

## DOT PRE- EMPLOYMENT APPLICATION INSTRUCTIONS:

**APPLICATION** (make sure and list all your CDL Experience and # of years)

**DISA Page** (for Drug Test) - Fill out First Name, Last Name, SS#, Phone #, Signature/Date

**HIRERIGHT** (for background test) - Fill out top portion sign/date. NOTARIZE if in

Indiana, Nevada,, Ohio, Utah

**SPHR** (to send to previous employer) – Only fill out section 1 and sign and date- if you can fill out you previous employers email or fax number.

**Disclosure and Release** – complete, sign and date

**Cert of Violations**- complete top portion, sign/date middle

**Qualifications & Requirements**- complete, sign/date (Copy of Truck Driving School Cert)

\*\*\*DO YOU HAVE A PEC CARD? **Yes** \_\_\_ make copy **NO** \_\_\_ you will need to do a training (7hrs)

### WE ALSO NEED UPON HIRING :

\_\_\_ clear copy OF **YOUR DRIVERS LICENSE** (FRONT AND BACK) –

\*DRIVERS NEED A CLASS A WITH A TANKER ENDORSEMENT. You also need to be able to Drive an AUTOMATIC AND MANUAL TRANSMISSION (Wamsutter)

\_\_\_ copy of your **MVR** (motor Vehicle Record from the DMV) usually about \$7

\_\_\_ Copy of a **MEDICAL CARD**

\_\_\_ COPY OF A **PEC SAFELAND CARD** (if you have one. If you don't, you will be required to get one upon hire) It is approx. a day training.. (ONLY IN WAMSUTTER)

\*\***Before hire** we require a BACKGROUND CHECK, DRUG TESTING, INSURANCE VERIFICATION, PEC SAFELAND CARD (we offer 1 day training), Fit Test, and training days in our truck (depends on your experience – training days will be approx\$14 hr.)

- FREE HOUSING (you need to bring food and bedding)
- Company subsidized health, dental, vision after a probation period (contact office for ?).
- 401 K match after 1 year and 1000 hours.
- WE SUPPLY: hard hats, safety glasses, and coveralls. You will need coats / steel toed boots/ and gloves

IF YOU HAVE ANY QUESTIONS, CALL Ibox Office at 208-356-6447 ext 100. Thank you.



IBEX, Inc.  
 310 N 2nd East Suite 200  
 Rexburg, ID 83440  
 Ph: 208-366-6447  
 Fax: 208-366-6101

## PRE-EMPLOYMENT PACKET

All driver-applicants must complete this form before driving a commercial motor vehicle.

In compliance with Federal and State equal opportunity employment laws, qualified applicants are considered for all positions without regard to race, religion, color, gender, national origin, age, marital status, or non-job related disability. Please fill in all areas of this application completely. Attach additional sheets if more room is required for details.

I have received and reviewed my driver's rights in accordance to REF: 49 CFR Part 391.23 (i)-(j).

Name (Last, First, MI)		Date	Email Address:
Current Address		City	State / Zip Code
Social Security #	Date of Birth	Time at this address	Telephone #

Position Applying For:

Are you related to anyone currently or previously employed with IBEX?  Yes  No  
 If yes, who & how? Referred By:

Have you ever been previously employed by Ibex?  Yes  No  
 If yes, when? to

Previous addresses for last three (3) years (most recent first)			
Street	City	State/Zip	How Long

Driver's License Information			
Class	State	Number	Expiration Date

Endorsements	
Tank <input type="checkbox"/> Yes <input type="checkbox"/> No	HazMat <input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Certifications:	
MEDICAL CARD <input type="checkbox"/> Yes <input type="checkbox"/> No	Expiration Date:

List the nature and extent of your experience operating different types of motor vehicles (e.g. buses, trucks, trailers, etc.)		
Type of Vehicle	Experience in Years and Miles Driven	TOTAL YEARS DRIVING EXP:

*\*Include CDL Training School Certificate if applicable\**

Please detail the facts and circumstances of any denial, revocation, or suspension of any license, permit, or privilege to operate a motor vehicle, or write 'none'.

---



---



---

**Employment history**

*Please complete all information regarding prior employers during the last three (3) years. If you are applying to operate a Commercial Motor Vehicle (GVWR of 26,001 lbs. or more, ability to transport 16 or more people, or any vehicle requiring placarding for hazardous materials), please include complete information regarding prior employers for the last 10 years for whom you operated such vehicles. Please start with your most recent prior employer (Use additional sheets if necessary).*

Employer Name	Employed From/To Date	Reason For Leaving
---------------	-----------------------	--------------------

Employer Address

Your Position	Your Salary	Supervisor	Telephone #
---------------	-------------	------------	-------------

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?  Yes  No

Was your position "safety-sensitive" requiring Part 40 drug and alcohol testing?  Yes  No

Employer Name	Employed From/To Date	Reason For Leaving
---------------	-----------------------	--------------------

Employer Address

Your Position	Your Salary	Supervisor	Telephone #
---------------	-------------	------------	-------------

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?  Yes  No

Was your position "safety-sensitive" requiring Part 40 drug and alcohol testing?  Yes  No

Employer Name	Employed From/To Date	Reason For Leaving
---------------	-----------------------	--------------------

Employer Address

Your Position	Your Salary	Supervisor	Telephone #
---------------	-------------	------------	-------------

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?  Yes  No

Was your position "safety-sensitive" requiring Part 40 drug and alcohol testing?  Yes  No

*I certify 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** \_\_\_\_\_

## EMPLOYMENT/WORK HISTORY

Insured Name:

Driver Name:

Date:

CDL Number: _____	Issuing State: _____
Issue Date of Current Class A CDL: _____	State: _____
Prior Class A CDL (Yes) / (No): _____	Issue Date: _____ State: _____
Employer Name #1 _____	
Employer Address _____	
Employer Phone # _____	
Dates of Employment: From _____ to _____	
What Class of Truck Did You Operate? _____	
What Type of Commodities? _____	
What Was Your Radius? _____	
Employer Name #2 _____	
Employer Address _____	
Employer Phone # _____	
Dates of Employment: From _____ to _____	
What Class of Truck Did You Operate? _____	
What Type of Commodities? _____	
What Was Your Radius? _____	
Employer Name #3 _____	
Employer Address _____	
Employer Phone # _____	
Dates of Employment: From _____ to _____	
What Class of Truck Did You Operate? _____	
What Type of Commodities? _____	
What Was Your Radius? _____	



An ISO 9001:2008 Certified Company

25969

IBEX INC

# Universal Membership Application Form

DISA Contractors Consortium, 12600 Northborough, Suite 300, Houston, TX 77067

The Universal Membership Application Form is used to enroll employees in the national DISA Contractors Consortium (DCC), and/or the North American Substance Abuse Program (NASAP), and/or the DISA Contractors Consortium Hair Testing (DCCHT) policies. Each employee must complete this form prior to gaining admittance to any site requiring either of these programs.

Please fill this form out completely. All fields marked with an asterisk (\*) are required. The form will not be able to be processed with incomplete information. This could result in a delay in enrolling the employee into the program. When the form is complete, please E-Mail the form to forms@disa.com or fax to (713)972-3431. For assistance completing this form, please contact your client service team at (281)673-2400 and select option 1.

For optimum accuracy, please print in capital letters and avoid contact with the edge of the box. Failure to fill the form out completely and legibly could delay processing of test results. The following example shows how letters should be drawn on the page:

A	B	C	D	E	F	G	H	I	J	K	L	M
N	O	P	Q	R	S	T	U	V	W	X	Y	Z

Last Name \*

First Name \*

M.I.

Social Security Number \*

Home Phone Number \*

Location Code

Collection Site Code

It is no longer necessary to provide additional policy information when enrolling an employee in the DCC. To enroll your employee in your company policy or DOT program, simply send the employee to test with the proper form for that policy.

I have received and/or reviewed a copy of the DISA Contractors Consortium Substance Abuse Policy and/or North American Substance Abuse Program Policy and/or the Hair Testing Substance Abuse Program. I apply for membership in the DISA Contractors Consortium (DCC) and/or North American Substance Abuse Program (NASAP) and/or the Hair Testing Substance Abuse Program under the sponsorship of the Company Member indicated above. I agree, upon acceptance, to abide by all DCC and/or NASAP and/or the Hair Testing Substance Abuse Program policies, rules, and regulations. I authorize the DCC to release my drug and/or alcohol test results to the Company Member for which I worked at the time I was tested and/or the Company Member which required me to take a post-offer of employment drug and/or alcohol tests. I also authorize the DCC to release information about my status in the DCC to those companies on whose premises I seek to work or am currently working. I also authorize the DCC to release DCC status, test results, and other program activity to the Houston Area Contractors Safety Council through the NASAP with the understanding that this data may affect my status in the NASAP and that this status may be shared with those Companies participating in the NASAP. This release expires five years after the latest date on which I was no longer an "active" member of the Consortium. I understand I have a right to receive a copy of this authorization.

Applicant Signature \* (Required to process application)

Date

### DISA Works™

FOR INTERNAL USE ONLY

DW Universal V2.0  
Revision Date - 1/14  
Policy Id: 61239

1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9
0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0



**HireRight**  
**Authorization to Release Information**

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

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

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

I authorize the release of information regarding work-related injuries, including first reports of injury and both pending and closed workers' comp claim cases on file with the State Department of Workers' Compensation, to HireRight, an agent for

\_\_\_\_\_  
(Employer)

This information may include, but should not be limited to case, claim or identification number, date of injury, source of injury, type of injury, nature of injury, location of injury, employer involved in the claim, compensation and medical dollars paid, and status.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Notarization is required for Indiana, Nevada, Ohio and Utah\*

Sworn and Subscribed before me on this \_\_\_\_\_ Day of \_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

My Commission Expires \_\_\_\_\_

\*Shade notary seal with pencil before faxing.

AuthReInfo12/07

Attempt 1 \_\_\_ date \_\_\_ Attempt 2 \_\_\_ date \_\_\_ Attempt 3 \_\_\_ date \_\_\_

# IBEX INCORPORATED

## SAFETY PERFORMANCE HISTORY RECORDS REQUEST

<b>SECTION 1</b>	<b>AUTHORIZATION</b>
------------------	----------------------

I, (Print Name) \_\_\_\_\_, hereby authorize:  
(First, M.I., Last)

Previous Employer: \_\_\_\_\_ Email: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

to release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substance Testing records within the previous 3 years from \_\_\_\_\_ (Date of Employment Application) to:

Prospective Employer: **IBEX INCORPORATED** \_\_\_\_\_ Ibx Inc  
Street Address: **310 N 2<sup>ND</sup> EAST SUITE 200** \_\_\_\_\_ info@ibexincorporated.com  
City, State, Zip: **REXBURG, IDAHO 83440** \_\_\_\_\_ PH: 208-356-6447 ext 100  
FAX:208-356-6101

In compliance with 49 CFR §§40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's confidential fax number: **208-356-6101** \_\_\_\_\_  
Prospective employer's confidential email: **info@ibexincorporated.com** \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

This information is being requested in compliance with 49 CFR §§ 40.25 and 391.23.

<b>SECTION 2</b>	<b>ACCIDENT HISTORY</b>
------------------	-------------------------

The applicant named above was employed by us.  Yes  No  
Employed as \_\_\_\_\_ from (mm/yy) \_\_\_\_\_ to (mm/yy) \_\_\_\_\_  
Did he/she drive motor vehicle for you?  Yes  No If yes, what type?  Straight Truck  Tractor/Semitrailer  
 Bus  Cargo Tank  Doubles/Triples  Other (Specify) \_\_\_\_\_

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

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

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

Signature: \_\_\_\_\_  
Title: \_\_\_\_\_ Date: \_\_\_\_\_



# DISCLOSURE AND RELEASE FORM

## Consumer Report/Investigative Report Disclosure

In connection with your employment or application for employment and in accordance with pertinent laws, IBEX Inc. may obtain or assemble consumer reports and/or investigative consumer reports (collectively, "Reports") related to information concerning your: Safety Performance History, Previous Employment (including employers, dates of employment, reasons for termination, etc.), Verification of References and Verification of other information supplied by you, Professional Credentials, Drug/Alcohol use in Violation of Law and/or Company Policy, Motor Vehicle Report, Accident History, Workers' Compensation Claims, and Criminal History. Information may be obtained from Government Agencies, Personal References, Personal Interviews and other Information Sources (collectively, "Suppliers"). Upon providing proper identification and subject to applicable legal requirements and restrictions, you have the right to request the nature and substance of all information in IBEX Inc.'s files pertaining to you, as well as information including, but not limited to: (i) whether any Reports have been provided by IBEX Inc. to other parties; (ii) identification of any Suppliers utilized by IBEX Inc. in compiling such Reports; and (iii) identification of any recipients of Reports furnished by IBEX Inc. within a certain statutorily-prescribed time periods proceeding your request. IBEX Inc. may be contacted by mail at 310 N 2nd East Suite 111 or by phone (208) 356-6447. Also, by fax (208)356-6101 or email: [info@ibexincorporated.com](mailto:info@ibexincorporated.com).

<p><b>California applicants or employees only:</b> By signing below, you also acknowledge receipt of A SUMMARY OF YOUR RIGHTS UNDER THE PROVISIONS OF CALIFORNIA CIVIL CODE §1786.22 Please check the appropriate box below if you would like to receive a copy of your investigative consumer report or consumer credit report at no charge.</p>
<p><b>Minnesota and Oklahoma applicants or employees only:</b> Please check the appropriate box below if you would like to receive a copy of your consumer report free of charge.</p>
<p><b>New York and Maine applicants or employees only:</b> You have the right to inspect and receive a copy of any investigative consumer report requested by Company by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.</p>
<p><b>New York applicants or employees only:</b> Upon request, you will be informed whether or not a consumer report was requested by Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing the authorization, you also acknowledge receipt of Article 23-A of the New York Correction Law.</p>
<p><b>Oregon applicants or employees only:</b> Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that the Company has not maintained secured records is available to you upon request.</p>
<p><b>Washington State applicants or employees only:</b> You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.</p>

### Applicant Authorization for Release of Information

Applicant Profile					
Applicant Name:		SS#:			
Date of Application:		Driver's License #:			
License Expiration Date:		Date of Birth:			
Address 1:			Address 2:		
City:	State:	Zip:	Telephone:		

I hereby authorize IBEX Inc. to obtain information for the purpose of making a determination as to my eligibility for employment, promotion, retention or other lawful purposes. If hired, I authorize IBEX Inc. to retain this document on file to act as ongoing authorization for the procurement and assembly of Reports at any time during my employment. As permitted by law, I fully release information as set forth in this document.

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have fully read and fully understand this disclosure and authorize for release; (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; (vi) I authorize IBEX Inc. and any person or entity contacted by IBEX Inc. to furnish the above mentioned information; and (vii) facsimile or email copies of this authorization are valid as an original.

**Applicant Signature:** \_\_\_\_\_

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



**MOTOR VEHICLE DRIVER'S  
Certification of Violations/Annual Review of Driving Record**

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

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

**COMPLETED BY DRIVER - CERTIFICATION OF VIOLATIONS**

NAME OF DRIVER: (PRINT)	ID NUMBER	DATE OF EMPLOYMENT
HOME TERMINAL (CITY AND STATE)	DRIVER'S LICENSE NUMBER	STATE EXPIRATION DATE

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

(If you have had no violations, check the following box –  None.)

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

Date \_\_\_\_\_ Driver's Signature \_\_\_\_\_

**COMPLETED BY MOTOR CARRIER - ANNUAL REVIEW OF DRIVING RECORD**

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

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

- Meets minimum requirements for safe driving       Is disqualified to drive a motor vehicle pursuant to Section 391.15
- Does not adequately meet satisfactory safe driving performance

Action taken with driver: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date \_\_\_\_\_  
Signature \_\_\_\_\_ Title \_\_\_\_\_  
Printed Name \_\_\_\_\_

Motor Carrier Name \_\_\_\_\_ Motor Carrier Address \_\_\_\_\_

MAINTAIN THIS DOCUMENT IN THE DRIVER'S QUALIFICATION FILE. THIS DOCUMENT MAY BE PURGED AFTER 3 YEARS FROM DATE OF EXECUTION.



IBEX, Inc.  
PO Box 280  
Rigby, ID 83442  
Ph: 208-745-6000  
Fax: 208-745-7398

## IBEX Driver Qualifications & Requirements

This sheet must be filled out and signed before application will be processed. Please place a check mark in each box, agreeing to the following statements. Any applicant that is unable to meet all these qualifications/requirements with reasonable accommodation will not be eligible for employment and the application, if turned in, will be filed accordingly.

### Driving Qualifications:

- I possess a valid CDL Class A license.
- I have a minimum of two (2) years experience driving a CMV OR
- I have certification from an IBEX-approved truck driving school.
- I agree to carry a valid DOT medical card.
- I am able to operate a tractor/trailer combo or tri axle, with an automatic as well as 8, 9, 10, 13, or 18 speed transmissions, and also a standard size crew van.
- I can drive in rainy, muddy, and snowy conditions.
- I am able to chain up to four (4) truck tires.
- I am able to pay attention to detail while performing work duties, such as properly securing truck/trailer and safely hooking or unhooking hoses each time I load and unload.
- I am able to back in tight locations with the use of my mirrors and spotters as needed, as well communicate proper backing signals.
- I am able to follow a map of the field.

### Physical Requirements

- I am capable of walking one (1) mile in 15 minutes.
- I am capable of consistently lifting 40 pounds above my head during a shift.
- I am capable of climbing up and down tight stair cases, to heights of 25 ft., 10 to 15 times daily.
- I am capable of driving at night in low light conditions.
- I understand that I may be required to work in extreme temperatures (-30 F) when necessary.

### Legal/Safety Questions

- I have not been convicted of a DUI in the past five (5) years.
- I understand that I must pass a pre employment drug screen.
- I have never tested positive, or refused to take a Part 40 drug test administered by an employer.
- I have not tested positive for a pre-employment drug or alcohol test for a job which I applied for, but never started.
- I have not been convicted of any felonies in the past seven (7) years.

### Miscellaneous

- I am able and willing to grease and wash trucks, when needed.
- I accept the responsibility of legibly and properly filling out necessary paperwork and submitting it in a timely manner.

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