

Exchange Driver's Supplemental Information

AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information, 0702-0133, is estimated to average 90 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 U.S.C. §7013, "Secretary of the Army"; Title 10 U.S.C. §9013, "Secretary of the Air Force"; Army Regulation 215-8/AFI 34-211(I), "Army and Air Force Exchange Service Operations"; and Executive Order 9397 (SSN).

PRINCIPAL PURPOSE(S): This collection of information is necessary to process applications for motor vehicle operators for employment opportunities with the Army and Air Force Exchange Service within the continental United States of America.

ROUTINE USE(S): Records may be disclosed outside of DoD pursuant to Title 5 U.S.C. §552a(b)(3) regarding DoD "Blanket Routine Uses" published at <http://dpcl.d.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx>. This includes disclosure to Federal, State, local, territorial, tribal, international, or foreign agencies in connection with the hiring or retention of an employee. Application data may be verified by approved organizations such as First Advantage® for completion of applicant's background investigation.

DISCLOSURE: Voluntary. However, failure to provide all the requested information may result in the denial of your application.

SYSTEM OF RECORD NOTICE (SORN): AAFES 0403.01 "Application for Employment Files"; <https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-Component-Notices/Army-Article-List/>

INSTRUCTIONS:

1. Complete each area of the application in ink. Make sure the information is complete and accurate.
2. Sign the application and continue to the authorization for employment reference on the next page.
3. Read and sign the authorization for release of information from past employers.
4. Provide the form to your local Exchange Human Resource Associate/Manager or the Exchange hiring manager.
5. Questions on completion of this form should be directed to your local Exchange Human Resource office.



DRIVER'S SUPPLEMENTAL INFORMATION

(Please Print)

NAME (Last, First, Middle)	DATE PREPARED	
A. ADDRESS(ES) DURING THE PAST 7 YEARS <i>(Use an additional sheet if necessary) (Include house/apt. no., street, city, state, zip)</i>		
1)		
2)		
3)		
4)		
5)		
THIS APPLICATION WON'T BE CONSIDERED UNTIL YOU HAVE PROVIDED A COPY OF YOUR DRIVING RECORD FROM EACH STATE IN WHICH YOU LIVED AND/OR HAVE BEEN LICENSED TO DRIVE WITHIN THE PAST 7 YEARS. COPY OF DRIVING RECORD ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
HAS YOUR DRIVER'S LICENSE, PERMIT, OR PRIVILEGE EVER BEEN SUSPENDED, REVOKED OR DENIED? IF SO, DESCRIBE IN DETAIL THE FACTS AND CIRCUMSTANCES. IF NOT, INDICATE NONE.		
IF SUSPENSION, REVOCATION OR DENIAL WAS THE RESULT OF ANY ACCIDENT OR TRAFFIC VIOLATION, DRUG OR ALCOHOLIC ABUSE, INCLUDE IT IN SECTION CORE.		
B. LIST EACH VIOLATION OF MOTOR VEHICLE LAWS OR ORDINANCES (OTHER THAN PARKING) OF WHICH YOU WERE CONVICTED OR FORFEITED BOND OR COLLATERAL DURING THE PAST 7 YEARS <i>(Include date of violation, police department (city/county/state) and disposition of charge (amount of fine) (report additional violations on a separate sheet)</i>		
1)		
2)		
3)		
4)		
5)		
C. HAVE YOU EVER BEEN ARRESTED, PLED GUILTY, ENTERED A NOLO CONTENDERE PLEA, BEEN ACQUITTED OR CONVICTED OF ANY CRIME, FELONY, OR MISDEMEANOR TO INCLUDE TRAFFIC VIOLATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If YES, include nature of offense, date, county, and state of violation & sentence.)</i>		
1)		
2)		
3)		
4)		
5)		
D. LIST EACH MOTOR VEHICLE ACCIDENT IN WHICH YOU WERE INVOLVED DURING THE PAST 7 YEARS. <i>(Include date of accident, location of accident/ police department, nature of accident including severity of all injuries and/or fatalities.) (Report additional accidents on a separate sheet.)</i>		
1)		
2)		
3)		
4)		
5)		

List total over-the-road mileage for all employers _____ months, _____ miles

E. DRIVING EXPERIENCE--LIST ALL DRIVING EMPLOYMENT FOR THE PAST 10 YEARS.				1 - S-Straight Trk T-Trac-Trailer		
EMPLOYER'S NAME <i>(List last employer first)</i>	DATES OF EMPLOYMENT		EMPLOYER'S ADDRESS	2 - Number of months 3 - Miles driven		
	FROM	TO				
				1	St-Trk	Trac-Trl
				2		
				3		
				1	St-Trk	Trac-Trl
				2		
				3		
				1	St-Trk	Trac-Trl
				2		
				3		
				1	St-Trk	Trac-Trl
				2		
				3		
				1	St-Trk	Trac-Trl
				2		
				3		

F. EQUIPMENT (Check Type Operated)

POWER UNIT	CAB		CAB		AXLES			
<input type="checkbox"/> STRAIGHT TRUCK	<input type="checkbox"/> CONVENTIONAL	<input type="checkbox"/> COE	<input type="checkbox"/> SLEEPER	<input type="checkbox"/> GAS	<input type="checkbox"/> DIESEL	<input type="checkbox"/> SINGLE	<input type="checkbox"/> TANDAM	<input type="checkbox"/> TRIPLE
<input type="checkbox"/> TRACTOR	<input type="checkbox"/> CONVENTIONAL	<input type="checkbox"/> COE	<input type="checkbox"/> SLEEPER	<input type="checkbox"/> GAS	<input type="checkbox"/> DIESEL	<input type="checkbox"/> SINGLE	<input type="checkbox"/> TANDAM	<input type="checkbox"/> TRIPLE
<input type="checkbox"/> OTHER (Describe)								

ENDORSEMENTS

HAZMAT Doubles Triples Passenger Other _____

TYPE OF TRANSMISSIONS OPERATED:

TRAILERS (Type and length) <input type="checkbox"/> CLOSED VAN <input type="checkbox"/> OPEN TOP <input type="checkbox"/> FLAT BED <input type="checkbox"/> OTHER (Specify)	LIST THE STATES IN WHICH YOU HOLD A DRIVER'S LICENSE.
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DRIVING AWARDS: (Indicate date received and explain reason for award)

I UNDERSTAND THAT THE INFORMATION I PROVIDE MAY BE USED IN THE INVESTIGATION OF MY BACKGROUND TO DETERMINE MY ELIGIBILITY FOR EMPLOYMENT AS A MOTOR VEHICLE OPERATOR. I CERTIFY THAT THIS INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE	DATE	TYPE OF CDL (A,B OR C)	CDL NUMBER	NO. PAGES ATTACHED
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DRIVER'S SUPPLEMENTAL INFORMATION

EMPLOYMENT REFERENCE CHECK AUTHORIZATION
(to be completed by applicant)

I hereby authorize any person or company I have listed as a reference on my employment application to disclose in good faith any information they may have regarding my qualifications and fitness for employment including my driver aptitudes, accidents, citations, and results from past drug or alcohol tests. I will hold any former employers, educational institutions, and any other persons giving references free of liability for the exchange of this information and any other reasonable and necessary information incident to the employment process.

Signed: _____

Date: _____

PAST EMPLOYMENT, ACCIDENT & DRUG/ALCOHOL VERIFICATION

In accordance with 49 CFR 391.23, please release the following information regarding this applicant

Name of Company: _____ **Company Contact:** _____

Position: _____ **Date Contacted:** _____ **Phone:** _____

Verification: _____ 's application indicates that he/she was employed as
Applicant's Name

_____ at your company from: _____ to _____
Job Description

Equipment Operated: Tractor/Trailer Type of Trailer: Van Tank
 Straight Truck Reefer Flatbed
 Other _____ Other _____

Commodities Hauled: _____

Accidents:

Date	Location	DOT Recordable	Injuries	Fatalities	Preventable
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Citations:

Date	Type	State	DUI	Suspension	Other
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Qualification:

Was this driver physically qualified? Yes No

Was this driver ever disqualified? Yes No If yes, reason: _____

General:

Any other violations or company infractions? _____

Would you rehire this driver? Yes No _____

Previous Employers from your Records: _____

DRUG/ALCOHOL RESULTS

In accordance with the Department of Transportation (DOT) regulations, 49 C.F.R., Sections 382.413 and 40.25, please release the following information regarding the applicant listed above.

1. Has this individual had an alcohol test with the confirmed alcohol concentrations of 0.04 or greater in the past 3 years? Yes No
2. Has this individual had a controlled substance test with a positive result in the past 3 years? Yes No
3. Has this individual refused a controlled substance test and/or alcohol test within the past 3 years (including verified adulterated or substituted results)? Yes No
4. Has this individual violated other DOT drug & alcohol regulations? Yes No
5. Have you received information from a previous employer that this individual violated DOT drug and alcohol regulations? Yes No
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? Yes No
7. Did a previous company report a drug and alcohol rule violation to you? Yes No

If you answered "Yes" to any item in this section, you must also transmit a copy/copies of the appropriate documentation.

Signature of person completing this form

Date