

## Driver Application

Bruening Rock Products, Inc.  
PO Box 127, 900 Montgomery Street  
Decorah, Iowa 52101  
Phone: 563-382-2933 Fax: 563-382-8375  
brp@brueningrock.com



### 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 regulations 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 49CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for these 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."

All job offers are conditional and can be rescinded after a back ground check is completed.

ALL CDL DRIVERS MUST HAVE A VALID CDL AND MEDICAL CARD,  
PASS A PRE-EMPLOYMENT DRUG SCREEN, AND  
PASS THE FMCSA DRUG AND ALCOHOL CLEARING HOUSE CHECK.

Bruening Rock Products, Inc. is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Signature\_\_\_\_\_

Date\_\_\_\_\_



If yes, please describe accommodations required below.

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Have you ever been convicted of a criminal offense (felony or misdemeanor)?.....Yes No

If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:

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(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

**Education and Training**

**High School**

Name	Location (City, State)	Year Graduated	Degree Earned

**College/University**

Name	Location (City, State)	Year Graduated	Degree Earned

**Vocational School/Specialized Training**

Name	Location (City, State)	Year Graduated	Degree Earned

**Military:**

Are you a member of the Armed Services?.....Yes No

If so, what military skills do you possess that would be an asset for this position?

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**RELEASE AND DOCUMENTATION OF PRE-EMPLOYMENT TESTING  
INFORMATION BY APPLICANT/DRIVER REQUIRED BY 40.25(j)**

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Part 40.25(j) requires Employers to ask the Applicant/Driver whether he or she has tested positive or refused to test on any pre-employment alcohol or drug test administered by an Employer to which the Applicant/Driver applied, but did not obtain safety sensitive transportation work covered by DOT agency alcohol and drug testing rules during the past two (2) years.

**Applicant/Driver to answer questions below:**

During the past two (2) years, have you tested positive on pre-employment alcohol or drug test administered by an Employer in which you applied for but did not obtain safety sensitive transportation work covered by Department of Transportation (DOT) alcohol and drug testing rules?

Yes                      No

During the past two (2) years, have you refused to test on a pre-employment alcohol or drug test administered by an Employer in which you applied for, but did not obtain safety sensitive transportation work covered by Department of Transportation (DOT) alcohol and drug testing rules?

Yes                      No

If you answered "Yes" to either question above, please explain below and provide documentation of your successful completion of the return-to-duty process required by part 40, Subpart 0.

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Name: \_\_\_\_\_

Date: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Signature: \_\_\_\_\_

Company Official: \_\_\_\_\_

Record Keeping: If "Yes" to either question, retain on file for 5 years.  
If "No" to either question, discard after employment terminates.

## DRUG AND ALCOHOL TESTING

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In the past three (3) years when under the regulation of 49CFR part 40, have you had any of the following:

Tested positive in a drug or alcohol screening?.....	Yes	No
Refused to take a drug or alcohol test?.....	Yes	No
Been under the care of a Substance Abuse Professional?.....	Yes	No
Been in a return-to-duty follow up program?.....	Yes	No

Signature of Applicant/Driver: \_\_\_\_\_

Date: \_\_\_\_\_

Company Official: \_\_\_\_\_

## EMPLOYMENT HISTORY

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All applicants wanting to drive in interstate commerce **MUST** provide the following information on all employers in the preceding three (3) years. You also **MUST** provide the following information on all employers for whom you have driven a commercial vehicle seven (7) years prior to the initial three (3) years. **This is a total of ten (10) years of employment history, if applicable.**

You are **REQUIRED** to provide the complete mailing address, phone number, fax number, email, DOT #, and check all boxes either "yes" or "no."

You are **REQUIRED** to explain any gaps in employment.

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

Attach another sheet if more space is needed.

**Failure to fully complete this section will result in a delay in processing your application and may hinder your ability to gain employment with us.**

**Current or Last Employer:**

Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number \_\_\_\_\_  
Email: \_\_\_\_\_  
DOT# \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Position Held: \_\_\_\_\_  
Dates Employed (month/year) From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations 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 49CFR Part 40?..... Yes No

Account for gap in employment below, if applicable-Include dates (month/year) and reason:

\_\_\_\_\_

**Second Last Employer:**

Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number \_\_\_\_\_  
Email: \_\_\_\_\_  
DOT# \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Position Held: \_\_\_\_\_  
Dates Employed (month/year) From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations 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 49CFR Part 40?..... Yes No

Account for gap in employment below, if applicable-Include dates (month/year) and reason:

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**Third Last Employer:**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number \_\_\_\_\_

Email: \_\_\_\_\_

DOT# \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Position Held: \_\_\_\_\_

Dates Employed (month/year) From:\_\_\_\_\_ To:\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations 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 49CFR Part 40?..... Yes No

Account for gap in employment below, if applicable-Include dates (month/year) and reason:

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**Fourth Last Employer:**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number \_\_\_\_\_

Email: \_\_\_\_\_

DOT# \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Position Held: \_\_\_\_\_

Dates Employed (month/year) From:\_\_\_\_\_ To:\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations 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 49CFR Part 40?..... Yes No

Account for gap in employment below, if applicable-Include dates (month/year) and reason:

**Fifth Last Employer:**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number \_\_\_\_\_

Email: \_\_\_\_\_

DOT# \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Position Held: \_\_\_\_\_

Dates Employed (month/year) From:\_\_\_\_\_ To:\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations 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 49CFR Part 40?..... Yes No

Account for gap in employment below, if applicable-Include dates (month/year) and reason:

**Sixth Last Employer:**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number \_\_\_\_\_

Email: \_\_\_\_\_

DOT# \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Position Held: \_\_\_\_\_

Dates Employed (month/year) From:\_\_\_\_\_ To:\_\_\_\_\_

Reason for leaving: \_\_\_\_\_



Were you subject to the Federal Motor Carrier Safety Regulations 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 49CFR Part 40?..... Yes No

Account for gap in employment below, if applicable-Include dates (month/year) and reason:

\_\_\_\_\_

**Seventh Last Employer:**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number \_\_\_\_\_

Email: \_\_\_\_\_

DOT# \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Position Held: \_\_\_\_\_

Dates Employed (month/year) From:\_\_\_\_\_ To:\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations 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 49CFR Part 40?..... Yes No

Account for gap in employment below, if applicable-Include dates (month/year) and reason:

\_\_\_\_\_

**Eighth Last Employer:**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number \_\_\_\_\_

Email: \_\_\_\_\_

DOT# \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Position Held: \_\_\_\_\_

Dates Employed (month/year) From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations 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 49CFR Part 40?..... Yes No

Account for gap in employment below, if applicable-Include dates (month/year) and reason:

\_\_\_\_\_

**Ninth Last Employer:**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number \_\_\_\_\_

Email: \_\_\_\_\_

DOT# \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Position Held: \_\_\_\_\_

Dates Employed (month/year) From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations 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 49CFR Part 40?..... Yes No

Account for gap in employment below, if applicable-Include dates (month/year) and reason:

\_\_\_\_\_

## EXPERIENCE AND QUALIFICATIONS

Attach a separate sheet if more space is needed

### Driving Experience

If no driving experience within the last 3 years – check here

Equipment Class	Equipment Type (Circle all that apply)	Dates		OR	Approximate # of Miles
		From	To		
Straight Truck	Van, Reefer, Tank, Flat			OR	
Tractor & Semi-Trailer	Van, Reefer, Tank, Flat				
Tractor-Two Trailers	Van, Reefer, Tank, Flat				
Tractor-Three Trailers	Van, Reefer, Tank, Flat				
Motor Coach-School Bus	N/A				
Other:	Van, Reefer, Tank, Flat				

### Accident History (3 years)

If no accidents within the last 3 years – Check here

Date (month/year)	Nature of Accident (head-on, rear-end, upset, etc.)	Number of Fatalities	Hazardous Material Spill?	
			Yes	No

### Traffic Convictions and Forfeitures (3 years)

If no traffic convictions and/or forfeitures within the last 3 years – check here

Date Convicted (month/year)	Violation (other than violations involving parking only)	State Violation Occurred	Penalty (Forfeited bond, collateral &/or points)

**License Information**

Section 383.21 FMCSR states “No person who operates a commercial motor vehicle shall at any time have more than one driver’s license.” I certify that I do not have more than one motor vehicle license, the information for which is listed below.

Name, as it appears on you license: \_\_\_\_\_

State: \_\_\_\_\_

License Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Do you have a CDL?.....Yes No

CDL Class: \_\_\_\_\_

Restrictions (found on back of license): \_\_\_\_\_

Do you have a CDL Medical Card?.....Yes No

Medical Card Expiration: \_\_\_\_\_

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?....Yes No

If yes, give details \_\_\_\_\_

Has any license, permit, or privilege ever been suspended or revoked?.....Yes No

If yes, give details \_\_\_\_\_

**Applicant Certification**

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’s Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Driver Safety Performance History Inquiry

Bruening Rock Products, Inc.  
PO Box 127, 900 Montgomery Street  
Decorah, IA 52101  
John Courtney, Fleet Manager: jtc@brueningrock.com  
Phone 563-382-2933 Fax 563-382-8375



Dear Sir/Madam:

The following driver has applied for employment with our company. Please complete this Driver Safety Performance History Inquiry and return by fax/mail to the above address. The release of this information is required according to Federal Motor Carrier Safety Regulations 49CFR Parts 40 and 391 pursuant to the applicant's written authorization (below). Your quick response to this inquiry is greatly appreciated.

**Name:** \_\_\_\_\_

**SSN:** \_\_\_\_\_

### Driver's authorization for release of safety performance history information:

I, \_\_\_\_\_, hereby authorize any previous employer to release the following safety performance history to Bruening Rock Products, Inc. in accordance with 49CFR 40, 25, and 391.23.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Driver Consumer Report Authorization

Bruening Rock Products, Inc.  
PO Box 127, 900 Montgomery Street  
Decorah, IA 52101  
John Courtney, Fleet Manager: jtc@brueningrock.com  
Phone 563-382-2933 Fax 563-382-8375



### DISCLOSURE

In connection with your application for employment, we may procure a consumer report which may contain public record information, such as your driving record, as part of the process of considering your candidacy as an employee and/or in your continued employment with our organization. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential or continued employment, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your right under the Fair Credit Reporting Act.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will be given a summary of these rights together with this document.

### AUTHORIZATION

By my signature below, I hereby authorize you or your representatives to obtain a consumer report(s) in order to be considered for employment or continued employment with this company. If hired, this authorization shall remain on file and serve as an ongoing authorization for this organization or its representatives to procure consumer reports at any time during my employment.

**I understand that all information provided on this authorization will be used for the sole purpose of procuring a consumer report.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Driver License #: \_\_\_\_\_

License State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_

# Motor Vehicle Driver Certification of Violations



Bruening Rock Products, Inc.  
PO Box 127, 900 Montgomery Street  
Decorah, IA 52101

John Courtney, Fleet Manager: [jtc@brueningrock.com](mailto:jtc@brueningrock.com)  
Phone 563-382-2933 Fax 563-382-8375

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

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

Date	Offense	Location	Type of Vehicle

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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Reviewed by: \_\_\_\_\_

Company Title: \_\_\_\_\_

**Driver Authorization for Release of  
Post-Accident Documents**



Bruening Rock Products, Inc.  
PO Box 127, 900 Montgomery Street  
Decorah, IA 52101  
John Courtney, Fleet Manager: jtc@brueningrock.com  
Phone 563-382-2933 Fax 563-382-8375

By reason of my inability to provide a urine sample after a reportable accident for which I received a citation for a moving violation and in which there was reasonable cause to believe drug use may have been a factor, I, \_\_\_\_\_, hereby authorize the release to Bruening Rock Products, Inc. (or a subsidiary company of Bruening Rock Products, Inc.) of all hospital reports and other documents which would indicate whether there were any controlled substances in my system following a motor vehicle accident.

This authorization is valid until withdrawn by me in writing.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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Company Official Signature: \_\_\_\_\_

Company Title: \_\_\_\_\_



## Pre-Employment Drug Testing Notification and Consent



Bruening Rock Products, Inc.  
PO Box 127, 900 Montgomery Street  
Decorah, IA 52101  
John Courtney, Fleet Manager: [jtc@brueningrock.com](mailto:jtc@brueningrock.com)  
Phone 563-382-2933 Fax 563-382-8375

I understand as required by the Federal Motor Carrier Safety Regulations, 49CFR Part 391.103, and company policy, all prospective drivers must submit to a controlled substances test involving collection of a urine sample which will be tested for the following controlled substances:

- Marijuana
- Cocaine
- Opiates
- Amphetamines
- Phencyclidine (PCP).

I understand that if I test positive for use of controlled substances, I am not medically qualified to operate a commercial motor vehicle in interstate commerce. I also understand I will be given a reasonable opportunity to confer with the company's Medical Review Officer before any positive test result is reported to the company.

The result of the drug test will be maintained by the Medical Review Officer for the company who will report whether the test result was negative or positive to the motor carrier. The Medical Review Officer or the company may also release the result to my examining physician in connection with my DOT-required physical. The results will not be released to any additional parties without my written authorization.

I hereby agree to submit to a urine drug test.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Authorization to Release Drug Test Results  
To Prospective Employers**



Bruening Rock Products, Inc.  
PO Box 127, 900 Montgomery Street  
Decorah, IA 52101  
John Courtney, Fleet Manager: jtc@brueningrock.com  
Phone 563-382-2933 Fax 563-382-8375

I, \_\_\_\_\_, hereby authorize Bruening Rock Products, Inc. or its subsidiary companies to release all drug testing results to prospective employers who request such information.

This authorization is valid until withdrawn by me in writing.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Signature: \_\_\_\_\_

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Company Official Signature: \_\_\_\_\_

Company Title: \_\_\_\_\_