

Barber Trucking Inc

3661 Route 28 North

Brookville, PA 15825

Phone 800-326-9870 814-913-1565 Fax 814-913-1625

www.barbertrucking.com

Date _____

Referred by _____

PERSONAL BIOGRAPHY

Barber Trucking Inc./Allegiant is an equal opportunity employer. Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age national origin, handicap or veteran status.

Driver Position: Flat Bed _____ Van _____ Full Time _____ Part Time _____

Dispatch _____ Garage _____ Other _____

All applications must be completed by the applicant only. No other person may complete any part of this application.

Name _____ Social Security Number _____

Complete Address _____ Phone Number _____

City, State, Zip Code _____

Previous Address _____

Age _____ Date of Birth _____ Physical Exam Expiration Date _____
(Driving Position Only) (Driving Position Only) (Driving Position Only)

Are you a United States Citizen? Yes No Are you eligible to work in the United States? Yes No

In case of Emergency Notify _____ Phone _____

Address _____ Relationship _____

Have you ever been discharged or suspended from any job? Yes No If yes, explain _____

Education:

Circle highest grade completed: High School: 7 8 9 10 11 12 College: 1 2 3 4

List all schools and training related to trucking that you have attended:

Employment:

Starting with your most recent employer, provide **10 years** of work history for driving jobs and **3 years** of work history for non driving jobs. Account for all time, including military service, periods of self-employment and unemployment for more than 2 weeks. If you require additional space to list past employers, use a blank sheet of paper and include the same information as requested below.

Are you presently employed? Yes (proceed to most recent job) No (proceed to Period of Non-Employment)

Period of Non-Employment From _____ To _____ Reason _____

MOST RECENT JOB

May we contact your current/most recent employer? Yes No

Company Name _____ Phone _____

Address _____ Supervisor _____

Position Held _____ From _____ To _____

What were you job duties _____

Reason for Leaving _____

WERE YOU SUBJECT TO THE FMCSRS 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 49 CFR PART 40? YES NO

Period of Non-Employment From _____ to _____ Reason _____

Company Name _____ Phone _____

Address _____ Supervisor _____

Position Held _____ From _____ To _____

What were you job duties _____

Reason for Leaving _____

WERE YOU SUBJECT TO THE FMCSRS 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 49 CFR PART 40? YES NO

Period of Non-Employment From _____ to _____ Reason _____

Company Name _____ Phone _____

Address _____ Supervisor _____

Position Held _____ From _____ To _____

What were you job duties _____

Reason for Leaving _____

WERE YOU SUBJECT TO THE FMCSRS 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 49 CFR PART 40? YES NO

Period of Non-Employment From _____ to _____ Reason _____

Company Name _____ Phone _____
 Address _____ Supervisor _____
 Position Held _____ From _____ To _____
 What were you job duties _____
 Reason for Leaving _____

WERE YOU SUBJECT TO THE FMCSRs 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 49 CFR PART 40? YES NO

Period of Non-Employment From _____ to _____ Reason _____
 Phone _____

Company Name _____
 Address _____ Supervisor _____
 Position Held _____ From _____ To _____
 What were you job duties _____
 Reason for Leaving _____

WERE YOU SUBJECT TO THE FMCSRs 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 49 CFR PART 40? YES NO

Period of Non-Employment From _____ to _____ Reason _____

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

Date of Accident	Nature of Accidents	Location of Accidents	# of Fatalities	# of Injured

Traffic Violations for past three years (attach sheet if more space needed)

Date	Location	Charge	Penalty

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

State	License #	Type	Endorsements	Expiration Date
Driving Experience		From	To	Approximate Miles Driven
Straight Truck				
Tractor and Semi-Trailer				
Tractor and Two Trailers				

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No If Yes, Please explain: _____

Has any license, permit, or privilege ever been suspended or revoked? Yes No If Yes, Please explain: _____

Have you ever been convicted of a misdemeanor or felony? Yes No If yes, Please explain: _____

Have you ever been convicted of a DUI or DWI? Yes No If yes, Please explain: _____

To Be Read and Signed by person filling out Personal Biography

It is agreed and understood that any misrepresentation given on this personal biography shall be considered an act of dishonesty.

I give Barber Trucking Inc., and its agents or representatives the right to investigate all references and to secure additional information about my personal background. I hereby release from all liability for damages Barber Trucking Inc, and its agents or representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.

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

It is agreed and understood that this personal biography in no way obligates Barber Trucking Inc to employ me.

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

This certifies that this personal biography was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature _____

Date _____

INQUIRY TO PAST EMPLOYERS

DATE: _____

FROM: Barber Trucking, Inc.
Heather Rosborough, Human Resources
3661 Route 28 North
Brookville, PA 15825
Phone 814-913-1565
Fax 814-913-1625

TO: _____

Phone _____
Fax _____

The following individual, _____, social security number _____ - _____ - _____
has made application to this company for a position as _____ and states that he/she was
employed by you as _____ from _____ to _____.

Will you kindly reply to the inquiry below respecting this applicant? Your reply will be held in strict confidence and will
in no way involve you in any responsibility. Please fax your response to us at 814-913-1625.

Thank you for your help.

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1. Is the employment record, with your company correct as stated above? Yes No
 2. What kind(s) of work did this employee do? _____
 3. If employed as a driver, specify equipment driven. _____
 4. Number of accidents? _____ Number preventable. _____
 5. Was their driver's license ever suspended or revoked? Yes No
 6. Reason for leaving your employ? Discharged Laid off Resigned
 7. Was general conduct satisfactory? Yes No Other _____
 8. Is this person competent for the position they are seeking? Yes No Other _____
 9. Would you re-employ? Yes No Other _____
 10. Any Remarks concerning questions 1 – 9 above. _____

Release For Information on Alcohol and Controlled Substances Testing

Report of test results: _____ not subject to Federal testing requirements

Alcohol: Tested 0.04 BAC or greater No Yes - If yes, date _____
Controlled Substances: Tested positive No Yes - If yes, date _____
Refusal to Test: No Yes - If yes, date _____

Date _____ For _____ By _____
(Name of Company) (Signature of person supplying information)

(Former Employer) Date _____

You are hereby authorized to give to Barber Trucking, Inc. all information regarding my services, character, and conduct
While in your employ, and you are released from any liability, which may result from furnishing such information.

Witness _____ **Signed** _____

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to **BARBER TRUCKING, INC.** for purpose of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are release from any and all liability which may result from furnishing such information.

Driver's Signature

Date

In accordance with the provisions of Sections 604 and 607 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 1, of Public Law 104-208). I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report.
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The Information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-322, Title XXX, Section 300002(a)).

Heather Rosborough

Date

TO:

DEAR SIR/MADAM:

The following named person has made application with our company for the position of **Truck Driver**. In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

Name of Applicant/Driver _____

Address _____

Date of Birth _____ License No _____

REQUESTED BY: Barber Trucking, Inc.
3661 Route 28 North
Brookville, PA 15825

Heather Rosborough
Human Resources

Part 1 – DOT Drug and Alcohol Release
Barber Trucking Inc

I authorize, per 49 CFR Part 40, the release of information from my DOT regulated drug and alcohol testing records by the carriers (company/school) listed below to USIS for the sole purpose of transmitting such records to the above listed employer. I authorize release of the following information concerning DOT drug and alcohol testing violations including pre-employment tests during the past **three (3) years**: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including verified adulterated or substituted results); (iv) other violations of DOT drug and alcohol testing regulations; (v) information obtained from previous employers of a drug and alcohol rule violation(s); and (vi) documents, if any, of completion of a return-to-duty process following a rule violation.

The information that I have authorized USIS to review involves tests required by DOT. If any carrier (company/school) listed below furnishes USIS with information concerning items (i) through (vi) above, I also authorize that carrier (company/school) to release and furnish the dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the **three (3) year** period and the name and phone number of any substance abuse professional who evaluated me during the past **three (3) years**.

Company	City	State	Phone Number
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Attached additional forms for additional past employers. Attached documents must also include the individual's signature.)

Print Name _____	Sign Name _____
Social Security Number _____	Date _____

Part II – Investigative Consumer Report Release

Pursuant to the Investigative Consumer Report Disclosure previously delivered to me, I authorize USIS Commercial Services to prepare a consumer report or investigative consumer report about me for employment-related purposes. I have been provided a copy of the summary of the rights of the consumer pursuant to the Fair Credit Reporting Act (FCRA). I hereby fully release and discharge USIS, their respective affiliates, subsidiaries, directors, officers, employees, agents and attorneys thereof, and each of them, and any individual, organization, entity, agency, or other source providing information to USIS from all claims and damages arising out of or relating to any investigation of my background for employment purposes. This release is valid for all federal, state, county, and local agencies, authorities, previous employers, military services and educational institutions.

USIS is authorized to disclose all information obtained to the requesting entity for the purpose of making a determination as to my eligibility for employment, promotion, or any other lawful purpose. I agree that such information which USIS has or obtains, and my employment history if I am hired, may be supplied by USIS to other companies that subscribe to USIS. If hired or contracted, this authorization shall remain on file and shall serve as ongoing authorization for the procurement of consumer reports at any time during my employment or contract period.

This authorization does not apply to drug and alcohol information obtained under Part I.

By signing below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being release could affect my being hired, my employment, or my eligibility for promotion.

Print Name _____	Sign Name _____
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For purpose of gathering this information, I agree to supply the following information, which may be required by law enforcement agencies and other entities for positive identification purposes when checking records. It is confidential and will not be used for any other purpose.

Print other last names you have used _____

List States and Counties of Residence for the past 10 years:

State _____	City/County _____	Date _____	to _____
State _____	City/County _____	Date _____	to _____
State _____	City/County _____	Date _____	to _____

Home address _____ City _____ State _____ Zip _____

Driver's License No. _____ State Issuing License _____

Date of Birth _____ Sex: Male Female Race: Asian Black White Other

INVESTIGATION CONSUMER REPORT DISCLOSURE

In connection with your employment or personal biography (including contract for services), an investigative consumer report and other consumer reports, which may contain public record information, may be requested from USIS Commercial Services ("USIS") or other investigative reporting services. 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, drugs/alcohol use, information relating to your character, general reputation, personal characteristics, mode of living, educational background, or any other information about you which may reflect upon your potential for employment gathered from any individual, organization, entity, agency, or other source which may have knowledge concerning any such items of information. 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 USIS concerning previous driving record requests made by others from such state agencies.

You have the right to receive, upon your request within a reasonable period of time, (not to exceed 30 days) a complete and accurate disclosure of the nature and scope of the investigation requested. You have the right to make a request to USIS, 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 USIS has previously furnished within the two-year period preceding your request. USIS may be contacted by mail at PO Box 33181, Tulsa, OK 74153, or by phone at (800) 381-0645.

Attached to this disclosure is a written summary of your rights under the Fair Credit Reporting Act (FCRA) as prepared by the Federal Trade Commission.

Print Name

Date

Driver Signature

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every “consumer reporting agency” (CRA). Most CRAs are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy – to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission’s web site (<http://www.ftc.gov>). The FCRA gives you the specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you – such as denying an application for credit, insurance, or employment – must tell you and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** As your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every 12 months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs – to which it has provided the data – of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA’s investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or delete.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after your dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone – such as a creditor who reports to a CRA – that you dispute the item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you’ve notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must keep of the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

Notice of Amendments to the Fair Credit Reporting Act

The following amendments were added by the Consumer Reporting Employment Clarification Act of 1998.

- Conviction of a crime can be reported regardless of when the conviction occurred.
- If you apply for a job that is covered by the Department of Transportation’s authority to establish qualifications and the maximum hours for such job and you apply by mail, telephone, computer, or other similar means, your consent to a consumer report may validly be obtained orally, in writing, or electronically. If an adverse action is taken against you because of such consumer report wherein you give your consent to the consumer reporting agency over the telephone, computer, or similar means, you may be informed of such adverse action and the name, address and phone number of the consumer reporting agency, orally, in writing, or electronically.

The FCRA gives several different federal agencies authority to enforce the FCRA:

For questions or concerns regarding:	Please contact:
CRAs, creditors or others not listed below	Federal Trade Commission Consumer Response Center – FCRA Washington, DC 20580 202-326-3761
National Banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal Credit Unions (words “Federal Credit Union” appear in institution’s name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC
Air, surface, or rail common carrier regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 202-720-7051