



**TRUCKING COMPANY, INC**  
**207 Direct Lane**  
**Mount Airy, NC 27030**  
**Phone: 336-755-2631**  
**Fax: 336-783-3570**

We are so glad you decided to apply here at Mountain River Trucking.

Please take the attached home with you to complete or fill out here. Whichever is most convenient for you.

The information will allow you to get a start on the paperwork that must be completed. When you return this, we will complete the additional application information here at the office. Please bring your Social Security Card, valid Driver's License and medical card, as well as a voided check for your direct deposit payroll.

If you have questions, you may reach me at 336-755-2631 or this paperwork may be completed when you return to the office.

I look forward to meeting you and discussing how you and Mountain River Trucking will make a great team!!!

Sincerely,

Mitch Dowell  
Safety Director  
336-755-2631  
[safety@mountainriver.com](mailto:safety@mountainriver.com)

MOUNTAIN RIVER TRUCKING COMPANY INC  
207 DIRECT LANE MOUNT AIRY, NC 27030  
PHONE: 336-755-2631 FAX: 336-783-3570

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.

DQ

Position Applied for: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ SS #: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Addresses for the last 3 Years:

Current: \_\_\_\_\_ How Long: \_\_\_\_\_  
STREET CITY/STATE/ZIP

Previous: \_\_\_\_\_ How Long: \_\_\_\_\_

Previous: \_\_\_\_\_ How Long: \_\_\_\_\_

Previous: \_\_\_\_\_ How Long: \_\_\_\_\_

Previous: \_\_\_\_\_ How Long: \_\_\_\_\_

Do you have legal right to work in the US? Yes  No

Have you worked for this company before? Yes  No

If yes, Dates From: \_\_\_\_\_ To: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_ Position: \_\_\_\_\_

Are you currently employed? Yes  No , if no, date since last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of Pay expected: \_\_\_\_\_

Is there any reason you might be unable to perform the functions of the job for which you have applied? Yes  No

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

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 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 three years? Yes  No

email: \_\_\_\_\_ Years of driving experience: \_\_\_\_\_

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**HIRERIGHT, INC**

**DISCLOSURE AND AUTHORIZATION FORM**

Mountain River Trucking Co. Inc. may request background information about you from a consumer reporting agency to determine your eligibility for employment. Your background information will help Mountain River Trucking Co. Inc. to determine whether you meet its background criteria necessary to perform services on behalf of Mountain River Trucking Co. Inc. This background information may be obtained in the form of consumer reports and/or investigative consumer reports. These reports for Mountain River Trucking Co. Inc may be obtained by them at any time after receipt of your authorization and during your assignment(if any) with Mountain River Trucking Co. Inc.

HireRight, Inc., a consumer reporting agency, will obtain the reports for the Company. HireRight, Inc. is located at 5151 California, Irvine, CA 92617, and can be contacted at 800-400-2761. The reports may contain information bearing on you character, general reputation, personal characteristics, mode of living and credit standing. The types of information that may be obtained include, but are not limited to, social security number verifications; credit reports; criminal records checks; public court records; driving record checks; educational records checks; employment verification; personal and professional references checks; licensing and certification records checks; drug testing results'. The information contained in the reports will be obtained by private and public record sources, including, as appropriate, personal interviews with sources, such as neighbors, friends, and associates. You may request more information about the nature and scope of any investigative consumer reports by contacting the Company. A summary of your rights under the Fair Credit Reporting Act is also being provided to you.

**AUTHORIZATION**

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature, I consent to the release of consumer reports and investigative consumer reports prepared by a consumer reporting agency, such as HireRight, Inc. to the Company and to the Client and its designated representatives and agents. I understand that my consent will apply, and the Company may obtain reports for the Client, throughout my assignment (if any) with the Client. I also consent reports to the Client and its designated representatives and agents. I understand that information contained in my job application or otherwise disclosed by me before or during my employment, (if any) with the Company may be used for the purpose of obtaining consumer reports and /or investigative consumer reports.

I also understand that in the event I am assigned by the Company to perform contract services for the Client, in no way shall this Authorization and Consent Form, or the resulting consumer report or investigative consumer report provided to Client, be deemed to create any legal employment relationship between myself and the Client.

By my signature below, I authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories', courts, (federal, state and local) motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature below, I certify the information I provide on the form is true and correct. I agree that this disclosure and authorization form in original, faxed, photocopied or electronic (including electronically signed) form; will be valid for any reports that may be requested by or on behalf of the company.

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DATE

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SIGNATURE

**MOUNTAIN RIVER TRUCKING COMPANY INC  
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**EMPLOYEE AGREEMENT AND CONSENT TO DRUG AND/OR ALCOHOL TESTING**

I understand that the offer of an assignment or an opportunity to continue on assignment through Mountain River Trucking Co., Inc., may depend upon the passing of a drug test. Therefore, I agree to submit to a drug test for: pre-employment, random, probable

I understand that in the event my results are positive (show evidence of substances in the example above), I will be contacted by Mountain River Trucking Co. Inc. Medical Review Officer (MRO) for my assistance in gather information about the substance.

I understand that refusal or failure to submit to such testing, falsification (or attempted falsification) of a test, or positive finding on a test could result in my removal from employment or from consideration for employment. I also understand that, if hired, I will be an at will

I further agree that I will not hold Mountain River Trucking Co., Inc., the Medical Review Officer, or any testing laboratory Mountain River Trucking Co. Inc. might use, liable for any actions or findings associated with this drug screening test or claims and liabilities,

I authorize the Medical Review Officer of Mountain River Trucking Co. Inc. to analyze results and to furnish results to designated Mountain River Trucking Co. Inc. staff upon completion.

I hereby authorize any hospital, attending physician, or diagnostic or health care facility to administer emergency or routine treatment, to perform diagnostic evaluations and/or routing examinations as requested and authorized by Mountain River Trucking Co. Inc. Such

The results of such treatments, evaluations, and /or examinations shall be released to a company-designated representative, physician, or insurance carrier upon request.

I understand and agree that this authorization and release shall be irrevocable and remain valid even at any time or times when I would otherwise be unable to have the capacity to attempt revocation.

I have read and fully understand the terms of this form and sign it voluntarily knowing the full meaning and importance of it.

**DOT REQUIRED SPLIT SAMPLE TESTING:**

Federal Regulations require all DOT drug tests to be collected in accordance with split sample procedures.

The driver has the right to have the second bottle tested at a different NIDA approved lab should the initial test be confirmed positive. The driver will have 72 hours after a test is confirmed positive to request the second bottle be tested.

Should you request that the second bottle be tested; you will assume the cost of any subsequent testing. Should subsequent testing results report back as negative we will reimburse you for the cost of the testing.

Due to the additional expense of transporting the sample to another NIDA approved lab, and requirement the confirmation be done by expensive Gas Chromatography, the testing of the second bottle will cost up to \$225.00 and must be paid for in full before the second

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DATE

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APPLICANT'S NAME

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APPLICANT'S SIGNATURE

MOUNTAIN RIVER TRUCKING COMPANY INC  
207 DIRECT LANE  
MOUNT AIRY, NC 27030 PHONE: 336-755-2631

EDUCATION

Highest Grade: \_\_\_\_\_ Last School Attended: \_\_\_\_\_ City/State: \_\_\_\_\_

ACCIDENT RECORD FOR THE PAST THREE YEARS:

If no accident information to report please check this box

<u>DATE</u>	<u>STATE</u>	<u>DESCRIPTION</u>	<u>#FATALITY/ INJURED</u>
LAST ACCIDENT:	_____	_____	_____

NEXT PREVIOUS: \_\_\_\_\_

NEXT PREVIOUS: \_\_\_\_\_

TRAFFIC CONVICTIONS AND FORFEITURES(FINES PAID), FOR THE PAST THREE YEARS OTHER THAN PARKING

If no traffic convictions or forfeitures, please check this box

<u>DATE</u>	<u>STATE</u>	<u>DESCRIPTION</u>	<u>#FATALITY/INJURED</u>
LAST TICKET:	_____	_____	_____

NEXT PREVIOUS: \_\_\_\_\_

NEXT PREVIOUS: \_\_\_\_\_

Detail the facts and circumstances of any denial, revocation, or suspension of any license, permit or privilege to operate a motor vehicle that has been issued to you. Or provide a statement that no such denial, revocation, or suspension has occurred:

The nature and extent of your experience in the operation of motor vehicles, including the type of equipment; such as buses, trucks, truck tractors, semitrailers, full trailers, and pole trailers; in which you operated.

CLASS OF EQUIPMENT	TYPE	FROM/ TO	APPROXIMATE # MILES DRIVEN
_____	_____	_____	_____
_____	_____	_____	_____

Other training, courses, or special equipment:

Drivers license held in the last seven(7) years;

STATE	LICENSE #	TYPE	EXPIRATION DATE	ACTIVE OR INACTIVE
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I certify the following license is the only one I possess; Drivers License # \_\_\_\_\_

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STATE \_\_\_\_\_ EXP. DATE \_\_\_\_\_ DRIVERS SIGNATURE: \_\_\_\_\_

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**Past Employment Verification Request**

DQ

I, the undersigned, have applied for a truck driving position with Mountain River Trucking Co. Inc., Mount Airy, NC. I authorize, as appropriate and request as appropriate, you to release all the information requested below, including reason for my past performance, safety, related matters and information to include copies, concerning the results of any controlled substance and/or alcohol testing, or any refusal to rest pursuant to Federal Motor Carrier Regulations, 382.413 and 391.23, while employed by you. You are released from any and all liability, which may result from the release of this information.

\_\_\_\_\_  
APPLICANTS FULL SIGNATURE

\_\_\_\_\_  
DATE

**APPLICANT, PLEASE DO NOT WRITE BELOW THIS LINE**

APPLICANTS NAME: \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

DATES OF EMPLOYMENT: \_\_\_\_\_

Job Position: \_\_\_\_\_ Company driver  Own Op  Other \_\_\_\_\_ Kept Logs: YES  NO

Equipment driven: Straight Trucks  Tractor/Trailer  Other \_\_\_\_\_ Trailer Length: Van  Reefer  Flatbed

Local  Regional  OTR  Loads Hauled: \_\_\_\_\_

Reason for Leaving: Resigned  Terminated  Still Employed  Would you rehire: YES  NO  Upon Review   
If the employee was terminated, or you would not rehire, could you please explain: \_\_\_\_\_

**DRUG & ALCOHOL INFORMATION AS REQUIRED BY FMCSR PART 391.23 & 40.25**

If no Drug and Alcohol information is available, check here

1. Any alcohol test with a result of 0.04 or higher alcohol concentration? YES  NO
2. Any verified positive drug test? YES  NO
3. Any refusals to be tested? YES  NO
4. Any other violations of DOT agency drug & alcohol testing regulations? YES  NO
5. Did a previous employer report a drug & alcohol rule violation to you? YES  NO
6. If this driver did successfully complete a SAP rehabilitation referral and remained as your employee, did he or she have any subsequent violations or refusals to test? N/A  YES  NO

If yes to any of the above questions, and they remained in your employ, please provide documentation of SAP evaluation, prescribed treatment, and return-to-duty requirements (including copies fo return-to-duty & follow up test). Name, address, and phone number of SAP provider: \_\_\_\_\_

**THREE YEAR ACCIDENT INFORMATION**

If no accident information for this driver, please check here:

DATE	DESCRIPTION & LOCATION	#OF VEHICLE	RECORDABLE N-PREV OR PREV	HAZMAT	#FATALITIES/ INJURIES	TOW-AWAY

**Previous Employer Representative Supplying Information**

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

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EMPLOYMENT RECORD FOR PAST 3 YEARS

DQ

All applicants must list all full and part-time employment including military service, self-employment andn periods of unemployment during the preceding 10 years. Note: List employers in reverse order starting with the most recent. Report gaps in employment on page 4.

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Date Started: \_\_\_\_\_ Starting Wage: \_\_\_\_\_ Starting position: \_\_\_\_\_  
Date Ended: \_\_\_\_\_ Ending Wage: \_\_\_\_\_ Ending Position: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ May we contact? YES  NO   
Were you subject to FMCSRs while employed during this time? YES  NO   
Was job designated as safety sensitive function in any DOT regulated mode, subject to alcohol & controlled substances testing requirements as required by 49 CFR part 40? YES  NO   
Responsibilities: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Date Started: \_\_\_\_\_ Starting Wage: \_\_\_\_\_ Starting position: \_\_\_\_\_  
Date Ended: \_\_\_\_\_ Ending Wage: \_\_\_\_\_ Ending Position: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ May we contact? YES  NO   
Were you subject to FMCSRs while employed during this time? YES  NO   
Was job designated as safety sensitive function in any DOT regulated mode, subject to alcohol & controlled substances testing requirements as required by 49 CFR part 40? YES  NO   
Responsibilities: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Date Started: \_\_\_\_\_ Starting Wage: \_\_\_\_\_ Starting position: \_\_\_\_\_  
Date Ended: \_\_\_\_\_ Ending Wage: \_\_\_\_\_ Ending Position: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ May we contact? YES  NO   
Were you subject to FMCSRs while employed during this time? YES  NO   
Was job designated as safety sensitive function in any DOT regulated mode, subject to alcohol & controlled substances testing requirements as required by 49 CFR part 40? YES  NO   
Responsibilities: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

enter additional employment on next page

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Date Started: \_\_\_\_\_ Starting Wage: \_\_\_\_\_ Starting position: \_\_\_\_\_  
Date Ended: \_\_\_\_\_ Ending Wage: \_\_\_\_\_ Ending Position: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ May we contact? YES  NO   
Were you subject to FMCSRs while employed during this time? YES  NO   
Was job designated as safety sensitive function in any DOT regulated mode, subject to alcohol & controlled substances testing requirements as required by 49 CFR part 40? YES  NO   
Responsibilities: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Date Started: \_\_\_\_\_ Starting Wage: \_\_\_\_\_ Starting position: \_\_\_\_\_  
Date Ended: \_\_\_\_\_ Ending Wage: \_\_\_\_\_ Ending Position: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ May we contact? YES  NO   
Were you subject to FMCSRs while employed during this time? YES  NO   
Was job designated as safety sensitive function in any DOT regulated mode, subject to alcohol & controlled substances testing requirements as required by 49 CFR part 40? YES  NO   
Responsibilities: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Date Started: \_\_\_\_\_ Starting Wage: \_\_\_\_\_ Starting position: \_\_\_\_\_  
Date Ended: \_\_\_\_\_ Ending Wage: \_\_\_\_\_ Ending Position: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ May we contact? YES  NO   
Were you subject to FMCSRs while employed during this time? YES  NO   
Was job designated as safety sensitive function in any DOT regulated mode, subject to alcohol & controlled substances testing requirements as required by 49 CFR part 40? YES  NO   
Responsibilities: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Date Started: \_\_\_\_\_ Starting Wage: \_\_\_\_\_ Starting position: \_\_\_\_\_  
Date Ended: \_\_\_\_\_ Ending Wage: \_\_\_\_\_ Ending Position: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ May we contact? YES  NO   
Were you subject to FMCSRs while employed during this time? YES  NO   
Was job designated as safety sensitive function in any DOT regulated mode, subject to alcohol & controlled substances testing requirements as required by 49 CFR part 40? YES  NO   
Responsibilities: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_



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**GAPS IN EMPLOYMENT:**

DQ

If no gaps in employment please check this box :

If you have gaps in employment during the past (10) years, please provide the required information below:

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

Unemployed full time: \_\_\_\_\_

Collected unemployment:            YES       NO

Self-employed full time: \_\_\_\_ \_\_\_\_\_

If self-employed: please provide W2's, if not please explain: \_\_\_\_\_

Please explain a gap in employment: \_\_\_\_\_

\_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

Unemployed full time: \_\_\_\_\_

Collected unemployment:            YES       NO

Self-employed full time: \_\_\_\_\_

If self-employed: please provide W2's, if not please explain: \_\_\_\_\_

Please explain a gap in employment: \_\_\_\_\_

\_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

Unemployed full time: \_\_\_\_\_

Collected unemployment:            YES       NO

Self-employed full time: \_\_\_\_ \_\_\_\_\_

If self-employed: please provide W2's, if not please explain: \_\_\_\_\_

Please explain a gap in employment: \_\_\_\_\_

References who can verify the above information, and if possible, who are not related to you.

Name: \_\_\_\_\_ phone # \_\_\_\_\_ Known how long; \_\_\_\_\_

Street \_\_\_\_\_ city/state/ zip \_\_\_\_\_

Name: \_\_\_\_\_ phone # \_\_\_\_\_ Known how long; \_\_\_\_\_

Street \_\_\_\_\_ city/state/ zip \_\_\_\_\_