

APPLICATION FOR EMPLOYMENT

COMPANY _____

STREET ADDRESS _____

CITY, STATE AND ZIP CODE _____

NAME _____
 (FIRST) (MIDDLE) (Maiden Name, if any) (LAST)

ADDRESS _____ HOW LONG? _____
 (STREET) (CITY) (STATE & ZIP CODE)

DATE OF BIRTH _____ SOCIAL SECURITY NO. _____ HIRE DATE _____

TELEPHONE NUMBER _____ E-MAIL ADDRESS _____

PREVIOUS THREE YEARS RESIDENCY

_____ # YEARS _____
 (STREET) (CITY) (STATE & ZIP CODE)

_____ # YEARS _____
 (STREET) (CITY) (STATE & ZIP CODE)

_____ # YEARS _____
 (STREET) (CITY) (STATE & ZIP CODE)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

LICENSE INFORMATION Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

| State | License Number | Type | Expiration date |
|-------|----------------|------|-----------------|
| | | | |

DRIVING EXPERIENCE

| Class of Equipment | Type of Equipment (Van, Tank, Flat, Etc.) | Date from | Date To | Approximate number of miles |
|------------------------------|--|-----------|---------|--------------------------------|
| Straight Truck | | | | |
| Tractor and Semi- Trailer | | | | |
| Tractor – Two Trailers | | | | |
| Other | | | | |

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) NATURE OF

| Dates | Nature of Accident (Head-on, Rear-end, Upset, Etc.) | Number of Fatalities | Number of Injuries | Chemical Spill |
|-------|---|----------------------|--------------------|----------------|
| | | | | Yes No |
| | | | | Yes No |

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

| Date Convicted (month/year) | Violation | State of Violation Location | Penalty (forfeited bond, collateral and/or points) |
|-----------------------------|-----------|-----------------------------|---|
| | | | |
| | | | |

(ATTACH SHEET IF MORE SPACE IS NEEDED)

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

If yes, explain _____

B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____

If yes, explain _____

EMPLOYMENT RECORD (ATTACH SHEET IF MORE SPACE IS NEEDED) Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

Must list the complete mailing address: street number and name, city, state and zip code.

LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON.

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No
Was the previous job position 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

SECOND LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON.

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No
Was the previous job position 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

THIRD LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON.

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No
Was the previous job position 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

TO BE READ AND SIGNED BY APPLICANT I authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release 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 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. "I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). 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."

DATE

APPLICANT'S SIGNATURE

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

DATE

APPLICANT'S SIGNATURE

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

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 (1) motor vehicle operator's license.
2. **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15(b)(2) 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 a state 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 possess. Failure to disclose any other state that I had or have had held a license from and failure to disclose any suspensions, revocation, and or disqualifications shall result in termination and any fines or penalties shall be my responsibility.

DATE

APPLICANT'S SIGNATURE

In accordance with the provisions of the Fair Credit Reporting Act, you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports, as well as obtaining your driving record annually are required by the Federal Motor Carrier safety Regulations.

The company has my authorization to thoroughly investigate my work and personal history. I understand that the information supplied by me, regarding my Motor Vehicle Record(s) will be utilized as part of the processing procedures. A background check will be conducted to verify the veracity of the information submitted and will be utilized to develop information concerning my character, general reputation, personal characteristics, and mode of living. I will hold no person liable for giving or receiving information in this investigation. I release from liability all persons, companies, and corporations supplying that information. I release and indemnify the company and its representatives against any liability that might result from making such background checks. A copy of this form is as valid as the original.

DATE

APPLICANT'S SIGNATURE

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 during the past two years?

Yes

No

If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Yes

No

I certify that the information provided on this document is true and correct. Signature: _____

SAFETY PERFORMANCE HISTORY REQUEST

RECIPIENT EMPLOYER: The individual identified in SECTION 1 has indicated that you employ(ed) him/her within the last three years in a position that involved the operation of a commercial motor vehicle.

In accordance with 49 CFR 40.25 and 391.23, we are hereby requesting that you supply us with the Safety Performance History of this individual. **Under DOT rule 391.23(g), you must respond to this inquiry within thirty days of receipt.**

Please complete SECTIONS 2 through 4 and return to the prospective employer shown in SECTION 1.

APPLICANT: Complete SECTION 1 and submit to prospective employer.

SECTION 1

TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

PRINTED NAME: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

Previous Employer: _____ E-mail: _____

Street Address: _____ Telephone: _____

City, State, Zip: _____ Fax: _____

Prospective Employer: _____ E-mail: _____

Street Address: _____ Telephone: _____

City, State, Zip: _____ Fax: _____

I, hereby authorize my previous employer to release and forward the information requested by this document concerning my driving history and Alcohol and Controlled Substance Testing records within the previous three years of this date.

Applicant Signature: _____ Date: _____

SECTION 2

TO BE COMPLETED BY PREVIOUS EMPLOYER

The applicant named above was or is employed by us. Yes ☐ No ☐

Applicant's Job Title: _____ from: _____ to: _____

Did the applicant drive a motor vehicle for you? Yes ☐ No ☐

What type(s)? _____

Was the applicant a safe and efficient driver? Yes ☐ No ☐ Remarks: _____

If there is no safety performance history to report, check here ☐ and return. Otherwise, complete sections 3 and 4 before returning.

Completed by: _____ Telephone: _____

Signature: _____ Date: _____

AUTHORITY TO RELEASE INVESTIGATION INFORMATION

I hereby authorize the company bearing or providing this release or a copy thereof, to obtain any information in your files pertaining to my criminal and motor vehicle records. I hereby release you as the custodian of such records including officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which at any time may result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any question as to the validity of this release, you may contact me as indicated below.

I understand that the information contained in the referenced records may be used by the company for any lawful purpose related to my employment or continued employment.

I have read this release and I understand the terms contained in it. I sign this release as my free and voluntary act.

I, the undersigned, understand that a background check, including but not limited to criminal records, is a condition of my employment with the company. I acknowledge that by being offered conditional employment, that such employment may be terminated in the event of an unsatisfactory background check, notwithstanding the fact that I have been allowed to commence work prior to such background check.

I also understand that periodic updates of these checks are required by law or contract.

I understand that should I refuse to allow such background check, or should the results of such check prove unfavorable, my conditional employment will be terminated by the company.

DISCLOSURE REGARDING CONSUMER REPORT INFORMATION

I understand that the company will utilize the services of a consumer reporting agency as part of the procedure for processing my application for employment.

I understand the consumer reporting agency will conduct an investigation which may include obtaining information covering up to the last seven years regarding my references, past employment, motor vehicle record, and any criminal history. I also understand that the company may obtain personal and non-personal information in connection with my motor vehicle record.

I understand such information may be obtained by direct or indirect contact from former employers and public agencies or other persons who may have such knowledge.

I understand that before I am denied employment based on information obtained in the report, I will be provided a copy of the report and a description in writing of my rights under the Fair Credit Reporting Act.

I understand if I disagree with the accuracy of any information in the report, I must notify the company within five days of my receipt of the report. If I notify the company within five days of the receipt of the report that I am challenging information in the report, the company will not make a final decision on my employment status until after I have had a reasonable opportunity to address the information contained in the report.

I hereby acknowledge receipt of this notice.

Signature _____ Date _____

Print Name _____

Current Address _____

Telephone Number _____

Date of Birth _____

Drivers License # _____ State _____

Social Security # _____

E-mail _____