

DRIVER'S APPLICATION FOR EMPLOYMENT

X Applicant Name _____ **X** Date of Application _____
(print)

Company Riggs Distler & Company, Inc.
 Address 4 Esterbrook Lane
 City Cherry Hill, NJ 08003-4002

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

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. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by 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.

X Signature _____ **X** Date _____

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____
 DATE EMPLOYED _____ POINT EMPLOYED _____
 DEPARTMENT _____ CLASSIFICATION _____
(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)
 SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____
 DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____
 TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

This form is made available with the understanding that J. J. Keller & Associates, Inc. is not engaged in rendering legal, accounting, or other professional services. J. J. Keller & Associates, Inc. assumes no responsibility for the use of this form or any decision made by an employer which may violate local, state or federal law.

APPLICANT TO COMPLETE

(answer all questions - please print)

X Position(s) Applied for _____

X Name _____ **X** Social Security No. _____
X Last **X** First **X** Middle

X List your addresses of residency for the past 3 years. Contact Phone No. _____

X Current Address _____
 Street City

State Zip code Phone: _____ How Long? _____ yr./mo.

X Previous Addresses _____
 Street City State & Zip Code How Long? _____ yr./mo.

Street City State & Zip Code How Long? _____ yr./mo.

Street City State & Zip Code How Long? _____ yr./mo.

X Do you have the legal right to work in the United State? _____

X Date of Birth _____ / _____ / _____ Can you provide proof of age? _____
 (Required for Commercial Drivers)

X Have you worked for this company before? _____ Where? _____

X Dates: From _____ To _____ Rate of Pay _____ Position _____

X Reason for leaving _____

X Are you now employed? _____ If not, how long since leaving last employment? _____

X Who referred you? _____ Rate of pay expected _____

X Have you ever been bonded? _____ Name of bonding company _____
 (Answer only if a job requirement)

X Have you ever been convicted of a felony? _____

X If yes please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

X Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)?

X If yes, explain if you wish.

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary).

X EMPLOYER	X DATE
X NAME	FROM MO. YR. TO MO. YR.
X ADDRESS	POSITION HELD
X CITY X STATE X ZIP	SALARY/WAGE
X CONTACT PERSON PHONE NUMBER	REASON FOR LEAVING
X WERE YOU SUBJECT TO THE FMCSRS [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
X 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? <input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYMENT HISTORY (continued)

XEMPLOYER			XDATE	
XNAME			FROM MO. YR.	TO MO. YR.
XADDRESS			POSITION HELD	
XCITY	STATE	ZIP	SALARY/WAGE	
XCONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	
X WERE YOU SUBJECT TO THE FMCSRs[†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
X 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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

XEMPLOYER			XDATE	
XNAME			FROM MO. YR.	TO MO. YR.
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*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

†The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

EMPLOYMENT HISTORY (continued)

XEMPLOYER			XDATE	
XNAME			FROM MO. YR.	TO MO. YR.
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X ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

X DATES	X NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	X FATALITIES	X INJURIES	X HAZARDOUS MATERIAL SPILL
X LAST ACCIDENT				
X NEXT PREVIOUS				
X NEXT PREVIOUS				

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

X LOCATION	X DATE	X CHANGE	X PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

X EXPERIENCE AND QUALIFICATIONS - DRIVER

List all driver licenses or permits held in the past 3 years

X DRIVER X LICENSES	X STATE	X LICENSE NO.	X TYPE	X EXPIRATION DATE

X A Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____

X B Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS _____

X DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES FROM (M/Y) TO (M/Y)	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR - TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 8 passengers</small>	—		
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 15 passengers</small>	—		
OTHER _____			

X LIST STATES OPERATED IN FOR LAST FIVE YEARS: _____

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

X WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS - OTHER

X SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

X LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

X LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

EDUCATION

X CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 **HIGH SCHOOL:** 1 2 3 4 **COLLEGE:** 1 2 3 4

X LAST SCHOOL ATTENDED (NAME) _____ **(CITY, STATE)** _____

X 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.

X Signature: _____ **X Date:** _____

Company Name **Riggs Distler & Company, Inc.**

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. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

X _____
Applicant's signature

X _____
Date

X _____
Print name

X _____
Social Security number

Motor Vehicle Driver's

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: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. They are as follows:

- 1) **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.
- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (If the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

The following license is the only one I possess:

X Driver's License No. _____ X State _____ X Exp. Date _____

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

X Driver's Name (Printed): _____

X Driver's Signature: _____ X Date: _____

X Notes: _____

**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 an account of which he/she has forfeited bond or collateral during the preceding 12 months (Section 391.217). 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)		SOCIAL SECURITY 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 _____

Printed Name _____ Title _____

Riggs Distler & Co., Inc. **4 Esterbrook Lane, Cherry Hill, NJ 08003**

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.

Driver's Road Test Examination

Driver's Name _____ Phone _____

Driver's Address _____

City _____ State _____ Zip Code _____

The road test shall be given by the motor carrier or a person designated by the carrier. However, a driver who is also a motor carrier must be given the test by another individual. The test shall be given by a person who is competent to evaluate and determine whether the person who takes the test has demonstrated that he or she is capable of operating the vehicle and associated equipment that the motor carrier intends to assign to the driver.

Rating of Performance

- _____ The pre-trip inspection (as required by Sec. 392.7)
- _____ Coupling and uncoupling of combination units, if the equipment driven may include combination units.
- _____ Placing the equipment in operation.
- _____ Use of the vehicle's controls and emergency equipment.
- _____ Operating the vehicle in traffic and while passing other vehicles.
- _____ Turning the vehicle.
- _____ Braking and slowing the vehicle by means other than braking.
- _____ Backing and parking the vehicle.
- _____ Other, Explain: _____

Type of Equipment Used in Giving the Test: _____

Date: ____/____/____ Examiner's Signature: _____

If the road test is successfully completed, the examiner shall complete a certificate of driver's road test.

Remarks: _____

Certificate of Road Test

Driver's Name: _____

Social Security No.: _____

Driver's License or CDL No.: _____

State: _____

Type of Power Unit: _____

Type of Trailer(s): _____

This is to certify that the above-named driver was given a road test under my supervision on _____, 20_____, consisting of approximately _____ miles of driving.

It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

Signature of Examiner

Title

Organization & Address of Examiner

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

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

X Driver Name (Print) _____

X Social Security Number _____

X Driver's License: State _____ Number _____ Class _____ Endorsement(s) _____ Restriction(s) _____

X Type of License _____ Issuing State _____

DAY	1 <small>(yesterday)</small>	2	3	4	5	6	7	
X DATE								
X HOURS WORKED								TOTAL HOURS

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

A.M.
P.M.

_____ On _____ Day _____ Month _____ Year

Time

X Driver's Signature

X Date

DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

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

(check one)

X Are you currently working for another employer?

Yes No

X At this time do you intend to work for another employer while still employed by this company?

Yes No

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

X Driver's Signature

X Date

Witness:

X Company Representative

X Date

PLEASE REMEMBER TO ATTACH A COPY OF:

➤ **DRIVERS LICENSE**

➤ **MEDICAL CERT. EXAM CARD**



REQUEST FOR DRIVER INFORMATION

DO NOT SEND CASH • SEE REVERSE FOR INSTRUCTIONS

Bureau of Driver Licensing • P.O. Box 68695 • Harrisburg, PA 17106-8695

CHECK (✓) ONE ONLY:

- BASIC INFORMATION: \$11.00 FEE (Driver history is not included)
- 3 YEAR DRIVER RECORD: \$11.00 FEE

10 YEAR DRIVER RECORD: \$11.00 FEE (Employment Purposes Only)

FULL HISTORY: \$11.00 FEE

CERTIFIED DRIVER RECORD: \$36.00 FEE

COPY OF DOCUMENT FROM FILE (MICROFILM): \$11.00 FEE

CERTIFIED COPY OF DOCUMENT FROM FILE: \$36.00 FEE

You may obtain a copy of your own 3 year or 10 year Driving Record on PennDOT'S website at www.dmv.pa.gov

<p>A REQUESTER INFORMATION</p> <p>NAME/COMPANY Datalink Services, Inc.</p> <p>ADDRESS <small>P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.</small> 2081 Arena Blvd. ST. 190</p> <p>CITY STATE ZIP CODE Sacramento CA 95834</p> <p>DAYTIME TELEPHONE NUMBER (REQUIRED) (866) 454-3238</p> <p>RELATIONSHIP TO DRIVER (REQUIRED) Vendor</p> <p>SIGNATURE X NOTARIZATION NOT REQUIRED WHEN REQUESTING YOUR OWN RECORD</p>	<p>B END USER OF INFORMATION BEING REQUESTED</p> <p>NAME/COMPANY Riggs Distler & Co, INC</p> <p>ADDRESS (P.O. Box not acceptable), need to provide physical location of business/residence 4 Esterbrook Lane</p> <p>CITY STATE ZIP CODE Cherry Hill NJ 08003</p> <p>DAYTIME TELEPHONE NUMBER (REQUIRED) (856) 433-6000</p> <p>RELATIONSHIP TO DRIVER (REQUIRED) Employer</p>
<p>C DRIVER INFORMATION</p> <p>NAME: LAST FIRST INITIAL</p> <p>ADDRESS</p> <p>CITY</p> <p>STATE ZIP CODE</p> <p>PHONE NUMBER</p> <p>DATE OF BIRTH DRIVER NUMBER</p> <p>MONTH DAY YEAR</p>	<p>D AFFIDAVIT OF INTENDED USE</p> <p>Intended Use of the Information Requested: CHECK ONLY ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> B = Driver Release (Driver must complete Section E.) <input type="checkbox"/> C = Credit Business (Legitimate Business need in connection with a business transaction initiated by the driver.) <input type="checkbox"/> C = Credit Potential Investor, Server or Current Insurer (In connection with an assessment of the credit/payment risks associated with an existing credit obligation.) <input checked="" type="checkbox"/> E = Employment (To support the hiring or the continuation of employment. Driver must complete Section E.) <input type="checkbox"/> R = Insurance Company requesting record of person it intends to insure, now insures, or has rejected for insurance. <input type="checkbox"/> K = Court Order must be attached. (A subpoena issued in compliance with Pa. R.C.P. 4009.21 will be accepted in lieu of a court order). <input type="checkbox"/> L = Attorney representing driver identified in Section C (Driver must complete Section E.) <p>I hereby Certify that _____ PRINTED NAME OF REQUESTER</p> <p>will use the driver record abstract(s) required pursuant to Section 6114 of the Pennsylvania Vehicle Code, for the purpose checked above only and no other reason. This affidavit is filed in compliance with Section 607 of the Fair Credit Reporting Act. I/We have read and signed this form after its completion, and I/We swear or affirm that the statements made herein are true and correct, and that any statement made on or pursuant to this form is subject to the penalties of 18 Pa C.S. Section 4903(a)(2) (relating to false swearing), which shall include punishment of a fine not exceeding \$5,000, or to a term of imprisonment of not more than two years, or both.</p> <p>X _____ SIGNATURE OF REQUESTER</p> <p>Title _____</p>
<p>E DRIVER RELEASE</p> <p>I _____ hereby request NAME OF DRIVER the Department of Transportation to furnish a copy of my PA Driver's Record to Datalink Services, Inc. NAME OF PERSON/COMPANY</p> <p>X _____ DATE SIGNATURE OF DRIVER</p>	<p>F MICROFILM</p> <p>TYPE OF DOCUMENT DATE OF VIOLATION</p> <p>(see list of available documents below)</p> <p>Documents Available:</p> <ul style="list-style-type: none"> <li style="width: 50%;">• Citations <li style="width: 50%;">• Ignition Interlock Removal Letter <li style="width: 50%;">• Court Certifications <li style="width: 50%;">• Suspension/Revocation Letters <li style="width: 50%;">• Applications <li style="width: 50%;">• Restoration Letters <li style="width: 50%;">• License Renewals <li style="width: 50%;">• Rescind Letters <li style="width: 50%;">• Judgments <li style="width: 50%;">• Department Hearing or Exam Notice <li style="width: 50%;">• Suspension Credit Affidavits <p>MESSANGER NO. _____</p>
<p>NOTARIZATION</p> <p>SUBSCRIBED AND SWORN TO BEFORE ME: MONTH DAY YEAR</p> <p>X _____ SIGNATURE OF PERSON ADMINISTERING OATH</p> <p style="text-align: center;">SIGN IN PRESENCE OF NOTARY</p>	

FOR CDL LICENSE HOLDERS ONLY



RIGGS DISTLER & CO., INC.

GENERAL CONSENT FOR LIMITED QUERIES OF THE FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION (FMCSA) DRUG AND ALCOHOL CLEARINGHOUSE

I, (print name) _____, hereby provide consent to RIGGS DISTLER & CO., INC. to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse ("Clearinghouse") to determine whether drug or alcohol violation information about me exists in the Clearinghouse. This includes undetermined number of limited queries (at least once annually) during the duration of my employment with RIGGS DISTLER & CO., INC.

I understand that if the limited query conducted by RIGGS DISTLER & CO., INC. indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to RIGGS DISTLER & CO., INC. without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for RIGGS DISTLER & CO., INC. to conduct a limited query of the Clearinghouse, RIGGS DISTLER & CO., INC. must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Employee Signature

Date signed

FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION (FMCSA)
Applicant Authorization to Release DOT Drug/Alcohol Test Results/Release Safety Performance History
 (As required by 49 CFR Parts 40.25 and 391.23)

SECTION A – TO BE COMPLETED BY DRIVER APPLICANTS ONLY – PLEASE PRINT CLEARLY

Applicant Name:	SS#:	Date of Birth:
I, as the Applicant named above, hereby authorize any previous employers listed below to release information from my Department of Transportation regulated drug and alcohol testing records and safety performance history outlined in Section C to <u>Riggs Distler & Company Inc</u> in accordance with 49 CFR Part 40.25 and 391.23.		
<input type="checkbox"/> Check this box if you have NOT performed DOT functions in the past three years.		
Applicant Signature:	Date:	

SECTION B – TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Company: Riggs Distler & Company Inc	Address: 4 Esterbrook Ln	City/State/Zip: Cherry Hill, NJ 08003
DER Contact: Joanne Wilson	Phone #: 856-433-6021	Fax #: 856-433-6036

In accordance with 49 CFR Part 40.25, we are obligated to request the information below from all previous employers of the applicant that employed him/her within the 3 years preceding the date above. Please complete the information below and return to us immediately, as required by 49 CFR Part 40. Please phone/fax/mail or email the following information to:
RIGGS DISTLER & CO INC, 4 Esterbrook Lane, Cherry Hill, NJ 08003
Phone: 856-433-6000 Fax: 856-433-6036 Email: DOTVerifications@RiggsDistler.com

SECTION C – TO BE COMPLETED BY PREVIOUS EMPLOYER

1. Has this individual had an alcohol test with a result of 0.04 or higher alcohol concentration?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
2. Has this individual had verified positive drug tests?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
3. Has this individual refused to be tested (including verified adulterated or substituted drug test results)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
4. Has this individual had other violations of DOT agency drug and alcohol testing regulations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
5. Did a previous employer report a drug or alcohol rule violation to you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
6. If the answer is "yes" to any of the above items, did the employee complete the return-to-duty process? If yes, you must provide the records concerning the result, violation and/or return-to-duty documentation (e.g., SAP report(s), follow-up testing results, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
8. Did the above-named individual drive a commercial motor vehicle (CMV) for you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
9. Please provide dates employed: _____ to _____				
10. Reason for leaving your company: <input type="checkbox"/> Discharged <input type="checkbox"/> Resignation <input type="checkbox"/> Layoff <input type="checkbox"/> Military Duty <input type="checkbox"/> Other (specify):				
11. While a CMV driver for you, was the individual involved in any accidents as defined in 390.5? If yes, please supply the following information for any accident on your accident register (390.15(b)) that involved the above named individual for the three (3) years prior to the date next to their signature.	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Date	Location	# of Injuries	# of Fatalities	Hazmat Spill?
1.				<input type="checkbox"/> Yes <input type="checkbox"/> No
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No

Enclosed is other accident information pursuant to the employer's internal policies, or reports required by state or other government entities or insurers, for retaining more detailed minor accident information (391.23(d)(2)(ii)).

Previous Employer Information

Company Name:		
Name of person completing this form:		Title:
Signature:	Phone#:	Date:

**** Please email completed form to: DOTVerifications@RiggsDistler.com
 or fax to: 856-433-6036**

