

RWI TRANSPORTATION, LLC

Disclosure and Release

I, _____ authorize RWI TRANSPORTATION, LLC or any other third
 (PLEASE PRINT)

party such as DAC Services, to obtain any and all past employment/lease records regarding previous employment/lease (work history) and other areas of my background such as past employer/lease inquiries, retail credit inquiries, criminal record inquiries, driving history, educational records, drug/alcohol testing results and safety performance history. I agree to hold RWI TRANSPORTATION, LLC and any and all of my past employers/lessees, harmless regarding any information that is obtained during the background inquiry. I am aware that this report in part is prepared under the guidelines of the Fair Credit Reporting Act (FCRA) and I am eligible to receive, upon written request, a copy of the report to view and possibly correct if not leased or not permitted to operate a vehicle for an owner-operator leased to RWI TRANSPORTATION, LLC.

I have the right to make a request to DAC and/or my past employers, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the resources of information, and the recipients of any reports on me which DAC has previously furnished within the three-year period preceding my request. I hereby consent to RWI TRANSPORTATION, LLC obtaining the above information from DAC, and I agree that such information which DAC has or obtains, and my qualification history with RWI TRANSPORTATION, LLC if I am qualified, will be supplied by DAC to other companies, which subscribe to DAC Services.

I hereby authorize procurement of driving record report(s). If qualified, this authorization will remain on file and will serve as ongoing authorization for RWI TRANSPORTATION, LLC to procure driving reports at any time during my qualification period. As of 10/29/04, I also authorize R&O Transportation, LLC to create and maintain a Driver Investigation History File (DIHF) on my behalf in accordance with part 391(FMCSR).

➔	Last Name	First Name	Middle Initial
➔	Street Address	City	State Zip Code
➔	(Area Code) +Home Phone Number	(Area Code) + Cell Phone Number	
➔	State & County of Residence	Social Security Number	
➔	Date of Birth	Applicant's Signature	
➔	Driver's License State	Driver's License Number	Date

HOW DID YOU HEAR ABOUT US? _____

<p>HAVE YOU EVER BEEN CONVICTED OF A DUI, DWI OR FELONY?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>FOR QUICKER PROCESSING PLEASE FAX APPLICATION TO</p> <p>(859) 442-4778</p>	<p>MAY WE CONTACT YOUR CURRENT EMPLOYER?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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INQUIRY TO PAST EMPLOYERS

RWI TRANSPORTATION, LLC

FROM- Prospective Motor Carrier

TO- Previous Employer

Company: RWI TRANSPORTATION, LLC

Company _____

Individual: _____

Name _____

Street: 8 Plum Street

Street _____

City: WILDER, KY.

City _____ State _____ Zip _____

Phone: _____

Safety/Personnel Manager: The person below has applied to this company for a driving position. Your firm is listed by the applicant as a past employer. Kindly reply to this inquiry in reference to this applicant. As you will note from the waiver stated below, the applicant has waved any claim of liability against your company (and its agents) for information submitted in response to this inquiry. For your convenience in replying by return mail, we have enclosed a stamped, self-addressed envelope.

Respectfully: RWI TRANSPORTATION, LLC
Fax Response: 859-442-4778

➔ Name of applicant: _____

➔ Social Security No: _____

➔ 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 kinds(s) of work did he/she do? Driver (type of vehicle _____) Dock Office Shop Other
(Specify) _____
3. If employed as a driver, please indicate type of equipment driven. Tractor trailer Straight truck Twin-trailers Bus
Other (Specify) _____
4. Number of DOT recordable accidents as defined under 390.5 within the previous three years? _____; number of accidents in which applicant was ticketed _____, number of accidents in which the applicant was at fault _____ (please explain) _____;
Date of each accident _____
5. To your knowledge, was this person's C.D.L./ operator's license suspended while in your employ? _____ If so, please explain: _____
6. Number of hours-of-service violations that resulted in an out-of-service order within the past three years? _____
7. Is there anything in the applicant's history that could suggest he or she may not be trusted to handle company funds? _____
8. Did the applicant pose either repeated and/or severe disciplinary problems? Yes No If so, please explain: _____
9. Why did this employee leave your company? Resigned Discharged Laid Off
10. Would your re-employ this person? Yes No Please explain: _____
11. Remarks: _____

By: _____ Date: _____
(Signature of person supplying information)

WAIVER

Former Employer _____ Date: _____

I hereby authorize you to release all information concerning my employment, lease history and/or driver investigation history file, including oral assessments of my job performance, ability and fitness 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 you from any and all liability of any type as a result of providing the above mentioned information to the above mentioned person.

➔ Applicant's Signature _____ Witness's Signature _____

RWI TRANSPORTATION, LLC

Request / Consent For Information From Previous Employer (s)
On Alcohol & Controlled Substances Testing

SECTION I: TO BE COMPLETED BY PROSPECTIVE DRIVER

Date _____
 Print Name(First, M.I., Last): _____
 Driver Signature: _____

This is in compliance with 382.405(f) and (h), which state:

(f) Records shall be made available to a subsequent employer upon receipt of a written request from a driver. Disclosure by that subsequent employer is permitted only as expressly authorized by the terms of the driver's request.

(h) An employer shall release information regarding driver's records as directed by the specific, written consent of the driver authorizing release of the information to an identified person. Release of such information by the person receiving the information if is permitted only in accordance with the terms of the employee's specific written consent as outlined in 40.321(b).

40.25 Further states:
(a)An employer may obtain, pursuant to a driver's written consent any of the information concerning the driver which is maintained under this part from the driver's previous employers.

(b) An employer shall obtain, pursuant to a driver's consent, information on the driver's alcohol tests with a concentration result of 0.04 or greater, positive controlled substances test results, and refusals to be tested, within the preceding three years which are maintained by the driver's previous employers under 382.401(b)(1)(i) through (iv).

(c) The information in paragraph (b) of this section must be obtained and reviewed by the employer no later than 30 calendar days after the first time a driver performs safety-sensitive functions for an employer.

(e) The prospective employer must provide to each of the driver's employers within the three preceding years the driver's specific written authorization for release of the information in paragraph (b).

(f) The release of any information under this part may take the form of personal interviews, telephone interviews, letters, or any other method of obtaining information that ensures confidentiality. Each employer must maintain a written, confidential record with respect to each past employer contacted.

I, the above mentioned signed, hereby authorize that

Previous Employer (APPLICANT LEAVE BLANK)

Release and forward all information on my Alcohol and Controlled Substances Testing/Training records to RWI TRANSPORTATION, LLC:
ATTN: Safety Department Phone: 800-669-3003 Fax: 859-442-4778

SECTION II: TO BE COMPLETED BY PREVIOUS EMPLOYER

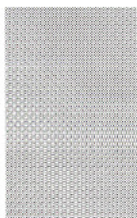
	YES	NO
1. Has this person ever tested positive for a controlled substance in the last three years?	___	___
2. Has this person ever had an alcohol test with a Breath Alcohol Concentration 0.04 or greater in the last three years?	___	___
3. Has this person ever refused a required test for drugs or alcohol in the last three years?	___	___
4. Has this person failed to undertake or complete a rehabilitation program prescribed by a Substance Abuse Professional (SAP); pursuant to the DOT drug and alcohol requirements?	___	___
5. Has this person subsequently violated the alcohol or controlled substance regulations after successfully completing a SAP's rehabilitation program?	___	___
6. Within the previous three years, has this person violated any of the DOT drug and alcohol requirements while employed in a safety-sensitive position?	___	___
7. Have you received information from a previous employer that this individual violated DOT drug and/or alcohol regulations?	___	___

If YES to any of the above questions, please give the SAP's (Substance Abuse Professional) name, address, and phone number for further reference:

Name: _____ Address: _____
 Phone No: _____ Signature of Previous Employer: _____ Date: _____

SECTION III: TO BE COMPLETED BY PROSPECTIVE MOTOR CARRIER

RELEASE OF INFORMATION
 Person interviewed from previous employer:
 Contact: _____
 Interview by: _____
 Date: _____
 Date received back: _____



CONSENT FORM
 Faxed to previous employer
 Mailed to previous employer

INTERVIEW METHOD
 Mail
 Phone
 Personal Interview



RWI Transportation, LLC.

USE THIS SHEET TO LIST 10 YEAR EMPLOYMENT HISTORY INFORMATION

Company: _____ Supervisor's Name: _____

Address: _____ Phone: (_____) _____

Position Held: _____ From _____ To _____ Salary _____
month/year month/year

Reason for leaving: _____

Company: _____ Supervisor's Name: _____

Address: _____ Phone: (_____) _____

Position Held: _____ From _____ To _____ Salary _____
month/year month/year

Reason for leaving: _____

Company: _____ Supervisor's Name: _____

Address: _____ Phone: (_____) _____

Position Held: _____ From _____ To _____ Salary _____
month/year month/year

Reason for leaving: _____

Company: _____ Supervisor's Name: _____

Address: _____ Phone: (_____) _____

Position Held: _____ From _____ To _____ Salary _____
month/year month/year

Reason for leaving: _____

Company: _____ Supervisor's Name: _____

Address: _____ Phone: (_____) _____

Position Held: _____ From _____ To _____ Salary _____
month/year month/year

Reason for leaving: _____

Company: _____ Supervisor's Name: _____

Address: _____ Phone: (_____) _____

Position Held: _____ From _____ To _____ Salary _____
month/year month/year

Reason for leaving: _____

Company: _____ Supervisor's Name: _____

Address: _____ Phone: (_____) _____

Position Held: _____ From _____ To _____ Salary _____
month/year month/year

Reason for leaving: _____