

Guidelines for completing Rushco Services Employment Application

- Please read these instructions before proceeding with the application
- Answer **ALL** applicable questions completely, if a question does not apply to you write "N/A"

PAGE 1

Section A: Fill in **ALL** requested information and check Yes or No to the last two questions
Section B: Read this section
Section C: Read this section
Section D: Read this section and check Yes of No

PAGE 2

Sections A thru C: Fill in all requested information
Sections D thru F: Answer these questions by checking Yes or No
Section G: Fill in appropriate information
Section H: Answer by checking all that apply
Section I: Fill in **ALL** accident information as requested or write "NONE" if none

PAGE 3

Section A: Fill in requested information for any violations within past 3 years or write "NONE" if none
Section B: Fill in information for CURRENT EMPLOYER and check yes or No for each question
Section C: Fill in information for **ALL** past employers for past **10 YEARS** and check yes or No for each question

**ALL DATES MUST BE ACCOUNTED FOR – THERE CAN NOT BE ANY DATE GAPS –
EACH SECTION MUST CONNECT TO THE ONE ABOVE AND BELOW IT FOR 10 YRS**

PAGE 4

Section A: Fill in information for **ALL** past employers for past **10 YEARS** and check yes or No for each question

PAGE 5

Section A: Fill in information for **ALL** past employers for past **10 YEARS** and check yes or No for each question
Section B: Read, Sign and Date the application

PAGE 6 PSP Release allowing Rushco to request your report from the FMCSA, Date, Sign and print your name

PAGE 7 PT Research Release allowing Rushco to request past employment and MVR history – Read then sign date and fill in **ALL** requested information. Missing information will delay processing.

PAGES 8,9 & 10 Your release to **EACH** employer you worked for in past 3 years requesting Drug and Alcohol testing results. Fill out one for each employer you worked for during last 3 years.

Questions ?? Call (800) 255-7563 Speak with Buz

RETURN : Rushco Services, Inc. VIA FAX: (508) 892-8388 VIA EMAIL: info@rushcoservices.com
196 Leicester Street – Route 56 North
North Oxford, MA 01537-1000

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Rushco Services, Inc.
Carrier Name
196 Leicester Street, North Oxford, MA 01537-1000
Carrier Address

DRIVER QULAIFICATION FORM

A

NAME _____
(First) (Middle) (Last)

ADDRESS _____
(Street) (City) (State) (Zip)

HOW LONG HAVE YOU LIVED AT THE ABOVE ADDRESS? _____ Years _____ Months

DATE OF BIRTH _____ SSN _____

TELEPHONE # _____ CELL PHONE # _____

Have you ever been employed by this company in the past? Yes No
If yes, please explain _____

Have you ever been convicted of a Felony? Yes No
If yes, please explain _____

B

Fair Credit Reporting Act Disclosure Statement

In accordance with the provision of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

C

Driver Notification

In accordance with 49 CFR Part 391.23(i) each motor carrier must notify each driver, who is regulated by the Department of Transportation, of their rights regarding investigative information that will be provided to a prospective employer.

Drivers have:

- The right to review information provided by previous employers;
- 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;
- 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.

D

Past Pre-Employment Drug & Alcohol Testing Question

In accordance with 49 CFR Part 40.25(j) the employer is required to ask the employee:

Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Yes No

Applicant's Name _____

A) PREVIOUS ADDRESSES FOR THE PAST 3 YEARS (attach a separate sheet if more space is needed)

(Street)	(City)	(State)	(Zip)
(Street)	(City)	(State)	(Zip)

B) CURRENT DRIVERS LICENSE

(State)	(License No.)	(Class)	(Expiration Date)
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Current Drivers License Endorsements: _____

C) DRIVER LICENSES FOR THE PAST 3 YEARS (attach a separate sheet if more space is needed)

(State)	(License No.)	(Class)	(Expiration Date)
(State)	(License No.)	(Class)	(Expiration Date)

D) Have you ever had your license, permit or driving privileges suspended or revoked? Yes No
If yes, please explain _____

E) Have you ever been convicted of driving while intoxicated or under the influence of drugs or alcohol?
Yes No If yes, please explain _____

F) Have you failed any DOT required alcohol and/or drug testing, including pre-employment? Yes No
If yes, please explain _____

G) DRIVING EXPERIENCE (attach a separate sheet if more space is needed)

Class A CDL Experience: _____
(# of Years & Months Operated)

Class B CDL Experience: _____
(# of Years & Months Operated)

Class B CDL Experience: _____
(Passenger Vehicles) (# of Years & Months Operated)

H) Types of Trailers Transported/Operated

Dry Van: <input type="checkbox"/>	Reefer: <input type="checkbox"/>	Flatbed: <input type="checkbox"/>	Double/Triples: <input type="checkbox"/>	Tanker: <input type="checkbox"/>
Pneumatic: <input type="checkbox"/>	Dump Trailer: <input type="checkbox"/>	Hopper: <input type="checkbox"/>	Intermodal: <input type="checkbox"/>	Auto Hauler: <input type="checkbox"/>
Specialized: <input type="checkbox"/>	Hot Shot: <input type="checkbox"/>	Other (please list): _____		

I) MOTOR VEHICLE ACCIDENTS FOR THE PAST 3 YEARS (attach a separate sheet if more space is needed)

Date	Description of the Accident	Towed Yes/No	# of Injuries	# of Fatalities

Applicant's Name _____

4) **VIOLATIONS OF MOTOR VEHICLE LAWS or ORDINANCES FOR THE PAST 3 YEARS**
(please do not list parking violations - attach a separate sheet if more space is needed)

_____ (Violation)	_____ (Date of Violation)	_____ (Violation)	_____ (Date of Violation)
_____ (Violation)	_____ (Date of Violation)	_____ (Violation)	_____ (Date of Violation)

8) **Current Employer/Leased Company** _____
 Address _____ City _____ State _____
 Phone Number _____ Fax Number _____
 Position Held _____ From _____ To _____
 Reason for Leaving _____
 Was your job subject to DOT alcohol and drug testing as required by 49 CFR Part 40? Yes _____ No _____
 Were you subject to the FMCSR's while employed/leased by this company? Yes _____ No _____

May we contact your current employer? Yes _____ No _____

Are you currently working for any other employers than listed above, full time or part time? Yes No
If yes, please explain _____

Past Employment or Lease Record

2) (List ALL past employment and leasing for the last 3 years and ALL DOT regulated past employment and leasing for the past 10 years)

Past Employer/Leased Company _____
 Address _____ City _____ State _____
 Phone Number _____ Fax Number _____
 Position Held _____ From _____ To _____
 Reason for Leaving _____
 Was your job subject to DOT alcohol and drug testing as required by 49 CFR Part 40? Yes _____ No _____
 Were you subject to the FMCSR's while employed/leased by this company? Yes _____ No _____

Past Employer/Leased Company _____
 Address _____ City _____ State _____
 Phone Number _____ Fax Number _____
 Position Held _____ From _____ To _____
 Reason for Leaving _____
 Was your job subject to DOT alcohol and drug testing as required by 49 CFR Part 40? Yes _____ No _____
 Were you subject to the FMCSR's while employed/leased by this company? Yes _____ No _____

Past Employer/Leased Company _____
 Address _____ City _____ State _____
 Phone Number _____ Fax Number _____
 Position Held _____ From _____ To _____
 Reason for Leaving _____
 Was your job subject to DOT alcohol and drug testing as required by 49 CFR Part 40? Yes _____ No _____
 Were you subject to the FMCSR's while employed by this employer? Yes _____ No _____

Past Employer/Leased Company _____
 Address _____ City _____ State _____
 Phone Number _____ Fax Number _____
 Position Held _____ From _____ To _____
 Reason for Leaving _____
 Was your job subject to DOT alcohol and drug testing as required by 49 CFR Part 40? Yes _____ No _____
 Were you subject to the FMCSR's while employed/leased by this company? Yes _____ No _____

A

Past Employer/Leased Company _____

Address _____ City _____ State _____

Phone Number _____ Fax Number _____

Position Held _____ From _____ To _____

Reason for Leaving _____

Was your job subject to DOT alcohol and drug testing as required by 49 CFR Part 40? Yes _____ No _____

Were you subject to the FMCSR's while employed/leased by this company? Yes _____ No _____

Past Employer/Leased Company _____

Address _____ City _____ State _____

Phone Number _____ Fax Number _____

Position Held _____ From _____ To _____

Reason for Leaving _____

Was your job subject to DOT alcohol and drug testing as required by 49 CFR Part 40? Yes _____ No _____

Were you subject to the FMCSR's while employed/leased by this company? Yes _____ No _____

Past Employer/Leased Company _____

Address _____ City _____ State _____

Phone Number _____ Fax Number _____

Position Held _____ From _____ To _____

Reason for Leaving _____

Was your job subject to DOT alcohol and drug testing as required by 49 CFR Part 40? Yes _____ No _____

Were you subject to the FMCSR's while employed by this employer? Yes _____ No _____

Past Employer/Leased Company _____

Address _____ City _____ State _____

Phone Number _____ Fax Number _____

Position Held _____ From _____ To _____

Reason for Leaving _____

Was your job subject to DOT alcohol and drug testing as required by 49 CFR Part 40? Yes _____ No _____

Were you subject to the FMCSR's while employed/leased by this company? Yes _____ No _____

Past Employer/Leased Company _____

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Phone Number _____ Fax Number _____

Position Held _____ From _____ To _____

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Address _____ City _____ State _____

Phone Number _____ Fax Number _____

Position Held _____ From _____ To _____

Reason for Leaving _____

Was your job subject to DOT alcohol and drug testing as required by 49 CFR Part 40? Yes _____ No _____

Were you subject to the FMCSR's while employed/leased by this company? Yes _____ No _____

Applicant's Name _____

Past Employer/Leased Company _____

A

Address _____ City _____ State _____

Phone Number _____ Fax Number _____

Position Held _____ From _____ To _____

Reason for Leaving _____

Was your job subject to DOT alcohol and drug testing as required by 49 CFR Part 40? Yes _____ No _____

Were you subject to the FMCSR's while employed/leased by this company? Yes _____ No _____

Past Employer/Leased Company _____

Address _____ City _____ State _____

Phone Number _____ Fax Number _____

Position Held _____ From _____ To _____

Reason for Leaving _____

Was your job subject to DOT alcohol and drug testing as required by 49 CFR Part 40? Yes _____ No _____

Were you subject to the FMCSR's while employed/leased by this company? Yes _____ No _____

Past Employer/Leased Company _____

Address _____ City _____ State _____

Phone Number _____ Fax Number _____

Position Held _____ From _____ To _____

Reason for Leaving _____

Was your job subject to DOT alcohol and drug testing as required by 49 CFR Part 40? Yes _____ No _____

Were you subject to the FMCSR's while employed/leased by this company? Yes _____ No _____

****If needed, please add additional past employers on a separate sheet**

In Case of Emergency Please Contact:

Name	Relationship	Telephone No.

B

TO BE READ AND SIGNED BY THE APPLICANT

This certifies that this application and any additional past employer records have been completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I understand that if employed or leased, any misstatement or omission of fact on this application shall be considered cause for dismissal. I authorize investigation of all statements contained in this application for employment or lease as may be necessary in arriving at a decision.

Applicant's Signature

Date of Application

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**IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS
FROM THE PSP Online Service**

In connection with your application for employment with Rushco Services, Inc. ("Prospective Employer"), it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). 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. 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:

I authorize Rushco Services, ("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.

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.

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)

RUSHCO SERVICES INC

"Release of Information Form - 49 CFR Part 40 Drug and Alcohol Testing"

******COMPLETE A SEPARATE RELEASE FORM FOR EACH D.O.T. EMPLOYER******

Section I. To be completed and signed by the prospective employee:

I-A. Employee Printed or Typed Name: _____

Employee SS or ID Number: _____

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:** _____

New Employer Name: RUSHCO SERVICES INC 196 LEICESTER ROAD, NORTH OXFORD MA 01537
Phone #: 800-255-7563 **Fax #:** 508-892-8388
Designated Employer Representative: Buz Reusch **Email:** buz@rushcoservices.com
PLEASE RETURN FORM TO PT Research, Inc. at Fax # (866) 621-0754

I-B. Previous Employer Name: _____

Address: _____

Phone #: _____

Designated Employer Representative (if known): _____

Section II. To be completed by the previous employer and transmitted via fax to: **PT Research, Inc.**
Fax: (866) 621-0754

II-A. In the two 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).

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

Title: _____ **Phone #:** (____) _____ **Date:** _____

Please complete and return at your earliest convenience. This information must be obtained prior to hiring prospective employee(s) to perform safety-sensitive duties. Thanks you for your cooperation.

Position being considered for: _____

RUSHCO SERVICES INC
"Release of Information Form -- 49 CFR Part 40 Drug and Alcohol Testing"

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I-A. Employee Printed or Typed Name: _____

Employee SS or ID Number: _____

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:** _____

New Employer Name: RUSHCO SERVICES INC 196 LEICESTER ROAD, NORTH OXFORD MA 01537 Phone #: 800-255-7563 Fax #: 508-892-8388 Designated Employer Representative: Buz Reusch Email: buz@rushcoservices.com PLEASE RETURN FORM TO PT Research, Inc. at Fax # (866) 621-0754
--

I-B. Previous Employer Name: _____

Address: _____

Phone #: _____

Designated Employer Representative (if known): _____

Section II. To be completed by the previous employer and transmitted via fax to: **PT Research, Inc.**
Fax: (866) 621-0754

II-A. In the two 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).

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

Title: _____ **Phone #:** () _____ **Date:** _____

Please complete and return at your earliest convenience. This information must be obtained prior to hiring prospective employee(s) to perform safety-sensitive duties. Thanks you for your cooperation.

Position being considered for: _____

RUSHCO SERVICES INC

"Release of Information Form - 49 CFR Part 40 Drug and Alcohol Testing"

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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;
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II-A. In the two 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).

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

Title: _____ **Phone #:** (____) _____ **Date:** _____

Please complete and return at your earliest convenience. This information must be obtained prior to hiring prospective employee(s) to perform safety-sensitive duties. Thanks you for your cooperation.

Position being considered for: _____