

DRIVER APPLICATION / APLICACIÓN DE CHOFER

Name / Nombre : Earl Walker Date / Fecha : 2-1-2023

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 : 214-92-2060 Date of Birth / Fecha de Nacimiento : 09-18-1973

Address / Dirección : 7455 Forrest Ave

City / Ciudad : Parkville State / Estado : MD Zip / Código Postal : 21234

CDL / CDL : A CDL Expiration / Expiración de CDL : 09-18-2026

Home / Hogar : 410-938-2249 Work / Trabajo : 443-466-6105

Cell / Celular : 443-466-6105 Email / Email : earwalker73@hotmail.com

Emergency Contact / Contacto de Emergencia : Laneshia Walker Tel. / Tel. : 443-810-8350

ADDRESS FOR PAST 3 YEARS / DIRECCIÓN PASADOS 3 AÑOS

1. Address / Dirección : Same as above

How long / Tiempo : 8 years

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? 1 week

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 : 2021

Please explain / Por favor explique : prior medication

EXPERIENCE AND QUALIFICATIONS - DRIVER / EXPERIENCIA Y CALIFICACIONES - CHOFER

	STATE / ESTADO	LICENSE NO. / NO. DE LICENCIA	TYPE / TIPO	EXPIRES / EXPIRA
DRIVER'S LICENSES / LICENCIAS	<u>MD 10273055401</u>	<u>MD-10273055401</u>	<u>A</u>	<u>2026</u>

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 : 2008

Years of Commercial Motor Vehicle experience : 16

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 type="checkbox"/> Reefer | <input type="checkbox"/> Transfer Truck | <input checked="" type="checkbox"/> Plow Truck |
| <input checked="" type="checkbox"/> Flatbed Truck | <input type="checkbox"/> Expeditor/Hot Shot | <input type="checkbox"/> Refuse Hauler |
| <input checked="" type="checkbox"/> Dump Truck | <input type="checkbox"/> Farm/Grain Truck | <input checked="" 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 checked="" type="checkbox"/> Logging Truck | <input type="checkbox"/> Toter Truck |
| <input type="checkbox"/> Cab & Chassis Truck | <input type="checkbox"/> Low Boy | <input checked="" type="checkbox"/> Tractor |
| <input 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 si 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 :

Earl Wall

Date / Fecha : 2-1-2023

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to Roy Salmon Trucking 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.

SIGN
HERE

Driver's Signature :

Earl Wall

Date :

2-1-2023

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.

SIGN
HERE

Requester's Signature :

Earl Wall

Date :

2-1-2023

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 :

EARL Walker

Address :

7455 Forrest Ave

City, State, Zip :

Parkville MD 21234

Former Address :

City, State, Zip :

Date of Birth :

09-18-1973

Social Security No. :

214-92-2060

License No. :

MD 10273055401

REQUESTED BY:

Name :

Title :

SIGN
HERE

Signature :

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 : Earl Walker Company : Forrest Valley Tree and Turf 410-963-4559

Social Security # : 214-92-2060 CDL # : A

Address : 7455 Forrest Ave City : Parkville State : MD Zip : 21234

 SIGN
HERE

Signature : Earl Walker Date : 2-1-2023

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 : _____

 SIGN
HERE

Firma : _____ Fecha : _____

DRIVER WORK HISTORY / HISTORIA DE TRABAJO DE CHOFER

Name / Nombre : Earl Walker Date / Fecha : 2-1-2023

Company applying to / Compañía a que aplica : Ray 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 : 9-1998

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 : 5-2022 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 : Cand Sams Trucking Position Held / Posición : Driver

Address / Dirección : 1530 Wabash Ave Reason for Leaving / Razón de Renuncia : still there

Baltimore MD 21215

Contact Person / Supervisor : Copwell

Phone / Teléfono : 410-869-6029 Fax / Fax : _____

 SIGN HERE Signature / Firma : Earl Walker Date / Fecha : 2-1-2023

Date / Fecha : From / Desde : PLR Express 9-22 To / Hasta : 11-22

☐ 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 : PLR Express Position Held / Posición : Driver

Address / Dirección : 1800 Sulfur Spring RD Reason for Leaving / Razón de Renuncia : closed

Contact Person / Supervisor : Phil Robinson

Phone / Teléfono : 410-322-2471 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 : _____



**10 YEARS
REQUIRED**

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 : _____

U.S. Department of Transportation (DOT) Alcohol Testing Form

(The instructions for completing this form are on the back of Copy 3)

Step 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name _____ (Print) (First, M.I., Last)

B: SSN or Employee ID No. _____

C: Employer Name
Street
City, State, Zip

DER Name and
Telephone No.

ROY SALMON TRUCK DR
9737 EUSTRE ROAD
12 ANDALUTOWN, MD 21133
ROY SALMON 410-629-4644
DER Name DER Phone Number

D: Reason for Test: ☐ Random ☐ Reasonable Susp ☐ Post-Accident ☐ Return to Duty ☐ Follow-up ☒ Pre-employment

STEP 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing required by US Department of Transportation regulations and that the identifying information provided on the form is true and correct.

Earl M. Wade
Signature of Employee

2/1/23
Date Month Day Year

STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual in accordance with the procedures established in the US Department of Transportation regulation, 49 CFR Part 40, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN: ☒ BAT ☐ STT DEVICE: ☐ SALIVA ☒ BREATH* 15-Minute Wait: ☐ Yes ☐ No

SCREENING TEST: (For BREATH DEVICE* write in the space below only if the testing device is not designed to print.)

Test #	Testing Device Name	Device Serial # OR Lot # & Exp Date	Activation Time	Reading Time	Result
--------	---------------------	-------------------------------------	-----------------	--------------	--------

CONFIRMATION TEST: Results MUST be affixed to each copy of this form or printed directly onto the form.

REMARKS:

Concentra Medical Center
1830 York Rd Ste F
Timonium, MD 21093
P: 410-252-4015
Company Street Address

Alcohol Technician's Company

(PRINT) Alcohol Technician's Name (First, M.I., Last)

Company City, State, Zip

Phone Number

Signature of Alcohol Technician

2/1/23
Date Month Day Year

STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are 0.02 or greater.

Signature of Employee

Date Month Day Year

Form DOT F 1380 (Rev. 5/2008)

OMB No. 2105-0529

COPY 1 - ORIGINAL - FORWARD TO THE EMPLOYER

Print Screening Results
Here or Affix with
Tampere Evident Tape

Intoximeters ASU XL

Test Number: 4751
Serial Number: 10749
Test Date: 02/01/2023
Test Time: 12:42:12
Test Temperature: 21.8°C

Test Type: Screening
Reason for Test:
Pre-Employment

Type	9/210L	Time
BLNK	0.000	12:42:38
SUBJ	0.000	12:43:02

Test Status: Succession
Results Here or Affix
with: Tampere Evident
Tape

Print Additional
Results Here or Affix
With Tampere Evident
Tape

Claim Number:

Concentra Medical Centers (MD)

Service Date: 02/01/2023

1830 York Rd Ste F TIMONIUM, MD 21093
Phone: (410) 252-4015 Fax: (410) 252-7410

Non-Injury Work Status Report

Patient: Walker, Earl M.

SSN: XXXXX2060

Address: 7455 Forrest ave
BALTIMORE, MD 21234

Home: (443) 466-6105

Work: (443) 466-6105 **Ext.:**

Employer Location: Roy Salmon Trucking

Address: 9737 Eustice Rd
Randallstown, MD 2113325

Auth. by:

Contact: Roy Salmon

Role: Primary Contact

Phone: (443) 629-4648 **Ext.:**

Fax: (443) 299-6806

This Visit:

Time In: 12:20 pm

Time Out: 01:51 pm

Visit Type: New

Reg UDS & BAT PrePI

Breath Alcohol Test PrePlacement

Regulated UDS PrePlacement 65304

Result Status:

Job description was provided by employer and reviewed by examining provider
May work without limitations/restrictions

Remarks:



Medical Examiner's Certificate
(For Commercial Drivers)

Examiner's Certificate
(for Commercial Driver Medical Certification)

(last name)

Walker

First name:

Earth

in accordance with (please check only one):
when (check all that apply) OR

☒ the Federal Motor Carrier Safety Regulations (last

☐ the Federal Motor Carrier Safety Regulations (only when (check all that apply):

☐ the Federal Motor Carrier Safety Regulations (only when (check all that apply):

☐ Wearing corrective lenses

☐ Wearing hearing aid

☐

☐ Accompanied by a Skill Performance...

The information I have provided regarding this physical examination with any attachments embodies my findings and conclusions.

☐ Driving within an exempt intracity zone { (Federal) } (Federal)
☐ Qualified by operation of (Federal)
☐ Grandfathered from State requirements (State)

Form, MCSA 2000

Medical Examiner's Certificate Expiration Date
12/14/2024

MEDICAL EXAMINER INFORMATION
Medical Examiner's Signature

Medical Examiner's Name (please print or type)
Parekh, Darpan

Medical Examiner's State License, Certificate, or Registration Number

Medical Examiner's Telephone Number
(410)687-6462

Date Certificate Signed
12/14/2022

☐ MD
☐ DO
☒ Physician Assistant
☐ Chiropractor

Issuing State
MD

☐ Advanced Practice Nurse
☐ Other Practitioner (specify) _____

National Registry Number
3579628267

CMV DRIVER INFORMATION

Driver's Signature
Driver's Address

Street Address: 7455 Forrest Ave

Driver's License Number
Md10273055401

Issuing State/Province
MD

State/Province: MO

Zip Code: 21234

CLP/CDL Applicant/Holder

☒ Yes ☐ No

This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure.

Keep the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulations.

Case Number: Md10273055401

City: Parkville

State/Province: MD

Zip Code: 21234

Issuing State/Province: MD

CLP/CDL Applicant: ☒ Yes ☐ No

