

Driver's Application for Employment

Name: _____ Date: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

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, veteran status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of 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 CCFR 391.23(d) and (e).

I understand that I have the right to:

- Review information provided by 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.

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED: _____	REJECTED: _____
DATE EMPLOYED: _____	POINT EMPLOYED: _____
DEPARTMENT: _____	CLASSIFICATION: _____
SIGNATURE OF INTERVIEWING OFFICER: _____	

TERMINATION OF EMPLOYMENT

DATE TERMINATED: _____ DEPARTMENT RELEASED FROM: _____

DISMISSED: _____ VOLUNTARILY QUIT: _____ OTHER: _____

TERMINATION REPORT PLACED IN FILE: _____ SUPERVISOR: _____

APPLICANT TO COMPLETE

Position(s) Applied for: _____

Name: _____ SSN #: _____

Current Address:

Street: _____ City: _____ State: _____

Zip Code: _____ Phone #: _____ How long? (yr./mo.) _____

Previous Addresses:

Street: _____ City: _____ State: _____

Zip Code: _____ Phone #: _____ How long? (yr./mo.) _____

Street: _____ City: _____ State: _____

Zip Code: _____ Phone #: _____ How long? (yr./mo.) _____

Street: _____ City: _____ State: _____

Zip Code: _____ Phone #: _____ How long? (yr./mo.) _____

Do you have the legal right to work in the United States? Yes _____ No _____

Date of birth: _____ Can you provide proof of age? Yes _____ No _____

Have you ever worked for this company before? Yes _____ No _____

Where?

Dates: From: _____ To: _____

Rate of pay: _____ Position: _____

Reason for leaving: _____

Are you now employed? Yes _____ No _____

If not, how long since last employment? _____

Who referred you? _____ Rate of pay expected: _____

Have you ever been bonded? (Answer only if job requirement) Yes _____ No _____

Name of bonding company: _____

Have you ever been convicted of a felony? Yes _____ No _____

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]? Yes _____ No _____

If yes, explain if you wish. _____

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

Employer:		_____	
Name:	_____	From: (yr./mo.) ex.(####/##)	To: (year/month) ex.(####/##)
Address	_____	City	_____
	_____	State	_____
Contact Person	_____	Phone #	_____
Position Held	_____	Salary/Wage:	_____
	_____	Reason for leaving:	_____
Were you subject to the FMCSRs† while employed?		Yes _____	No _____
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40?		Yes _____	No _____

EMPLOYMENT HISTORY (continued)

Employer: _____			
Name: _____	From: (yr./mo.) ex.(####/##) _____	To: (year/month) ex.(####/##) _____	
Address _____	City _____	State _____	Zip Code: _____
Contact Person _____	Phone # _____	Salary/Wage: _____	
Position Held _____	Reason for leaving: _____		
Were you subject to the FMCSRs† while employed?		Yes _____	No _____
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40?		Yes _____	No _____

Employer: _____			
Name: _____	From: (yr./mo.) ex.(####/##) _____	To: (year/month) ex.(####/##) _____	
Address _____	City _____	State _____	Zip Code: _____
Contact Person _____	Phone # _____	Salary/Wage: _____	
Position Held _____	Reason for leaving: _____		
Were you subject to the FMCSRs† while employed?		Yes _____	No _____
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40?		Yes _____	No _____

Employer: _____			
Name: _____	From: (yr./mo.) ex.(####/##) _____	To: (year/month) ex.(####/##) _____	
Address _____	City _____	State _____	Zip Code: _____
Contact Person _____	Phone # _____	Salary/Wage: _____	
Position Held _____	Reason for leaving: _____		
Were you subject to the FMCSRs† while employed?		Yes _____	No _____
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40?		Yes _____	No _____

Employer: _____			
Name: _____	From: (yr./mo.) ex.(####/##) _____	To: (year/month) ex.(####/##) _____	
Address _____	City _____	State _____	Zip Code: _____
Contact Person _____	Phone # _____	Salary/Wage: _____	
Position Held _____	Reason for leaving: _____		
Were you subject to the FMCSRs† while employed?		Yes _____	No _____
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40?		Yes _____	No _____

Employer: _____			
Name: _____	From: (yr./mo.) ex.(####/##) _____	To: (year/month) ex.(####/##) _____	
Address _____	City _____	State _____	Zip Code: _____
Contact Person _____	Phone # _____	Salary/Wage: _____	
Position Held _____	Reason for leaving: _____		
Were you subject to the FMCSRs† while employed?		Yes _____	No _____
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40?		Yes _____	No _____

*Includes vehicles having a GVWR of 26,001lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

†The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF SPACE NEEDED) IF NONE, PUT NONE

	DATE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, ETC.)	FATALITIES	INJURIES	HAZARD MATERIAL SPILL
LAST ACCIDENT					
NEXT PREVIOUS					
NEXT PREVIOUS					

TRAFFIC CONVICTIONS & FORFEITURES FOR PAST 3 YEARS (OTHER THAN PARKING) IF NONE, PUT NONE

LOCATION	DATE	CHARGE	PENALTY

ATTACH SHEET IF MORE SPACE NEEDED

EXPERIENCE AND QUALIFICATIONS

List all driver licenses or permits held in the past 3 years

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
DRIVER LICENSES				

A) Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes/No? _____

B) Has any license, permit or privilege ever been suspended or revoked? Yes/No? _____

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS _____

DRIVING EXPERIENCE		DATES		APPROX. # OF MILES
CLASS OF EQUIPMENT FILL IN "X" IF USED, LEAVE BLANK IF NOT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, DUMP, REFER)	FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR - TWO TRAILERS				
TRACTOR - THREE TRAILERS				
BUS (8+ PASSENGERS)	---			
BUS (15+ PASSENGERS)	---			
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS: _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS YOU HOLD AND FROM WHOM? _____

SHOW ANY TRUCKING, TRANSPORTATION, OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK: _____

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION: _____

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN ALREADY SHOWN): _____

HIGHEST GRADE COMPLETED? 1 THROUGH 8 _____ HIGH SCHOOL 1 THROUGH 4 _____

COLLEGE 3 - 4 _____ LAST SCHOOL ATTENDED _____ DATE: _____

THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME, AND ALL ENTRIES ON IT AND INFO IN IT ARE TRUE
COMPLETE TO THE BEST OF MY KNOWLEDGE SIGNATURE _____ DATE: _____

MANDATORY USE FOR ALL ACCOUNT HOLDERS

IMPORTANT NOTICE

REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In condition with your application for employment with _____ (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, 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.

When the application for employment is submitted by mail, telephone, computer, or other similar means, 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 must provide you within three business days of taking adverse action oral, written, or electronic notification that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the fair Credit Reporting Act.

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 _____ (“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 DataQ’s system to the appropriate State for adjudication.

Please note: Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections with or without violations, appear on the PSP report. State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by the 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: _____ Name: _____ Signature: _____

NOTICE: This form is made available to monthly account holders by NICT on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant’s written or electronic consent prior to accessing the Applicant’s PSP report. Further, account holders are required by FMCSA to use the language provided in paragraphs 1-4 of this document to obtain an Applicant’s consent. The language must be used in whole, exactly as provided.

The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged. LAST UPDATED 08/22/2014

REQUEST FOR CHECK OF DRIVING RECORD

NOTE TO MOTOR CARRIER: SEE BACK SIDE FOR STATES THAT ACCEPT THIS FORM.

I hereby authorize you to release the following information to _____ ("Prospective Employer") for purposes of Investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

Signature: _____ Date: _____

In accordance with the provisions of Sections 604 and 607 of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e, information for employment purposes) and will be used for no other purpose.
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the **Driver's Privacy Protection Act** of 1994 (Public Law 103-322, Title XXX, Section 300002(a)).

Signature: _____ Date: _____

TO: _____

DEAR SIR/MADAM:

_____ The following named person has made application with our company for the position of _____
_____ In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record the for past three years.

_____ The following named person is employed with our company in the position of _____
_____ In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record the for past three years.

Name: _____ D.O.B. _____ SSN #: _____
Current Address: _____ LICENSE #: _____
Street: _____ City: _____ State: _____
Zip Code: _____ Phone #: _____ How long? (yr./mo.) _____
Former Address: _____
Street: _____ City: _____ State: _____

REQUESTED BY

Name of Company: _____ Typed Name: _____
Address: _____ Title: _____
City: _____ State: _____ Zip Code: _____ Signature: _____