



AN EQUAL OPPORTUNITY EMPLOYER

DRIVER APPLICATION

As part of our normal procedure for processing applications, a routine inquiry may be made concerning information on an applicant's character, reputation, personal characteristics, and work experience. In compliance with the Fair Credit Reporting Act, further information on the nature and scope of such inquiry, if one is made, is available to you upon written request. Prior companies will be contacted for purposes of investigation as required by 391.23 of the Federal Motor Carrier Safety Regulations. BP Express does not discriminate in employment on the basis of race, color, national origin, age, sexual orientation, non-job related disability, veteran or marital status or other protected status covered by state or federal law.

INSTRUCTIONS: Please type or print clearly in black ink. Answer all questions. If question does not apply to you, answer with "NO" or "N/A".

Date: Referred by? Terminal:
Position applied for: Do you own your own equipment? Minimum salary or wage expected:
Have you ever worked for this company before? Where? When?
Have you ever applied with this company before? Where? When?
Date you can start? Would you accept a position in another city?

GENERAL INFORMATION

LASTNAME: FIRST: MIDDLE:

PRESENT ADDRESS: CITY:

ST: ZIP: NUMBER OF YEARS AT THIS ADDRESS: DATE OF BIRTH:

SSN: CDL #: ST: EXPIRES:

PHYSICAL EXPIRES: HOME PHONE: CELL:

If at this address for less than (3) years, list prior address(es) below:

STREETADDRESS: CITY:

STATE: ZIP CODE: NUMBER OF YEARS AT THIS ADDRESS:

STREETADDRESS: CITY:

STATE: ZIP CODE: NUMBER OF YEARS AT THIS ADDRESS:

Are you eligible to work in the United States? YES NO

Are you able to drive a truck for an "11" hour shift? YES NO

If "NO", what accommodations can be made which would enable you to do this properly and safely?

Have you ever served in the Armed Forces? YES NO

If "YES", how long? What branch?

Have you EVER been convicted of a FELONY? YES NO

If "YES", please explain OFFENSE, DATE, WHERE, AND DEPOSITION OF OFFENSE:

Name of person to be notified in case of emergency:

Phone number of person to be notified: ()

GOVERNMENTAL REGULATIONS REQUIRE THAT WE VERIFY YOUR IDENTITY AND WORK AUTHORIZATION WITHIN 30 DAYS OF YOUR DATE OF HIRE. PLEASE BE PREPARED TO SUBMIT PROPER DOCUMENTATION. THE INFORMATION PREVIOUS COMPANIES WILL BE USED AND THEY WILL BE CONTACTED FOR THE PURPOSE OF INVESTIGATING YOUR SAFETY PERFORMANCE HISTORY.

WORK HISTORY

Previous work experience should be covered below, including jobs held while in school. Record your present or last position first and list back in chronological order. Be sure to complete all questions for each job. Ask for an additional form if necessary. **PLEASE EXPLAIN ALL PERIODS OF UNEMPLOYMENT.**

*FMCSR (Federal Motor Carrier Safety Regulations)

PLEASE LIST ALL JOBS YOU HAVE HAD IN THE PAST 10 YEARS

<u>Name & Address of Employer</u>	<u>Dates Employed</u>	<u>Salary</u>	<u>Supervisor</u>
Employer: _____	_____ to _____	_____	_____
Address: _____	City: _____	State: _____	Zip: _____ Job: _____
Phone: () _____	Reason for leaving: _____		
	Were you subject to the *FMCSR while employed or leased?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Fax: () _____	Was the job designated as a "safety sensitive function?"		<input type="checkbox"/> Yes <input type="checkbox"/> No

<u>Name & Address of Employer</u>	<u>Dates Employed</u>	<u>Salary</u>	<u>Supervisor</u>
Employer: _____	_____ to _____	_____	_____
Address: _____	City: _____	State: _____	Zip: _____ Job: _____
Phone: () _____	Reason for leaving: _____		
	Were you subject to the *FMCSR while employed or leased?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Fax: () _____	Was the job designated as a "safety sensitive function?"		<input type="checkbox"/> Yes <input type="checkbox"/> No

<u>Name & Address of Employer</u>	<u>Dates Employed</u>	<u>Salary</u>	<u>Supervisor</u>
Employer: _____	_____ to _____	_____	_____
Address: _____	City: _____	State: _____	Zip: _____ Job: _____
Phone: () _____	Reason for leaving: _____		
	Were you subject to the *FMCSR while employed or leased?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Fax: () _____	Was the job designated as a "safety sensitive function?"		<input type="checkbox"/> Yes <input type="checkbox"/> No

<u>Name & Address of Employer</u>	<u>Dates Employed</u>	<u>Salary</u>	<u>Supervisor</u>
Employer: _____	_____ to _____	_____	_____
Address: _____	City: _____	State: _____	Zip: _____ Job: _____
Phone: () _____	Reason for leaving: _____		
	Were you subject to the *FMCSR while employed or leased?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Fax: () _____	Was the job designated as a "safety sensitive function?"		<input type="checkbox"/> Yes <input type="checkbox"/> No

<u>Name & Address of Employer</u>	<u>Dates Employed</u>	<u>Salary</u>	<u>Supervisor</u>
Employer: _____	_____ to _____	_____	_____
Address: _____	City: _____	State: _____	Zip: _____ Job: _____
Phone: () _____	Reason for leaving: _____		
	Were you subject to the *FMCSR while employed or leased?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Fax: () _____	Was the job designated as a "safety sensitive function?"		<input type="checkbox"/> Yes <input type="checkbox"/> No

May we contact all of your previous employers? _____

Name & Address of Employer

Dates Employed

Salary

Supervisor

Employer: _____ to _____

Address: _____ City: _____ State: _____ Zip: _____ Job: _____

Phone: () _____ Reason for leaving: _____

Were you subject to the *FMCSR while employed or leased? Yes No
Was the job designated as a "safety sensitive function? Yes No

Name & Address of Employer

Dates Employed

Salary

Supervisor

Employer: _____ to _____

Address: _____ City: _____ State: _____ Zip: _____ Job: _____

Phone: () _____ Reason for leaving: _____

Were you subject to the *FMCSR while employed or leased? Yes No
Was the job designated as a "safety sensitive function? Yes No

Name & Address of Employer

Dates Employed

Salary

Supervisor

Employer: _____ to _____

Address: _____ City: _____ State: _____ Zip: _____ Job: _____

Phone: () _____ Reason for leaving: _____

Were you subject to the *FMCSR while employed or leased? Yes No
Was the job designated as a "safety sensitive function? Yes No

Name & Address of Employer

Dates Employed

Salary

Supervisor

Employer: _____ to _____

Address: _____ City: _____ State: _____ Zip: _____ Job: _____

Phone: () _____ Reason for leaving: _____

Were you subject to the *FMCSR while employed or leased? Yes No
Was the job designated as a "safety sensitive function? Yes No

Name & Address of Employer

Dates Employed

Salary

Supervisor

Employer: _____ to _____

Address: _____ City: _____ State: _____ Zip: _____ Job: _____

Phone: () _____ Reason for leaving: _____

Were you subject to the *FMCSR while employed or leased? Yes No
Was the job designated as a "safety sensitive function? Yes No

Name & Address of Employer

Dates Employed

Salary

Supervisor

Employer: _____ to _____

Address: _____ City: _____ State: _____ Zip: _____ Job: _____

Phone: () _____ Reason for leaving: _____

Were you subject to the *FMCSR while employed or leased? Yes No
Was the job designated as a "safety sensitive function? Yes No

May we contact all of your previous employers? _____

TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS

(OTHER THAN PARKING VIOLATIONS)

<u>LOCATION</u>	<u>DATE</u>	<u>CHARGE</u>	<u>PENALTY</u>

ACTIVITIES, ADDITIONAL INFORMATION AND COMMENTS

- | | | |
|--|--------------------------|--------------------------|
| 1. Have you ever been convicted or forfeited a bond for driving under the influence of drugs or alcohol?
If "Yes", when? _____ | <u>YES</u> | <u>NO</u> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been arrested for D.W.I. or D.U.I. in the past "8" years?
If "Yes", when and where? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you been convicted of reckless driving in the past "8" years?
If "Yes", when and where? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you been convicted of exceeding the posted speed limit by 15 MPH or more in the past "3" years?
If "Yes", when and where? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you now addicted, or have you ever been addicted to the use of drugs or alcohol?
If "Yes", when? Are you now, or have you ever been in treatment? If so, when & where? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you EVER had a "POSITIVE" drug or alcohol screen at ANY Previous employer in the past (3) years? If "Yes", when? List the Employer(s) name(s) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you EVER had a "POSITIVE" drug or alcohol screen for any Pre-Employment test in the past (3) years? If "Yes", when? _____ | <input type="checkbox"/> | <input type="checkbox"/> |

TRAFFIC ACCIDENTS FOR THE PAST 3 YEARS

(OF ANY TYPE)

<u>LOCATION</u>	<u>DATE</u>	<u>CHARGE</u>	<u>INJURIES</u>

ACTIVITIES, ADDITIONAL INFORMATION AND COMMENTS

JOB TITLE: DRIVER

JOB SUMMARY/DESCRIPTION: Highway driving & delivery of cargo...
Paperwork handling...

PHYSICAL DEMANDS:

- (X) Standing: 0-1 hour a day for PTI.
- (X) Sitting: 11 hours a day on truck seat while driving.
- (X) Walking: 0-5 hours a day for PTI and appointment freight (drop and hook). Distance up to 100 feet.
- (X) Lifting: 0-2 lbs. Paperwork. Frequency: Up to 10 times daily.
- (X) Carrying: 0-2 lbs. Paperwork. Frequency: Up to 10 times daily.
- (X) Pushing: Range: 10-150 lbs. Average: 75 lbs. 53 feet. Frequency: Up to 10 times daily.
- (X) Pulling: Range: 10-150 lbs. Average: 75 lbs. 53 feet. Frequency: Up to 10 times daily.
- (X) Climbing: Height: 10 feet. Frequency: Up to 20 times daily on tractor.
- (X) Bend/Squat: Body part: Knees/waist. PTI.
- (X) Twisting: 0.
- (X) Rotation: 0.
- (X) Kneeling: On ground/steel for PTI.
- (X) Reaching: Arm's length for PTI.

ENVIRONMENTAL CONDITIONS:

Inside truck:	30-80%	Outside truck:	20-40%
Fumes (X)	Dust (X)	Odors (X)	

NOISE OR VIBRATION: Tractor

HAZARDS: Driving, sharp metal corner doors, dolly crank, fueling truck, subject to slips and falls, dust, climbing, etc.

MACHINES, TOOLS, EQUIPMENT: Tractor-trailer and step ladder.

GENERAL COMMENTS: Some of the above figures based on averages and may not reflect the individual's actual work requirements.

A COMPLETE COPY OF YOUR DOT MEDICAL CERTIFICATE (LONG-FORM) MUST BE RECEIVED BEFORE A PRE-EMPLOYMENT DRUG SCREEN WILL BE SCHEDULED. PLEASE INCLUDE AS PART OF YOUR APPLICATION.

***** CAUTION: PLEASE READ CAREFULLY *****

APPLICANT'S STATEMENT

I certify that all statements made on this driver application are true and correct to the best of my knowledge. I authorize BP Express (the company) and its representatives to inquire of all former employers, or others who know me or know of me. I understand that any false or incomplete information may result in termination of my candidacy lease, or my employment.

If an employee relationship is established, I understand that such employment is terminable at will, either by myself of the company, at any time, for any reason. I also understand that any period of employment is not for a specific duration. In addition, I understand that with the exception of the President of BP Express no company representative has the authority to make any oral or written agreements which are contrary to the foregoing.

I acknowledge that any offer of employment or contract is conditional upon successful completion of both a drug screening and physical examination as part of BP Express's qualification process.

I certify that I have read, understand, and agree to the above.

Applicant's Signature: _____

Date: _____

TRUCKING INDUSTRY:
DOT D/A Disclosure and Authorization



Send to Fax # (800) 267-4093 (Manual Service)

Send to Fax # (800) 257-8069 (Database Retrieval)

USIS Customer:	
Company Name:	<u>Summit Logistics Svcs</u>
Company Contact Name:	<u>Jennifer Nunley</u>
Fax #:	<u>(865) 675-5968</u>
USIS Customer #:	_____ Sub Acct: _____

PART I – DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES – 49 CFR PART 391.23, DOT DRUG AND ALCOHOL TESTING

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to USIS for the purpose of USIS transmitting such records to the USIS customer listed above. I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous **three (3) years**:(i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/or substituted tests); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes USIS with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to USIS, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous **three (3) years**; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous **three (3) years**.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous **three (3) years**. If necessary, attached additional pages, including the date, your name, social security number and signature.

Previous DOT-Regulated Employer	City	State	Phone Number
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I disclosure and authorization for release; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original.

Print Applicant Name: _____ Social Security #: _____

Applicant Signature: _____ Date: _____

PART II -- CONSUMER REPORT AND INVESTIGATIVE CONSUMER REPORT DISCLOSURE
(FOR EMPLOYMENT PURPOSES)

In connection with your employment or application for employment (including contract for services) and in accordance with applicable laws, USIS may obtain or assemble consumer reports and/or investigative consumer reports (collectively, "Reports") which may include information about you related to: previous employment (including employers, dates of employment, salary information, reasons for termination, etc), accident history, academic history, verification of references and other information supplied by applicant, professional credentials, drug/alcohol use in violation of law and/or company policy, driving record, workers' compensation claims, credit history, creditworthiness, credit capacity, bankruptcy filings, criminal history records, information about your character, general reputation, personal characteristics and mode of living (collectively, "Information"). Information may be obtained from government agencies, educational institutions, USIS clients, personal references, personal interviews and other Information suppliers (collectively, "Suppliers").

Upon providing proper identification and complying with any applicable legal requirements, you have the right to request the nature and substance of all Information in USIS's files pertaining to you at the time of your request, including but not limited to: (i) whether any Reports have been provided by USIS to other parties; (ii) identification of any Suppliers utilized by USIS in compiling such Reports; and (iii) identification of any recipients of Reports furnished by USIS within the **two (2) year** period preceding your request. USIS may be contacted by mail at P.O. Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800) 381-0645.

- ← Check this box if you are applying for employment in **California** and/or you are a California resident and, in either case, you wish to receive a copy of your **credit report or investigative consumer report** if one is obtained or assembled by USIS. Pursuant to the California Civil Code, you may view the file maintained on you by USIS during normal business hours. You may also obtain a copy of this file by submitting proper identification and paying applicable costs for such file, if required by law, by contacting USIS in person or by mail. USIS is required to have personnel available to explain your file to you and must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.
- ← Check this box if you are applying for employment in **Oklahoma** and/or you are an Oklahoma resident and, in either case, you wish to receive a copy of your **consumer report** if one is obtained or assembled by USIS.
- ← Check this box if you are applying for employment in **Minnesota** and/or you are a Minnesota resident and, in either case, you wish to receive a copy of your **consumer report** if one is obtained or assembled by USIS.

PART II -- AUTHORIZATION FOR RELEASE OF INFORMATION (FOR EMPLOYMENT PURPOSES)

I hereby authorize USIS to receive Information and disclose such Information to its customers for the purpose of making a determination as to my eligibility for employment, promotion, retention or other lawful purpose. If hired or contracted, I authorize USIS and the USIS customer named above ("Customer") to retain this document on file to act as ongoing authorization for the procurement and possession of Reports at any time during my employment or contract period. I fully release USIS and Suppliers from all claims of damages related to the investigation of my background and provision of Information as set forth in this disclosure and authorization. I agree that Information in USIS's possession and my employment history with Customer if I am hired, may be supplied by USIS to other USIS customers for legally permissible purposes; provided, such information will not include the Drug and Alcohol information set forth in Part I above, unless I have given a separate specific consent for USIS to share such Information.

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part II disclosure and authorization for release; (iii) prior to signing I was given opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the Information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; (vi) I authorize USIS and any person or entity contracted by USIS to furnish the above-mentioned information; and (vii) facsimile or photographic copies of this authorization are as valid as an original.

NOTE - THIS AUTHORIZATION DOES NOT APPLY TO DRUG & ALCOHOL INFO. ADDRESSED IN PART I.

Print Applicant Name: _____ Social Security #: _____

Applicant Signature: _____ Date: _____

REQUEST FOR INFORMATION – FROM PREVIOUS EMPLOYER

Please fax back to (865) 675-5968

SECTION 1: TO BE COMPLETED BY PROSPECTIVE QUALIFIED DRIVER

I hereby authorize all my previous employers to release the following information to BP Express for the purposes of investigation as required by Section 391.23, 40.25 and allowed by Section 383.35 of the Federal Motor Carrier Safety Regulations. The information received also conforms to Section 390.15(b) that releases a previous employer from any and all liability that may result from furnishing such information.

Furthermore, I hereby authorize you to release all information concerning my alcohol and controlled substance test information for the past three (3) years to each and every company (or their authorized agents) which may request such information in connection with my driver application with said company. I hereby release you from any and all liability of any type as a result of providing the above-mentioned information to the above-mentioned person.

Date: _____ Applicant Signature: _____

Print Name (Last, First, MI): _____

Social Security Number: _____ / _____ / _____ Date of Birth: _____ / _____ / _____

SECTION 2: FOR OFFICE USE ONLY TO PREVIOUS EMPLOYER

To Previous Employer:

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

The above named individual has submitted an application to this company for a position as a driver and

states that you employed him/her as a _____ from _____ to _____.

Thank you in advance for a complete, accurate and quick response concerning our applicant.

**BP Express, Inc.
Safety and Compliance Department
120 Huxley Road
Suite 101
Knoxville, TN 37922
(865) 966-9800 PHONE
(865) 675-5968 FAX**

PHOTOCOPY OF COMMERCIAL DRIVER LICENSE

PHOTOCOPY OF MOST RECENT PHYSICAL CERTIFICATION CARD

PHOTOCOPY OF SOCIAL SECURITY NUMBER CARD