



DRIVER EMPLOYMENT APPLICATION

Sumter Timber Company, LLC

25000 Alabama Highway 28

Demopolis, AL 36732

(Answer ***all*** questions. Fill in ***all*** shaded areas – Please PRINT)

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 non-job related disability.

Application Date: _____

Hire Date: _____

Position(s) Applied for: _____

Name: _____
Last First MI

Social Security No: _____

Date of Birth (Required for Truck/Bus Drivers): _____

Must list all addresses for the past 3 years.

Current Address: _____
Street City
State Zip Code Phone: _____ How Long? _____

Previous Address: _____
Street City State & Zip Code How Long? _____
Street City State & Zip Code How Long? _____

EMPLOYMENT HISTORY

ALL DRIVER APPLICANTS: To drive in interstate commerce, you must provide the following information on all former/current employers (*driving positions and non-driving positions*) for the last 3 years. All information must be complete for your application to be considered.

ALL DRIVER APPLICANTS: To be employed as a driver of a commercial motor vehicle (any vehicle requiring a CDL License) in intrastate or interstate commerce, you must also provide an additional 7 years' information on those employers for whom you worked as a driver operating a commercial motor vehicle.

In other words, if you are going to drive a vehicle requiring a CDL, YOU MUST HAVE 10 YEARS working & driving experience (no gaps)

CURRENT OR LAST EMPLOYER	DATES
Name: _____	Dates From: _____ To: _____
Address: _____	Position held: _____
City: _____ State: _____ Zip Code: _____	Salary/Wage: _____
Contact Person: _____	Reason for leaving: _____
Phone No: _____	

Were you subject to DOT rules while employed with this company?

Yes / No

While employed by this company, was your job designated as "safety-sensitive," making you subject to the DOT drug and alcohol testing requirements?

Yes / No

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Yes / No

While employed by this company, was your job designated as "safety-sensitive," making you subject to the DOT drug and alcohol testing requirements?

Yes / No

Please continue employment record on next page

EMPLOYMENT HISTORY

Note: If needed, make additional copies of this page to capture info regarding all employers during the past 10 years.

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Yes / No

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Yes / No

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Yes / No

While employed by this company, was your job designated as "safety-sensitive," making you subject to the DOT drug and alcohol testing requirements?

Yes / No

EXPERIENCE AND QUALIFICATIONS OF DRIVER APPLICANT

ACCIDENT RECORD FOR THE PAST 7 YEARS.

If none, write “none”. Attach additional sheets if more space is required.

DATES	NATURE OF ACCIDENT (HEAD-ON; REAR-END; UPSET, JACK-KNIFE, ETC.)	FATALITIES	INJURIES	CHARGEABLE	√ If You Can Provide Documentation
Last Accident		YES NO	YES NO	YES NO	
Next Previous		YES NO	YES NO	YES NO	
Next Previous		YES NO	YES NO	YES NO	
Next Previous		YES NO	YES NO	YES NO	

TRAFFIC CONVICTIONS AND LICENSE FORFEITURES FOR THE LAST 7 YEARS, (OTHER THAN PARKING VIOLATIONS).
If none, write “none”, (attach additional sheets if more space is required).

LOCATIONS	DATE	CHARGE	PENALTY

DRIVERS LICENSES	STATE	LICENSE No:	TYPE	EXPIRATION DATE

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? YES NO

Have you ever had any license, permit or privilege suspended or revoked? YES NO

IF THE ANSWER TO EITHER OF THE ABOVE TWO QUESTIONS IS “YES”, GIVE THE DETAILS

DRIVING EXPERIENCE. IF NONE, WRITE "NONE".

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	AMOUNT OF EXPERIENCE
STRAIGHT TRUCK	CONTRACTOR'S DUMP	
	REGULAR DUMP TRUCK	
	TANKER	
	WRECKER	
	FLAT BED	
	VAN	
	REEFER	
	CEMENT TRUCK	
	BOOM TRUCK	
	SERVICE TRUCK	
	STRAIGHT TRUCK PULLING TRAILER	
	VAC TRUCK	
TRACTOR TRAILER	NON-HEATED, NON-REFRIGERATED, LIQUID TANKER	
	REFRIGERATED TANKER	
	HEATED TANKER	
	DRY BULK TANKER	
	OPEN DUMP TRAILER	
	FLAT BED	
	REEFER	
	VAN	
	CAR CARRIER	
	DOUBLES	
	TRIPLES	
BUSES	STRAIGHT BUS (SCHOOL BUS, CHURCH BUS)	
	STRAIGHT COMMERCIAL BUS	
	DOUBLE	
	TRIPLE	
OTHER NOT LISTED		



Sumter Timber Company, LLC
25000 Alabama Highway 28
Demopolis, AL 36732

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and the information contained in this application, are true and complete to the best of my knowledge.

I authorize **Sumter Timber Company, LLC** to make such investigations and inquiries of my personal, employment, driving, financial, medical, Drug and Alcohol Testing history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical, drug testing and alcohol testing history will be made only if and after a conditional offer of employment has been extended.). I hereby release former 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 further understand that any false or misleading information given in either my application or in interview(s) may result in discharge. I understand, also, that I will be required by **Sumter Timber Company, LLC** to abide by all the rules and regulations of the company and any Federal/state agency. This includes all mandatory safety meetings/training meetings.

Applicant's Signature

Date

Sumter Timber Company, LLC

Driver Safety Performance History Records / Information Request Authorization (Page 1 of 3)

The Federal Motor Carrier Safety Administration rules outlined in 49 CFR Part 391.23 require that information regarding my Safety Performance History be provided to prospective employers for the preceding three (3) years. This record is my official request for the documentation to be released on behalf of my prospective employer:

To: Previous Employer _____
Address _____
City, State, Zip _____
Contact Phone _____ Contact Fax _____

From: Applicant _____
Social Security Number _____
Address _____
City, State, Zip _____
Contact Phone Number _____

I request this information be requested in the manner identified below: (check one)

Send the Information to the address below within five (5) business days via **MAIL** _____

I, the driver applicant, will arrange to **PICK UP** the information within 30 days _____

Please **FAX** the information to the number provided below within five (5) business days _____

Information should be sent to the following:

Sumter Timber, LLC
25000 Alabama Highway 28
Demopolis, AL 36732
Phone: (334) 289-3100
Fax: (334) 289-3165

Signature of Applicant

Date

Sumter Timber Company, LLC
Driver Safety Performance History
Information Request (Page 2 of 3)

In accordance with the requirements of the Federal Motor Carrier Safety Administration rules outlined in 49 CFR Part 391, 382, and 40, please provide the following information regarding my Safety Performance History.

Driver Name: _____

Dates of Employment: From _____ (MO/YR) To _____ (MO/YR)

Did applicant driver a commercial vehicle while employed by you? Yes or No (Circle one)

Type of vehicle driven: Straight Truck / Tractor-Semi-trailer / Other _____ (Circle one)

Type of trailer pulled: Vans / Reefer / Flatbed / Tanker/ Not applicable (circle one)

Length of Trailer pulled (if applicable) _____ (FT)

How many states did the applicant drive in? _____ (estimate)

Reason for leaving your employment: (Circle one or more, as appropriate)

Resignation Lay Off Military Duty
Voluntarily Quit Violation of Company Policy Discharge

Reason for discharge: _____

Is applicant eligible for rehire? Yes or No (circle one)

Please list all DOT Recordable Accidents (as defined in 49 CFR Part 390.15 (b) in a vehicle over 10,001 lbs in which the applicant was involved for a period of three (3) years back:

Date	Location	Type Of Accident	Injuries?	Fatalities?	Towed?

Drug and Alcohol History for Prior Three (3) Years.

Please provide any information for the applicant while in your employ or that you have obtained from previous employers under the requirements of 49 CFR Part 391.

1. Has applicant refused alcohol or drug testing required by DOT rules? Yes or No (circle one)
2. Has applicant tested positive, adulterated, or substituted a drug testing specimen while employed by your Company? Yes or No (circle one)

Sumter Timber Company, LLC
Driver Safety Performance History
Information Request (Page 3 of 3)

3. Has applicant had an alcohol test result of $>.04$ during your employ? Yes or No (*circle one*)
4. If yes to #2 or #3 above, was the applicant referred for SAP evaluation? Yes or No (*circle one*)
- Do you know if SAP program has been successfully completed? Yes No Not Sure (*circle one*)
5. Has applicant committed other violations of DOT drug or alcohol testing rules of which you are aware? Yes or No (*circle one*)

You are hereby authorized to provide all information regarding my services, safety performance, drug and alcohol testing history, character and conduct to the entity authorized. You are released from any liability arising from the release of this information under the requirements of 49 CFR Part 391 that became effective 10/30/2004.

Signature of Applicant

Social Security Number

Date

Print Driver Name

Previous Employer Safety Performance History provided by:

Company Name: _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

Information Provided by: _____

(Please print name legibly)

I provided the above information was in the following manner: (*check one*)

I sent the information within five (5) business days of receipt via **MAIL** _____

I provided a copy of this information to the driver applicant
who **PICKED UP** the information personally at our office _____

I **FAXED** the information within five (5) business days of receipt _____

Sumter Timber Company, LLC Driver Safety Performance History Applicant Rights

The Federal Motor Carrier Safety Administration promulgated rules to change the driver background check verifications required in 49 CFR Part 391 effective October 30, 2004. Under the new requirements **Sumter Timber Company, LLC** is required to contact your previous employers for three (3) years previous to the date of your application for employment to verify certain specific safety information and records.

The information we will be requesting will include personal work history, accident involvement history, and the drug and alcohol testing history that they have on record. We will be reviewing information related to the time you were employed with each previous employer, and any information compiled by them as they performed Driver Safety Performance History checks as well.

As an applicant for a driving position, you have certain specific rights relating to the information that **Sumter Timber Company, LLC** receives from your previous employer. These rights include:

1. The right to review the information provided to **Sumter Timber Company, LLC** by your previous employers, whether you listed the employers specifically on your application for employment or not.
2. The right to have any errors in the information provided to **Sumter Timber Company, LLC** corrected by a previous employer and to request that they submit corrected information.
3. The right to have a rebuttal statement attached to alleged erroneous information in such instance that you are not in agreement with the information provided to **Sumter Timber Company, LLC** by a previous employer.
4. The right to review the information within provided to **Sumter Timber Company, LLC** within 30 days of employment (or within 30 days from the date that employment is denied based on information received) **Sumter Timber Company, LLC** will provide such information to you upon receipt of your written request within five (5) business days.

I certify that I am a driver applicant and that I have read and understand my rights as prescribed by 49 CFR Part 391.

Signature

Date

	MVR Only – For annual review or other
	MVR - For New Hire – includes:
	SSN Check
	CDLIS Check
	Transportation Employment History w/ Drug Screen
	HAZMAT Package



TRANSPORTATION SAFETY SERVICES

27540 World Court
Daphne, Alabama 36526
Phone: 251-661-9700

Employee MVR Request Consent

Employee Name: _____

Address: _____

Street

City

State

Zip

Phone Number: _____

Social Security Number: _____

Date of Birth: _____

Driver's License Number: _____

Driver's License State: _____

Driver's Signature: _____

I certify that the above named employee is either a current employee or is a current applicant being considered for employment. In accordance with DOT's security requirements, I am requesting that the appropriate checks be run to ensure the above named individual is in compliance with the applicable requirements.

I certify that we have obtained the required permission from the above named employee to obtain this record.

Requesting Employer: **Sumter Timber Company, LLC**
Company Name

Person Requesting: _____
Company Representative Signature

Fax this request to (334) 289-3165

This is a secure fax line.

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER INSTRUCTIONS: The requirement in Part 383 applies to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placards..

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placards.

Driver Requirements: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

1. **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.

If you have more than one license, keep the license from your state or residence and return the additional licenses to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state. If multiple licenses have been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by that state.

2. **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:**
Sections 392.42 and 383.33, of the Federal Motor Carrier Safety Regulations require that you notify your EMPLOYER the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: (1) your employing motor carrier, and (2) the state that issued your license (if the violation occurs in other than the one which issued your license). The notification to both the employer and state must be in writing.

The following license is the only one I will possess:

Driver's License No. _____ State _____ Exp. Date _____

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.

Driver's Name (Print): _____

Driver's Signature: _____ Date: _____

Notes: _____

PRECEDING 7 DAYS DRIVER DUTY STATUS

INSTRUCTIONS: Motor carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier. Rule 395.8 (J) (2) Federal Motor Carrier Safety Regulations, **NOTE:** Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

Driver Name (Print) _____

Social Security Number _____

Driver's License: State _____ **Number** _____ **Class** _____ **Endorsement(s)** _____

Type of License _____ **Restriction(s)** _____

DAY	1 (yesterday)	2	3	4	5	6	7	
DATE								
HOURS WORKED								TOTAL HOURS

I hereby certify that the information given above is correct to the best of my knowledge and belief.

Driver's Signature

Date

DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

INSTRUCTIONS: When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in Section 395.2 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ or service of, a common, contract or private motor carrier, also performing any compensated work for any non-motor carrier entity.

Are you currently working for another employer? **YES / NO**

At this time do you intend to work for another employer while still employed by this company? **YES / NO**

I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

Driver's Signature

Date

Company Representative Signature

Date

EMPLOYEE ALCOHOL AND DRUG STATEMENT

Section 40.25(j) As the employer, you must also ask the employee 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 testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (See Section 40.25(b) (5) and (e))

Sumter Timber Company, LLC
25000 Alabama Highway 28
Demopolis, AL 36732

Employee Name: _____

Social Security Number: _____

The employee is required by Section 40.25 to respond to the following question:

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 in the past three years?

Circle One: YES NO

Employee Signature: _____ Date: _____

Drug and Alcohol Testing Policy
Sumter Timber Company, LLC
25000 Alabama Highway 28
Demopolis, AL 36732

This is the company's official statement of drug and alcohol policy for its driving employees. Knowing how the use of these substances can affect the ability to operate a motor vehicle safely, we are implementing this policy to ensure that we are in compliance with the drug and alcohol testing requirements enacted by the DOT and listed in 49 CFR Parts 382 and 40. We are committed to provide a safe environment for each of our drivers and the motoring public.

To outline the DOT mandated situations under which you are required to be tested, we have listed the type of drug and alcohol tests that will be required of our drivers. These tests will be administered when the driver is performing a safety sensitive function, generally defined as all time required to be logged as "on duty or driving" time on a driver daily log. The tests will either be administered while such duties are being performed, just before they are to be performed, or just after these duties have been completed. "Just before" or "just after" is defined as no longer than one hour. The tests will be administered and processed in accordance with the requirements of 49 CFR Part 40.

PRE-EMPLOYMENT (Drug only) – All drivers will be expected to submit to a pre-hire/pre-use drug test, the results of which must be obtained before the driver can be utilized the first time. Drivers failing this type of drug test are not qualified to be hired by the company.

RANDOM (Drug and Alcohol) – Drivers will continually be subject to DOT random testing after hire and throughout employment with the company. Testing administered will be spread throughout the year and unannounced, selected by a scientifically valid method from a pool of all employed drivers. The company (or its designee) will administer enough tests to the driver pool to ensure compliance with the minimum DOT requirements.

POST-ACCIDENT (Drug and Alcohol) – After drivers are involved in an accident, the company reserves the right to administer a drug test to each involved employee, without regard to fault, within 32 hours of the time the crash occurred. An alcohol test will also be obtained within eight hours of an accident, preferably in the first two hours.

REASONABLE SUSPICION (Drug and Alcohol) – At any time the company management notices indications of the use of drugs or abuse of alcohol by one of its drivers, which are contemporaneous and able to be articulated, the employee will be required to submit for testing.

All drivers who are required to possess a commercial Driver's License, or CDL, under the requirement of 49 CFR Part 383, are required to be tested for the presence of drug and alcohol. Upon notification of a required test, the driver **shall proceed immediately to the testing facility**. Failure to do so will be considered a refusal to submit to testing, which DOT treats the same as a POSITIVE test result.

There are significant consequences for submitting a test reported back as "POSITIVE" for drugs or alcohol, or refusing to be tested when required. Consequences for this type result are termination of employment, referral to a substance use evaluation facility, and release of the testing information to subsequent employers requesting such. Though DOT does not require termination of employment violations of Part 382, most employers choose to sever ties with the violating employee. DOT does require that employees be evaluated and receive treatment (as suggested by a substance professional) for substance problems. We are also required to release this information to your subsequent employers that request it of us.

Record keeping for drug and alcohol testing issues is typically maintained for a period of five (5) years, as required by the USDOT. If we are requested by another employer, to provide drug or alcohol testing information for a current or former employee of the company, records for the two (2) years previous to application for employment with the other employer will be provided, upon presentation of driver release for such information. This is in compliance with the requirements of 49 CFR parts 382.

The use of drugs and alcohol can have a significant impact on your health as our employee and on the safety of the motoring public. As a responsible member of the public using our nation's highways, we will implement this policy as we strive to maximize the safety of our highways. If any questions regarding this policy arise, please do not hesitate to contact me for clarification.

I have reviewed this copy and understand its consequences. My signature below also represents that I have been notified that the type of tests, listed above, will periodically be required of me.

(Driver Name)

(Driver Signature)

(Date)



Transportation Safety Services
27540 World Court, Suite A
Daphne, AL 36526
Phone: (251)661-9700
Fax: (251)661-9667



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>
<p>QR Code - Section 1 Do Not Write In This Space</p>

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
-------------------------------------	-------------------------	-------------------------	------	--------------------------------

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		<div>Additional Information</div> <div>QR Code - Sections 2 & 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date(mm/dd/yyyy)		Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)			City or Town		State ZIP Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)		First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse

I, _____, hereby provide consent to **Sumter Timber Company, LLC** to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse to determine whether drug or alcohol violation information about me exists in the Clearinghouse. Furthermore, I am consenting to multiple limited queries which will be conducted annually for the duration of my employment with **Sumter Timber Company, LLC**.

I understand that if the limited query conducted by **Sumter Timber Company, LLC** indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to **Sumter Timber Company, LLC** without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for **Sumter Timber Company, LLC** to conduct a limited query of the Clearinghouse, **Sumter Timber Company, LLC** must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Employee/Applicant Signature

Date



Alabama Background Check (ABC) Report Waiver



Pursuant to §49-9-594, Code of Alabama 1975, the Alabama Criminal Justice Information Center (ACJIC) may supply employee criminal records and may provide the procedure for obtaining the records. The purpose of this waiver is to provide my employer/prospective employer with sufficient identifying information about myself to allow my employer/prospective employer to obtain my criminal record by querying the ACJIC Alabama Background Check (ABC) system.

By signing this waiver I, _____, certify that all of the personal identifying information provided herein is accurate. I understand that by providing this information and signing this document I agree to allow my employer/prospective employer to receive a copy of my report through ACJIC.

I understand that ABC reports may contain reported felony and misdemeanor arrests, violations, and court records included in databases maintained by the State of Alabama. I further understand that ABC reports contain personal information from motor vehicle records included in records maintained by the State of Alabama. Personal information is information that identifies the individuals on whom the ABC report is conducted, including photograph, social security number, driver identification number, name, address, telephone number, and medical or disability information. Juvenile, youthful offender, sealed and/or expunged records will not appear on any ABC report.

I further understand that any information supplied on an ABC report is derived from a **name-based** search using only the identifiers submitted by my employer/prospective employer or this employer's authorized Third Party User based on the information provided by me on this form. ACJIC in no way guarantees that criminal history record information provided through this system is for the person named in the request. Fingerprint based searches are the most reliable way to conduct criminal record checks and the least likely to result in either a false positive or false negative search result. This is not a fingerprint based search.

I understand that this waiver may be sent to ACJIC electronically in a form prescribed by ACJIC.

I understand that the results of my ABC report may be verified by submitting fingerprints to the Alabama Department of Public Safety.

PLEASE PRINT ... *Asterisks denote required information.

Last Name* (required)	First Name* (required)	Middle Name	Maiden Name
Street Address		City, State and Zip Code	
Sex / Gender* (required)	Race* (required)	Date of Birth	
Social Security Number*		Place of Birth	
Drivers License State		Drivers License #	
Signature* (required)		Date of Signature* (required)	
Name of Employer/Prospective Employer			