



Application can be filled out manually or on a computer and mailed, faxed, e-mailed, or hand carried into any Terminal.

1st Page: Complete this page and be sure to list previous home address for last 3 years. If another driver from Horizon referred you, please write their name in the blank referred by (they are eligible for a referral bonus).

Employment History: Applicant must furnish all Employment History *completely* for previous 10 years no matter how short the employment (this includes phone numbers, address, and reason for leaving). ALL GAPS IN EMPLOYMENT MUST BE LISTED ALSO. Use more than 1 page if necessary (2 pages are furnished).

Driving Experience: Applicant must fill out all blanks *completely* along with mileages. You must list ALL ACCIDENTS, ALL TRAFFIC CONVICTIONS, and ALL DRIVER'S LICENSE for previous 3 years. Don't forget A,B,C, & D below Driver's License section. All questions must be answered.

To Be Read and Signed: Take the time to read this page before you sign and date it; make sure that you understand it.

Driver's Rights Pertaining To Release Of Driver Information: Read then sign, print, and date.

Driver Drug/Alcohol Statement: Read, print name, fill out each question, then sign and date.

Controlled Substance & Alcohol Testing Acknowledgement: Read, print, sign, and date.

HireRight DAC D/A Disclosure and Authorization: List all DOT regulated employers for previous 3 years. Print name, Social Security number, sign, and date.

Request for Driver's Safety Performance History: This page is important; ONLY print, sign, SS#, date of birth, and date this page (we may need to make extra copies to send to each employer that is not registered with HireRight DAC). **DO NOT FILL IN PREVIOUS EMPLOYER INFO or SECTION I.**

PSP Release: Read, print, sign, and date.

Message to all Applicants for Employment

Horizon Tank Lines, Inc. uses HireRight DAC to verify Employment and Drug/Alcohol results. All applications are screened very carefully and any false statements on the application will be grounds for refusal to hire or termination of employment if hired. It is better to be honest up front than to be caught for a falsified application. If unable to electronically sign all of the application, then please print and sign all required blanks.

Bobby J Burns
Bobby J Burns
VP of Safety

"The service that you have been waiting for..."

Horizon Tank Lines
PO Box 2857 Durham, NC 27715
Phone: 919-226-1861 Fax: 877-566-2244
bburns@horizontanklines.com

APPLICATION FOR QUALIFICATION

Company: Horizon Tank Lines, Inc.

Address: PO Box 2857

City: Durham **State:** NC **Zip Code:** 27715

The purpose of this application is to determine whether or not the applicant is qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and the Company named above.

Attention: Bobby Burns **Phone:** 919-226-1861 **Fax:** 877-566-2244

READ INSTRUCTION SHEET FIRST BEFORE FILLING OUT

Please answer all questions. If the answer to any question is "No" or "None", do not leave the item blank, but write "No" or "None".

Date _____ Position applying for; Check One: Contractor Driver Contractor's Driver

Name _____
(First) (Middle) (Last)

Home Phone # (____) _____ Cell Phone # (____) _____ Emg Contact # (____) _____

*Age _____ Date of Birth _____ Social Security Number _____ - _____ - _____

*The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

Physical Exam Expiration Date: _____ **Ref. by:** _____

Current & Three Years Previous Addresses:

_____	From _____	To _____
_____	From _____	To _____
_____	From _____	To _____
_____	From _____	To _____

Have you worked for this company before? Yes No

If yes, give dates: From _____ To _____

Reason for leaving? _____

Education History

Please circle the highest grade completed:

Grade School: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 **Post-Graduate:** 1 2 3 4

Employment History

Give a Complete Record of all employment for the past ten years, including any unemployment or self employment, and all commercial driving experience for the past ten years.

Mo/Yr From _____ To _____ Present or Last Employer: Name _____

Position Held _____ Address _____ (Street) (City) (State/Zip)

Reason For Leaving _____ Phone # (____) _____

Were you subject to the FMCSRs* while employed here? 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

Mo/Yr From _____ To _____ Present or Last Employer: Name _____

Position Held _____ Address _____ (Street) (City) (State/Zip)

Reason For Leaving _____ Phone # (____) _____

Were you subject to the FMCSRs* while employed here? 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

Mo/Yr From _____ To _____ Present or Last Employer: Name _____

Position Held _____ Address _____ (Street) (City) (State/Zip)

Reason For Leaving _____ Phone # (____) _____

Were you subject to the FMCSRs* while employed here? Yes No

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Position Held _____ Address _____ (Street) (City) (State/Zip)

Reason For Leaving _____ Phone # (____) _____

Were you subject to the FMCSRs* while employed here? 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 Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weighs 10,001 pounds or more, (2) is designed or used to transport nine or more passengers, or (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.*

Employment History

Give a Complete Record of all employment for the past ten years, including any unemployment or self employment, and all commercial driving experience for the past ten years.

Mo/Yr From _____ To _____ Present or Last Employer: Name _____

Position Held _____ Address _____ (Street) (City) (State/Zip)

Reason For Leaving _____ Phone # (____) _____

Were you subject to the FMCSRs* while employed here? 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

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Position Held _____ Address _____ (Street) (City) (State/Zip)

Reason For Leaving _____ Phone # (____) _____

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

Driving Experience

Class of Equipment	Dates		Approximate Number of Miles (Total)
	From	To	
Straight Truck			
Tractor and Semi-trailer			
Tractor-two trailers			
Tractor-three trailers (triples)			
Other			

List states operated in, for the last five years: _____

List special courses/training completed (PTD/DDC, Haz Mat, etc.): _____

List any Safe Driving Awards you hold and from whom: _____

Accident Record for past three years *(attach sheet if more space is needed)*

Date of Accident	Nature of Accidents (Head on, rear end, upset, etc.)	Location of Accident	# of Fatalities	# of People Injured

Traffic Convictions and Forfeitures for the last three years *(other than parking violations)*

Date	Location	Charge	Penalty

Driver's License *(list each driver's license held in the past three years)*

State	License #	Type	Endorsements	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
- C. Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)?..... YES NO
- D. Have you ever been convicted of a felony or misdemeanor..... YES NO
- If the answers to A, B, C or D is "YES", give details _____
- _____

Personal References

List three persons for references, other than family members, who have knowledge of your safety habits.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

To Be Read and Signed by Applicant

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty, and shall render any offer of employment, expressed or implied, null and void.

It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my application file.

It is agreed and understood that this Application for Qualification in no way obligates the motor carrier to employ or hire the applicant.

It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.

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.

Applicant Signature: _____ Date: _____

Remarks (For office use only)

DRIVER'S RIGHTS PERTAINING TO RELEASE OF DRIVER INFORMATION UNDER REGULATION 391.23

Motor carriers have the responsibility to make the following investigations and inquiries with respect to each driver employed, other than a person who has been a regularly employed driver of the motor carrier for a continuous period which began before January 1, 1971.

- (a)(1) An inquiry into the driver's driving record during the preceding three years to the appropriate agency of every State in which the driver held a motor vehicle operator's license or permit during those three years; and
- (a)(2) An investigation of the driver's employment record during the preceding three years.
- (b) A copy of the driver record(s) obtained in response to the inquiry or inquiries to each State driver record agency as required must be placed in the Driver Qualification File within 30 days of the date the driver's employment begins and be retained in compliance with 391.51.
- (c) Replies to the investigations of the driver's safety performance history must be placed in the Driver Investigation History File within 30 days of the date the driver's employment begins. This goes into effect after October 29, 2004.
- (d) Prospective motor carrier must investigate the information from all previous employers of the applicant that employed the driver to operate a CMV within the previous three years. This information must cover general driver identification and employment verification information, data elements as specified in 390.15 for accident involving the driver that occurred in the three-year period preceding the date of the employment application, and any accidents the previous employer may wish to provide.
- (e) Prospective motor carrier must investigate the information from all previous DOT regulated employers that employed the driver within the previous three years from the date of the employment application in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40.

Drivers have the following rights:

1. The right to review information provided by previous employers.
2. The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer.
3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Drivers who wish to review previous employer-provided investigative information must submit a written request to the prospective employer when applying or as late as 30 days after employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five business days of receiving the written request. If the driver has not arranged to pick up or receive the requested records within 30 days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Drivers wishing to request correction of erroneous information in records must send the request for the correction to the previous employer that provided the records. After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer or notify the driver within 15 days of receiving the driver's request to correct the data that it does not agree to correct the data. Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instruction to include the rebuttal in the driver's Safety Performance History.

I acknowledge that I have read and understand the contents of this document

Driver's Signature: _____ Date: _____

Driver Name (Printed): _____

(OVER)

DRIVER APPLICANT DRUG AND ALCOHOL PRE-EMPLOYMENT STATEMENT

CFR Part 40.25(j) requires the employer to ask any applicant, 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 DOT agency drug and alcohol rules during the past two years. If the potential employee admits that he or she had a positive test or refusal to test, we must not use the employee to perform safety-sensitive functions, until and unless the potential employee provides documentation of successful completion of the return-to-duty process. (See Section 40.25(b)(5) and (e).

Applicant Name: _____ ID Number: _____
(Please Print)

As an applicant, applying to perform safety-sensitive functions for our company, you are required by CFR Part 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?
Yes No
2. If you answered yes, to the above question, can you provide proof that you have successfully completed the DOT return-to-duty requirements?
Yes No

My signature below certifies that the information provided is true and correct.

Applicant Signature: _____ Date: _____

This form is courtesy of:



CONTROLLED SUBSTANCE & ALCOHOL TESTING INFORMATION ACKNOWLEDGEMENT/CONSENT FORM

As a condition of employment with Horizon Tank Lines, Inc., Commercial Motor Vehicle (CMV) Driver Applicants must submit to a pre-employment controlled substances test as required by the Federal Motor Carrier Safety Regulations (FMCSR) Section 382.301. A motor carrier must receive verified negative test results for the applicant driver for the applicant to be eligible for employment.

If you are hired, you will be subject to laws requiring additional controlled substances and alcohol testing on you under numerous situations including, but not limited to, the following:

Post-Accident – Section 382.303	Random– Section 382.305	Reasonable Suspicion – Section 382.307
Return to Duty – Section 382.309		Follow-up – Section 382.311

A driver who tests positive for a controlled substance(s) and/or alcohol test, will be immediately removed from a safety-sensitive position as required by Part 382 of the FMCSR. Federal law prohibits a driver from returning to a safety-sensitive position for any motor carrier until and unless the driver completes the Substance Abuse Professionals (SAP) evaluation, referral and educational/treatment process, as described in FMCSR Part 40, Subpart O.

The following is a referral list of Substance Abuse Professionals: (to be completed by Carrier)

<i>NAME</i>	<i>Medac Health Services</i>	<i>Scotland Memorial</i>	<i>St. Joseph Chandler</i>
<i>ADDRESS</i>	<i>3710 Shipyard Blvd Wilmington, NC 28403</i>	<i>500 Launchwood Dr Laurinburg, NC 28352</i>	<i>4704 Augusta Rd Garden City, Ga 31408</i>
<i>PHONE #</i>	<i>910-452-7000</i>	<i>910-291-7680</i>	<i>912-966-2366</i>


All controlled substances and alcohol testing will be conducted in accordance with Parts 40 and 382 of the FMCSR.

I _____ have read the above controlled substances and alcohol
(Print Name)

testing requirements and understand them. I acknowledge receipt of the referral list of Substance Abuse Professionals.

(Applicant's Signature)

(Date)

<p style="text-align: center;">Horizon Tank Lines, Inc. PO Box 2857 Durham, NC 27715 Ph# 919-620-3231 Fax# 919-479-5615</p>	 <p>GREAT WEST Casualty Company <i>The Difference is Service®</i></p>
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TRUCKING INDUSTRY:
DOT D/A Disclosure and Authorization

Send to Fax# (800) 257-8069

HireRight Customer:	
Company Name:	Horizon Tank Lines, Inc.
Company Contact Name:	Bobby Burns
Fax #:	(877) 566-2244
HireRight Account Code:	QSMGF

PART I – DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES – 49 CFR PART 391.23, DOT DRUG AND ALCOHOL TESTING

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to HireRight for the purpose of HireRight transmitting such records to the HireRight customer listed above. I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous **three (3) years**: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes HireRight with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to HireRight, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous **three (3) years**; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous **three (3) years**.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous **three (3) years**. If necessary, attach additional pages, including the date, your name, social security number and signature.

Previous DOT-Regulated Employer	City	State	Phone Number
_____	_____	_____	(____) _____-_____
_____	_____	_____	(____) _____-_____
_____	_____	_____	(____) _____-_____
_____	_____	_____	(____) _____-_____
_____	_____	_____	(____) _____-_____
_____	_____	_____	(____) _____-_____

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I disclosure and authorization for release as well as the attached FMCSA Notification of Driver Rights and any applicable state law notices; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original.

Print Applicant Name: _____ Social Security #: _____

Applicant Signature: _____ Date: _____

Request for Driver's Safety Performance History Information from DOT Regulated Previous Employer(s)

Carrier Name: *Horizon Tank Lines, Inc.* **Contact Person:** *Bobby Burns (VP of Safety)*

Address: *PO Box 2857* **City, State, Zip:** *Durham, N.C. 27715*

Phone #: *919-226-1861* **Secure Fax #:** *877-566-2244* **E-mail:** *bburns@horizontanklines.com*

Driver to Complete This Section

As a Commercial Motor Vehicle (CMV) Driver, I understand that per, the Federal Motor Carrier Safety Regulations (FMCSRs) Part 391.21, the following information will be requested from all previous employers for which I operated a CMV, subject to the FMCSR Parts 390 and/or 40, 382 & 383, ***within the past three years***, from date shown below. I also acknowledge that this information will be used in determining my eligibility to be hired, that I have the right to review this information and rebut any errors in these statements from my prior employers, as described in the FMCSR Part 391.23.

I _____, hereby authorize this company to release all records of employment, including assessments
Print Name

of my job performance, ability and fitness, including dates of any and all alcohol or drug tests. Those confirmed results and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of (SAP/MRO) to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release this company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing information to the above-mentioned person and/or company.

Previous Employer: _____ Contact Person: _____

Mailing Address: _____ City, State, Zip: _____

Telephone Number: _____ Fax Number: _____

I worked for this company from the dates of ___/___/___ to ___/___/___

Applicant's Signature

SSN or ID Number

D.O.B.

Today's Date

SECTION I – Past Employer to Complete >> DRUG & ALCOHOL INFORMATION

Please provide the following drug and alcohol information as required by FMCSR Part 391.23 & 40.25.

If no drug and alcohol information is available on above-named applicant check here.

	<u>YES</u>	<u>NO</u>
1. Any alcohol test with a result of 0.04 or higher alcohol concentration?	<input type="checkbox"/>	<input type="checkbox"/>
2. Any verified positive drug test?	<input type="checkbox"/>	<input type="checkbox"/>
3. Any refusals to be tested (including verified adulterated or substituted drug test results)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Any other violations of DOT agency drug and alcohol testing regulations (Part 382 or Part 40)?	<input type="checkbox"/>	<input type="checkbox"/>
5. If this driver did successfully complete a SAP rehabilitation referral and remained in your employ, did he/she have any subsequent violations for: an alcohol test result of 0.04 or greater, a verified positive drug test or a refusal to test (including a verified adulterated/substituted drug test result)?	<input type="checkbox"/>	<input type="checkbox"/>

6. If yes to any of the above questions, please provide documentation of successful completion of a SAP evaluation, prescribed treatment and return-to-duty requirements (including follow-up tests) if they remained in your employ.*

* If this information is not available from the previous employer, you as a prospective employer, must get this information from the driver/applicant.

Drug and alcohol information needs to be kept in a separate personnel and/or confidential file.

**IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS
FROM THE *PSP Online Service***

In connection with your application for employment with Horizon Tank Lines, Inc. ("Prospective Employer"), it may obtain one or more reports regarding your credit, driving, and/or criminal background history from a consumer reporting agency and/or other sources. If the Prospective Employer uses any information it obtains from a background report 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 a background report, the Prospective Employer will notify you that the action has been taken and that the background report was the reason for the action. The Prospective Employer cannot obtain background reports from consumer reporting agencies or other sources regarding you unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Horizon Tank Lines, Inc. to contact any organization or individual that I have listed on my employment application or resume or mentioned in job interviews and obtain from them any relevant information about my job qualifications, including my experience, skills, and abilities. 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, as well as any reference-related information about me held or known by my former employers, supervisors, and co-workers. In addition, I consent to the release of any information about my education, experience, abilities, or work-related characteristics or traits held or known by other organizations or individuals, including schools and educational institutions, professional or business associates, and friends and acquaintances that Prospective Employer might contact in the course of conducting a reference check or background investigation of my suitability for employment.

I understand and acknowledge that this release of information can involve my qualifications, performance, credentials, or other characteristics or factors affecting my suitability for employment with Prospective Employer. Specifically, I am authorizing the release of any information about my performance, experience, capability, attitude, specific events, or other work-related characteristics that currently are in the possession of the requested organizations or their managers or representatives.

In exchange for Prospective Employer's consideration of my employment application, I agree not to file or pursue any complaints, claims, or legal actions of any kind against any organization or individual that provides work-related information about me to Prospective Employer or its agents in accordance with the terms and intent of this release. I also agree not to file or pursue any complaints, claims, or legal actions against Prospective Employer or any of its employees, representatives, or agents arising out of their efforts to obtain work-related information about me.

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 and/or any entity it retains to obtain such background reports may obtain reports of my credit, driving, and/or criminal background history in addition to information regarding my background, references, education, specific events, and past employment.

I hereby authorize Prospective Employer and its employees, agents, and affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: The information contained herein is made available to monthly account holders by NICT solely for use as an example of template content. NICT assumes no legal liability or responsibility for the accuracy, completeness or currency of the information disclosed in this example. The intent of the template example is to illustrate for a monthly account holder an example of a driver consent form, but all monthly account holders and third party information providers should consult their own legal counsel with respect to the proper format and content of this notice.