



The Buffalo Group of Companies, Ltd
DRIVER'S APPLICATION FOR EMPLOYMENT

(Answer all questions – please print)

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.

Date of Application _____

Name _____ S.S.C. _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Home Telephone _____
MM DD YY

E-mail Address _____ Cell Telephone _____

Have you being driving for at least 2 year? **YES** **NO**

If your above address is less than 3 years continue listing them below to cover the previous 3 year period.

	How Long
1	_____
	City : _____ State : _____ Zip Code _____
2	_____
	City : _____ State : _____ Zip Code _____
3	_____
	City : _____ State : _____ Zip Code _____

EXPERIENCE AND QUALIFICATION – DRIVER

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 IS YES, GIVE DETAILS _____



DRIVING EXPERIENCE IF NONE, WRITE NONE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR – TWO TRAILERS				
MOTORCOACH – SCHOOL BUS				
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER _____

EXPERIENCE AND QUALIFICATION – OTHERS

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.

EDUCATION

CIRCLE HIGEST GRADE COMPLETED							
1	2	3	4	5	6	7	8

HIGH SCHOOL			
1	2	3	4

COLLEGE			
1	2	3	4

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

DATES	DESCRIPTION	FATALITIES	INJURIES

TRAFFIC CONVICTIONS FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE WRITE NONE

LOCATION	DATE	CHARGE	PENALTY



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 commerce shall also provide an additional 7 years information on those employers for whom the applicant operate such vehicle.
 (NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) FROM 2011 TO 2021 AND REASON

EMPLOYER			DATE			
NAME			FROM		TO	
			MO.	YR	MO	YR
ADDRESS			POSITION HELD			
CITY	STATE	ZIP				
CONTACT PERSON			PHONE NUMBER			
REASON FOR LEAVING			FAX NUMBER			

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) during this period? YES NO
 Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? YES NO

EMPLOYER			DATE			
NAME			FROM		TO	
			MO.	YR	MO	YR
ADDRESS			POSITION HELD			
CITY	STATE	ZIP				
CONTACT PERSON			PHONE NUMBER			
REASON FOR LEAVING			FAX NUMBER			

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) during this period? YES NO
 Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? YES NO

EMPLOYER			DATE			
NAME			FROM		TO	
			MO.	YR	MO	YR
ADDRESS			POSITION HELD			
CITY	STATE	ZIP				
CONTACT PERSON			PHONE NUMBER			
REASON FOR LEAVING			FAX NUMBER			

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) during this period? YES NO
 Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? YES NO

EMPLOYER			DATE			
NAME			FROM		TO	
			MO.	YR	MO	YR
ADDRESS			POSITION HELD			
CITY	STATE	ZIP				
CONTACT PERSON			PHONE NUMBER			
REASON FOR LEAVING			FAX NUMBER			

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) during this period? YES NO
 Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? YES NO



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 commerce shall also provide an additional 7 years information on those employers for whom the applicant operate such vehicle.
 (NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON **FROM 2011 TO 2021**

EMPLOYER			DATE			
NAME			FROM		TO	
			MO.	YR	MO	YR
ADDRESS			POSITION HELD			
CITY	STATE	ZIP				
CONTACT PERSON			PHONE NUMBER			
REASON FOR LEAVING			FAX NUMBER			

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) during this period? YES NO
 Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? YES NO

EMPLOYER			DATE			
NAME			FROM		TO	
			MO.	YR	MO	YR
ADDRESS			POSITION HELD			
CITY	STATE	ZIP				
CONTACT PERSON			PHONE NUMBER			
REASON FOR LEAVING			FAX NUMBER			

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) during this period? YES NO
 Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? YES NO

EMPLOYER			DATE			
NAME			FROM		TO	
			MO.	YR	MO	YR
ADDRESS			POSITION HELD			
CITY	STATE	ZIP				
CONTACT PERSON			PHONE NUMBER			
REASON FOR LEAVING			FAX NUMBER			

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) during this period? YES NO
 Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? YES NO

EMPLOYER			DATE			
NAME			FROM		TO	
			MO.	YR	MO	YR
ADDRESS			POSITION HELD			
CITY	STATE	ZIP				
CONTACT PERSON			PHONE NUMBER			
REASON FOR LEAVING			FAX NUMBER			

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) during this period? YES NO
 Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? YES NO



DRUG AND ALCOHOL CLEARINGHOUSE CONSENT FOR LIMITED QUERIES

AUTHORIZATION

I, _____, hereby authorize **The Buffalo Group of Companies Ltd**, to conduct limited annual queries of the FMCSA’s Drug & alcohol clearinghouse, to determine if a Clearinghouse record exists for me. This consent is valid from the date shown below until my employment with the above-named motor carrier ceases or until I am not longer subject to the drug and alcohol testing rules in 49 CFR Part 382 for the above-named motor carrier.

I understand that if any limited query reveals that the Clearinghouse contains information about me, I must grant electronic consent within 24 hours, via the Clearinghouse website, for the motor carrier to obtain my full Clearinghouse record. Refusal to provide such consent will result in my removal from safety-sensitive duties.

Driver’s Signature: _____

ID Number: _____ Date: _____



TO BE READ AND SIGNED BY APPLICANT

I authorize The Buffalo Group of Companies, Ltd to make such investigations and inquiries to 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 or 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 employers(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 that I have the right to:

- Review information provided by current/previous employers;
- 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.”

•
For the purposes of investigation as required by Section 391.23 and allowed by Section 383.35 of the Federal Motor Carrier Safety Regulations. Previous employer is released from any and all liability which may result from furnishing such information.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

Date

Applicant’s Signature

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

Authorization

I _____ Understand that The Buffalo Group of Companies, Ltd has my authorization to thoroughly investigate my background. I realize the background report may include, but is not limited to the following areas: Motor Vehicle Records (MVR), FMSCA PSP Records, Drug – Screening, Pre-Employment Verification and Identity Verification.

This consent is given in satisfaction of Public Law 18 USC2721 et.Seq., “Federal Drivers Policy Protection Act”, and is intended to constitute “written consent” as required by this act.

I certify that all information provided by me pursuant to this agreement is true and accurate to the best of my knowledge and I have read, understand and agree to the terms of this agreement.



MOTOR VEHICLE DRIVER'S Certification of Violations

In accordance with 49 CFR 391.27, 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.

COMPLETED BY DRIVER – CERTIFICATION OF VIOLATIONS

OFFENSE NUMBER	DATE	LOCATION	OFFENSE DESCRIPTION

If no violations are listed above, 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.

Driver's Signature

Date of Certification

ANNUAL REVIEW OF DRIVING RECORD

In accordance with 49 CFR 391.25, I certify that I have carefully reviewed the driving record of

(Driver's Name)

to determine whether or not he/she meets the minimum requirements for safe driving specified in 49 CFR 391.11 or is disqualified to drive a motor vehicle pursuant to 49 CFR 391.15.

In reviewing this driver's record, I certify that I have considered any evidence that the driver has violated any applicable Federal Motor Carrier Safety Regulations or Hazardous Materials Regulations; and considered the driver's accident record and any evidence that the driver has violated laws governing the operations of motor vehicles, and I have given 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 of the safety of the public.

A copy of the response from each State agency to the inquiry required by 49 CFR 391.25(b) is attached. This form shall be maintained in the driver's qualification file, as required by 49 CFR 391.51

Reviewed by: _____ Signature : _____

Title : _____ Date : _____



CONTROLLED SUBSTANCE AND ALCOHOL QUESTIONNAIRE

Pursuant to 49 CFR part 40.25(j)

Date of Application _____

Name _____ S.S.C. _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Home Telephone _____
MM DD YY

Cell Telephone _____

Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer t which you applied for, but did not obtain, <u>safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules</u> during the past two years?		YES	NO
If YES	Have you successfully completed the return-to-duty process?	YES	NO
If YES	Documentation MUST BE PROVIDED before any safety-sensitive transportation function is performed.		

SUBSTANCE AND ALCOHOL ABUSE POLICY AND PRE-EMPLOYMENT URINALYSIS NOTIFICATION

The Federal Motor Carrier Safety Regulations, Section 391.103, pre-employment testing requirements, apply to driver-applicants of this company.

<p>391.103 Pre-employment testing requirements.</p> <p>a) A motor carrier shall require a driver-applicant who the motor carrier intends to hire or use to be tested for the use of controlled substances as a prequalification condition.</p> <p>b) A driver-applicant shall submit to controlled substance testing as a prequalification condition.</p> <p>c) Prior to collection of a urine sample under 391.107 of this subpart, a driver-applicant shall be notified that the sample will be tested for the presence of controlled substances.</p>

- The Medical Review Officer will maintain the results of the Urinalysis Test. Negative and positive results will be reported to the company.
- My written authorization is required for the Urinalysis Test results to be given to other parties.
- I have read and understand the above conditions for the Pre-Employment Urinalysis Notification.
- I acknowledge receipt of The Buffalo Group of Companies Ltd the Alcohol and Substance Abuse Policy that I will read and become familiar with. As a condition of my employment, I will comply with this policy and agree to the urine sample collection and controlled substance testing and I understand that I will remain medically qualified by following these procedures.
- I also understand that my refusal to submit or a positive test for controlled substances bases on the urinalysis test will medically disqualify me from the operation of a commercial motor vehicle for this company.

_____ Date

_____ Applicant's Signature



CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

As a condition of my employment I understand that:

The following requirements must be complied as per Parts 383 and 391 of the Federal Motor Carrier Safety Regulations

- a) **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver may not possess more than one motor vehicle operator's license.
If you have more than one license, keep the license from your state of residence and return the additional licenses to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by that state.
- b) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Section 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 with issued your license). The notification to both the employer and state must be in writing.

The following license is the only one I will possess:

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

DRIVER
CER

DRIVER STATEMENT OF ON-DUTY HOURS (For Newly Hired Drivers)

INSTRUCTIONS: Motor carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier. Rule 395.8 (j)(2) Federal Motor Carrier Safety Regulations. NOTE: Hours for any compensated work during the preceding 7 days including work for a non-motor carrier entity must be recorded on this form.

Driver's Name (Printed) _____

Driver's License No. _____ Type of License: _____

DAY	1 Yesterday	2	3	4	5	6	7	
DATE								
HOURS WORKED								TOTAL HOURS

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at:

_____ A.M.
Time P.M. On _____ Day _____ Month _____ Year

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

Signature: _____ Date: _____



DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

INSTRUCTIONS: When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in Section 395.2 (8)(9) of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ or service of, a common, contract or private motor carrier, also performing any compensated work for any non motor carrier entity.

Are you currently working for another employer? Yes No

At this time do you intend to work for another employer while still employed by this company? Yes No

I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

Driver's Signature

Date

Company Representative

LETTER OF PROBATION

If hired by the company, you will be considered under probation for a minimum trial period of 6 months from start date. During this probationary trial period, you may be terminated if you have any accidents, incidents, infractions, or violations including but not limited to hours of service log books, dangerous goods, vehicle pre-trip inspections and truck maintenance violations.

A review of your progress will be completed by The Buffalo Group of Companies Ltd., Safety Department upon the end of your probation at which time if the Safety Department feels your driving is not up to The Buffalo Group of Companies Ltd standards, we may decide to terminate you.

Also, be informed that sending you over for the drug test in no way implies that you have been hired by The Buffalo Group of Companies Ltd., you are still in the process of hiring and are not authorized by the company to drive any of the company or broker's unit until your drug test report is received.

You will be considered an ACTIVE driver only once you are informed by the company and your name has been forwarded to Dispatch.

I fully understand the terms and conditions of this letter.

DRIVER'S NAME (PRINTED)

DRIVER'S SIGNATURE