

# PRE-APPLICATION QUESTIONNAIRE

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

Print Full Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone:(        ) \_\_\_\_\_

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

How many years of Tractor/Trailer experience have you had? \_\_\_\_\_

Can you prove your previous work experience Y/N (circle one)

Has your driver's license EVER been suspended, revoked, or restricted? Y/N (circle one) If Yes, explain: \_\_\_\_\_

Commercial Driver's License (CDL) Y / N (circle one) What state? \_\_\_\_\_ No. \_\_\_\_\_

List any endorsements to your CDL: \_\_\_\_\_

Check the make of tractor(s) driven:

(circle)

— IHC/Navistar	Cab Over	Conventional
— Kenworth	Cab Over	Conventional
— Freightliner	Cab Over	Conventional
— Peterbuilt	Cab Over	Conventional
— Ford	Cab Over	Conventional
Other: _____		

Check the type of transmission(s) familiar with:

_____ 4 x 4 (16 speed)	_____ 5 speed	_____ Fuller 913 (13 speed)
_____ 10 speed	_____ RT 910	_____ 5 speed main - 3 speed aux.
_____ Fuller 12513 (13 speed)	_____ 6 speed	_____ Other _____
_____ Triplex (15 speed)	_____ 9 speed	

Check the type of trailer(s) pulled:

_____ Regular van	_____ Reefer unit	_____ Flatbed	_____ Drop deck
_____ Grain	_____ Hopper	_____ Livestock	_____ Bulk tanker
_____ Liquid bulk tanker	Other: _____		



# **DRIVER'S RIGHTS PERTAINING TO RELEASE OF DRIVER INFORMATION UNDER REGULATION 391.23**

Motor carriers have the responsibility to make the following investigations and inquiries with respect to each driver employed, other than a person who has been a regularly employed driver of the motor carrier for a continuous period which began before January 1, 1971.

- (a)(1) An inquiry into the driver's driving record during the preceding three years to the appropriate agency of every State in which the driver held a motor vehicle operator's license or permit during those three years; and,
- (a)(2) An investigation of the driver's employment record during the preceding three years.
- (b) A copy of the driver record(s) obtained in response to the inquiry or inquiries to each State driver record agency as required must be placed in the Driver Qualification File within 30 days of the date the driver's employment begins and be retained in compliance with 391.51.
- (c) Replies to the investigations of the driver's safety performance history must be placed in the Driver Investigation History File within 30 days of the date the driver's employment begins. This goes into effect after October 29, 2004.
- (d) Prospective motor carrier must investigate the information from all previous employers of the applicant that employed the driver to operate a CMV within the previous three years. This information must cover general driver identification and employment verification information, data elements as specified in 390.15 for accident involving the driver that occurred in the three-year period preceding the date of the employment application, and any accidents the previous employer may wish to provide.
- (e) Prospective motor carrier must investigate the information from all previous DOT regulated employers that employed the driver within the previous three years from the date of the employment application in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40.

Drivers have the following rights:

1. The right to review information provided by previous employers.
2. The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer.
3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Drivers who wish to review previous employer-provided investigative information must submit a written request to the prospective employer when applying or as late as 30 days after employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five business days of receiving the written request. If the driver has not arranged to pick up or receive the requested records within 30 days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Drivers wishing to request correction of erroneous information in records must send the request for the correction to the previous employer that provided the records. After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer or notify the driver within 15 days of receiving the driver's request to correct the data that it does not agree to correct the data. Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instruction to include the rebuttal in the driver's Safety Performance History.



# DRIVER APPLICATION AND ALCOHOL PRE-EMPLOYMENT STATEMENT

*CFR Part 40.25(j) requires the employer to ask any driver applicant, whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol rules during the past two years. If the potential employee admits that he or she had a positive test or refusal to test, employers must not use the employee, if hired, to perform safety-sensitive functions, until and unless the potential employee provides documentation of successful completion of the return-to-duty process. (See CFR 40.25(b)(5) and (e)).*

Applicant Name: \_\_\_\_\_ ID Number: \_\_\_\_\_  
(Please Print)

Since you are applying to perform safety-sensitive functions for our company, we are required by CFR Part 40.25(j), to ask the following questions:

1. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years? Yes ☐ No ☐
2. If you answered yes, to the above question, can you provide proof that you have successfully completed the DOT return-to-duty requirements? Yes ☐ No ☐

My signature below certifies that the information provided is true and correct.

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

*Great West Casualty Company does not provide legal advice to its customers, nor does it advise insureds on employment related issues, therefore the subject matter is not intended to serve as legal or employment advice for any issue(s) that may arise in the operations of its insureds. Legal advice should always be sought from the insured's legal counsel. Great West Casualty Company shall have neither liability nor responsibility to any person or entity with respect to any loss, action or inaction alleged to be caused directly or indirectly as a result of the information contained herein.*



## DECLARATION OF EMPLOYMENT STATUS

I understand that I must provide my complete employment history for the past 3 years, and all CDL required employment for the 7 years preceding that. Any gaps in employment longer than 1 month are explained as follows:

From: \_\_\_\_\_ To: \_\_\_\_\_

During this time, I was engaged in the following activity:

In addition:

\_\_\_\_\_ I was not employed by any company or individual

\_\_\_\_\_ I was not convicted of any criminal act involving the use of a commercial motor vehicle or while driving a commercial motor vehicle

### 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 interviews 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 employers 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 the 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.

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.

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



# MANDATORY USE FOR ALL ACCOUNT HOLDERS

## IMPORTANT NOTICE REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

1. In connection with your application for employment with MIKASHA INC ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

2. I authorize MIKASHA INC ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

3. I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

4. Please note: Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

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

Signature \_\_\_\_\_

Name (Please Print) \_\_\_\_\_

NOTICE: This form is made available to monthly account holders by NICT on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language provided in paragraphs 1-4 of this document to obtain an Applicant's consent. The language must be used in whole, exactly as provided. The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.  
LAST UPDATED 10/29/2012

# CONTROLLED SUBSTANCE & ALCOHOL TESTING INFORMATION ACKNOWLEDGEMENT CONSENT FORM

As a condition of employment with MIKASHA INC (Motor Carrier), commercial motor vehicle (CMV) driver applicants, who will perform safety-sensitive functions, must submit to a pre-employment controlled substances test as required by the Federal Motor Carrier Safety Regulations (FMCSR) Section 382.301. A motor carrier must receive verified negative test results for the applicant driver for the applicant to be eligible for employment.

If you are hired, you will be subject to laws requiring additional controlled substances and alcohol testing on you under numerous situations including, but not limited to, the following:

Post-Accident – Section 382.303	Random– Section 382.305	Reasonable-Suspicion – Section 382.307
Return to Duty – Section 382.309		Follow-up – Section 382.311

A driver who tests positive for a controlled substance(s) and/or alcohol test, will be immediately removed from a safety-sensitive position as required by Part 382 of the FMCSR. Federal law prohibits a driver from returning to a safety-sensitive position for any motor carrier until and unless the driver completes the Substance Abuse Professionals (SAP) evaluation, referral and educational/treatment process, as described in FMCSR Part 40, Subpart O.

The following is a referral list of Substance Abuse Professionals: (to be completed by Carrier)

<b>NAME</b>			
<b>ADDRESS</b>			
<b>PHONE #</b>			

All controlled substances and alcohol testing will be conducted in accordance with Parts 40 and 382 of the FMCSR.

I, \_\_\_\_\_, have read the above controlled substances and alcohol testing requirements  
(Print Name)  
and understand them. I acknowledge receipt of the referral list of Substance Abuse Professionals.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Employer's Representative)

\_\_\_\_\_  
(Date)

Original to be retained on file - Copy to Driver Applicant

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Revised 3/23

# Request for Driver's Safety Performance History Information from DOT Regulated Previous Employer(s)

Carrier Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Confidential Fax #: \_\_\_\_\_

## Driver to Complete This Section

As a Commercial Motor Vehicle (CMV) Driver, I understand that per, the Federal Motor Carrier Safety Regulations (FMCSRs) Part 391, the following information will be requested from all previous employers for which I operated a CMV, subject to the FMCSR Parts 390 and/or 40, 382, 383 and 391 Subpart G, within the past three years, from date shown below. I also acknowledge that this information will be used in determining my eligibility to be hired, that I have the right to review this information and rebut any errors in these statements from my prior employers, as described in the FMCSR Part 391.23.

I understand should I refuse to provide the written consent requested, the prospective motor carrier employer shall not permit me to operate a commercial motor vehicle for that motor carrier per FMCSA 391.23(f).

I \_\_\_\_\_, hereby authorize this company to release all records of employment, including assessments

Print Name

of my job performance, ability and fitness, including dates of any and all alcohol or drug tests. Those confirmed results and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of (SAP/MRO) to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release this company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing information to the above-mentioned person and/or company.

Previous Employer: \_\_\_\_\_ Contact Person: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

I worked for this company from the dates of \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant's Signature

SSN or ID Number

D.O.B.

Today's Date

## SECTION I - Past Employer to Complete >> DRUG & ALCOHOL INFORMATION

Please provide the following drug and alcohol information, as required by FMCSR Part 391.23(e) and 40.25.

If no drug and alcohol information is available on above-named applicant, check here. ☐

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1. Within the previous three (3) years, has the driver had violated any of the alcohol and controlled substance prohibitions under FMCSR 382, Subpart B, or 49 CFR 40?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. If the answer to number one is "yes", did the driver fail to undertake or complete a rehabilitation program prescribed by a substance abuse professional (SAP) pursuant to FMCSR 382.605, or 45 CFR 40, Subpart O?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. If the answer to number two is "yes", if the driver successfully completed the SAP rehabilitation referral and remained in your employment, did the driver have any of the following testing violations subsequent to the completion of the rehabilitation program described above? | <input type="checkbox"/> | <input type="checkbox"/> |
| (i) Any alcohol test with a result of 0.04 or higher alcohol concentration?  | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) Any verified positive drug test?  | <input type="checkbox"/> | <input type="checkbox"/> |
| (iii) Any refusals to be tested (including verified adulterated or substituted drug test results)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Any other violations of DOT agency drug and alcohol testing regulations (Part 382 or Part 40)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If yes to any of the above questions, please provide documentation of successful completion of a SAP evaluation, prescribed treatment and return-to-duty requirements (including follow-up tests) if they remained in your employment. *  | <input type="checkbox"/> | <input type="checkbox"/> |

\* If this information is not available from the previous employer, you as a prospective employer must get this information from the driver.

## **SECTION II – Past Employer to Complete >> ACCIDENT INFORMATION**

Please provide the following information as required by 391.23(d) (1) (2) on any accidents, as defined by 390.5 and/or from your Accident Register (FMCSR 391.15) which the above-named driver/applicant was involved within the past three years while under your employment. Previous employers may include additional detailed information on minor accidents/incidents at their discretion.

If there is no accident information for this driver, please check here. ☐

Date:	Location: (please give city/town, or closest and state)	Any Vehicles Towed?	Hazmat spills?	# of Fatalities?	# of Injuries?

## **SECTION III– Past Employer to Complete >> WORK HISTORY INFORMATION**

Please provide the following information on the above-name driver/applicant;

He/She was employed for you as a: \_\_\_\_\_ from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

➤ If employed as a driver, what type of equipment did he/she operate?

Straight Trucks ☐ Tractor/Trailer ☐ Doubles ☐ Triples ☐ Other ☐

Explain: \_\_\_\_\_

Type of trailer(s) pulled: \_\_\_\_\_

Was he/she a: Company Driver? Yes ☐ No ☐ Contractor? Yes ☐ No ☐

Contractor's Driver? Yes ☐ No ☐ Other? Yes ☐ No ☐

General area traveled: \_\_\_\_\_ Commodities transport: \_\_\_\_\_

➤ While under your employment was he/she:

a. Bonded: Yes ☐ No ☐

b. Convicted of any traffic violations: Yes ☐ No ☐

If yes, please list all, including date and type: \_\_\_\_\_

c. License(s) suspended, revoked or denied: Yes ☐ No ☐

If yes, please explain: \_\_\_\_\_

➤ Reason for leaving: \_\_\_\_\_

➤ Would you re-employ this person: Yes ☐ No ☐ Upon Review ☐

Please explain: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

## **Previous Employer Representative Supplying Information:**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please remember to retain a copy for your records; your timely response is appreciated.**

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Revised 3/23



## Employment History

**Give a Complete Record of all employment for the past three years. Including any unemployment and self employment, and all Commercial driving experience for the last ten years.**

**Mo/Yr Mo/Yr Present or Last Employer**  
**From:** \_\_\_\_/\_\_\_\_ **To:** \_\_\_\_/\_\_\_\_ **Name:** \_\_\_\_\_  
**Position Held** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**Reason for leaving:** \_\_\_\_\_ **Phone #:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
**Were you subject to the FMCSRs\* while employed here?** Yes ☐ No ☐

**Mo/Yr Mo/Yr Present or Last Employer**  
**From:** \_\_\_\_/\_\_\_\_ **To:** \_\_\_\_/\_\_\_\_ **Name:** \_\_\_\_\_  
**Position Held** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**Reason for leaving:** \_\_\_\_\_ **Phone #:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
**Were you subject to the FMCSRs\* while employed here?** Yes ☐ No ☐

**Mo/Yr Mo/Yr Present or Last Employer**  
**From:** \_\_\_\_/\_\_\_\_ **To:** \_\_\_\_/\_\_\_\_ **Name:** \_\_\_\_\_  
**Position Held** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**Reason for leaving:** \_\_\_\_\_ **Phone #:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
**Were you subject to the FMCSRs\* while employed here?** Yes ☐ No ☐

**Mo/Yr Mo/Yr Present or Last Employer**  
**From:** \_\_\_\_/\_\_\_\_ **To:** \_\_\_\_/\_\_\_\_ **Name:** \_\_\_\_\_  
**Position Held** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**Reason for leaving:** \_\_\_\_\_ **Phone #:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
**Were you subject to the FMCSRs\* while employed here?** Yes ☐ No ☐

**Mo/Yr Mo/Yr Present or Last Employer**  
**From:** \_\_\_\_/\_\_\_\_ **To:** \_\_\_\_/\_\_\_\_ **Name:** \_\_\_\_\_  
**Position Held** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**Reason for leaving:** \_\_\_\_\_ **Phone #:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
**Were you subject to the FM'CSRs while employed here?** Yes ☐ No ☐

*"The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weighs 10, 001 pounds or more, (2) is designed or used to transport nine or more passengers, m: (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.*



## Driving Experience

Class of Equipment	Dates		Approximate Number of Miles (Total)
	From	To	
Straight Truck			
Tractor and Semi-trailer			
Tractor-two trailers			
Tractor-three trailers (triples)			
Other			

List states operated in, for the last five years \_\_\_\_\_

List special courses/training completed (PTD/DDC, Haz Mat, etc.). \_\_\_\_\_

List any Safe Driving Awards you hold and from whom: \_\_\_\_\_

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

Date of Accident	Nature of Accidents (Head on, rear end, upset, etc.)	Location of Accident	# of Fatalities	# of People Injured

### Traffic Convictions and Forfeitures for the last three years (other than parking violations)

Date	Location	Charge	Penalty

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

State	License #	Type	Endorsements	Expiration Date

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?.. Yes ☐ No ☐
- B. Has any license, permit or privilege ever been suspended or revoked? ..... Yes ☐ No ☐
- C. Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)?..... Yes ☐ No ☐
- D. Have you ever been convicted of a felony?..... Yes ☐ No ☐
- If the answers to A. B C or D is "YES", give details \_\_\_\_\_

## Personal References

List three persons for references, other than family members, who have knowledge of your safety habits.

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

