

Oklahoma Tire Recyclers, LLC

DRUG FREE WORK ENVIRONMENT

DRIVER'S APPLICATION FOR EMPLOYMENT

100 Old Trail Road, Bristow, Oklahoma 74010

Applicant's Name: _____ Date of Application: _____

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job-related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

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 an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment 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.

In the Event of employment, 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 regulation of the Company.

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 I have the right to:

- Review information provided by previous employer;
- Have errors in the information corrected by previous employers and for those previous employers to re-send 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: _____

Office Use only:

Position:

Start Date:

Salary:

Supervisor:

APPLICANT TO COMPLETE

(Answer all questions - please type or print)

Position(s) Applied for _____

Name _____ Social Security No. _____

Phone Number _____

How did you hear about O.T.R.? _____

List your addresses of residency for the past 3 years:

Current Address

Street	City	State	Zip Code	How Long? yr/mo

Previous Addresses

Street	City	State	Zip Code	How Long? yr/mo

Do you have the legal right to work in the United States? _____

Date of Birth _____ Can you provide proof of age? _____

(Required for Commercial Drivers)

Have you worked for this company before? _____ Where? _____

Dates: From _____ to _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? _____ Name of bonding company _____

(Answer only if a job requirement) _____

Have you ever been convicted of a felony? _____

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment — all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied?

If yes, explain if you wish.

EMPLOYMENT HISTORY

All driver applicants to drive in interstate 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 or commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER		DATE	
NAME:		FROM MO. YR.	TO MO. YR.
ADDRESS:		POSITION HELD:	
STATE:	ZIP:	SALARY/WAGE:	
CONTACT PERSON:	PHONE NUMBER:	REASON FOR LEAVING:	
WERE YOU SUBJECT TO THE FMCSRS WHILE EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NO <input type="checkbox"/>			
EMPLOYER		DATE	
NAME:		FROM MO. YR.	TO MO. YR.
ADDRESS:		POSITION HELD:	
CITY:	STATE:	ZIP:	SALARY/WAGE:
CONTACT PERSON:	PHONE NUMBER:	REASON FOR LEAVING:	
WERE YOU SUBJECT TO THE FMCSRS WHILE EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NO <input type="checkbox"/>			
EMPLOYER		DATE	
NAME:		FROM MO. YR.	TO MO. YR.
ADDRESS:		POSITION HELD:	
CITY:	STATE:	ZIP:	SALARY/WAGE:
CONTACT PERSON:	PHONE NUMBER:	REASON FOR LEAVING:	
WERE YOU SUBJECT TO THE FMCSRS WHILE EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NO <input type="checkbox"/>			
EMPLOYER		DATE	
NAME:		FROM MO. YR.	TO MO. YR.
ADDRESS:		POSITION HELD:	
CITY:	STATE:	ZIP:	SALARY/WAGE:
CONTACT PERSON:	PHONE NUMBER:	REASON FOR LEAVING:	
WERE YOU SUBJECT TO THE FMCSRS WHILE EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NO <input type="checkbox"/>			

EMPLOYMENT HISTORY (CON'T)			
EMPLOYER			DATE
NAME:			FROM MO. YR. TO MO. YR.
ADDRESS:			POSITION HELD:
CITY:	STATE:	ZIP:	SALARY/WAGE:
CONTACT PERSON:		PHONE NUMBER:	REASON FOR LEAVING:
WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NO <input type="checkbox"/>			
EMPLOYER			DATE
NAME:			FROM MO. YR. TO MO. YR.
ADDRESS:			POSITION HELD:
CITY:	STATE:	ZIP:	SALARY/WAGE:
CONTACT PERSON:		PHONE NUMBER:	REASON FOR LEAVING:
WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NO <input type="checkbox"/>			

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR- END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)
IF NONE, WRITE NONE (ATTACH SHEET IF MORE SPACE IS NEEDED)

LOCATION	DATE	CHARGE	PENALTY

EXPERIENCE AND QUALIFICATIONS - DRIVER

List all driver licenses or permits held in the past 3 years

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? YES NO
- B. Has any license, permit, or privilege ever been suspended or revoked? YES NO

IF THE ANSWER TO EITHER A OR B ABOVE IS YES, PLEASE GIVE DETAILS:

DRIVING EXPERIENCE: YES NO

CLASS OF EQUIPMENT		TYPE OF EQUIVALENT:					DATES		APPROX. NO. OF MILES (TOTAL)
		VAN	TANK	FLAT	DUMP	REFER	FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
TRACTOR AND SEMITRAILER	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
TRACTOR - TWO TRAILERS	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
TRACTOR - THREE TRAILERS	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
MOTORCOACH - SCHOOL BUS More than 16 passenger	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
MOTORCOACH - SCHOOLBUS More than 16 passenger	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
OTHER	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

List states operated in for the last five years: _____

Show special courses or training that will help you as a driver: _____

Which safe driving awards do you hold and from whom? _____

EXPERIENCE AND QUALIFICATIONS - OTHER

Show any trucking, transportation or other experience that may help in your work for this company

List courses and training other than shown elsewhere in this application

List special equipment or technical materials you can work with (other than those already shown)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: (1-8)___ HIGH SCHOOL: (1-4 yrs) ___ COLLEGE: (1-4 yrs) ___
 LAST SCHOOL ATTENDED (NAME) _____ (CITY, STATE) _____

TO BE READ AND SIGNED BY APPLICANT

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

SIGNATURE: _____ DATE: _____

(Type in name if not printing this form)

Motor Vehicle Driver's
CERTIFICATION OF COMPLIANCE
WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. They are as follows:

- 1) POSSESS ONLY ONE LICENSE: You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.
- 2) NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION: Sections 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the next BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (if the violation occurs in a state other than the one which issued your license). The notification to both the employer and the state must be in writing.

The following license is the only one I will possess:

Driver's License No. _____ State _____ Exp. Date _____

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.

Driver's Name (Printed): _____

Driver's Signature: _____ Date _____
(Type in name if this form not printed)

Alcohol and Drug Employee's Certified Receipt

Employee's Name

Company/Department

This is to certify that I have been provided educational materials required by §382.601 and my employer's policies and procedures with respect to meeting the Part 382 requirements. The materials include detailed discussion of the following checked items:

- _____ 1. The designated person to answer questions about the materials.
- _____ 2. The categories of drivers subject to Part 382.
- _____ 3. Sufficient information about the safety-sensitive functions and periods of the workday that compliance is required.
- _____ 4. Specific information concerning prohibited driver conduct.
- _____ 5. Circumstances under which a driver will be tested.
- _____ 6. Test procedures, driver protection and integrity of the testing processes, and safeguarding the validity of the test.
- _____ 7. The requirement that tests are administered in accordance with Part 382.
- _____ 8. An explanation of what will be considered a refusal to submit to a test and the consequences.
- _____ 9. The consequences for Part 382 Subpart B violations including removal from safety-sensitive functions and Part 40, Subpart 0 procedures.
- _____ 10. The consequences for drivers found to have an alcohol concentration of 0.02 or greater but less than 0.04.
- _____ 11. Information on the effects of alcohol and controlled substances use on:
 - an individual's health
 - work
 - personal life
 - signs and symptoms of a problem
 - available methods of intervening
 - when a problem is suspected
- _____ 12. Optional information:

Employee's Signature

Date

Authorized Employer Representative

Date

Motor Vehicle Driver's CERTIFICATION of VIOLATIONS

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall, at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he has forfeited bond or collateral during the preceding 12 months. (Section 391.27)

Drivers who have provided information required by Section 383.31 need not repeat that information here.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of or forfeited bond or collateral on account of any violation which must be listed, he shall so certify. (Section 391.27)

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

IF NONE, STATE NONE

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 (other than those I have provided under Part 383) required to be listed during the past 12 months.

Driver's Name (Print) _____ Social Security No. _____

Driver's License No. _____ State _____ Expiration Date _____

Date of Certification _____ Driver's Signature _____

Motor Carrier's Name _____ Motor Carrier's Address _____

Reviewed by: Signature _____ Title _____

RETAIN THIS RECORD FOR THREE YEARS FROM DATE OF EXECUTION (Section 391.51(h)(3))

MOTOR VEHICLE DRIVER'S

Certification of Violations/Annual Review of Driving Record

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or because which he/she has forfeited bond or collateral during the preceding 12 months (Section 391.27). Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he/she shall so certify (Section 391.27).

COMPLETED BY DRIVER - CERTIFICATION OF VIOLATIONS

NAME OF DRIVER: (PRINT)	SOCIAL SECURITY NUMBER	DATE OF EMPLOYMENT	
HOME TERMINAL (CITY, STATE)	DRIVER'S LICENSE NUMBER	STATE	EXPIRATION DATE

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under part 383) for which I have been convicted or forfeited bond or collateral during the last 12 months.

(If you have had no violations, check the following: ___ None) .

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 (other than those I have provided under Part 383) required to be listed during the past 12 months.

Date of Certification _____ Driver's Signature _____

COMPLETED BY MOTOR CARRIER - ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the Information requested below.

I have hereby reviewed the driving record of the above-named driver in accordance with Section 391.25 and find that he/she (check one):

- Meets minimum requirements for safe driving Is disqualified to drive a motor vehicle pursuant to Section 391.25
- Does not adequately meet satisfactory safe driving performance

Action taken with driver: _____

Reviewed by: _____

Signature	Date
_____	_____
Printed Name	Title
_____	_____
Motor Carrier Name	Motor Carrier Address
_____	_____

PREVIOUS EMPLOYER ALCOHOL & DRUG TEST INFORMATION
SECTION I: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I _____
First, M.I., Last (print or type name) Social Security Number Date of Birth

Hereby authorize:

Previous Employer: _____ Email: _____
Street: _____ Telephone: _____
City, State, Zip: _____ Fax No.: _____

to release and forward the information requested by section 2 (below) of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____ (date of employment application)

to Prospective Employer: Oklahoma Tire Recyclers, LLC Attn: Nicole Zoellner, 100 Old Trail Road, Bristow, Oklahoma 74010
Office: 918-367-9595 Fax: 918-367-9598

In compliance with §40.25(g) and §391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, e-mail, or letter.

Applicant's Signature

Date

This information is being requested in compliance with §40.25 and §391.23.

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here____, fill in the dates of employment from _____ to _____ complete bottom of Section 2, sign, and return.

Driver was subject to Department of Transportation testing requirements from _____ to _____

- | | 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 or adulterated or substituted a test specimen for controlled substance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person counited 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, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? | <input type="checkbox"/> | <input type="checkbox"/> |

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown in Section 1.

Name: _____ Number: _____

Company: _____

Street: _____ City, State, Zip: _____

Section 2 Completed by (Signature): _____ Date: _____

SECTION 3: TO BE COMPLETED BY PROSECTIVE EMPLOYER

This form was (select one) Faxed to previous employer Mailed Emailed Other: _____

Complete below when information is obtained: _____ Date

Information received from: _____

Recorded by: _____ Method: Fax Mail Email Telephone

Date: _____ Other: _____

REQUEST FOR INFORMATION - From Previous Employer

I hereby authorize you to release the following information to Oklahoma Tire Recyclers, LLC for the purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations.

Applicant's Signature _____ Date _____

NAME AND ADDRESS OF
PREVIOUS EMPLOYER:

THIS FORM WAS (check appropriate box):
 Mailed, Date _____
 Faxed, Date _____
 Emailed, Date _____
 Received by Phone, Date _____
Name of Person Contacted _____

Name of Applicant: _____
Social Security No: _____ Date of Birth: _____

Dear Sir/Madam:

The above-named individual has made application to this company for a position as _____ and states that he/she was employed by you as _____ from (m/y) _____ to (m/y) _____.

In accordance with Section 391.23, we are obligated to request the information below from all previous employers of the applicant that employed him/her to operate a commercial motor vehicle within the 3 years preceding ____ (date of application). Please complete the information below and return to us within 30 days, as required by Section 391.23(g). You may return the information by telephone, fax, mail, or email.

Prospective Employer: Oklahoma Tire Recyclers, LLC, Attn.: Nicole Zoellner
100 Old Trail Road, Bristow, Oklahoma 74010

TO BE COMPLETED BY PREVIOUS EMPLOYER

SECTION 1: DRIVER IDENTIFICATION

The applicant named above was employed by us. Yes No

Employed as _____ from (m/y) _____ to (m/y) _____.

If driver was involved in a safety-sensitive position subject to drug and alcohol testing under Part 40, check here. _____

SECTION 2: SAFETY PERFORMANCE HISTORY

1. Did he/she drive motor vehicles for you? Yes No If yes, what type? Straight Truck Tractor-Semitrailer
 Bus Cargo Tank Doubles/Triples Other (Specify)

2. Reason for leaving your employ: Discharged Resignation Layoff Military Duty

If there is no safety performance history to report, check here , sign below and return.

ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here if there is no accident register data for this driver.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers retained under internal company policies: _____

Any other remarks: _____

Signature: _____ Title: _____ Date: _____

ANNUAL REVIEW OF DRIVING RECORD

NAME OF DRIVER: _____

ADDRESS: _____
(Number & Street) (City) (State) (Zip Code)

SOCIAL SECURITY NUMBER: _____ DATE OF EMPLOYMENT: _____

INSTRUCTIONS TO CARRIER: Review the driving record of the employee in accordance with Section 391.25 and as outlined below. Complete the Certificate of Review as listed. Any remarks may be shown on the reverse side.

In accordance with Department of Transportation Section 391.25 a motor shall, at least once every 12 months, review the driving record of each driver it employs to determining whether that driver meets minimum requirements for safe driving or is disqualified to drive a motor vehicle pursuant to Section 391.15.

In reviewing a driving record, the motor carrier must consider any evidence that the driver has violated applicable provisions of the Federal Motor Carrier Safety Regulations and the Hazardous Materials Regulations. The motor carrier must also consider the driver's accident record and any evidence that the driver has violated laws governing the operation of motor vehicles, and must give great weight to violations, such as speeding, reckless driving, and operating while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard for the safety of the public.

CERTIFICATE OF REVIEW

I have hereby reviewed the driving record of the above-named driver in accordance with Section 391.25 and find that:

Driver meets minimum qualifications for safe driving including Section 391.15. YES NO

If no, explain: _____

List action taken: _____

DATE
REVIEWED

PERSON WHO CONDUCTED THE ANNUAL REVIEW

REMARKS TO BE MADE ON REVERSE SIDE CONCERNING DISQUALIFICATION

(This form is constructed to meet DOT requirements per Section 391.25)

RETAIN THIS RECORD FOR THREE YEARS FROM DATE OF EXECUTION (Section 391.51(b)(5), (d)(2))

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to Oklahoma Tire Recyclers, LLC (Prospective Employer) for purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability, which may result from furnishing such information.

(Applicant's Signature)

(Date)

In accordance with the provisions of Sections 604 and 607 of the Fair Credit Reporting Act, Public, Law 91-506, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle Chapter D of the Public Law 104-208), I hereby certify the following:

- 1. The consumer (applicant) has authorized in writing the procurement of the report;
- 2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
- 3. The information requested below will be used for a "permissible purpose" (i.e. information for employment purposes) and will be used for no other purpose;
- 4. The information being obtain will not be used in violation of any federal or state equal opportunity law or regulation; and
- 5. Before taking any adverse action based in whole or in part on the report, the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer-reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible use" of the state motor vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 [Public Law 103-322, Title XXX, Section 30000020(a)].

(Signature of Requestor)

(Date)

DEAR SIR/MADAM:

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

NAME OF APPLICANT: _____

ADDRESS: _____

LICENSE NUMBER: _____ STATE: _____

DATE OF BIRTH: _____ SS#: _____

REQUESTED BY

Oklahoma Tire Recyclers, LLC
100 Old Trail Road
Bristow, Oklahoma 74010

Nicole Zoellner

(Requestor's Signature)

**MANDATORY USE FOR ALL MONTHLY ACCOUNT HOLDERS
IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

1. In connection with your application for employment with Oklahoma Tire Recyclers, LLC ("Prospective Employer"), it 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 the 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 you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

The Prospective Employer cannot obtain background reports from the 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.

2. **I authorize Oklahoma Tire Recyclers, LLC ("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.**
3. 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 of adjudication.
4. Please note: 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 the FMCSA violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

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

State/License #

Name (Please Print or Type)