

Mercury Transportation

Driver's name: _____

ID NO: _____ DATE OF HIRE: _____

- APPLICATION- COMPLETE WITH 10 YEARS OF EMPLOYMENT
- REQUEST FOR PAST EMPLOYMENT VERIFICATION AND DRUG AND ALCOHOL INQUIRIES FROM THE PAST THREE YEARS
- DRIVER PHSYCIAL EXAM
- COPY OF VALID CDL LICENSE AND SOCIAL SECURITY
- COPY OF MVR(Original)
- COPY OF MVR(Annual)
- CERTIFICATE OF VIOLATIONS
- ANNUAL REVIEW OF DRIVING RECORD
- NEW HIRE DATA SHEET
- HAZMAT/FMCSR BOOKS—HAZMAT TRAINING
- DRUG & ALCOHOL PRE-EMPLOYMENT TEST RESULTS
- PREVIOUS PRE-EMPLOYMENT D&A STATEMENT
- RECEIVED COPY OF COMPANY D&A POLICIES
- CONSENT FOR DOT D&A TESTING
- EMPLOYMENT ELIGIBILITY VERIFICATION (I-9)

VERIFIED BY: _____

DATE: _____

DRIVER'S APPLICATION

Mercury Transportation
8502 Miller Rd # 3
Houston Tx 77049
281-458-4340 281-458-7801

AUTHORIZATION Sign and Date Below [] COMPANY DRIVER [] OWNER OPERATOR

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at a decision. (Generally, inquires regarding medical history will be made only if and after a conditional offer has been extended.) **I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. I understand that false or misleading information given in my application or interview (s) may result in discharge.** I understand, also, that I am required to abide by all rules and regulations of Mercury Transportation. I understand that information I provide regarding current and/or previous employers may be used, and those employer (s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23 (d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to resend the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature _____ Date _____

PERSONAL INFORMATION: Please Print CLEARLY. Please list all addresses for past 3 years.

LAST NAME APELLIDO FIRST NAME NOMBRE MI

STREET ADDRESS DIRECCION NO. CITY CIUDAD STATE ZIP

STREET ADDRESS DIRECCION NO. CITY CIUDAD STATE ZIP

() --
HOME PHONE TELEFONO ALT. PHONE OTRO TELEFONO

SOCIAL SECURITY SEGURO SOCIAL DATE OF BIRTH FECHA DE NACIMIENTO

LIST EACH UNEXPIRED COMMERCIAL OPERATOR'S LICENSE OR PERMIT ISSUED TO YOU.

LICENSE NO. STATE EXPIRATION DATE CLASS

LICENSE NO. NUMERO DE LICENCIA STATE EXPIRATION DATE CLASS

DRIVING EXPERIENCE

Type of Equipment
TIPO DE EQUIPO

Years of Experience
AÑOS DE EXPERIENCIA

Years/Miles Driven
MILLAS MANEJADAS

1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

ACCIDENT RECORD *(Previous Three Years)*

ACCIDENTES

Accident Dates	Type of Accident	Fatalities	Injuries
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

TRAFFIC CONVICTIONS *(Previous Three Years)*
(Excluding parking violations)

CITACIONES

Location	Date	Charge
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Referred to Mercury by: Walk in Add in paper Referred by driver _____ other

LICENSE AND CRIMINAL BACKGROUND

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

IF THE ANSWER IS YES, GIVE DETAILS: _____

Have you ever been arrested and/or convicted of a misdemeanor or felony?
 YES NO

If yes, please explain fully. Conviction of a crime is not an automatic bar to employment, all circumstances will be considered. _____

EMERGENCY CONTACT: _____ PHONE: () _____

RELATIONSHIP: _____
NAME

PREVIOUS EMPLOYMENT

All driver applicants to drive in interstate or intrastate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code. Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle. LIST ALL EMPLOYMENT FOR LAST 10 YEARS—PLEASE ACCOUNT FOR ALL TIME.

Present or Last Employer: *EMPLEADO PRESENTE*

Name of Company: _____
Contact Person _____ Phone _____
Address: _____ City _____ State & Zip _____
Position Held: _____ From _____ To _____
Reason for Leaving _____ Type of Trailer: _____
Were you subject to the FMCSRs+ while employed? Yes NO
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug And Alcohol testing Requirements of 49 CFR Part 40? Yes No

Employer: *EMPLEADO*

Name of Company: _____
Contact Person _____ Phone _____
Address: _____ City _____ State & Zip _____
Position Held: _____ From _____ To _____
Reason for Leaving _____ Type of Trailer: _____
Were you subject to the FMCSRs+ While employed? Yes No
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug And Alcohol testing Requirements of 49 CFR Part 40? Yes No
Employer:

Employer: *EMPLEADO*

Name of Company: _____
Contact Person _____ Phone _____
Address: _____ City _____ State & Zip _____
Position Held: _____ From _____ To _____
Reason for Leaving _____ Type of Trailer: _____
Were you subject to the FMCSRs+ While employed? Yes No
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug And Alcohol testing Requirements of 49 CFR Part 40? Yes No

Employer: *EMPLEADO*

Name of Company: _____
Contact Person _____ Phone _____
Address: _____ City _____ State & Zip _____
Position Held: _____ From _____ To _____
Reason for Leaving _____ Type of Trailer: _____
Were you subject to the FMCSRs+ While employed? Yes No
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug And Alcohol testing Requirements of 49 CFR Part 40? Yes No

Employer: *EMPLEADO*

Name of Company: _____

Contact Person _____ Phone _____

Address: _____ City _____ State & Zip _____

Position Held: _____ From _____ To _____

Reason for Leaving: _____ Type of Trailer: _____

Were you subject to the FMCSRs+ While employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug And Alcohol testing Requirements of 49 CFR Part 40? Yes No

Employer: *EMPLEADO*

Name of Company: _____

Contact Person _____ Phone _____

Address: _____ City _____ State & Zip _____

Position Held: _____ From _____ To _____

Reason for Leaving: _____ Type of Trailer: _____

Were you subject to the FMCSRs+ While employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug And Alcohol testing Requirements of 49 CFR Part 40? Yes No

Employer: *EMPLEADO*

Name of Company: _____

Contact Person _____ Phone _____

Address: _____ City _____ State & Zip _____

Position Held: _____ From _____ To _____

Reason for Leaving: _____ Type of Trailer: _____

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Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug And Alcohol testing Requirements of 49 CFR Part 40? Yes No

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Name of Company: _____

Contact Person _____ Phone _____

Address: _____ City _____ State & Zip _____

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Reason for Leaving: _____ Type of Trailer: _____

Were you subject to the FMCSRs+ While employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug And Alcohol testing Requirements of 49 CFR Part 40? Yes No

Employer: *EMPLEADO*

Name of Company: _____

Contact Person _____ Phone _____

Address: _____ City _____ State & Zip _____

Position Held: _____ From _____ To _____

Reason for Leaving: _____ Type of Trailer: _____

Were you subject to the FMCSRs+ While employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug And Alcohol testing Requirements of 49 CFR Part 40? Yes No

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

+The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

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

X _____ / _____
Signature of Applicant *FIRMA* Date *FECHA*

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions 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/contract purposes. These reports are required by Sections 382.413, 391.23, and 391.25, of the Federal Motor Carrier Safety Regulations.

De acuerdo con las provisiones de la Sección 604 (b)(2)(A) del Acto Justo de la Cobertura del Crédito, la Ley Pública 91-508, como enmendado por el Crédito al consumidor que Informa el Acto de 1996 (Titula II, Subtítulo D, el Capítulo yo, de la Ley Pública 104-208), usted es informado que informa verificando su empleo previo, la droga previa y los resultados de la prueba de alcohol, y su registro que maneja se pueden obtener en usted para propósitos de arrendamiento contrato. Estos informes son requeridos por Secciones 382,413, 391,23, y 391,25, de las Regulaciones Federales de la Seguridad de Transporte Automotriz.

Applicant's Signature *FIRMA*

Date *FECHA*

Print Name *NOMBRE*

Social Security Number

SAFETY PERFORMANCE HISTORY

TO BE COMPLETED BY: APPLICANT

Printed Name: _____ SSN: _____ DOB: _____

Signature: _____ Date: _____

I hereby authorize previous employers to release and forward the information requested by concerning my Alcohol and Controlled Substances testing records within the previous three (3) years from date of application
To:

Mercury Transportation
8501 Miller Rd # 3
Houston Tx 77049

In compliance with 40.25 (g) and 391.23 (h), release of this information must be made in
Written form that ensures confidentiality such as fax, email, or letter.

TO BE COMPLETED BY:

PREV. EMPLOYER: _____ **Phone:** _____

STREET: _____ **Fax:** _____

CITY, ST, ZIP: _____ **Email:** _____

TO BE COMPLETED BY: PREVIOUS EMPLOYER

Section I Employment Verification

The applicant named above **WAS/IS NOT** employed/contracted by the Company.

The applicant named above **WAS/IS** employed/contracted by the Company:

Employed from: _____ to _____ as a _____

Section II Experience

Did he drive a motor vehicle for you? Yes No . If yes, what type?

Tractor-Semi trailer Straight truck Bus Cargo Tank Other: _____

LENGTH AND TYPE OF TRAILER PULLED: _____

Section III Separation Reason

Reason for leaving your employment: Quit Resigned Lay Off

Comments: _____ Co. Terminated Still Employed

Section IV Accident Register (390.15(b))

None to Report (Sign Below)

Applicant was involved in the following accidents in the last three years:

Date	Location	Injuries	Fatalities	Hazmat Spill?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Section V Certification

Signature: _____ Title: _____ Date: _____

SAFETY PERFORMANCE HISTORY

APPLICANT NAME: _____ SSN: _____ EMPLOYER: _____

TO BE COMPLETED BY: PREVIOUS EMPLOYER

Section I: DRUG AND ALCOHOL HISTORY

Driver **WAS NOT** subject to the Department of Transportation testing requirements while employed by employer. Fill out Section II DATES OF EMPLOYMENT: _____ TO _____

Driver **WAS** subject to Department of Transportation testing requirements and the following questions apply while he was under employment/contract: In answering these questions, include any required DOT drug or alcohol testing information obtained from previous employers in the previous three (3) years prior to date of application.

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person tested positive, adulterated, or substituted a test specimen for controlled substances? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person refused to submit to post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person committed other violations of Subpart B of Part 382, or Part 40? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow up tests? If yes, please send documentation back with this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employment, has driver subsequently had an alcohol test result of 0.04 or greater, a verified positive drug test, or refusal to be tested? | <input type="checkbox"/> | <input type="checkbox"/> |

Section II If the answer to QUESTION 5 OR 6 is "Yes", please list SAP Professional Information:

NAME _____ ADDRESS _____ CITY _____

STATE-ZIP _____ PHONE _____

Section III Affirmation: This form was filled out by:

Name: _____ Title: _____ Company: _____

Signature: _____ Date: _____

THIS FORM WAS:

FAXED MAILED EMAILED VERBALLY (OTHER) _____

DATE: _____ TIME: (IF VERBAL) _____ BY: _____

INFORMATION OBTAINED FROM: _____

**MOTOR VEHICLE
DRIVER'S CERTIFICATION
OF VIOLATIONS**

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date	Offense	Location	Type of Vehicle Operated
_____	_____	_____	_____
_____	_____	_____	_____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

(Driver's Signature)

(Date of Certification)

MERCURY Transportation, 8501 Miller Rd # 3 , Houston Tx 77049
(Motor Carrier's Name and Motor Carrier's Address)

(Reviewed by: Signature)

SAFETY
(Title)

**U.S. DEPARTMENT OF TRANSPORTATION
MOTOR CARRIER SAFETY PROGRAM
ANNUAL REVIEW OF DRIVING RECORD
391.25**

X _____
Name (Last, First, M.I.)

X _____
(Soc. Sec. No.)

This day I reviewed the driving record of the above named driver in accordance with 391.25 of the Federal Motor Carrier Safety Regulations. I considered any evidence that the driver has violated applicable provisions of the Federal Motor Carrier Safety Regulations and the Hazardous Materials Regulations. I considered the driver's accident record and any evidence that he/she has violated laws governing the operation of motor vehicles, and gave 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. Having done the above, I find that

[] the driver meets the minimum requirements for safe driving, or

[] the driver is disqualified to drive a motor vehicle pursuant to 391.15

Date of Review

Mercury Transportation
Motor Carrier's Name

Reviewed by: Signature and Title

DRIVER DATA SHEET
For Casuals, New Hires & Temporary Employees

Name (Print) _____

Social Security Number _____

Driver's License Number _____

Type of License _____ Issuing State _____

Instructions: At the time of initial employment as a driver, or when being employed occasionally, the regulations of the Department of Transportation, Rule 395.8(2), require you to furnish a statement of the amount of time worked during the last period of seven (7) consecutive days. In the spaces below, show the number of hours worked (on duty) in each of the last 7 days.

DAY	1	2	3	4	5	6	7	TOT AL
DATE								
HOUR S WORK ED								

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at _____ on _____
(Day) (Month) (Year)

(Signature) _____

Witness _____ Date _____
Company Representative

EMPLOYMENT CHECKLIST FOR INTERMITTENT, CASUAL OR OCCASIONAL DRIVER

1. **Medical Examiner's Certificate**-The medical examiner's certificate of physical qualification to drive a motor vehicle, or a legible photographic copy of the certificate.

2. **Certificate of Driver's Road Test**-The original of the signed road test form and the certificate of the driver's road test issued to the driver pursuant to subparagraph 391.31(e), or a copy of the license or certificate which the motor carrier accepted as equivalent to the driver's road test pursuant to subparagraph 391.31.

3. The driver's name, social security number and the identification number, type and issuing state of the driver's motor vehicle operator's license.

PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has 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 the DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (See Sec. 40.25(b)(5) and (e))

Prospective /Employee Contractor name: _____
Social Security Number: _____

The prospective contractor is required by Sec. 40.25(j) to respond to the following questions:

- 1) Have you tested positive, or refused to test, on any 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 DOT agency drug and alcohol testing rules during the past two years?

Check one: Yes No

- 2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one: Yes No Not Applicable

I certify that the information provided on this document is true and correct.

Signature: _____ Date: _____

Witnessed By: _____ Date: _____
(Signature)

MERCURY TRANSPORTATION

ACKNOWLEDGEMENT & EMPLOYEE COMMITMENT

I, the undersigned, certify that I have read and understand Mercury Transportation's Statement of Policy on Drug and Alcohol Abuse and have received a copy of the policy.

By accepting employment with the Company, I also consent to submit to urine, breath or saliva for the testing of alcohol, drugs, and controlled substances and I agree to comply with all of the requirements of the Company, and with state or local laws and rules governing the use of drugs and controlled substances.

I understand that my failure to honor the terms of this Agreement will be grounds for the termination of my employment or the consideration of my application for employment.

I further understand that, notwithstanding the policy or this Acknowledgement and Employee Commitment, employment is at will, that the terms of my employment or employment itself may be terminated as the Company may choose in its sole discretion, that the Policy does constitute a contractual commitment or binding legal obligation on the Company and that the Policy does not create an employment contract between the Company and me.

(Employee\Contractor Signature)

(Printed Name)

(Date)

**CONSENT FOR DOT MANDATED
CONTROLLED SUBSTANCE AND ALCOHOL TEST**

The Federal Motor Carrier Safety Regulations, Section 382.113...before performing an alcohol or controlled substance test under this part (382), each employer shall notify a driver that the alcohol or controlled substance test is required by part 382-Controlled Substance and Alcohol use and Testing.

382.301 Pre-Employment testing requirements:

(a) Prior to the first time a driver-applicant performs safety-sensitive functions for an employer, the driver shall undergo testing for controlled substance.

382.302 Post-Accident Testing

382.305 Random Testing

382.306 Reasonable Suspicion Testing

As a condition of my employment: I agree to controlled substance test for the drugs (Marijuana, Cocaine, Phencyclidine "PCP", Opiates, and Amphetamines) and Alcohol Test as required by part 382.

I understand a positive test for controlled substance or an Alcohol 0.04 or greater Alcohol concentration, will disqualify me from operating a commercial motor vehicle for this company.

This consent is given voluntarily in exchange for the employer's verification that testing will be required in accordance with Part 382.

I have read and understand the above conditions.

Applicants Name: _____

Applicants Signature: _____ Date: _____

Company Representative's Signature: _____ Date: _____