

ROBERT



# DRIVER APPLICATION / APLICACIÓN DE CHOFER

Name / Nombre :

Robert Nelson

Date / Fecha :

12/17/20

Company applying to / Compañía a que aplica :

Ray Salmon Trucking

Per FMCSA's 391.23 (Investigation and inquiries), subpart (J): (Driver) 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.

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, or the presence of a non-job related medical condition or handicap. / En cumplimiento con las leyes federales y estatales de igualdad de empleo, aplicantes calificados son considerados para empleo sin distinción de raza, color, religión, sexo, origen, edad, estado civil, o la presencia de salud física no relacionada con este empleo.

Position(s) applied for / Posición a que aplica :

Driver

Referred by / Referido por :

Social Security / Seguro Social :

416 63 6033

Date of Birth / Fecha de Nacimiento :

10/24/74

Address / Dirección :

5649 Kink Ln

City / Ciudad :

Windsor Mill

State / Estado :

MD

Zip / Código Postal :

21244

CDL / CDL :

N 425-765-507 720

CDL Expiration / Expiración de CDL :

2024

Home / Hogar :

Work / Trabajo :

Cell / Celular :

416 63 6033

Email / Email :

Robby22rabb@gmail.com

Emergency Contact / Contacto de Emergencia :

Erica Allen

Tel. / Tel. :

443 857 5726

## ADDRESS FOR PAST 3 YEARS / DIRECCIÓN PASADOS 3 AÑOS

1. Address / Dirección :

Same

How long / Tiempo :

3 yrs

2. Address / Dirección :

How long / Tiempo :

Do you have the legal right to work in the U.S. / Usted esta autorizado para trabajar en EU?

Yes / Si

No

Are you presently working / Usted esta actualmente trabajando?

Yes / Si

No

If not, how long since last job / Si no, que tiempo hace desde su ultimo trabajo?

5 mths

## **PHYSICAL HISTORY / HISTORIA FISICA**

Do you have any physical condition which may limit your ability to perform the job applied for /  
 Tiene usted alguna condición física que limite su capacidad de cumplir con su trabajo?

Yes / Si ☒ No

Have you ever tested positive for drugs or alcohol as a commercial driver /  
 Usted ha salido positivo en una prueba de drogas o alcohol como un chofer comercial?

Yes / Si ☒ No

If yes, when / Si, cuando : \_\_\_\_\_

Please explain / Por favor explique : \_\_\_\_\_

## **EXPERIENCE AND QUALIFICATIONS - DRIVER / EXPERIENCIA Y CALIFICACIONES - CHOFER**

	STATE / ESTADO	LICENSE NO. / NO. DE LICENCIA	TYPE / TIPO	EXPIRES / EXPIRA
DRIVER'S LICENSES / LICENCIAS	MD	N 425 745 507 820	CDL	10/24/2024

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle /  
 alguna vez le han cancelado su licencia, permiso de manejar?

Yes / Si ☒ No

B. Has any license, permit or privilege ever been suspended or revoked /  
 alguna vez le han suspendido o revocado su permiso de manejar?

Yes / Si ☒ No

(If YES to either A or B, attach statement giving details / Si ha contestado "SI" a la pregunta "A" o "B" explique las razones)

Commercial Motor Vehicle Driver Since : 2014

Years of Commercial Motor Vehicle experience : 6

Below, please list the type of Commercial Motor Vehicle experience you have had:

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Dry Van Truck        | <input type="checkbox"/> Car Carrier Truck       | <input type="checkbox"/> Off-Highway                     |
| <input checked="" type="checkbox"/> Tractor-Semi Trailer | <input type="checkbox"/> Crane Truck             | <input type="checkbox"/> Passenger Bus                   |
| <input checked="" type="checkbox"/> Reefer               | <input type="checkbox"/> Transfer Truck          | <input type="checkbox"/> Plow Truck                      |
| <input type="checkbox"/> Flatbed Truck                   | <input type="checkbox"/> Expeditor/Hot Shot      | <input type="checkbox"/> Refuse Hauler                   |
| <input type="checkbox"/> Dump Truck                      | <input type="checkbox"/> Farm/Grain Truck        | <input type="checkbox"/> Roll-back Tow Truck             |
| <input type="checkbox"/> Tank Truck                      | <input type="checkbox"/> Fire Truck              | <input type="checkbox"/> Salvage Truck                   |
| <input type="checkbox"/> Beverage Truck                  | <input type="checkbox"/> Fuel/Lube Truck         | <input type="checkbox"/> Service: Utility/Mechanic Truck |
| <input type="checkbox"/> Bucket/Boom Truck               | <input type="checkbox"/> Logging Truck           | <input type="checkbox"/> Toter Truck                     |
| <input type="checkbox"/> Cab & Chassis Truck             | <input type="checkbox"/> Low Boy                 | <input type="checkbox"/> Tractor                         |
| <input checked="" type="checkbox"/> Cabover Truck        | <input type="checkbox"/> Mixer: Asphalt/Concrete | <input type="checkbox"/> Wrecker Tow Truck               |

# **ACCIDENT RECORD / LISTA DE ACCIDENTES**

Accident record for past 3 years. Attach sheet if more space is needed / Lista de accidentes en que se haya visto envuelto en los últimos 3 años :

	DATE / FECHA	TYPE OF ACCIDENT / TIPO DE ACCIDENTE	FATALITIES / MUERTOS	INJURIES / HERIDAS
ACCIDENT / ACCIDENTE 1				
ACCIDENT / ACCIDENTE 2				
ACCIDENT / ACCIDENTE 3				

Traffic convictions and forfeitures for the past 3 years (other than parking violations) /  
Violaciones de tránsito en los últimos 3 años (violaciones que no sean de parqueo) :

LOCATION / LUGAR	DATE / FECHA	CHARGE / TIPO DE MULTA	PENALTY / PENALIDAD

## **TO BE READ AND SIGNED BY APPLICANT**

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. I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. As a commercial CDL driver I hereby release employers, schools or persons from all liability in responding to inquiries 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, as permitted by Law.

## **PARA SER LEIDO Y FIRMADO POR EL APLICANTE**

Esto certifica que esta aplicación a sido completada por mí, y que toda la información dada aquí a mi entender es correcta. Yo autorizo a que se investigue mi pasado medico, de empleado, historia de manejo y violaciones y otras cosas que sean relacionadas a este empleo que estoy siendo considerado como chofer comercial CDL. Si soy contratado entiendo que puedo ser despedido sí yo e proveido información falsa en esta aplicación. Tambien entiendo que estoy requerido a obedecer las regulaciones de esta compañía permitidas por la Ley.

**SIGN  
HERE**

Signature / Firma :



Date / Fecha :

12/17/20

## DRIVER WORK HISTORY / HISTORIA DE TRABAJO DE CHOFER

Name / Nombre : Robert Nelson Date / Fecha : 12/17/20

Company applying to / Compañía a que aplica : Bay Salmon Trucking

## WORK HISTORY / HISTORIA DE TRABAJO

All drivers' applicants to drive in intra or interstate commerce must provide the following information on all work during the preceding 10 years. Please complete the following, by date order including those date periods in which you were not working, or worked as a sole proprietor. / Todos los chóferes que aplican a manejar vehículos comerciales en el estado o fuera del estado, tienen que proveer la siguiente información relacionada a sus trabajos anteriores. Por favor complete la siguiente información en orden cronológico incluyendo los periodos de tiempo en que usted estuvo desempleado, o trabajo por cuenta propia.

Which is the exact date of your first job in the US / Cual es la fecha exacta en que comenzó a trabajar en EE.UU.?

Date / Fecha : 1/6/14

Please list your work history beginning with the most recent / Por favor indique su historia de trabajo comenzando por el más reciente.

Date / Fecha : From / Desde : Oct 2014 To / Hasta : Jul 2020

☐ Unemployed / Desempleado ☒ Worked for Company / Trabajo Para Una Compañía ☐ Self-Employed / Trabajo por Cuenta Propia

Were you subject to Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? / Estuvo sujeto a las Regulaciones del Departamento Federal de Seguridad de Transporte mientras trabajo con su previo empleador? ☒ YES / SI ☐ NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? / Su previa posición como conductor bajo alguno de los modos regulados por el DOT estuvo sujeto al requerimiento de exámenes de alcohol y drogas como es requerido en 49 CFR part 40? ☒ YES / SI ☐ NO

Company / Compañía : Old Dominion Position Held / Posición : Driver

Address / Dirección : 2305 Hawkins Pt Rd Reason for Leaving / Razón de Renuncia : Laid off  
Centric Bay, MD

Contact Person / Supervisor : \_\_\_\_\_

Phone / Teléfono : \_\_\_\_\_ Fax / Fax : \_\_\_\_\_



Signature / Firma : [Signature]

Date / Fecha : 12/17/20

Date / Fecha : From / Desde : 2014 To / Hasta : 2017

☐ Unemployed / Desempleado ☒ Worked for Company / Trabajo Para Una Compañía ☐ Self-Employed / Trabajo por Cuenta Propia

Were you subject to Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? / Estuvo sujeto a las Regulaciones del Departamento Federal de Seguridad de Transporte mientras trabajo con su previo empleador? ☒ YES / SI ☐ NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? / Su previa posición como conductor bajo alguno de los modos regulados por el DOT estuvo sujeto al requerimiento de exámenes de alcohol y drogas como es requerido en 49 CFR part 40? ☒ YES / SI ☐ NO

Company / Compañía : Cowan Position Held / Posición : Driver

Address / Dirección : 4455 Hollins Ferry Rd  
Baltimore MD Reason for Leaving / Razón de Renuncia : Resigned

Contact Person / Supervisor : \_\_\_\_\_

Phone / Teléfono : \_\_\_\_\_ Fax / Fax : \_\_\_\_\_

Date / Fecha : From / Desde : \_\_\_\_\_ To / Hasta : \_\_\_\_\_

☐ Unemployed / Desempleado ☐ Worked for Company / Trabajo Para Una Compañía ☐ Self-Employed / Trabajo por Cuenta Propia

Were you subject to Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? / Estuvo sujeto a las Regulaciones del Departamento Federal de Seguridad de Transporte mientras trabajo con su previo empleador? ☐ YES / SI ☐ NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? / Su previa posición como conductor bajo alguno de los modos regulados por el DOT estuvo sujeto al requerimiento de exámenes de alcohol y drogas como es requerido en 49 CFR part 40? ☐ YES / SI ☐ NO

Company / Compañía : \_\_\_\_\_ Position Held / Posición : \_\_\_\_\_

Address / Dirección : \_\_\_\_\_ Reason for Leaving / Razón de Renuncia : \_\_\_\_\_

Contact Person / Supervisor : \_\_\_\_\_

Phone / Teléfono : \_\_\_\_\_ Fax / Fax : \_\_\_\_\_

 SIGN HERE Signature / Firma : \_\_\_\_\_ Date / Fecha : 12/17/20

Date / Fecha : From / Desde : \_\_\_\_\_ To / Hasta : \_\_\_\_\_

☐ Unemployed / Desempleado    ☐ Worked for Company / Trabajo Para Una Compañía    ☐ Self-Employed / Trabajo por Cuenta Propia

Were you subject to Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? / Estuvo sujeto a las Regulaciones del Departamento Federal de Seguridad de Transporte mientras trabajo con su previo empleador? ☐ YES / SI    ☐ NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? / Su previa posición como conductor bajo alguno de los modos regulados por el DOT estuvo sujeto al requerimiento de exámenes de alcohol y drogas como es requerido en 49 CFR part 40? ☐ YES / SI    ☐ NO

Company / Compañía : \_\_\_\_\_ Position Held / Posición : \_\_\_\_\_

Address / Dirección : \_\_\_\_\_ Reason for Leaving / Razón de Renuncia : \_\_\_\_\_

Contact Person / Supervisor : \_\_\_\_\_

Phone / Teléfono : \_\_\_\_\_ Fax / Fax : \_\_\_\_\_

Date / Fecha : From / Desde : \_\_\_\_\_ To / Hasta : \_\_\_\_\_

☐ Unemployed / Desempleado    ☐ Worked for Company / Trabajo Para Una Compañía    ☐ Self-Employed / Trabajo por Cuenta Propia

Were you subject to Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? / Estuvo sujeto a las Regulaciones del Departamento Federal de Seguridad de Transporte mientras trabajo con su previo empleador? ☐ YES / SI    ☐ NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? / Su previa posición como conductor bajo alguno de los modos regulados por el DOT estuvo sujeto al requerimiento de exámenes de alcohol y drogas como es requerido en 49 CFR part 40? ☐ YES / SI    ☐ NO

Company / Compañía : \_\_\_\_\_ Position Held / Posición : \_\_\_\_\_

Address / Dirección : \_\_\_\_\_ Reason for Leaving / Razón de Renuncia : \_\_\_\_\_

Contact Person / Supervisor : \_\_\_\_\_

Phone / Teléfono : \_\_\_\_\_ Fax / Fax : \_\_\_\_\_

 Signature / Firma : \_\_\_\_\_ Date / Fecha : \_\_\_\_\_

**AUTHORIZATION TO OBTAIN BACKGROUND INFORMATION**

For as long as I am operating for the under named carrier company, I the undersigned, have authorized The Simplex Group, its agents and representatives, to obtain the following information:


- **Past Employment References (skills, behavior, experience, drug & alcohol tests) (as per Section 391.23)**
- **Driving Record History**
- **Criminal Background Records**

I understand that any information obtained as a result of this release will be provided to the under named carrier company for hiring eligibility based on DOT regulation under part 391 of 49CFR.

Driver : \_\_\_\_\_ Company : \_\_\_\_\_

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

Address : \_\_\_\_\_ City : \_\_\_\_\_ State: \_\_\_\_\_ Zip : \_\_\_\_\_

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

**AUTORIZACION PARA OBTENER INFORMACION DE RECORDS**

Yo el abajo firmante autorizo a The Simplex Group, sus agentes, representantes, como también a la compañía de transporte la siguiente información. Esta autorización estará vigente mientras yo este operando para la compañía de transporte mencionada en esta forma.

- **Past Employment References (skills, behavior, experience, drug & alcohol tests) (as per Section 391.23)**
- **Driving Record History**
- **Criminal Background Records**

Yo entiendo que cualquier información obtenida como resultado de esta autorización será dada a la compañía transportista para la cual yo estoy aplicando. El resultado será usado para determinar la aprobación de su aplicación basada en la regulación de DOT bajo parte 391 de 49CFR.

Chofer : \_\_\_\_\_ Compañía : \_\_\_\_\_

Seguro Social : \_\_\_\_\_ CDL : \_\_\_\_\_

Dirección : \_\_\_\_\_ Ciudad : \_\_\_\_\_ Estado: \_\_\_\_\_ Zip : \_\_\_\_\_

 Firma : \_\_\_\_\_ Fecha : \_\_\_\_\_

**REQUEST FOR CHECK OF DRIVING RECORD**

I hereby authorize you to release the following information to \_\_\_\_\_ for purposes of investigation as required by section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.



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

1. In accordance with the provisions of Section 604 and Section 607 of the Fair Credit Reporting Act, Public Law No. 91-508, I hereby certify that the information requested below will be used for a "permissible purpose" as defined in the Act, and that the information received will be used for no other purpose.
2. I further certify that if the driver named below is denied employment based upon the information received, I will identify the source of the report in accordance with Section 615(a) of the Fair Credit Reporting Act.



Requester's Signature : \_\_\_\_\_ Date : \_\_\_\_\_

**TO WHOM IT MAY CONCERN:**

The following named person has applied with us for the position of DRIVER. As 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 : \_\_\_\_\_

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

Former Address : \_\_\_\_\_ City, State, Zip : \_\_\_\_\_

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

Social Security No. : \_\_\_\_\_ License No. : \_\_\_\_\_

**REQUESTED BY:**

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

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

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

**MARYLAND**  
Commercial Driver's License

CDL

10/24/1974

02011C3E3



License number  
**N-425-745-507-820**

Family name  
**NELSON**

Given name  
**ROBERT LEONARD**

Address  
**3649 KIRK LN  
WINDSOR MILL MD 21244**

Date of birth  
**10/24/1974**

Sex  
**M**

Height  
**5'-10"**

Weight  
**165**

Classification  
**A**

Endorsements  
**TX**

Date of exp  
**10/24/2024**

Date of issue  
**10/16/2019**

1974

## FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

SPECIMEN ID NO. **7903556525**
**Quest**  
**Diagnostics™**  
 800-877-7484

O M B No. 0930-0158

**STEP 1 : COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE**

Courier Tracking Number

**A. Employer Name, Address, I.D. No.**

Lab Acct #: 65017154

**B. MRO Name, Address, Phone and Fax No.**
 Roy Salmon Trucking - 2818-22749  
 9737 Eustice Rd  
 Randallstown, MD 21133  
 Phone: 443-629-4648 Fax: 443-299-6806

 Dr. Stephen Kracht  
 8140 Ward Parkway  
 Ste 275  
 Kansas City, MO 64114  
 Phone: (855) 355-7058  
 Fax: (913) 498-5038
**C. Donor SSN or Employee I.D. No.** N425745507820
**D. Specify Testing Authority:** ☐ HHS ☐ NRC ☐ Specify DOT Agency: ☒ FMCSA ☐ FAA ☐ FRA ☐ FTA ☐ PHMSA ☐ USCG

**E. Reason for Test:** ☒ Pre-Employment ☐ Random ☐ Reasonable Suspicion/Cause ☐ Post Accident ☐ Return to Duty ☐ Follow Up ☐ Other (Specify)

**F. Drug Tests to be Performed:** ☒ THC, COC, PCP, OPI, AMP ☐ THC & COC Only ☐ Other (Specify)
**G. Collection Site Address:**
 Concentra Rosedale - 2814  
 8101 PULASKI HWY STE H  
 BALTIMORE, MD 21237
**2814-BB157**

Clinic ID

Collector Phone No. 410-687-6462

Collector Fax No. 410-687-2261

**STEP 2 : COMPLETED BY COLLECTOR (make remarks when appropriate) Collector reads specimen temperature within 4 minutes.**
 Temperature between 90° and 100° F? ☒ Yes ☐ No. Enter Remark ☐ Collection: ☒ Split ☐ Single ☐ None Provided, Enter Remark ☐ Observed, Enter Remark

REMARKS:

**STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)****STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY TEST FACILITY**

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable Federal requirements.

X

Signature of Collector

Nia Fowlkes

12 / 21 / 2020

9:57:45

☒ AM  
☐ PM

(PRINT) Collector's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Time of Collection

**SPECIMEN BOTTLE(S) RELEASED TO:****COURIER**

Name of Delivery Service

**STEP 5: COMPLETED BY DONOR**

7903556525

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen bottle is correct.

X

Signature of Donor

Robert Nelson

(PRINT) Donor's Name (First, MI, Last)

12 / 21 / 2020

Date (Mo./Day/Yr.)

Daytime Phone No. (443) 453-8982

Evening Phone No. ( ) Not Provided

Date of Birth 10 / 24 / 1974

Date (Mo./Day/Yr.)

After the Medical Review Officer receives the test results for the specimen identified by this form, he/she may contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). - DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

**STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN**

In accordance with applicable Federal requirements, my verification is:

☐ Negative☐ Positive for :☐ Dilute☐ Refusal to Test because - check reason(s) below:☐ TEST CANCELLED☐ ADULTERATED (adulterant/reason):☐ SUBSTITUTED☐ OTHER:

REMARKS:

X

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

**STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN**

In accordance with applicable Federal requirements, my verification for the split specimen (if tested) is:

☐ RECONFIRMED for:☐ TEST CANCELLED☐ FAILED TO RECONFIRM for:

REMARKS:

X

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

COPY 5 - DONOR COPY

eCCF ® generated in eScreen123® software