

Application

Ripley's, Inc.
 36322 U.S. Hwy. 59
 Erhard, MN 56534
 Phone: 218-842-5322
 Fax: 218-842-5386
 ripleys@prtcl.com

Date: _____

Name: _____ Social Security Number: _____

Address: _____ Date of Birth: _____

City, State, Zip: _____ Phone: _____

Position applying for: _____ Cell Phone: _____

Email Address: _____

Emergency Contact: _____

Relationship: _____

Phone Number: _____

Are you 18 years or older? Yes No

Are you either a U.S. Citizen or an alien authorized to work in the United States? Yes No

Have you worked for Ripley's, Inc. previously? Yes No

If you answered "yes", print dates: ___/___/___ to ___/___/___ . Reason for leaving? _____

Residence (last three years)

Street Address: _____ City _____ State _____ Months/Yrs ___/___

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Experience and Qualifications

	State	License Number	Type	Expiration Date
Driver Licenses				

Driving Experience

Class of Equipment	Type of Equipment (van, tank, flat, etc.)	Dates		Approx. No. of Miles (Total)
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Tractor-Two Trailers				
Other				

References: Give the names of three persons not related to you, whom you have known at least one year.

Name	Address	Phone	Years Acquainted
1.			
2.			
3.			

Education	Name and Location of School	No of Years Attended	Did you Graduate?	Subjects Studied
Grammar School				
High School				
College				
Trade, Business, or Correspondence School				

Employers (Include all employers for the past three years and any employment that required driving for the past 10 years. *If more space is needed, please attach a separate sheet.*)

Employer	Dates Employed	Work Performed
Address	Hourly Rate/Salary	
Telephone	Supervisor	
Job Title	Reason for Leaving	
While employed by this employer, were you subject to the Federal Motor Carrier Safety Regulations? ____ Yes ____ No	Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? ____ Yes ____ No	

Employer	Dates Employed	Work Performed
Address	Hourly Rate/Salary	
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Employer	Dates Employed	Work Performed
Address	Hourly Rate/Salary	
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Job Title	Reason for Leaving	
While employed by this employer, were you subject to the Federal Motor Carrier Safety Regulations? ____ Yes ____ No	Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? ____ Yes ____ No	

Which of these jobs did you like best? _____
 What did you like most about this job? _____

Traffic Convictions and Forfeitures for the past three years

Location	Date	Charge	Penalty

No Traffic Convictions or Forfeitures in the past three years (Please initial in the box.)

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes ____ No ____

If yes, provide details: _____

Has any license, permit or privilege ever been suspended or revoked? Yes ____ No ____

If yes, provide details: _____

Have you ever tested positive or refused to be tested on a Pre-Employment Drug Screen for an employer that you did not go to work for? Yes ____ No ____

If yes, give date and name of employer: _____

Do you or have you had a drug or alcohol addiction? _____

Are there any health/physical problems that we should be aware of? _____

Accident Record (for past three years)

Date	Nature of Accident (head on, rear end, etc.)	Fatalities/Injuries/Property Damage

No Accidents in the past three years (Please initial in box)

General

Activities: (Civic, Athletic, Etc.) _____

Special Skills _____

U.S. Military/Naval Service _____ Rank _____

Present Membership in National Guard/Reserves _____

TO BE READ AND SIGNED BY APPLICANT

I understand that a copy of my Motor Vehicle Record and the information in this application, including past employment information, will be used and that prior employers will be contacted for purposes of investigating my safety performance history information as required by paragraphs (d) and (e) if Part 391.23 of the Federal Motor Carrier Safety Regulations.

I also understand that I have the following rights regarding the investigative information that will be provided to Ripley's Inc; 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 Ripley's Inc; 3) the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and I cannot agree on the accuracy of the information.

In order to review previous employer-provided investigative information I must submit a written request to Ripley's, Inc., which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. Ripley's Inc will provide this information to me within five business days of receiving my written request. If Ripley's Inc has not yet received the requested information from the previous employer(s), then the five business days deadline will begin when Ripley's Inc receives the requested safety performance history information. If I have not arranged to pick up or receive the requested records within thirty days of Ripley's Inc making them available, Ripley's Inc may consider me to have waived my request to review the records.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal. 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: _____

Print Name: _____

In Case of Emergency Notify:

Name: _____ Address _____

Phone No: _____ Relationship _____

DO NOT WRITE BELOW THIS LINE

Interviewed By: _____ Date: _____

Remarks: _____

Neatness: _____

Ability: _____

Hired: _____ Yes _____ No _____ Position: _____ Dept or Crew: _____

Salary/Wage: _____ Date Reporting to Work: _____

Approved By: _____

ALCOHOL/CONTROLLED SUBSTANCES TESTING
NOTIFICATION AND CONSENT FORM

THIS NOTIFICATION AND CONSENT IS TO BE USED FOR THE PURPOSE OF PRE-EMPLOYMENT AND FUTURE EMPLOYMENT.

I do hereby authorize, by my signature below, the staff of my Company's choice to collect urine for controlled substances and/or breath samples for alcohol, for my Employer/Prospective Employer. The results of the tests will be provided to my Employer/Prospective Employer.

I acknowledge that my Employer/Prospective Employer has explained, or I have read, and understand their alcohol/controlled substances testing policy. I also understand that the results of these tests may affect my employment status with the Company in accordance with their policy and the Federal Motor Carrier Safety Administrations (FMCSA) Regulations.

A PRE-EMPLOYMENT NEGATIVE TEST RESULT MUST BE OBTAINED IN ORDER TO BE CONSIDERED FOR EMPLOYMENT.

PLEASE NOTE: REFUSAL TO SIGN THIS FORM MAY RESULT IN DISCIPLINARY ACTION FROM YOUR EMPLOYER/PROSPECTIVE EMPLOYER.

PLEASE SIGN TO CONFIRM YOUR UNDERSTANDING AND CONSENT.

(EMPLOYEE/APPLICANT SIGNATURE)

(DATE)

(PRINT NAME OF EMPLOYEE/APPLICANT)

COMPANY OFFICIALS SIGNATURE _____

PRINT COMPANY OFFICIALS NAME & TITLE _____

Public and Private Record Release

State and Federal privacy laws protect and prescribe restrictions regarding access to certain confidential and personal information as under the Driver Privacy Protection Act and The Privacy Act OF 1974, 2010 Edition. This form authorizes the release of motor vehicle and criminal background information to Ripley's, Inc., named below, for employment or insurance eligibility purposes.

By signing below:

- I certify that I have read and understood all of this employment application.
- I understand that, as an applicant for a position with Ripley's, Inc., I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.
- I authorize Ripley's, Inc. to investigate and review **driving, motor vehicle, criminal histories** and related information periodically during the duration of my employment or insurance relationship with Ripley's, Inc.
- I release Ripley's, Inc. and other persons named herein from all liability for any damages on account of furnishing such information.
- I understand that my employment or insurance eligibility is contingent upon the Ripley's, Inc.'s review of such information; and

Organization (Employer or Insurer): Ripley's, Inc., 36322 U.S. Hwy 59, Erhard, MN 56534

X _____
Applicant/Employee Signature Date Social Security Number (for Criminal Records only)

X _____
Printed Name (as it appears on driver license) Driver License Number County of Residence State

X _____ Circle Gender: **M** or **F**
Birth Date – Month/Day/Year

Ripley's, Inc. has contracted with SAMBA Holdings, Inc. to provide records. SAMBA furnishes information as available from state and national agencies. SAMBA does not issue an opinion on the information provided, or participate in any action or decision based on the information provided. SAMBA may be contacted in writing concerning a consumer report about you:

SAMBA Holdings, Inc.
1730 Montano NW Suite F
Albuquerque, NM 87107
Phone: 1-888-947-2622

CERTIFICATE OF VIOLATIONS

I certify that the following is a true and complete list of traffic violations (other than parking tickets) for which I have been convicted or forfeited bond or collateral, during the past 12 months.

Date	Offense	Location	Type of Vehicle Operated

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed according to Part 391.27 of the Federal Motor Carrier Safety Regulations during the past 12 months.

Driver's Printed Name

Driver's Signature

Date

Ripley's Inc, 36322 US Hwy 59, Erhard, MN 56534

ANNUAL REVIEW OF DRIVING RECORD

This day I reviewed the driving record of the above named driver in accordance with Part 391.27 of the Federal Motor Carrier Safety Regulations. I considered any evidence that the driver has violated applicable provisions of the Federal Motor Carrier Safety Regulations. I considered the driver's accident record and any evidence that he/she has violated laws governing the operation of motor vehicles, and gave great weight to violations, such as speeding, reckless driving and operation under the influence of alcohol or drugs, that indicate the driver has exhibited a disregard for the safety of the public. Having done the above, I find that

- the driver meets the minimum requirements for safe driving, or
- the driver is disqualified to drive a motor vehicle pursuant to 391.15.

Ripley's Inc, 36322 US Hwy 59, Erhard, MN 56534

Supervisor's Printed Name

Supervisor's Signature

Date

Employer Verification for CDL Drivers

Ripley's, Inc.

(Applicant complete top portion above dashed line only. Complete a separate form for each employer for previous 3 years of CDL driving)
FORMER EMPLOYEE INFORMATION AND RELEASE

NAME: _____ Social Security # _____

 (please print)
 hereby authorize _____ Prior Company Phone: _____

 (Name of Prior Company)

to release the following requested information to **Ripley's, Inc.** for the purpose of investigation and qualifying me to drive a commercial motor vehicle as required by the U.S. Department of Transportation and Federal Motor Carrier Safety Regulations Parts 382, 391, 392 and 49 CFR Part 40. You are hereby released from any and all liability that may result from furnishing such information. Your quick response to this request will be greatly appreciated.

Applicant Signature: _____ **Date:** _____



NOTE -Regulations of the Department of Transportation (49 CFR Part 40) requires your company to provide us with information concerning the named driver's past drug and alcohol test results, including refusals to be tested.

In the past three years has the previously named applicant ever:

- Tested positive for a controlled substance? YES NO
- Tested with an alcohol concentration of 0.04 or higher? YES NO
- Refused to submit to a DOT required drug and/or alcohol test,?
 YES
 NO including a verified adulterated or substituted result?
- Had any other violations of DOT drug and/or alcohol testing regulations? YES NO
- Had any violations of drug and/or alcohol regulations from previous employers? YES NO
- Did a previous employer report a drug and alcohol rule violation to you? YES NO

For any YES answer, please provide documentation of the previously named applicants successful completion of DOT return-to-duty requirements (including follow-up tests).

FORMER EMPLOYEE WORK HISTORY

Employed from (date) _____ to _____. Did former employee drive a motor vehicle for you?
 YES
 NO

If yes please indicate specific type of vehicle(s) and time driven for you:
 Tractor/Semi-Trailer; *years months*
 Straight Truck; *years months* Other (Please Specify) *years months*. Any special equipment driven? (such as; Doubles, Tanker, Flat Bed, etc.) Please list:

Reason for leaving your employ:	Discharged	Resigned	Laid Off	Other
Is former employee eligible for re-hire at your company?			YES	NO
Your Name	Title		Telephone #:	
Your Signature:			Date:	

Please forward response as indicated as soon as possible. Thank You

Revised 3/24/10
MAIL OR FAX TO: Ripley's, Inc.
 36322 U.S. Hwy. 59
 Erhard, MN 56534

Fax # (218) 842-5386
Phone: (218) 842-5322

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36322 U.S. Hwy 59

Erhard, MN 56534

Phone: 218-842-5322

Email: ripleys@prtcl.com

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Ripley's, Inc. ("the Company") may obtain information about you from a third party consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report," which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by **Data Facts, Inc., P.O. Box 4276, Cordova, TN, 38088, 800-264-4110, www.datafacts.com**. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.

Signature: _____

Date: _____

[End of Document]

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ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by Ripley's, Inc. at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency including law enforcement records without restrictions, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Data Facts, Inc., P.O. Box 4276, Cordova, TN, 38088, 800-264-4110, www.datafacts.com** and/or Ripley's, Inc.. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law

Washington State applicants only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Minnesota and Oklahoma applicants only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

Print Name: _____

Signature: _____ Date: _____