



Dear Applicant,

Thank you for your interest in O&S Trucking. Attached or following you will find our pre-application and Release form. Please read instructions and tips below for completing the packet.

Completed packets should be returned to: Attn: Recruiting
O&S Trucking, Inc.
3769 E Evergreen
Springfield, MO 65803
or fax to 417-831-7767

- 1 Your name must be the name listed on your CDL.
- 2 Sign each page.
- 3 Please complete a full 10-year job history with NO gaps in time. If you were not working (employed, leased, running on own authority) for a period of time over two (2) weeks, list it like a job.
- 4 Phone numbers for previous employers in the last 5 years are required. Fax numbers are appreciated.
- 5 Do not leave the ticket or accident section blank. If you have not had any tickets or accidents then put the word "NONE" in that section.
- 6 On the last page of the application, there is a question about drug and alcohol testing, please circle HAVE or HAVE NOT.
- 7 Please sign and date the "Driver's Signature" line only on the page titled "Safety Performance History Inquiry". We will copy the form to send to past employers.

Please make sure the packet is completed in full as withheld information could result in a driver being disqualified from driving at O&S Trucking, Inc.

Thanks again and we hope to have you on board with us soon.

3769 East Evergreen
 Springfield, MO 65803
 Tel: 417-864-4780
 Fax: 417-831-7767



- OTR
- Company
- Lease Purchase

Pre-Application

Referred by: _____

Recruiter: _____

To The Applicant

As an Applicant for a position as a CMV Driver, we are required to advise you that this company is required to seek Safety Performance History information for a three (3) year period from your previous employers whom you have identified as having driven CMV's as a part of your duties as an employee. This investigation is required by 49 CFR Part 391.23(d) and (e). As a condition of employment the applicant must sign a waiver/release allowing this company to seek this information from your previous employers

Name (as on CDL): _____ Telephone: (____) _____
First Middle Last Area Code

Present Address: _____
Street City State Zip Code

If at the above residence less than three (3) years, list below all residences for the past three (3) years. Attach a separate sheet if necessary (show all).

Street City State Zip Code

Street City State Zip Code

The following information required on all DOT qualified OTR and Local Drivers (show all).

Social Security Number: _____ - _____ - _____ Date of Birth ____/____/____ (FMCSR 319.21(b)(2))

Applicant list the states and license numbers of all licenses held for the past three (3) years.

Current Drivers License: _____
Expiration Date Number State Class Endorsements

Previous Licenses Held: _____
Expiration Date Number State Class Endorsements

- | | Number | State | Class | Endorsements | Expiration Date |
|--|--------|-------|-------|--------------|-----------------|
| (A.) Have you ever been denied a license, permit or privilege to operate a motor vehicle? | | | | | |
| (B.) Has any license, permit or privilege ever been suspended or revoked? | | | | | |
| (C.) Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? | | | | | |
| (D.) Have you ever been convicted of any alcohol related driving offenses? | | | | | |
| (E.) Have you ever been convicted of a felony? | | | | | |
| (F.) Do you have court ordered garnishments? | | | | | |

Please detail any "Yes" answers above: _____

Driving Experience / Complete / Explain

Class of Equipment	Equipment Type (reefer, Van, Flat, etc.)	Dates	Approximate Miles
Straight Truck		To	
Tractor-Trailer		To	
Twin Trailers		To	
Other		To	

List States operated in during the last three (3) years:

Date _____ Applicants Signature _____

SHOW ALL EMPLOYMENT: PERSONAL HISTORY FOR PAST 10 YEARS FROM THIS DATE

Begin with your present experience and work backward in order, listing all employers, military, self-employment, driving school, and other training programs for at least ten (10) years. Use a supplementary sheet if necessary. Leave **NO gaps** in time for past 10 years. All time must be accounted for. We must have complete addresses and telephone numbers (please include FAX number if available).

May we contact your current employer? (Circle one) YES NO

Employment Dates: From _____ To _____	Position Held: _____
Current Company: _____	Phone: (____) _____
Address/P O Box: _____	FAX: (____) _____
Presently employed? [] Yes [] No	May we contact current employer? [] Yes [] No
Reason for leaving? _____	
Number of Accidents: _____ Comments: _____	

Was the applicant subject to FMCSR's while employed at the previous employer? [] Yes [] No

Employment Dates: From _____ To _____	Position Held: _____
Company: _____	Phone: (____) _____
Address/P O Box: _____	FAX: (____) _____
Reason for leaving? _____	
Number of Accidents: _____ Comments: _____	

Was the applicant subject to FMCSR's while employed at the previous employer? [] Yes [] No

Employment Dates: From _____ To _____	Position Held: _____
Company: _____	Phone: (____) _____
Address/P O Box: _____	FAX: (____) _____
Reason for leaving? _____	
Number of Accidents: _____ Comments: _____	

Was the applicant subject to FMCSR's while employed at the previous employer? [] Yes [] No

Employment Dates: From _____ To _____	Position Held: _____
Company: _____	Phone: (____) _____
Address/P O Box: _____	FAX: (____) _____
Reason for leaving? _____	
Number of Accidents: _____ Comments: _____	

Was the applicant subject to FMCSR's while employed at the previous employer? [] Yes [] No

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Date _____ Applicant's Signature _____

Employment Dates: From _____ To _____ Position Held: _____

 Company: _____ Phone: (____) _____
 Address/P O Box: _____ FAX: (____) _____
 Reason for leaving? _____

 Number of Accidents: _____ Comments: _____

Was the applicant subject to FMCSR's while employed at the previous employer? [] Yes [] No

Employment Dates: From _____ To _____ Position Held: _____

 Company: _____ Phone: (____) _____
 Address/P O Box: _____ FAX: (____) _____
 Reason for leaving? _____

 Number of Accidents: _____ Comments: _____

Was the applicant subject to FMCSR's while employed at the previous employer? [] Yes [] No

Employment Dates: From _____ To _____ Position Held: _____

 Company: _____ Phone: (____) _____
 Address/P O Box: _____ FAX: (____) _____
 Reason for leaving? _____

 Number of Accidents: _____ Comments: _____

Was the applicant subject to FMCSR's while employed at the previous employer? [] Yes [] No

Employment Dates: From _____ To _____ Position Held: _____

 Company: _____ Phone: (____) _____
 Address/P O Box: _____ FAX: (____) _____
 Reason for leaving? _____

 Number of Accidents: _____ Comments: _____

Was the applicant subject to FMCSR's while employed at the previous employer? [] Yes [] No

Employment Dates: From _____ To _____ Position Held: _____

 Company: _____ Phone: (____) _____
 Address/P O Box: _____ FAX: (____) _____
 Reason for leaving? _____

 Number of Accidents: _____ Comments: _____

Was the applicant subject to FMCSR's while employed at the previous employer? [] Yes [] No

****Ten (10) years are accounted for and there are no gaps between any of the above dates. [] Yes [] No**

If answered "No," please explain: _____

Date _____ Applicant's Signature _____

Accident / Crashes in the Past Three (3) Years (Attach separate sheet if necessary)

If none, state NONE. (effective 4-29-04)

Date	Type / Nature of Accident / Description / Explain Example: Head-on, Rear-end, Overturn	Tow	EMS	Location: Street / Highway City / State

Traffic Convictions & Forfeitures for the past Three (3) Years (Other than non-moving)

If none, state NONE.

Date	Location	Charge	Penalty/Fines Pd/Points

Education and Training

Circle highest year completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 Last date school attended
 ___/___/___

Do you have a High School Diploma? Yes No G.E.D. (Graduate Equivalency Diploma) Yes No

List any training program presently attending or completed (truck driving schools, service schools, etc.):

_____ From: _____ to _____
 _____ Month/Year Month/Year

_____ From: _____ to _____
 _____ Month/Year Month/Year

Have you served in the U.S. armed forces? Yes No Dates of Service: _____ to _____

Branch: Army Navy Air Force Marines National Guard National Guard Reserves

Status: Active Discharged

APPLICANT DECLARATION

**F.M.C.S.A. REGULATIONS
PART 40.25**

Have you, the applicant, been employed by any DOT regulated employer and have been in a safety sensitive function that required alcohol and controlled substance testing specified by 49 CFR part 40? Yes No

This is to declare that I **(have / have not)** tested positive, or **(have / have not)** refused a test on any Drug test administered by any prospective, past or current employer. This includes random and pre-employment.

I further declare that if I tested Positive for any Pre-employment Drug test, I **(have / have not)** completed an Employee Assistance Program (E.A.P.).

PART 391.21

This certifies that I completed this application, and that all entries on it and information contained in it are true and complete to the best of my knowledge.

Date _____ Applicant's Signature _____

O&S TRUCKING, INC.
 3769 E. Evergreen, Springfield, MO 65803
 (800) 509-2021 (417) 864-4780
 Please fax back to (417) 831-7767

SAFETY PERFORMANCE HISTORY INQUIRY

Confidential authorization to release information

To: _____ ATTN: _____
 (Previous Employer)
 Address: _____ City & State: _____
 Phone Number: _____ Fax Number: _____

APPLICANT'S NAME: _____ SSN: _____
 (Please Print)

The person listed above has applied for a position with O&S Trucking, Inc. as an over the road driver. Pursuant to sections 391, 382, 40 and other DOT regulations, please provide the following information.

Dates of employment: _____ to _____ Type of equipment driven: _____
 Type of freight: _____ States or area driven: _____
 Company Driver: _____ O/O: _____ Driver for O/O: _____
 Voluntary Quit: _____ Terminated: _____ If so, why? _____
 Eligible for rehire? _____
 If no, please explain: _____

Has this driver had any out of service for Hours of Service violations in the past 12 months? Yes No
 Has the above-mentioned individual had any DOT recordable accidents as defined in 390.5? Yes No
 Has the above-mentioned applicant had any accidents pursuant to your internal policies for minor accidents? Yes No
 If yes, please supply information: _____

Please list any Accidents/Crashes in the past three (3) years. Attach a separate sheet if necessary. **If none, state NONE.**

DATE	TYPE/NATURE OF ACCIDENT – DESCRIPTION	TOW/EMS	LOCATION: Street or Hwy	City and State

Cargo Loss: _____ Equipment Loss: _____

I hereby authorize and request the above-mentioned employer to release ALCOHOL and CONTROLLED SUBSTANCES information as listed in 49 CFR Section 40.25(b) to the above named company. You are released from any and all liability, which may result from releasing such information. Per 49 CFR Section 40.25(h) you are required to immediately release this information.
 REQUIRED INFORMATION FROM SECTION 382,413 and 40.25(b)

1. Has this person ever tested positive for controlled substances in the past three years during employment with your company? Y N
2. Has this person ever had a breath alcohol test result of .04 or greater in the past three years during employment with your company? Y N
3. Has this person ever refused a required test, including a verified adulterated substituted result, for drugs or alcohol testing in the past three years employment with your company? Y N
4. Have you received any information from prior employers regarding violations of drug/alcohol testing regulations? Y N
5. Any other violations of DOT agency drug and alcohol testing regulations including not hiring due to pre-employment positive results? Y N
6. Any documentation of the employee's DOT return to duty qualification? Y N

With reference to question 6, please identify the Substance Abuse Professional you referred the driver to if he/she tested positive or refused testing.

Signed by: _____ Company: _____

Title: _____ Date: _____

Driver Signature: _____ **Date:** _____