

# Bunch Transport Inc.

3325 Hill Park Drive  
North Charleston, SC 29418  
(843) 207-5100 Fax (843) 207-5161



## Welcome to Bunch Transport! This is the start to a successful career!

Dear Future Employee,

Let me be the first to tell you thanks for your interest in Bunch Transport, Inc. Since starting Bunch over 20 years ago, we have built a reputation on integrity, hard work, and great customer service. We are looking for employees to carry on that tradition!

**APPLICATION MUST BE COMPLETED AND SIGNED (in all appropriate places) BY APPLICANT ONLY.**

**Please enclose a copy of the following items with your application:**

- 1. Current 10-Year MVR**
- 2. Current valid CDL Driver's License**
- 3. Social Security Card**

As you are completing the application, please do not leave any questions blank—enter N/A if appropriate. Please verify that the information is correct and legible; remember, this is your career!

I'm excited that you are considering Bunch; you are making the right decision!

Best Regards,

Richard E. Bundschuh  
President

### Vital Information:

- Full Name – Must be LEGIBLE
- Date of Birth
- Social Security Number
- Phone numbers to prior employers
- CDL number(s) and state(s)—prior 3 years
- **Phone number where we can reach you**

### Minimum Qualifications:

- 23 Years of Age
- 24 Months Class A experience, verifiable
- Acceptable MVR (10 Years—MUST BE ATTACHED)
- 1 Year DOT Physical



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## Driver Experience and Qualifications

Answer the questions in this section only if applying for a driver position.

Part 391.21(b)(2)—The US DOT requires that driver applicants state their date of birth.

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Social Security No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Month Day Year

### LICENSES (LICENSES HELD IN THE PAST 3 YEARS MUST BE LISTED)

| State | Number | Type | Expiration Date |
|-------|--------|------|-----------------|
|       |        |      |                 |
|       |        |      |                 |
|       |        |      |                 |

Have you ever been denied a license, permit or privilege to operate a motor vehicle?  Yes  No  
Has any license, permit or privilege ever been suspended or revoked?  Yes  No  
Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations?  Yes  No

If you answered "yes" to A, B or C, give a statement with details below:

\_\_\_\_\_  
\_\_\_\_\_

### DRIVING EXPERIENCE

| Class of Equipment   | Type of Equipment<br>(Van, Tank, Flat, etc.) | From | To | Approximate Total<br>Miles |
|----------------------|--|------|----|----------------------------|
| Straight Truck       |  |      |    |                            |
| Tractor/Semi Trailer |  |      |    |                            |
| Twin Trailers        |  |      |    |                            |
| Other                |  |      |    |                            |

Circle states operated in during the last five years: AL AK AZ AR CA CO CT DE FL GA HI ID IL IN IA KS KY LA ME  
MD MA MI MN MS MO MT NE NV NH NJ NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY

List special courses or training that will help you as a driver: \_\_\_\_\_

List safe driving awards held and who awards were presented by: \_\_\_\_\_

### ACCIDENT REVIEW FOR PAST 3 YEARS

| Dates         | Nature of Accident<br>Head-On, Rear-End, Upset, etc. | Fatalities | Injuries |
|---------------|--|------------|----------|
| Last Accident |  |            |          |
| Next Previous |  |            |          |
| Next Previous |  |            |          |

### TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS - OTHER THAN PARKING VIOLATIONS

| Location | Date | Charge | Penalty |
|----------|------|--------|---------|
|          |      |        |         |
|          |      |        |         |
|          |      |        |         |

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## Employment Record

The U.S. Department of Transportation requires that driver applicants show all employment for the past three years. They must also show commercial driver employment for the last seven years immediately preceding this three year period. Part 391.21(b)(10)(11) Start with last or current position, including military experience, and work back.

Current Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**DO NOT FILL IN THE ITEMS BELOW – FOR BUNCH TRANSPORT USE ONLY**

Send Employment Verification to: \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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Previous Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Previous Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_

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Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_

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## Employment Record – Continued (Page Two)

Previous Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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Send Employment Verification to: \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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Previous Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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Previous Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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Address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_  
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**NEED TO PROVIDE EMPLOYMENT FOR THE LAST 10 YEARS. MUST BE IN ORDER OF MOST RECENT LISTED FIRST. INCLUDE ANY UNEMPLOYMENT AND LEAVE NO DATE GAPS.**

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## IMPORTANT NOTICE REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In connection with your application for employment with Bunch Transport, Inc. ("Prospective Employer"), it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). If the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report. The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Bunch Transport ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

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I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please Print)

NOTICE: This form is made available to monthly account holders by NICT solely for use as an example of template content. NICT assumes no legal liability or responsibility for the accuracy, completeness or currency of the information disclosed in this example. The intent of the template example is to illustrate for a monthly account holder an example of a driver consent form related to PSP, but all monthly account holders and third party information providers should consult their own legal counsel with respect to the proper format and content of this notice.

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## DAC Services

### RELEASE FORM

**Mail To:** DAC Services  
4110 S 100<sup>th</sup> East Ave  
Tulsa, OK 74146-3639  
**ATTN:** Criminal Record Department

**Fax To:** (800) 887-8994  
**ATTN:** Criminal Record Department

I hereby authorize Bunch Transport and its agent, DAC Services, to receive any criminal history record information pertaining to me, which may be in the files of any state or local criminal justice agency.

**Full Name (Print):** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Social Security No:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Month Day Year

**Sex:** \_\_\_ Female \_\_\_ Male **Write Down Race:** \_\_\_\_\_

**Signature of Interviewing Officer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## 391.23 – Investigations and Inquiry Waiver

### WAIVER

To: Former Employers

I hereby agree and authorize my former employers to release all information concerning my employment, including oral assessments of my job performance, ability and fitness to Bunch Transport Inc. (or their authorized agents) in connection with my application for employment with Bunch Transport Inc. I hereby release former employers from any and all liability of any type as a result of providing information to Bunch Transport Inc. (or their authorized agents).

### DISCLOSURE AND RELEASE

In connection with my application for employment (including contract for services) with you, I understand that consumer reports, which may contain public information, may be requested from DAC Services in Tulsa, OK. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc. from federal, state and other agencies which maintain such records as well as information from DAC concerning previous driving records request made by others from such state agencies and state provided driving records.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY DAC TO FURNISH THE ABOVE MENTIONED INFORMATION.

I have the right to make a request to DAC, 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 sources of information and the recipients of any reports on me, which DAC has previously furnished within the two-year period preceding my request. I hereby consent to your obtaining the above information from DAC, and I agree that such information, which DAC has or obtains, and my employment history with you if I am hired, will be supplied by DAC to other companies, which subscribe to DAC.

I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization for you to procure consumer reports at any time during my employment (or contract) period.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
                    First                    Middle                    Last

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Social Security No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
                    Month                    Day                    Year

CDL Class A License Number: \_\_\_\_\_ State of License: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Witness (If applicable)

# Bunch Transport Inc.

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**TRUCKING INDUSTRY:**  
**DOT D/A Disclosure and Authorization**

Send to Fax# (800) 257-8069

|                                |                                |
|--------------------------------|--------------------------------|
| <b>HireRight Customer:</b>     |                                |
| <b>Company Name:</b>           | BUNCH TRANSPORT, INC.          |
| <b>Company Contact Name:</b>   | Craig North (or) Gay M. Howell |
| <b>Fax #:</b>                  | (843) 207-5161                 |
| <b>HireRight Account Code:</b> | BUNC                           |

**PART I – DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES – 49 CFR PART 391.23. DOT DRUG AND ALCOHOL TESTING**

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to HireRight for the purpose of HireRight transmitting such records to the HireRight customer listed above. I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous **three (3) years**: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/ or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below the following information to HireRight with information concerning items (i) through (vi) above, I also authorize such company to furnish the following to HireRight, if applicable: (i) dates of my negative drug and/or alcohol tests and/ or tests with results below 0.04 during the previous **three (3) years**; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous **three (3) years**.

List all DOT-regulated employers you have applied with and/ or worked for in a safety-sensitive function during the previous **three (3) years**. If necessary, attach additional pages, including the date, your name, social security number and signature.

| Previous DOT-Regulated Employer | City  | State | Phone Number |
|---------------------------------|-------|-------|--------------|
| _____                           | _____ | _____ | ( ) - _____  |
| _____                           | _____ | _____ | ( ) - _____  |
| _____                           | _____ | _____ | ( ) - _____  |
| _____                           | _____ | _____ | ( ) - _____  |
| _____                           | _____ | _____ | ( ) - _____  |

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I disclosure and authorization for release as well as the attached FMCSA Notification of Driver Rights and any applicable state law notices; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original.

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

Social Security No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

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

DOT Drug/Alcohol Disclosure/Authorization  
Trucking Industry – Employment Purpose

# Bunch Transport Inc.

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## EMPLOYMENT VERIFICATION

1<sup>st</sup> Attempt Date: \_\_\_\_\_  2<sup>nd</sup> Attempt Date: \_\_\_\_\_  3<sup>rd</sup> Attempt Date: \_\_\_\_\_

Company: \_\_\_\_\_ Date: \_\_\_\_\_  
To: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Driver Name: \_\_\_\_\_ SSN #: \_\_\_\_\_

This applicant lists the following date(s) of employment with your firm:

Dates of Hire: From: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Is this correct?  Yes  No Comments: \_\_\_\_\_

Reason for termination:  Resigned  Discharged  Laid Off  Other

Would you re-employ this driver?  Yes  No Reason: \_\_\_\_\_  Upon Review

To your knowledge, was this person's license ever suspended while in your employ?  Yes  No

Any on the job injuries in your employ?  Yes  No Any recurring?  Yes  No

Any back injuries?  Yes  No Explanations: \_\_\_\_\_

Position:  Company Driver  Owner Operator  Contractor Driver

Area of Operation:  Over the Road  Regional  Local

Equipment Operated:  Tractor-Trailer  Straight Truck  Doubles  Other

Type of Freight Hauled:  General Commodities  Hazmat  Other

Did this driver have any chargeable accidents?  Yes  No Number/Comments \_\_\_\_\_

Any non-chargeable accidents?  Yes  No Number/Comments \_\_\_\_\_

Did cargo claims?  Yes  No Number/Comments \_\_\_\_\_

Pursuant to the requirements of 49 CFR and 49 CFR 382.413, please provide Alcohol and Controlled Substance test results for the driver applicant named above. If the driver was not subject to part 382 testing requirements while employed, please check here \_\_\_\_\_.

**Please include information from previous employers.**

Under part 382 testing requirements:

1. Has this person ever tested positive for a controlled substance in the last three years?  Yes  No

2. Has this person ever had an alcohol test with a BAC 0.04 or greater in the last three years?  Yes  No

3. Has this person ever refused a required drug test for drugs or alcohol (including verified adulterated or substituted drug test results) in the last three years?  Yes  No

4. Are you aware of any other violations of DOT agency drug and alcohol testing regulations?  Yes  No

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I hereby authorize Bunch Transportation Inc. to obtain from the above listed company, the results of all DOT-required drug and alcohol tests, including any refusals to be tested. I authorize the company to release all information concerning my employment, including oral assessments of my job performance, ability, and fitness to each and every company 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 named company.

\_\_\_\_\_  
(Applicants Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Person Releasing Information)

\_\_\_\_\_  
(Date)

**Please return this form to us as soon as possible via fax  
Our fax number is (843) 207-5161**