



•POULTRY • BEEF • PORK • LAMB • VEAL • SEAFOOD • SALADS • PROVISIONS

DRIVERS' APPLICATION FOR EMPLOYMENT

APPLICANT NAME _____ DATE OF APPLICATION _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

IN COMPLIANCE WITH FEDERAL AND STATE EQUAL EMPLOYMENT OPPORTUNITY LAWS, QUALIFIED APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, SEX, NATINAL 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 employers 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 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;
- * 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.

SIGNATURE _____ DATE _____

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 _____

POSITION APPLIED FOR _____

NAME _____ SOCIAL SECURITY _____
LAST FIRST MIDDLE

LIST YOUR ADDRESSES OF RESIDENCY FOR THE PAST 3 YEARS.

CURRENT ADDRESS _____
STREET CITY
PHONE HOW LONG
STATE ZIP CODE YR/MO

PREVIOUS ADDRESSES	STREET	CITY	STATE	ZIP CODE	HOW LONG
	STREET	CITY	STATE	ZIP CODE	HOW LONG
	STREET	CITY	STATE	ZIP CODE	HOW LONG

DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES _____

DATE OF BIRTH ____/____/____ CAN YOU PROVIDE PROOF OF AGE _____

HAVE YOU WORKED FOR THIS COMPANY BEFORE? _____ WHERE? _____

DATES: FROM _____ TO: _____ RATE OF PAY _____ POSTION _____

REASON FOR LEAVING _____

ARE YOU NOW EMPLOYED? _____ IF NOT, HOW LONG SINCE YOUR LAST EMPLOYMENT? _____

WHO REFERRED YOU? _____ RATE OF PAY EXPECTED _____

HAVE YOU EVER BEEN BONDED? _____ NAME OF BONDING COMPANY _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____

IF YES, PLEASE EXPLAIN FULLY ON A SPERATE SHEET OF PAPER. CONVICTIN 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? EXPLAIN:

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 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	DATE
NAME:	FROM: TO:
ADDRESS:	POSITION HELD
CITY/STATE/ZIP CODE:	SALARY/WAGE
CONTACT PERSON/PHONE NUMBER:	REASON FOR LEAVING

WERE YOU SUBJECT TO THE FMCSR'S* WHILE EMPLOYED?

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49CFR PART40?

EMPLOYER	DATE
NAME:	FROM: TO:
ADDRESS:	POSITION HELD
CITY/STATE/ZIP CODE:	SALARY/WAGE
CONTACT PERSON/PHONE NUMBER:	REASON FOR LEAVING

WERE YOU SUBJECT TO THE FMCSR'S* WHILE EMPLOYED?

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49CFR PART40?

EMPLOYER	DATE
NAME:	FROM: TO:
ADDRESS:	POSITION HELD
CITY/STATE/ZIP CODE:	SALARY/WAGE
CONTACT PERSON/PHONE NUMBER:	REASON FOR LEAVING

WERE YOU SUBJECT TO THE FMCSR'S* WHILE EMPLOYED?

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49CFR PART40?

EMPLOYER	DATE
NAME:	FROM: TO:
ADDRESS:	POSITION HELD
CITY/STATE/ZIP CODE:	SALARY/WAGE
CONTACT PERSON/PHONE NUMBER:	REASON FOR LEAVING

WERE YOU SUBJECT TO THE FMCSR'S* WHILE EMPLOYED?

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49CFR PART40?

EMPLOYER	DATE
NAME:	FROM: TO:
ADDRESS:	POSITION HELD
CITY/STATE/ZIP CODE:	SALARY/WAGE
CONTACT PERSON/PHONE NUMBER:	REASON FOR LEAVING

WERE YOU SUBJECT TO THE FMCSR'S* WHILE EMPLOYED?

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49CFR PART40?

EMPLOYER	DATE
NAME:	FROM: TO:
ADDRESS:	POSITION HELD
CITY/STATE/ZIP CODE:	SALARY/WAGE
CONTACT PERSON/PHONE NUMBER:	REASON FOR LEAVING

WERE YOU SUBJECT TO THE FMCSR'S* WHILE EMPLOYED?

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49CFR PART40?

* 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 (FMCSR'S) 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 MORE SPACE IS NEEDED) IF NONE, WRITE NONE.

DATES	NATURE OF ACCIDENT (HEAD ON, REAR END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THEN PARKING VIOLATIONS) IF NONE WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

EXPERIENCE AND QUALIFICATIONS – DRIVER

LIST ALL DRIVER LICENSES OR PERMITS HELD IN THE PAST 3 YEARS

STATE	LICENSE NO.	TYPE	EXPIRTAION DATE

A. HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT, OR PRIVLEDGE TO OPERATE A MOTOR VEHICLE?
(YES/NO)_____

B. HAS ANY LICENSE, PERMIT, OR PRIVLEDGE EVER BEEN SUSPENDED OR REVOKED?
(YES/NO)_____

IF YOU ANSWERED YES TO EITHER A OR B OR BOTH, PLEASE GIVE DETAILS:

DRIVING EXPERIENCE

CLASS OF EQUIPMENT (CIRCLE YES OR NO)	CIRCLE TYPE OF EQUIPMENT	DATES FROM(M/Y) TO(M/Y)	APPROX. NO OF MILES (TOTAL)
STRAIGHT TRUCK YES/NO	VAN,TANK,FLAT,DUMP,REFER		
TRACTOR/SEMI TRAILER YES/NO	VAN,TANK,FLAT,DUMP,REFER		
TRACTOR – TWO TRAILERS YES/NO	VAN,TANK,FLAT,DUMP,REFER		
TRACTOR – THREE TRAILERS YES/NO	VAN,TANK,FLAT,DUMP,REFER		
MOTORCOACH – SCHOOL BUS (8+ PASSENGER) YES/NO			
MOTORCOACH – SCHOOL BUS (15+ PASSENGERS) YES/NO			
OTHER _____			

LIST STATES OPERATED IN FOR THE LAST FIVE YEARS _____

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

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOME? _____

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

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

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

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLEGE: 1 2 3 4

LAST SCHOOL ATTENDED:(NAME) _____ (CITY/STATE) _____

TO BE READ AND SIGNED BY APPLICANT.

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: _____

**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL
ACCOUNT HOLDERS**

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

In connection 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.

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. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

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 Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

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 authorizing 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 challenge 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.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, 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 NIC 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 contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

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