

# EL PASO - LOS ANGELES LIMOUSINE EXPRESS, Inc



www.eplalimo.com

## DRIVER APPLICATION

PAGE 1

It is the policy of El Paso-Los Angeles Limousine Express, Inc. (EPLA) , an equal opportunity employer, to afford equal opportunity to all employees and qualified applicants for employment without regard to race, color, religion, sex, national origin, age, marital status, pregnancy, any disability as provided in the Americans with Disability Act, veteran status, and any other characteristic protected by federal, state or local law.

<b>Name:</b> _____ <small>(LAST) (FIRST) (MIDDLE)</small>	<b>Date of Application:</b> _____ <b>Social Security No.:</b> _____
--	--

**Current Address:** \_\_\_\_\_ **How Long?** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Cellular-phone:** (\_\_\_\_) \_\_\_\_\_ **Telephone 1:** (\_\_\_\_) \_\_\_\_\_ **Email:** \_\_\_\_\_

<b>PREVIOUS ADDRESSES FOR PAST THREE YEARS</b>  <b>USE ADDITIONAL PAGES IF NECESSARY</b>	<b>Address:</b> _____ <b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____ <b>How Long?</b> _____
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	<b>Address:</b> _____ <b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____ <b>How Long?</b> _____

Do you have the legal right to work in the United States?  Yes  No

Date of Birth (required for Driver) :      mo /      day /      yr      Can you provide proof of age?  Yes  No

Expected Rate of pay: \_\_\_\_\_

How were you referred to EPLA?  Friend     Relative     Rehire     Walk-In     Website     Newspaper  
 Craigslist     Banner     Employee (List Name) \_\_\_\_\_  Other \_\_\_\_\_

Have you ever worked for this Company before?  Yes  No  
 If yes, dates: \_\_\_\_\_ Position: \_\_\_\_\_ Employee Code: \_\_\_\_\_

Have you ever applied with this company before?  Yes  No    If Yes, give approximate date: \_\_\_\_\_

Do you have any relatives or friends currently or previously employed by EPLA?  Yes  No  
 Name of Employee(s): \_\_\_\_\_ Position: \_\_\_\_\_ Relationship: \_\_\_\_\_

If you answered "Yes" to any of the three questions above, explain here: \_\_\_\_\_  
 \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

**LIST THE PERSON WHOM WE SHOULD CONTACT IN CASE OF EMERGENCY DURING YOUR WORKING HOURS.**

DAYTIME	<b>Name:</b> _____ <b>Tel 1:</b> _____ <b>Tel 2:</b> _____ <b>Relationship:</b> _____ <b>Address:</b> _____
NIGHTTIME	<b>Name:</b> _____ <b>Tel 1:</b> _____ <b>Tel 2:</b> _____ <b>Relationship:</b> _____ <b>Address:</b> _____

**PROFESSIONAL COMMERCIAL DRIVING SCHOOL**

Have you ever attended a professional bus or truck driving school?  Yes  No

School Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

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

**EMPLOYMENT HISTORY**

**Provide ALL JOBS for past 10 YEARS (including driving and non-driving positions)  
Begin with your most recent job held. Attach additional sheets (of next page) if necessary.**

As per Federal regulations all driver applicants to drive in interstate commerce must provide the following information on all employers for all \*driving positions for the past 10 years. (\*Driving any commercial motor vehicle in commerce which includes: vehicles having a GVWR of 26,001 lbs or more; vehicles designated to transport 15 or more passengers; or any size vehicle used to transport hazardous materials in a quantity requiring placarding.)

**ASK FOR MORE EMPLOYMENT FORMS IF NEEDED – DO NOT LEAVE OUT INFORMATION**

Are you employed now?  Yes  No

If you answered "No", provide the date of leaving your last employment: \_\_\_\_\_

<b>C U R R E N T</b>	Dates (month / year) – From: _____ To: _____ Total Time: _____ yrs _____ mos	
	Company Name: _____ Salary/Wage: _____	
	Address: _____ Position held: _____	<b>IF DRIVER</b>
	City: _____ State: _____ Zip: _____	
	Telephone: (____) _____ Contact Person: _____	
	Reason for leaving: _____	
Were you subject to the Federal Motor Carrier Safety Regulations while employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No		If your last position was Driver: CDL Required? <input type="checkbox"/> Yes <input type="checkbox"/> No Over the Road? <input type="checkbox"/> Yes <input type="checkbox"/> No Vehicle Type: _____ # of Accidents: _____
Were you subject to drug/alcohol testing because this was a DOT Safety Sensitive Position? <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>P R I O R</b>	Dates (month / year) – From: _____ To: _____ Total Time: _____ yrs _____ mos	
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**EMPLOYMENT HISTORY**

**THIS PAGE SHOULD BE REPRODUCED AS NECESSARY**

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ASK FOR MORE COPIES OF THIS FORM IF NEEDED – DO NOT LEAVE OUT INFORMATION

**ACCIDENT RECORD FOR PAST 3 YEARS**

REGARDLESS OF WHO WAS AT FAULT AND INCLUDING ALL VEHICLES (PRIVATE & COMMERCIAL)  
ATTACH ADDITIONAL PAGES AS NEEDED

IF NONE, CHECK HERE

DATES MOST RECENT FIRST	LOCATION CITY OR NEAREST TOWN	LOCATION STATE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, SIDE-SWIPE, ROLL-OVER ... ETC)	FATALITIES		INJURIES		CITATION	
				YES	NO	YES	NO	YES	NO

**TRAFFIC CONVICTIONS / FORFEITURES FOR PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)**

INCLUDING ALL VEHICLES (PRIVATE & COMMERCIAL)

IF NONE, CHECK HERE

DATES MOST RECENT FIRST	LOCATION CITY OR NEAREST TOWN	LOCATION STATE	VIOLATION (IF SPEEDING, BY HOW MUCH)	COMMERCIAL VEHICLE		PENALTY
				YES	NO	

**LIST OF DRIVER'S LICENSES AND PERMITS**

DRIVER'S LICENSES FOR LAST FIVE (5) YEARS	STATE	LICENSE NO.	TYPE & CLASS CDL - C, B, A	ENDORSEMENTS	RESTRICTIONS (EXPLAIN IF NEEDED)	EXPIRATION DATE

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (ARTICULATED, 45', 40', MINI-BUS, FLAT-BED, ETC.)	DATES		APPROX. NO. OF MILES
		FROM	TO	
MOTOR COACH				
SCHOOL BUS				
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
OTHER				

List states operated in for last five years: \_\_\_\_\_

**RECORD OF MILITARY SERVICE & RESERVE STATUS**

Did you serve in the US Armed Forces?  Yes  No      If "Yes, list branch: \_\_\_\_\_

Discharge Status: \_\_\_\_\_      Service Dates:    From \_\_\_\_\_      To \_\_\_\_\_

Rate or Rank: \_\_\_\_\_      Present Classification: \_\_\_\_\_

Serial No.: \_\_\_\_\_      Reserve Unit     Active     Inactive

If active, list meeting dates (including summer) \_\_\_\_\_

**EDUCATION**

Circle Highest Grade Completed    High School     - Diploma    College degree type \_\_\_\_\_    Postgraduate degree type \_\_\_\_\_  
 Adding specific information:    9 10 11 12     - GED    1 2 3 4 field of study \_\_\_\_\_    years: \_\_\_\_\_ field of study \_\_\_\_\_

NAME OF LAST SCHOOL ATTENDED: \_\_\_\_\_      CITY/STATE: \_\_\_\_\_

Conviction of a crime is not an automatic bar to employment; all circumstances will be considered. Arrest and Conviction questions are <b>EXCLUDING RECORDS SEALED BY A COURT OR EXPUNGED.</b>	CHECK		DATE
	YES	NO	
Have you <b>EVER</b> been <b>ARRESTED</b> for a crime? (Note: There is no time limit for this question.)			
Have you <b>EVER</b> been <b>CONVICTED</b> of a crime? (Note: There is no time limit for this question.)			
Have you <b>EVER</b> been <b>ARRESTED or CONVICTED</b> for reckless or careless operation of a motor vehicle.			
Have you <b>EVER</b> been <b>ARRESTED or CONVICTED</b> for driving while under the influence of alcohol, a narcotic drug, amphetamines or derivatives thereof?			
Have you <b>EVER</b> been <b>ARRESTED or CONVICTED</b> for possession, sale or use of a narcotic drug, amphetamines or derivatives thereof?			
Have you <b>EVER</b> been <b>ARRESTED or CONVICTED</b> for any serious traffic violation as defined in the FMCSR Part 383.5(c)(2), in the past three (3) years?			
Have you <b>EVER</b> been refused any type of insurance or been denied bonding?			
Have you <b>EVER</b> been discharged for an accident?			
Do you have ANY warrants out for your arrest?			<b>IF YES, ATTACH DETAILED STATEMENT</b>
Have you <b>EVER</b> been denied a license, permit or privilege to operate a motor vehicle?			
Has any license, permit or privilege <b>EVER</b> been suspended or revoked?			

<b>FMCR 40.25 REQUIRES THE FOLLOWING INFORMATION BE ASKED FOR SAFETY SENSITIVE DUTIES</b>	YES	NO
Did you ever test positive on any pre-employment drug test in the past three years?		
Did you ever test positive on any pre-employment alcohol test in the past three years?		
Did you ever refuse a pre-employment drug or alcohol test in the past three years?		

<b>AVAILABILITY</b>	
<b>Your availability dates and times are very important. They will be used for scheduling.</b>	
First Available Start Date: _____	Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you interested in: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal	Do you plan having another job? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you available to be scheduled to work any time? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please explain: _____
_____	

Would you be willing and able to perform **all** of the tasks required by the job for which you are applying, which are as follows:

- Load and lift luggage or freight which may weigh approximately 50 lbs  Yes  No
- Load and lift luggage or freight which may weigh approximately 100 lbs  Yes  No
- Being on duty up to 15 hours  Yes  No
- Drive up to 10 hours OTR (Over the Road) or local  Yes  No
- Bad weather driving  Yes  No
- Night-time / Over-night Driving  Yes  No

If you answered "No", you may explain here if you wish: \_\_\_\_\_

<b>EXPERIENCE AND QUALIFICATIONS</b>
<b>OTHER THAN SHOWN ELSEWHERE ON THIS APPLICATION</b>
Show any other experience that may help in your work for this company: _____
List special equipment or technical materials you can work with: _____
List special courses or training that will help you as a driver: _____

**FMCSR 391.21(d) COMPLIANCE**

391.23 (d) The prospective motor carrier must investigate, at a minimum, the information listed in this paragraph from all previous employers of the applicant that employed the driver to operate a CMV within the previous three years. The investigation request must contain specific contact information on where the previous motor carrier employers should send the information requested.

- (1) General driver identification and employment verification information.
- (2) The data elements as specified in § 390.15 (b)(1) of this chapter for accidents involving the driver that occurred in the three-year period preceding the date of the employment application.
  - (i) Any accidents as defined by § 390.5 of this chapter.
  - (ii) Any accidents the previous employer may wish to provide that are retained pursuant to § 390.15 (b)(2), or pursuant to the employer's internal policies for retaining more detailed minor accident information.

391.23 (e) In addition to the investigations required by paragraph (d) of this section, the prospective motor carrier employers must investigate the information listed below in this paragraph 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.

- (1) Whether, within the previous three years, the driver had violated the alcohol and controlled substances prohibitions under subpart B of part 382 of this chapter, or 49 CFR part 40.
- (2) Whether the driver failed to undertake or complete a rehabilitation program prescribed by a substance abuse professional (SAP) pursuant to § 382.605 of this chapter, or 49 CFR part 40, subpart O. If the previous employer does not know this information (e.g., an employer that terminated an employee who tested positive on a drug test), the prospective motor carrier must obtain documentation of the driver's successful completion of the SAP's referral directly from the driver.
- (3) For a driver who had successfully completed a SAP's rehabilitation referral, and remained in the employ of the referring employer, information on whether the driver had the following testing violations subsequent to completion of a § 382.605 or 49 CFR part 40, subpart O referral:
  - (i) Alcohol tests with a result of 0.04 or higher alcohol concentration;
  - (ii) Verified positive drug tests;
  - (iii) Refusals to be tested (including verified adulterated or substituted drug test results).

391.23 (i)(1) The prospective employer must expressly notify drivers with Department of Transportation regulated employment during the preceding three years via the application form or other written document prior to any hiring decision that he or she has the following rights regarding the investigative information that will be provided to the prospective employer pursuant to paragraphs (d) and (e) of this section:

- (i) The right to review information provided by previous employers;
  - (ii) 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;
  - (iii) 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.
- (2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (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.

I have been informed and understand that the information I am providing herein may be used, and my prior employers may be contacted, for the purpose of investigating my safety performance history information as required by paragraphs (d) and (e) of § 391.23.

I have further been informed of and understand my due process rights as specified in §391.23(i) regarding information received as a result of these investigations.

I understand that if I have made any misrepresentations on the application or failed to supply required information on this application, the company shall view this as an act of dishonesty and shall be sufficient ground for dismissal anytime.

I certify that I have read and fully understand all parts of this application, and that prior to signing, I was given the opportunity to ask questions and have those questions answered to my satisfaction.

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.



Date \_\_\_\_\_

**DRIVER NOTIFICATION AND RELEASE**

**FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT**

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), You are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations require these reports.

**We are an at-will employer and nothing in this application, or any other written document creates a contract for employment.** I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice and without cause.

The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

In connection with my application for employment (including contract for services if any) with you, I authorize you to conduct an investigation of all statements contained, and to obtain a consumer report. I understand that a consumer report, which may contain public record information, is being requested from HireRight or from a similar Agency or Company. This report may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, my credit and personal history etc. I further understand that such report may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceeding, criminal records etc., from federal, state and other agencies which maintain such records; as well as information from HireRight or similar Agencies or Companies concerning previous driving record requests made by others from such state agencies, and state provided driving records.

**I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY OR COMPANY CONTACTED BY EL PASO - LOS ANGELES LIMOUSINE EXPRESS, INC. (EPLA), HIRERIGHT OR A SIMILAR AGENCY OR COMPANY TO FURNISH THE ABOVE MENTIONED INFORMATION.**

**IF HIRED, I AUTHORIZE EPLA TO PROVIDE INFORMATION ABOUT ME RELATING TO THE PERIOD OF TIME I AM EMPLOYED BY EPLA AND PERTAINING TO THE STATUS OF MY SEPARATION OF EMPLOYMENT FROM EPLA TO HIRERIGHT, SIMILAR AGENCY OR COMPANY, OR FUTURE PROSPECTIVE EMPLOYER (SAID PROSPECTIVE EMPLOYER REQUESTING INFORMATION AS REQUIRED BY THE PERTINENT FEDERAL MOTOR CARRIER SAFETY REGULATIONS).**

I have the right to make a request to HireRight, or similar Agency or Company upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which the Agency or Company has previously furnished within the two year period preceding my request. I hereby consent to your obtaining the above information from HireRight or similar Agency or Company and I understand and agree that such information which HireRight or similar Agency or Company had or obtains and my employment history with you if I am hired, will be supplied to and by HireRight or similar Agency or Company to other companies which subscribe to HireRight's or similar Agency's or Company's services.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SOCIAL SECURITY NO.

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
DRIVER'S LICENSE NO.

\_\_\_\_\_  
STATE

\_\_\_\_\_  
EXPIRATION DATE



\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

**MOTOR VEHICLE DRIVER'S CERTIFICATION**

**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** Part 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1987. They are as follows

As a commercial vehicle driver, you may not possess more than one license.

If you currently have more than one license, you should 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. You should close your record by notifying the state of issuance that you no longer want to be licensed by that state.

Sections 392.42 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 to your employing motor carrier and the state that issued your license within 30 days.

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

The following license is the only one I will possess.

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_



X \_\_\_\_\_ Date \_\_\_\_\_

Notes: \_\_\_\_\_





TRUCKING INDUSTRY:

DOT D/A Disclosure and Authorization

Send fax to (800) 257-8069

Company Name: El Paso-Los Angeles Limousine Express, Inc.

Company Contact Name: \_\_\_\_\_

Fax #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

HireRight Customer #: \_\_\_\_\_ Sub-account: \_\_\_\_\_

**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 and 49 CFR Part 40, each as applicable, 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 ("Customer"). 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 alcohol concentration; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated 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) 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

Previous DOT-Regulated Employer	City	State	Phone Number

By my signature below, I also certify the information I provided on and in connection with this form is true, accurate and complete. I agree that this form in original, faxed, photocopied or electronic (including electronically signed) form will be valid for any background reports that may be requested by or on behalf of the Customer.

Print Applicant Name: \_\_\_\_\_

Applicant Signature X \_\_\_\_\_

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

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

**PART II – CONSUMER REPORT DISCLOSURE AND RELEASE**

In connection with your employment or application for employment (including contract for services), consumer reports may be requested from HIRERIGHT. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, academic history, professional credentials, and drugs/alcohol use. Such reports may contain public record information concerning your driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from HIRERIGHT concerning previous driving record requests made by others from such state agencies and state provided driving records.

You have the right to make a request to HIRERIGHT, upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the sources of information and the recipients of any reports on you that HIRERIGHT has previously furnished within the three-year period preceding your request. HIRERIGHT may be contacted by mail at P.O. Box 33181, Tulsa, OK 74153, and can be contacted by phone at (800) 381-0645.

I AUTHORIZE, WITHOUT RESERVATION, HIRERIGHT, AND ANY PARTY OR AGENCY CONTACTED BY HIRERIGHT, TO FURNISH THE ABOVEMENTIONED INFORMATION. THIS AUTHORIZATION DOES NOT APPLY TO DRUG AND ALCOHOL INFORMATION OBTAINED UNDER PART I.

I hereby consent to your obtaining the above information from HIRERIGHT, and I agree that such information which HIRERIGHT has or obtains, and my employment history (**not DOT Drug and Alcohol information without a specific consent by me**) with you if I am hired, will be supplied by HIRERIGHT to other companies which subscribe to HIRERIGHT. I hereby authorize procurement of consumer report(s). If hired or contracted this authorization, for Part II reports only, shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment or contract period.

Print Applicant Name: \_\_\_\_\_

Applicant Signature X \_\_\_\_\_

**Notice to California Applicants**

Under California law, the consumer reports we order on you for employment purposes within the State of California are defined as investigative consumer reports. These reports may contain information on your character, general reputation, personal characteristics and mode of living. Under section 1786.22 of the California Civil Code, you may view the file maintained on you by HIRERIGHT during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at HIRERIGHT in person or by mail. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

I request to receive a free copy of any investigative consumer report ordered on me by checking this box.  (California applicants only)

# EL PASO - LOS ANGELES LIMOUSINE EXPRESS, Inc.

HR – DRIVER PROCESSING  
P.O. BOX 1183, EL PASO, TX 79947

Tel: 915-544-4719  
Fax: 915-544-4718

## REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

**EPLA APP - PAGE 10**

<b>To:</b> Company Name: _____  Attn: _____ Fax #: _____	PLEASE COMPLETE AND RETURN THIS INFORMATION AS SOON AS POSSIBLE BY EITHER <b>FAX: 915-544-4718</b> or <b>Mail to Address Above</b>
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<b>APPLICANT HERE ONLY</b>	Whom information is requested for: _____ SS#: _____ I hereby request and authorize you to release the following information to EL PASO – LOS ANGELES LIMOUSINE EXPRESS, INC. for the purpose of investigation as required by section 391.23, 382.413, & 40.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.
<b>SIGN HERE</b> →	Applicants Signature: <b>X</b> _____ Date _____

**FILLED OUT BY PRIOR EMPLOYER**

<b>APPLICANT DO NOT FILL OUT - PRIOR EMPLOYER WILL FILL OUT</b>	1. Dates of Employment: From: _____ to _____ 2. Did he/she drive a motor vehicle for you? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. (If applicable) What type of vehicle did he/she operate for you? <input type="checkbox"/> Straight Truck <input type="checkbox"/> Tractor-Trailer <input type="checkbox"/> Bus <input type="checkbox"/> Other (Specify) _____ 4. (If applicable) Was he/she a safe and efficient driver? <input type="checkbox"/> Yes <input type="checkbox"/> No 5. (If applicable) Number of recordable accidents: _____ Number of at fault accidents: _____ 6. Reason for leaving your employ: <input type="checkbox"/> Discharge <input type="checkbox"/> Resignation <input type="checkbox"/> Lay Off <input type="checkbox"/> Military Duty <input type="checkbox"/> Other (Specify) _____ 7. Was his/her general conduct satisfactory? <input type="checkbox"/> Yes <input type="checkbox"/> No 8. Would you rehire this person? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Upon Review Please provide comments pertaining to any of the questions above, or other information you believe might be useful to our company in the Hiring Decision Process: _____
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<b>APPLICANT DO NOT FILL OUT - PRIOR EMPLOYER WILL FILL OUT</b>	WAS THIS DRIVER SUBJECT TO PART 382 (DOT DRUG/ALCOHOL) TESTING while employed by your company? <input type="checkbox"/> Yes (If Yes, please answer following) <input type="checkbox"/> No (If No, please sign below and return) AT ANY TIME WITHIN THE PAST THREE YEARS, has this person: 1. Tested positive for controlled substance use? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Tested for alcohol with a Breath Alcohol Concentration (BAC) of 0.4 or greater? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Refused an Alcohol or Controlled Substance test? <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No 5. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? <input type="checkbox"/> Yes <input type="checkbox"/> No 6. Did a previous employer report a drug and alcohol rule violation to you? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please include information received from other previous employers.) If Yes to any, Please give the SAP's name, address, and phone number: _____ _____
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PREVIOUS EMPLOYER OFFICIAL:	NAME: _____ TITLE: _____ SIGNATURE: _____ DATE: _____
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EPLA OFFICE USE ONLY: <input type="checkbox"/> Faxed <input type="checkbox"/> Mailed <input type="checkbox"/> Telephone Interview Date: _____ Employee Code: _____ Second Request Date: _____ Third Request Date: _____ Date information received: _____ Method: <input type="checkbox"/> Faxed <input type="checkbox"/> Mailed <input type="checkbox"/> Telephone	
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