

Cedar Crest Dairy, Inc. 5850 Balsam Drive Hudsonville, MI
49426616.669.5170

Date: ___/___/___

Hire Date: ___/___/___

DRIVER APPLICATION
(391.21)

Name _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone Number _____ Cell Phone _____

Date of Birth ___/___/___ Social Security # _____

Previous address(es) the **3 years** preceding the date of this Application:

[Dates] [Street] [City, State & Zip]

List each motor vehicle operator's license or permit issued to you that is not expired:

[State] [Drivers License #] [Class] [Exp. Date]

List the type of motor vehicles you have operated that require a Chauffeurs and/or CDL license:

[Type of Equipment] [# of years] [Type of Work]

Cedar Crest Dairy, Inc. 5850 Balsam Drive Hudsonville, MI
49426616.669.5170

NEW HIRE MVR FORM

(391.23)

List all motor vehicle accidents in which you were involved during the **3 years preceding** the date of this Application. (Include accidents that may have occurred in a personal vehicle).

List all violations of motor vehicle laws or ordinances (other than parking violations) of which you were convicted of, or forfeited bond or collateral during the **3 years preceding** the date of this Application.

| [Date] | [Violation] | [City, State] |
|--------|-------------|---------------|
| | | |
| | | |
| | | |
| | | |

Have you ever had a license, permit, or the privilege to operate a motor vehicle denied, revoked or suspended? YES _____ NO _____.
If YES, give facts and circumstances in detail.

| [Date] | [Violation] | [Explanation] |
|--------|-------------|---------------|
| | | |
| | | |
| | | |

♦ **The Applicant will please note that the previous employer information provided may be used and the Applicant's prior employers may be contacted for the purpose of investigating the Applicant's background.**

List names and addresses where you were employed during the **10 years preceding** the date of this application.

Cedar Crest Dairy, Inc. 5850 Balsam Drive Hudsonville, MI
49426616.669.5170

YOU MUST PROVIDE 10 FULL YEARS OF EMPLOYMENT.

Current or Most Recent Employer:

Name _____
Street Address _____
City _____ State _____ Zip Code _____
Position held _____ From ___/___/___ To ___/___/___

Second to Last Employer:

Name _____
Street Address _____
City _____ State _____ Zip Code _____
Position held _____ From ___/___/___ To ___/___/___

Third to Last Employer:

Name _____
Street Address _____
City _____ State _____ Zip Code _____
Position held _____ From ___/___/___ To ___/___/___

Fourth to Last Employer:

Name _____
Street Address _____
City _____ State _____ Zip Code _____
Position held _____ From ___/___/___ To ___/___/___

Fifth to Last Employer:

Name _____
Street Address _____
City _____ State _____ Zip Code _____
Position held _____ From ___/___/___ To ___/___/___

I certify that the 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.

Driver's Signature

Date ___/___/___

Cedar Crest Dairy, Inc.58
50 Balsam Drive
Hudsonville, MI 4942661
6.669.5170

PAST EMPLOYMENT INQUIRY FORM

TO: _____ Date ____/____/____

FROM: Cedar Crest Dairy, Inc.
Compliance Department, Attn: Brad Showell
5850 Balsam Drive
Hudsonville, MI 49426

ATTN: PERSONNEL MANAGER

The person named below has applied to Cedar Crest Dairy, Inc. for employment. Your company is listed by the Applicant as a past employer. Kindly reply to this Inquiry in respect to this Applicant.

NAME OF APPLICANT: _____
SOCIAL SECURITY #: _____
JOB APPLIED FOR: _____

1. This Applicant lists dates of employment with your firm from:
____/____/____ to ____/____/____ Is this correct? YES NO
If No, please explain. _____
2. What kind(s) of work did he/she do? Driver Dock Office
Other (Specify) _____
3. If employed as a driver, please indicate the type of equipment driven.
Tractor Trailer Straight Truck Bus Other (Specify) _____
4. Number of accidents? _____ Number preventable _____
5. To your knowledge, was this person's chauffeur/operator's license suspended while in your employ? YES NO If Yes, explain. _____

6. In your opinion, was this Employee's general conduct:
7. Above Average Average Below Average Poor
8. Why did this Employee leave your company? Resigned Discharged Laid Off
9. Would you re-employ this person? YES NO If No, please explain:
Remarks: _____

Report Completed By: _____ (Print Name)

Title: _____

Signature: _____

Cedar Crest Dairy, Inc.58
50 Balsam DriveHu
dsonville, MI 4942661
6.669.5170

PAST EMPLOYMENT INQUIRY AUTHORIZATIONI,
_____ , hereby authorize CEDAR CREST
DAIRY, INC. to inquire about all information regarding my services,
character, and conduct in my previous 10 years of employment, and
release such employers from any and all liability which may result
from furnishing such information. A photocopy of this Authorization
is to be considered as valid as the
original.

Date ____ / ____ / ____ Driver's SignatureMy Documents/Forms/Driver
Qualification FormsForm 3

Cedar Crest Dairy, Inc.58
50 Balsam DriveHu
dsonville, MI 4942661
6.669.5170

BACKGROUND DRUG INQUIRY AUTHORIZATION(382.413)NAME OF APPLICANT

SOCIAL

SECURITY #

As a condition of hire with Cedar Crest Dairy, Inc. ("Cedar Crest"), the Applicant must supply written authorization for Cedar Crest to obtain the results of all D.O.T. required drug and/or alcohol testing (including refusals) from all previous employers (and pre-employment screening at companies where D.O.T. drug and/or alcohol testing was required), during the past three (3) years. List below all of the companies for which you have worked as a driver, or to which you have applied as a driver during the past three (3) years. I hereby authorize Cedar Crest to obtain from the following companies, information concerning my drug and/or alcohol test results (or refusals to test):

| <u>Address</u> | <u>Dates Employed or Applied</u> | <u>Company Name</u> |
|-----------------------|---|----------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

I hereby authorize the above listed companies to furnish the following information concerning my drug and/or alcohol test results:All positive drug test results during the past three (3) years;All alcohol test results of .04 or greater during the past three (3) years;All alcohol test results of .02 or greater but less than .04 during the past three (3) years;All instances in which I refused to submit to a D.O.T. drug and/or alcohol test during the past three (3) years.I have read and understand this Authorization to release my past drug and alcohol test results. I, by my signature below, certify that all of the information furnished in this document is true and complete. I have identified all of the companies for which, during the past three (3) years, I have applied for employment as a Driver or have been employed as a Driver.

Driver's PRINTED

Name

Date

_____/_____/_____
Driver's SignatureMy Documents/Forms/Driver Qualification FormsForm 8

Cedar Crest Dairy, Inc.58
50 Balsam DriveHu
dsonville, MI 4942661
6.669.5170

BACKGROUND DRUG TEST RESULTS(382.413)TO

NAME OF APPLICANT

Above

I, the above named Applicant, have advised Cedar Crest Dairy, Inc. ("Cedar Crest") that he/she has been employed by your company as a Driver/Employee during the past three (3) years. D.O.T., F.H.W.A. (49 CFR 382.413) requires Cedar Crest to obtain from your company information concerning the above named Driver's past drug and/or alcohol test results (including refusals). In accordance with this regulation, please find the written authorization from this Applicant to release D.O.T. drug and/or alcohol test result information. I hereby authorize the release of the information listed below concerning my drug and/or alcohol test results. I, by my signature below, certify that I understand this authorization to release my past drug and alcohol test results during the past three (3) years of employment as a Driver or application for employment as a Driver.

Driver's PRINTED

Name

Date

____/____/____ Driver's Signature DRIVERS: STOP! DO NOT WRITE ANY

INFORMATION BELOW Was applicant subject to D.O.T. drug testing? No

Yes Please proceed with the questions below, ONLY if you answered "Yes" to the above question. In accordance with the D.O.T. and F.H.W.A. regulations, we are requesting your company to provide Cedar Crest Dairy, Inc. with the following information concerning the above listed Applicant: Number of positive drug test results during the past three (3) years Number of alcohol test results of .04 or greater during the past three (3) years Number of alcohol test results of .02 or greater but less than .04 during the past three (3) years Number of instances in which the Applicant refused to submit to a D.O.T. drug and/or alcohol test during the past three (3) years MAIL TO: Cedar Crest Dairy, Inc. OR FAX TO: (616)669-7633 5850 Balsam Drive ATTN: BRAD SHOWELL Hudsonville, MI 49426 AS REQUIRED, THIS INFORMATION SHALL BE TREATED WITH STRICT CONFIDENTIALITY

Signature & Title of Person Supplying Information My Documents/Forms/Driver Qualification Forms Form 9

Cedar Crest Dairy, Inc.58
50 Balsam DriveHu
dsonville, MI 4942661
6.669.5170

BACKGROUND DRUG TEST RESULTS*I, the undersigned applicant, certify that I have not tested positive, or refused to be tested, on any pre-employment drug or alcohol test administred by a DOT-regulated employer to which I applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past three (3) years. I acknowledge that if this certification should prove to be false, it may jeopardize my employment with Cedar Crest*

Dairy.

Driver's PRINTED Name

Date ____ / ____ / ____ Driver's Signature