sandy Watson**
 Address: **PO Box 696**
 City, State, Zip: **Hoquiam, WA 98550**

In compliance with §40.25(g) and §391.23(h), release of this information must be made in a written form that ensures confidentiality such as fax, email, or letter.
 Prospective employer's confidential fax number: **(360) 538-7272**
 Prospective employer's confidential email address: **swatson@oceancos.com**
 Applicants Signature: _____ Date: _____

This information is being requested in compliance with §40.25(g) and §391.23(h)

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ACCIDENT HISTORY

(1) The applicant named above was employed by us. Yes No
 Employed as _____ from (M/Y) _____ to (M/Y) _____
 If driver was involved in a safety sensitive position subject to controlled substance and alcohol testing under part 40, check here.
 Did he/she drive motor vehicles for you? Yes No If yes, what type? Straight Truck Tractor-Semi Trailer Bus Tanker
 Doubles/Triples Other (specify): _____

(2) Reason for leaving your employment: Discharged Resignation Lay off Military Duty
 If there is no safety performance history to report, check here , sign below and return.

ACCIDENTS: Complete the following for any accidents included on your accident register (390.15 (b)) that involved the applicant in the **3 years** prior to the application date shown above, or check here if there is no accident register data for this applicant.

Date	Location	# of Injuries	# of Fatalities	Hazmat involved
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies:

Any other remarks: _____

Signature: _____ **Title:** _____ **Date:** _____