



3499 SUITE A I-10 FRONTAGE ROAD • PORT ALLEN, LA 70767 • 225/387-6623
P.O. BOX 147 • PORT ALLEN, LA 70767-0147

Greetings Applicant,

Thank you for your interest in Safeway Transportation. Read all the statements completely, answer all the questions and initial all the areas that require them. The Final Page of the application needs to be completed by drivers who hold a Texas Driver's License.

A copy of your current driver's license and medical card must be included for us to process this application.

If you have any questions about this application, call the Safety Department and we will be glad to help you.

Thank you.

Safety Department:

Main Number: 800-673-0598/ 225-387-6623

Fax: 225-338-0776

PLEASE COMPLETE THIS APPLICATION FULLY, LEGIBLY, AND ACCURATELY

Include all past employment addresses, dates, contacts, and phone numbers for verification.

If you are a Commercial Driver's License applicant, provide a 10 year history of your previous employment. We need to know your experience in the area you are applying.

Sign all lines asking for your signature. Initial and date each of the boxes that ask for this information.

We will conduct a complete background check with the information you provide.

THIS FORM WILL NOT BE PROCESSED UNLESS FULLY COMPLETED

THANK YOU FOR YOUR INTEREST IN SAFEWAY TRANSPORTATION



TRANSPORTATION

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EMPLOYMENT APPLICATION

APPLICANTS FIRST AND LAST NAME: _____

TERMINAL LOCATION: _____

TERMINAL MANAGER'S NAME: _____

If you were referred by a Safeway Employee (their name) _____

Have you ever been an Employee of Safeway Transportation? _____

If so, when and why did you leave? _____

QUESTIONNAIRE

INDICATE WHICH TYPE OF DRIVER POSITION YOU ARE APPLYING FOR:

1. COMPANY DRIVER _____
2. OWNER OPERATOR _____
3. DRIVER FOR AN OWNER OPERATOR _____

TRUCK: YEAR _____ MAKE _____ MODEL _____

INDICATE WHICH AREA YOU ARE APPLYING FOR:

1. PROPANE SERVICE _____
2. CHEMICAL SERVICE _____
3. BULK SERVICE (HOUSTON) _____
4. BULK (PORT ALLEN) _____
5. ISO CHEM CONTAINER _____
6. CHEMICAL SERVICE (HOUSTON) _____



APPLICANT TO COMPLETE
(PLEASE ANSWER ALL QUESTIONS)

NAME: LAST _____ FIRST: _____ MI: _____

SSN: _____ Date of Birth: ____/____/____

HOME PHONE: _____ CELL PHONE: _____

PRESENT ADDRESS: STREET: _____ CITY: _____ STATE: _____ ZIP: _____

PREVIOUS ADDRESS: STREET: _____ CITY: _____ STATE: _____ ZIP: _____

Do you have the legal rights to work in the United States: _____

Are you currently working for another employer? _____

At this time do you intend to work for another employer while employed with this company? _____

May we contact your current employer: _____

Have you ever been convicted of a felony while operating a commercial vehicle: _____

If yes, provide details: _____.

Have you ever been convicted of a felony: _____ If so, details: _____

_____. (We will review all circumstances)

Have you ever 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? _____

Have you ever tested positive, or refused to test any random, post-accident or reasonable suspicion drug and/or alcohol test while engaged in safety sensitive transportation work covered by DOT agency drug and alcohol testing rules? _____

Do you have a current Medical Examiner's Certificate: _____ Expiration date: _____

Are you currently subject to an Out of Service Order? _____

Are you currently disqualified to drive? _____

Do you have any interstate or intrastate medical, vision, or limb waivers? _____ If yes, list the medical condition or waiver: _____



EXPERIENCE AND DRIVING HISTORY

DOT REGULATED HISTORY

STRAIGHT TRUCK: BOX VAN _____ FLATBED _____ DUMP _____ FROM _____ TO _____

STRAIGHT TRUCK + CARGO TANK: HM _____ NON-HM _____ FROM _____ TO _____

TRUCK TRACTOR + SEMI TRAILER: VAN _____ FLATBED _____ DUMP _____ FROM _____ TO _____

TRUCK TRACTOR + CARGO TANK: HM _____ NON-HM _____ FROM _____ TO _____

OTHER: (SPECIFY) _____

SHOW ANY TRUCKING TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY:

LIST ANY COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION.

LIST ANY SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH

HAVE YOU EVER HAD A DRIVERS LICENSE, PERMIT, OR PRIVILEGE SUSPENDED, REVOKED, DENIED? _____

IF YES (DETAILS) _____

LIST ALL ACCIDENTS IN THE LAST 3 YEARS: IF NONE, INITIAL HERE _____

DATE: _____ NATURE OF ACCIDENT: _____

DATE: _____ NATURE OF ACCIDENT: _____

DATE: _____ NATURE OF ACCIDENT: _____

TRAFFIC CONVICTIONS WITHIN THE LAST 5 YEARS:

DATE: _____ CONVICTION DETAILS _____

DATE: _____ CONVICTION DETAILS: _____



TRANSPORTATION _____

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NEW DRIVER QUESTIONS

1. Driver Information:

- a. **Name:** _____
- b. **Driver's License Number:** _____
- c. **Date of Birth:** _____
- d. **State Licensed:** _____

2. Driver Experience:

- a. **Length of Time Licensed with a CDL:** _____
- b. **Years of Experience Driving Class 8 vehicles:** _____
- c. **Years of Experience Hauling Bulk Liquids:** _____
- d. **Years of Experience Hauling Propane/LPG:** _____
- e. **Years of Experience driving large vehicles (Military):** _____
- f. **Number of Hours attending accredited Driving School:** _____ (Include Certificate)

3. Driver Duties Planned:

- a. **What kind of vehicle will new employee be driving;** _____
- b. **Amount of training before new employee is allowed to drive on his/her own:**

4. Date Of Hire (Office Use Only): _____



REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to Safeway Transportation for purposes
(Prospective Employer)

of investigation as required by section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from all liability which may result from furnishing such information.

(Applicant's Signature) (Date)

To: _____

Dear Sir/Madam

The following named person has made an application with our company for the position of _____
_____. As in accordance with Section 391.23, Federal Department of Transportation Regulations, please provide the undersigned with the applicant's driving record for the past 3 years.

Name OF APPLICANT: _____

ADDRESS: _____

FORMER ADDRESS: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

LICENSE STATE AND NUMBER: _____

REQUESTED BY

(Signature) Safety Administration

(Printed Name) (Date)



RELEASE AUTHORIZATION TO PREVIOUS EMPLOYER COMPANY

Work Record and Consumer Reports Release Authorization: Per 49 CFR 391, I hereby authorize without liability, any person or organization, including but not limited to any educational institution, training facility or any institution whose name I may have given as reference, or by whom I have been previously employed to furnish Safeway Transportation, hereafter "Safeway", any information they may have concerning my character, habits, ability, financial responsibility, job performance and reasons for leaving employment. Furthermore, there may be entities that Safeway does business with that may request investigative reports or consumer reports which apply to my background. In this case, these reports would apply to my assignment to projects related to the customer, permission to be on the customer's premises and to handle products and/or other security concerns of the customer. I hereby release all such persons and organizations from any claims of damages of any kind, which may occur to me by reasons of furnishing such information. I hereby authorize any law enforcement agency or court or record to furnish Safeway with information concerning motor vehicle records or any felony or misdemeanor of which I have been convicted.

Medical Records Release Authorization: I authorize Safeway to obtain medical documentation or information concerning my past or medical status. I release anyone with such records from liability, claim for damages for providing my medical information to Safeway.

Drug and Alcohol History Release Authorization: Per 49 CFR 40 and 382, I authorize and require my previous and/or current employer(s) as well as any other person or company listed by me in writing, by verbal interview, by whom I was employed or to whom I applied for employment to release to Safeway the date, type of test and result of all drug and alcohol tests taken by me, including the date and type of test for any refusals by me to take a drug and/or alcohol test. I also authorize the release of all information concerning my referral to a Substance Abuse Professional (SAP), including records pertaining to my evaluation and treatment (if required by an SAP). I understand that this information 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.

I authorize the release by whatever means is most expedient that will maintain the confidentiality of the information transmitted. I agree to hold harmless any past employer, person, or company I applied with as well as their employees, agents, or representatives from all liability or damage that may arise from the release of the information specifically authorized here.

RELEASE AUTHORIZATION AND ACKNOWLEDGEMENT OF MANDATORY NOTIFICATIONS, DISCLAIMERS AND AGREEMENTS

Signature

Date

Print Name

Social Security Number

Collection of the individual's Social Security Number (SSN) is required to positively identify the individual. We will forward this release to all previous employers to obtain your United States Department of Transportation (DOT) safety performance history and drug and alcohol history, if any.



REQUEST FOR INFORMATION

Company: _____ Name: _____
 Fax: _____ SS#: _____
 Phone: _____ Position: _____
 Contact: _____ Dates: _____ to _____

The above-named applicant has authorized the release of any information regarding his/her performance while in your employ. Please note the waiver below signed by the applicant. We would appreciate a response within 24 hours. Thank you.

I, _____, hereby authorize the company listed above to release all information regarding my employment or association, including oral assessments of my job performance, ability, fitness, and all information on my Alcohol and controlled substances testing records to Safeway Transportation LLC. (Or their authorized agents) in connection with my application for qualification with said company. This is following the Federal Motor Carrier Safety Regulations Title 49 Parts 382.405(f)&(h);382.413(a), (b), (c), (e), &(f) and 382.401(b) (I through III). I hereby release you from all liability of any type because of providing such information.

Signature _____ Date _____

1. During what period did your company employ the applicant? From _____ to _____
2. What was the applicant's position? _____
3. If position was driver, what equipment did he/she operate? _____
4. In what states did he/she operate? _____
5. Was the applicant involved in any accidents? _____
6. Were there ever any disciplinary problems with the applicant? _____
7. Why did the applicant leave your employ? _____
8. If your company policy allowed it, would you rehire the applicant? _____
9. Has applicant had an alcohol test with a confirmed breath Alcohol concentration of .04 or greater in the past three years? _____
10. A controlled substance test with a positive result in the past three years? _____
11. Refused a drug or alcohol test within the past three years? _____
12. Do you consider the applicant to be a safe driver? _____

REMARKS _____

Signature of person supplying information

Date information was supplied

This information requested by: _____ DEPT: _____ DATE: _____

PLEASE RETURN FAX TO (225) 338-0776

IF YOU NEED ASSISTANCE WITH THIS FORM CALL (800) 673-0598 /ATTENTION: SAFETY DEPARTMENT

EMPLOYER

NAME: _____
ADDRESS: _____
CITY & STATE: _____
CONTACT PERSON: _____ PHONE: _____
EMPLOYED FROM: _____ TO: _____
POSITION HELD: _____ TYPE OF TRAILER: _____
SALARY/WAGE: _____
REASON FOR LEAVING: _____

WERE YOU SUBJECT TO THE FMCSR'S 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

NAME: _____
ADDRESS: _____
CITY & STATE: _____
CONTACT PERSON: _____ PHONE: _____
EMPLOYED FROM: _____ TO: _____
POSITION HELD: _____ TYPE OF TRAILER: _____
SALARY/WAGE: _____
REASON FOR LEAVING: _____

WERE YOU SUBJECT TO THE FMCSR'S 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

NAME: _____
ADDRESS: _____
CITY & STATE: _____
CONTACT PERSON: _____ PHONE: _____
EMPLOYED FROM: _____ TO: _____
POSITION HELD: _____ TYPE OF TRAILER: _____
SALARY/WAGE: _____
REASON FOR LEAVING: _____

WERE YOU SUBJECT TO THE FMCSR'S 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

NAME: _____
ADDRESS: _____
CITY & STATE: _____
CONTACT PERSON: _____ PHONE: _____
EMPLOYED FROM: _____ TO: _____
POSITION HELD: _____ TYPE OF TRAILER: _____
SALARY/WAGE: _____
REASON FOR LEAVING: _____

WERE YOU SUBJECT TO THE FMCSR'S 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

NAME: _____
ADDRESS: _____
CITY & STATE: _____
CONTACT PERSON: _____ PHONE: _____
EMPLOYED FROM: _____ TO: _____
POSITION HELD: _____ TYPE OF TRAILER: _____
SALARY/WAGE: _____
REASON FOR LEAVING: _____

WERE YOU SUBJECT TO THE FMCSR'S 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

NAME: _____
ADDRESS: _____
CITY & STATE: _____
CONTACT PERSON: _____ PHONE: _____
EMPLOYED FROM: _____ TO: _____
POSITION HELD: _____ TYPE OF TRAILER: _____
SALARY/WAGE: _____
REASON FOR LEAVING: _____

WERE YOU SUBJECT TO THE FMCSR'S 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

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In connection with your application for employment with Safeway Transportation ("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.

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. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

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 Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

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

I authorize Safeway Transportation ("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 authorizing 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 challenge 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 understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, 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 NIC 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 contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 2/11/2016



RELEASE OF CDL HOLDER'S REPORTED POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST RESULTS



Use this form to obtain the CDL holder's reported positive alcohol or controlled substance test results information.

This form should ONLY be used if you wish to inquire whether or not a prospective driver (CDL Holder) has had a positive alcohol or controlled substance test result reported to the Texas Department of Public Safety in compliance with state law.

**THIS FORM IS NOT REQUIRED FOR REPORTING A POSITIVE
ALCOHOL OR CONTROLLED SUBSTANCE TEST.**

1. This form must be completed in full and include the driver's original signature.
(*Electronic signatures will not be accepted*)

2. Deliver, mail, Email or FAX the completed form to:
**Texas Department of Public Safety
Motor Carrier Bureau, MSC #0521
6200 Guadalupe, Building P
Austin, Texas 78752-4019 / Facsimile: 512-424-5310
Email: MCB.VPR@dps.texas.gov**

<input type="checkbox"/>	Check here if CDL Holder is requesting results on self
--------------------------	---

Print Name of CDL Holder	Phone Number
Print full Address, City, State and Zip Code of CDL Holder	Social Security #
Driver License Number of CDL Holder _____ State _____ Date of Birth _____	
authorize release of any and all of CDL holder's reported positive alcohol or controlled substance test results reported under Texas state law to	
Print Motor Carrier's Name	Phone Number
Print full Address, City, State and Zip Code of Motor Carrier	

Signature of Driver	Date
X	

If you wish to request and receive this information by electronic mail, submit a completed and notarized Electronic Mail Verification Form (MCS-32), available at the following web address:
<http://www.dps.texas.gov.htm>.



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**GENERAL CONSENT FOR QUERIES OF THE FEDERAL MOTOR CARRIER SAFETY
ADMINISTRATION (FMCSA) DRUG AND ALCOHOL CLEARINGHOUSE**

I, _____ hereby provide consent to Safeway Transportation to conduct a limited and full query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse necessary to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

I understand that if the limited query conducted by Safeway Transportation indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Safeway Transportation without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for Safeway Transportation to conduct a full query of the Clearinghouse, Safeway Transportation must remove me from safety-sensitive functions. This is a requirement by FMCSA's drug and alcohol program regulations.

This authorization grants Safeway full access to Clearinghouse records and is valid during the entire time driver is employed in a safety- sensitive position by Safeway Transportation

X

driver

X

date

X

print name