

APPLICATION LIST: COMPANY DRIVER / OWNER OPERATOR

This Application contains the following items, please read, sign and complete all paperwork

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All forms must have been completed by applicant; all documents required must be included in application **WE CANNOT COMPLETE THE SIGN-ON PROCESS WITHOUT ALL FORMS COMPLETED AND RETURNED TO THE SAFETY DEPARTMENT**

Owner Operators will be required to supply truck and trailer registrations, proof of non-trucking insurance (Min. of \$1,000,000 coverage, with Carrier listed as a certificate holder) and have their equipment inspected at a site approved by the Carrier.

Drug test, inspections and All Paperwork must be completed and approved before sign-on.

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name _____ Date of Application _____
(print)

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 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; 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.

Signature _____ Date _____

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____
(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

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

(answer all questions - please print)

Position(s) Applied for _____

Name _____ Social Security No. _____
Last First Middle

List your addresses of residency for the past 3 years.

Current Address _____
Street City

State _____ Zip Code _____ Phone _____ How Long? _____
yr./mo.

Previous Addresses _____
Street City State & Zip Code How Long? _____
yr./mo.

Street _____ City _____ State & Zip Code _____ How Long? _____
yr./mo.

Street _____ City _____ State & Zip Code _____ How Long? _____
yr./mo.

Do you have the legal right to work in the United States? _____

Date of Birth _____ Can you provide proof of age? _____
(Required for Commercial Drivers)

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? _____ Name of bonding company _____
(Answer only if a job requirement)

Have you ever been convicted of a felony? _____

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]?

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			DATE			
NAME			FROM	YR.	TO	YR.
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE			
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING			
WERE YOU SUBJECT TO THE FMCSRs ⁺ WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO						

EMPLOYMENT HISTORY (continued)

EMPLOYER				DATE			
NAME				FROM		TO	
ADDRESS				MO.	YR.	MO.	YR.
CITY				STATE		ZIP	
CONTACT PERSON				PHONE NUMBER		REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO							

EMPLOYER				DATE			
NAME				FROM		TO	
ADDRESS				MO.	YR.	MO.	YR.
CITY				STATE		ZIP	
CONTACT PERSON				PHONE NUMBER		REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO							

EMPLOYER				DATE			
NAME				FROM		TO	
ADDRESS				MO.	YR.	MO.	YR.
CITY				STATE		ZIP	
CONTACT PERSON				PHONE NUMBER		REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO							

EMPLOYER				DATE			
NAME				FROM		TO	
ADDRESS				MO.	YR.	MO.	YR.
CITY				STATE		ZIP	
CONTACT PERSON				PHONE NUMBER		REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO							

EMPLOYER				DATE			
NAME				FROM		TO	
ADDRESS				MO.	YR.	MO.	YR.
CITY				STATE		ZIP	
CONTACT PERSON				PHONE NUMBER		REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO							

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), 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 more than 8 passengers (including the driver), 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 THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS – DRIVER

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

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

- 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 CHECK YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 8 passengers</small>	---			
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 15 passengers</small>	---			
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 DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS – OTHER

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

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS 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 COLLEGE: 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: _____

Drug & Alcohol Background Check Form

FORM A (FMCSA)

Section I.

To be completed by the new employer, signed by the employee, and transmitted to the previous employer:

Employee Printed or Typed Name: _____

Employee SS or ID Number: _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in Section I-B, to the employer listed in Section I-A. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25 and 391.23. I understand that information to be released in Section I-A by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: _____ Date: _____

I-A.

New Employer Name: _____

Address: _____

Phone #: _____ Fax #: _____

Designated Employer Representative: _____

I-B.

Previous Employer Name: _____

Address: _____

Phone #: _____ Fax #: _____

Designated Employer Representative (if known): _____

Section II.

To be completed by the previous employer and transmitted by mail or fax to the new employer:

II-A. In the three years prior to the date of the employee's signature (in Section I), for DOT-regulated testing:

1. Did the employee have alcohol tests with a result of 0.04 or higher? YES__ NO__
2. Did the employee have verified positive drug tests? YES__ NO__
3. Did the employee refuse to be tested? YES__ NO__
4. Did the employee have other violations of DOT agency drug alcohol testing regulations? YES__ NO__
5. Did a previous employer report a drug and alcohol rule violation to you? YES__ NO__
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? N/A__ YES__ NO__

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

II-B.

Name of person providing information in Section II-A: _____

Title: _____

INQUIRY TO PREVIOUS WORK HISTORY

From
Company
Address
City State Zip
Contact Person

To
Company
Address
City State Zip
Contact Person

In accordance with Section 391.23, we are obligated to request the information below from all previous employers of the applicant that employed him/her to operate a commercial motor vehicle within 3 yrs. Preceding (date of application) . Please complete the information below and return it with in 30 days. as required by Section 391.23(g). Please return the information by telephone, fax,mail, or email.

(Please Print)

Name of Applicant
Social Security No.
Position Applied For
Date of Birth

The applicant lists dates of employment with your firm From To

Are these dates correct [] yes [] no Correct Dates From To

Work Performed: Driver [] Shop [] Dock [] Office [] Other

Type of Commodities Hauled: Steel { } Steel Coils { } Lumber { } Gen. Frht. { } Const. Equip. { }
All Other Freight moved by applicant:

Type of Driver: Over the Road [] Local [] Full Time [] Part Time [] Trip Lease []

If he/she was employed as a driver check the Type of Equipment operated.

Cab over Tractor [] Conventional Tractor [] Straight Truck [] Dump []
Type of Trailers pulled: Vans [] Flats [] Dump [] Drop Deck [] Intermodal [] Reefer []

Number of Accidents: Number of Preventable Accidents Non-Preventable
Please give brief detail accidents:

To your knowledge, was this person's CDL ever suspended while in your employ? [] yes [] no. If so for what reason?

Did this applicant pose a disciplinary problem? Logs & Paperwork [] yes [] no Roadside Inspection Violations [] yes [] no Pick-Up & Deliver on time [] yes [] no: Explain Violations:

Why did this Driver/Owner Operator leave your company? [] Resigned [] Discharged [] Laid off

Would you re-employ this person ? [] yes [] no If No, Please Explain

By: (Signature of Person Supplying Information) (Title) (Date)

I hereby authorize you to release the following information to (Prospective Employer) for the purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations.

(Applicants Signature)

(Date)

INQUIRY TO PREVIOUS WORK HISTORY

From
Company
Address
City State Zip
Contact Person

To
Company
Address
City State Zip
Contact Person

In accordance with Section 391.23, we are obligated to request the information below from all previous employers of the applicant that employed him/her to operate a commercial motor vehicle within 3 yrs. Preceding (date of application) . Please complete the information below and return it with in 30 days. as required by Section 391.23(g). Please return the information by telephone, fax, mail, or email.

(Please Print)

X Name of Applicant
X Social Security No.
X Position Applied For
Date of Birth

The applicant lists dates of employment with your firm From To

Are these dates correct [] yes [] no Correct Dates From To

Work Performed: Driver [] Shop [] Dock [] Office [] Other

Type of Commodities Hauled: Steel { } Steel Coils { } Lumber { } Gen. Frht. { } Const. Equip. { }
All Other Freight moved by applicant:

Type of Driver: Over the Road [] Local [] Full Time [] Part Time [] Trip Lease []

If he/she was employed as a driver check the Type of Equipment operated.

Cab over Tractor [] Conventional Tractor [] Straight Truck [] Dump []
Type of Trailers pulled: Vans [] Flats [] Dump [] Drop Deck [] Intermodal [] Reefer []

Number of Accidents: Number of Preventable Accidents Non-Preventable
Please give brief detail accidents:

To your knowledge, was this person's CDL ever suspended while in your employ? [] yes [] no. If so for what reason?

Did this applicant pose a disciplinary problem? Logs & Paperwork [] yes [] no Roadside Inspection Violations [] yes [] no Pick-Up & Deliver on time [] yes [] no: Explain Violations:

Why did this Driver/Owner Operator leave your company? [] Resigned [] Discharged [] Laid off

Would you re-employ this person? [] yes [] no If No, Please Explain

By: (Signature of Person Supplying Information) (Title) (Date)

I hereby authorize you to release the following information to (Prospective Employer) for the purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations.

X (Applicant's Signature)

(Date)

INQUIRY TO PREVIOUS WORK HISTORY

From
Company
Address
City State Zip
Contact Person

To
Company
Address
City State Zip
Contact Person

In accordance with Section 391.23, we are obligated to request the information below from all previous employers of the applicant that employed him/her to operate a commercial motor vehicle within 3 yrs. Preceding (date of application) . Please complete the information below and return it with in 30 days. as required by Section 391.23(g). Please return the information by telephone, fax,mail, or email.

(Please Print)

X Name of Applicant
X Social Security No.
X Position Applied For
X Date of Birth

The applicant lists dates of employment with your firm From To

Are these dates correct [] yes [] no Correct Dates From To

Work Performed: Driver [] Shop [] Dock [] Office [] Other

Type of Commodities Hauled: Steel { } Steel Coils { } Lumber { } Gen. Frht. { } Const. Equip. { }
All Other Freight moved by applicant:

Type of Driver: Over the Road [] Local [] Full Time [] Part Time [] Trip Lease []

If he/she was employed as a driver check the Type of Equipment operated.

Cab over Tractor [] Conventional Tractor [] Straight Truck [] Dump []
Type of Trailers pulled: Vans [] Flats [] Dump [] Drop Deck [] Intermodal [] Reefer []

Number of Accidents: Number of Preventable Accidents Non-Preventable
Please give brief detail accidents:

To your knowledge, was this person's CDL ever suspended while in your employ? [] yes [] no. If so for what reason?

Did this applicant pose a disciplinary problem? Logs & Paperwork [] yes [] no Roadside Inspection Violations [] yes [] no Pick-Up & Deliver on time [] yes [] no: Explain Violations:

Why did this Driver/Owner Operator leave your company? [] Resigned [] Discharged [] Laid off

Would you re-employ this person ? [] yes [] no If No, Please Explain

By: (Signature of Person Supplying Information) (Title) (Date)

I hereby authorize you to release the following information to (Prospective Employer) for the purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations.

X (Applicant Signature)

X (Date)

Drug & Alcohol Background Check Form

FORM A (FMCSA)

Section I.

To be completed by the new employer, signed by the employee, and transmitted to the previous employer.

Employee Printed or Typed Name: _____

Employee SS or ID Number: _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in Section I-B, to the employer listed in Section I-A. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25 and 391.23. I understand that information to be released in Section II-A by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: _____ Date: _____

I-A.

New Employer Name: _____

Address: _____

Phone #: _____ Fax #: _____

Designated Employer Representative: _____

I-B.

Previous Employer Name: _____

Address: _____

Phone #: _____ Fax #: _____

Designated Employer Representative (if known): _____

Section II.

To be completed by the previous employer and transmitted by mail or fax to the new employer.

II-A. In the three years prior to the date of the employee's signature (in Section I), for DOT-regulated testing:

1. Did the employee have alcohol tests with a result of 0.04 or higher? YES ___ NO ___
2. Did the employee have verified positive drug tests? YES ___ NO ___
3. Did the employee refuse to be tested? YES ___ NO ___
4. Did the employee have other violations of DOT agency drug alcohol testing regulations? YES ___ NO ___
5. Did a previous employer report a drug and alcohol rule violation to you? YES ___ NO ___
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? N/A ___ YES ___ NO ___

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

II-B.

Name of person providing information in Section II-A: _____

Title: _____

IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS
FROM THE PSP Online Service

In connection with your application for employment with _____ ("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 _____ ("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.

=====

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.

Company Name _____

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) 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 I, of Public Law 104-208), 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 are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant's signature

Date

Print name

Social Security number

DRIVER DECLARATION

Federal Motor Carrier Safety Regulations
Section 40.25(j)

Driver's Name (Print)

Social Security Number

Driver's Signature

Driver's CDL Number

Review the following statements carefully then check the one that applies:

I certify that I have *not failed or refused* a DOT Drug and/or Alcohol Pre-employment Test within the past two years from an employer who did Not hire or use me.

I certify that I have *failed or refused* a DOT Drug and/or Alcohol Pre-employment Test within the past two years from an employer who did not hire or use me.

The Drug and/or Alcohol Pre-employment that I failed or refused was for the Following motor carrier,

Name of the Motor Carrier

Address of the Motor Carrier

City, State, Zip Code

REQUEST FOR CHECK OF DRIVING RECORD

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.

(Applicant's 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 11, 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 of Requester)

(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 for the past three years.

The following named person is employed with our company in the position of _____
_____ In accordance with Section 391.25, Federal Department of Transportation Regulations,
please furnish the undersigned with the employee's driving record for the past year.

NAME OF APPLICANT/ DRIVER _____

ADDRESS _____
(Number & Street) (City) (State) (Zip Code)

FORMER ADDRESS _____
(Number & Street) (City) (State) (Zip Code)

DATE OF BIRTH _____ SSN _____ LICENSE NO. _____

REQUESTED BY

(Name of Company)

(Typed Name)

(Address)

(Title)

(City)

(State)

(Signature)

DRIVER NOTIFICATION AND RELEASE

In connection with my application for employment (including contract for services) with you, I understand that a consumer report which may contain public record information is being requested for HireRight, Irvine, California. This report may include the following information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such report may contain public record information concerning my driving record, worker's compensation claims, credit, bankruptcy proceedings, etc. from federal, state and other agencies which maintain such records as well as information from HireRight concerning (1) previous driving record requests made by others from such state agencies; (2) state provided driving record; (3) claims involving me in the files of insurance companies.

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

I have the right to make a request to HireRight, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request; the sources of information; the recipients of any reports on me which HireRight has furnished within the two year period preceding my request. I hereby consent to your obtaining the above information from HireRight, and I agree that such information which HireRight has or obtains, and my employment history with you if I any hired, will be supplied by HireRight to other companies which subscribe to HireRight services.

Print Name

Social Security Number

Applicants Signature

Date

NOTICE TO DRIVERS
&
CERTIFICATE OF COMPLIANCE
(Note: Original to be retained by carrier, copy for driver)

CERTIFICATE OF COMPLIANCE

The Commercial Motor Vehicle Safety Act of 1986 provides for stronger controls over commercial drivers. The laws apply to all commercial drivers operating vehicles and any combination of vehicles with a Gross Vehicle Weight Rating over 26,000 pounds, and to any vehicle, regardless of weight, transporting hazardous materials in a quantity requiring placarding.

The following provisions of this legislation became effective July 1, 1987.

1. No driver may possess more than one license, and no motor carrier may use a driver having more than one license.
2. A driver convicted of a traffic violation (other than parking) in any vehicle must notify the motor carrier AND the license issuing state of the conviction within thirty (30) days.
3. Any person applying for a job as a commercial driver must inform the prospective employer of all previous employment as a commercial driver for the previous ten (10) years, in addition to other information regarding employment history.
4. The Federal Motor Carrier Safety Regulations require that a driver who loses any privilege to operate a commercial vehicle, or who is disqualified from operating a commercial vehicle, must advise the motor carrier the next business day after receiving notification.

Any violation of the above is punishable by a fine not to exceed \$2,500.00. Willful violation of issues 1 or 3, or failure to notify the motor carrier within thirty (30) days of the loss of any privilege to operate a commercial vehicle can result in criminal penalties not to exceed \$5,000.00 and/or ninety (90) days in jail.

I hereby certify that I have read the above and understand the driver provisions of the Commercial Motor Vehicle Safety act of 1986, which became effective on July 1, 1987.

Driver Name (Print) _____

S.S.# _____

Driver License # _____ State _____

Driver Signature _____ Date _____

Motor Vehicle Driver's

CERTIFICATION of VIOLATIONS

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall, at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he has forfeited bond or collateral during the preceding 12 months. (Section 391.27)

Drivers who have provided information required by Section 383.31 need not repeat that information here.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he shall so certify. (Section 391.27)

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date	Offense	Location	Type of Vehicle Operated
✕ _____	✕ _____	✕ _____	✕ _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

✕ Driver's License No. _____ ✕ State _____ ✕ Expiration Date _____

✕ _____
(Date of Certification)

✕ _____
(Driver's Signature)

(Motor Carrier's Name)

(Motor Carrier's Address)

(Reviewed By: Signature)

(Title)

RECORD OF ROAD TEST

(Check only those items on which the driver's performance is satisfactory; explain unsatisfactory items under Remarks)

Driver's Name: _____ License #: _____ State: _____

Address: _____ City and State: _____

Equipment Driven: Truck _____ Tractor _____ Trailer _____

Checked From: _____ To: _____ Date: _____

Part 1- Pre-trip Inspection and Emergency Equipment

- Checks general condition approaching unit _____
- Looks for leakage of coolants, fuel, lubricants _____
- Checks under hood - oil, water, general condition of engine compartment, steering _____
- Checks around unit - tires, lights, trailer hookup, brake/light lines, body, doors, horn, windshield wipers _____
- Tests brake action, tractor protection valve, parking (hand) brake _____
- Knows use of jacks, tools, emergency warning devices, tire chains, fire extinguisher, spare fuses, four-way flashers _____
- Checks instruments _____
- Cleans windshield _____

Part 2- Placing Vehicle in Motion and Use of Controls

- A. Motor
 - Starts motor without difficulty _____
 - Allows proper warm-up _____
 - Understands gauges on instrument panel _____
 - Maintains proper engine speed _____
 - Basic knowledge of motors - gas, diesel _____
 - Abuse of motor _____
- B. Clutch and Transmission
 - Starts loaded unit smoothly _____
 - Uses clutch properly _____
 - Times shifting properly and shifts smoothly _____
 - Uses proper gear sequence _____
- C. Brakes
 - Knows operating principles of air brakes _____
 - Proper use of tractor protection valve _____
 - Understands low air warning _____
 - Tests brakes before starting trip _____
- D. Steering
 - Fights steering wheel _____
 - Allows truck to wander _____
 - Poor driving posture or grip on wheel _____

E. Lights

- Knows lighting regulations _____
- Uses proper headlight beam _____
- Dims lights when following or meeting traffic _____
- Adjusts speed to range of headlights _____
- Proper use of auxiliary lights _____

Part 3- Coupling and Uncoupling

- Lines up units _____
- Hooks brake and light lines properly _____
- Secure trailer against movement _____
- Backs under slowly _____
- Tests hookup with power and visually _____
- Handles landing gear properly _____
- Proper hookup of full trailer _____
- Secures power unit against movement _____

Part 4- Backing and Parking

- A. Backing
 - Gets out and checks before backing _____
 - Looks back as well as uses mirrors _____
 - Gets out to recheck conditions on long back _____
 - Avoids backing from blind side _____
 - Signals when backing _____
 - Controls speed and direction while backing _____
- B. Parking (City)
 - Takes too many pull-ups _____
 - Hits nearby vehicles/stationary objects _____
 - Hits curbs _____
 - Parks too far from curb _____
 - Fails to secure unit - set parking brake, put in gear, block wheels, shut off motor _____
 - Fails to check traffic conditions and signal when pulling out of parked position _____
 - Parks in illegal or unsafe location _____
- C. Parking (Road)
 - Parks off pavement _____
 - Avoids parking on soft shoulder _____
 - Uses emergency signals when needed _____
 - Secures unit properly _____

Part 5- Slowing and Stopping

- Uses gears properly ascending _____
- Gears down properly (descending) _____
- Stops and restarts without rolling backward _____
- Tests brakes at top of hills _____
- Uses brakes properly on grades _____
- Uses mirrors to check traffic to rear _____
- Signals following traffic _____
- Avoids sudden stops _____
- Stops smoothly without excessive fanning _____
- Stops before crossing sidewalk when coming out of driveway or alley _____
- Stops clear of pedestrian crosswalks _____

Part 6- Operating in Traffic Passing and Turning

- A. Turning**
- Gets in proper lane well in advance _____
 - Signals well in advance _____
 - Checks traffic conditions and turns only when way is clear _____
 - Does not swing wide or cut short _____
- B. Traffic Signs and Signals**
- Approaches signal prepared to stop if needed _____
 - Violates traffic signal _____
 - Runs yellow lights _____
 - Starts up too fast or slow on green _____
 - Fails to notice or heed traffic signs _____
 - Runs "Stop" signs _____
- C. Intersections**
- Adjusts speed to permit stopping if needed _____
 - Checks for cross traffic regardless of signals or signs _____
 - Yields right-of-way for safety _____
- D. Grade Crossings**
- Adjusts speed to conditions _____
 - Makes safe stop, if required _____
 - Selects proper gear _____
- E. Passing**
- Passes with insufficient clear space ahead _____
 - Passes in unsafe location: hill, curve, intersection _____
 - Fails to signal change of lanes _____
 - Fails to warn driver being passed _____
 - Tailgates waiting chance to pass _____
 - Blocks traffic with slow pass _____
 - Cuts in too short returning to right lane _____
- F. Speed**
- Speed consistent with basic ability _____
 - Adjusts speed properly to road, weather, traffic conditions, legal limits _____
 - Slows down for rough roads _____
 - Slows down in advance of curves, intersections, etc. _____
 - Maintains consistent speed _____

- G. Courtesy and Safety**
- Depends on others for safety _____
 - Yields right-of-way for safety _____
 - Fails to go when given right-of-way by others _____
 - Crowds other drivers or forces way through _____
 - Fails to allow faster traffic to pass _____
 - Fails to keep right and in own lane _____
 - Unnecessary use of horn _____
 - Other discourtesy or improper conduct _____

Part 7- Miscellaneous

- A. General Driving Habits and Ability**
- Consistently alert and attentive _____
 - Consistently aware of changing traffic conditions _____
 - Adjusts to meet changing conditions _____
 - Performs routing functions without taking eyes from road _____
 - Checks instruments regularly while driving _____
 - Willing to take instructions and suggestions _____
 - Adequate self-confidence in driving _____
 - Nervous, apprehensive _____
 - Easily angered _____
 - Complains too much _____
 - Appropriate personal appearance manner, cleanliness _____
 - Good physical stamina _____
- B. Handling of Freight**
- Checks freight properly _____
 - Handles and loads freight properly _____
 - Handles bills properly _____
 - Breaks down load as required _____
- C. Rules and Regulations**
- Knowledge of company rules _____
 - Knowledge of regulations: federal, state, local _____
 - Knowledge of special truck routes _____
- D. Use of Special Equipment (Detail below.)**
- _____
- _____
- _____

Remarks:

General Performance:	
Satisfactory _____	Unsatisfactory _____
Needs Training _____	
Qualified for:	
Truck _____	Tractor/Semi-trailer _____
Other (Specify) _____	
Examiner's Signature _____	Date: _____

**INTERMITTENT OR MULTIPLE-EMPLOYER DRIVERS
DRIVER STATEMENT OF ON-DUTY HOURS**

INSTRUCTIONS: Motor carriers when using a driver for the first time or intermittently shall obtain from the driver a signed statement giving the driver's 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 (see Section 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) _____ Restriction(s) _____

Type of License _____

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

I hereby certify that the information given is correct to the best of my knowledge and belief, and that I was last relieved from work at

_____ A.M.
_____ P.M. On _____ Day _____ Month _____ Year

Driver's Signature Date

EMPLOYMENT CHECKLIST FOR MULTIPLE-EMPLOYER DRIVER

The qualification file for a multiple-employer driver employed under the rules in Section 391.63 must include the following forms and must be retained for 3 years after the person's employment by the motor carrier ceases.

1. **Medical Examiner's Certificate** – The medical examiner's certificate of his physical qualification to drive a motor vehicle or a legible photographic copy of the certificate pursuant to Section 391.43. Published by: J. J. Keller & Associates, Inc. - Neenah, WI Book No. 2B or 646-FS-C2 _____
2. **Certificate of Driver's Road Test** – The certificate of driver's road test issued to the driver pursuant to Section 391.31(e), or a copy of the license or certificate which the motor carrier accepted as equivalent to the driver's road test pursuant to Section 391.31. Published by: J. J. Keller & Associates, Inc. - Neenah, WI Form No. 13-F _____

ALCOHOL AND CONTROLLED SUBSTANCE TESTING

A motor carrier must ensure that a multiple-employer driver is currently participating in drug and alcohol testing programs as required by Part 382 of the Federal Motor Carrier Safety Regulations.

Verify participation in current drug and alcohol testing program for driver's regular motor carrier's employment program. _____

Information regarding individual results of alcohol and controlled substance testing shall be maintained in a secure location with controlled access.

Processed by: _____ Date: _____
(Carrier Agent)

**Form I-9, Employment
Eligibility Verification**

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification *(To be completed and signed by employee at the time employment begins.)*

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		ApL #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

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):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature	Date (month/day/year)
----------------------	-----------------------

Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Section 3. Updating and Reverification *(To be completed and signed by employer.)*

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____	Document #: _____	Expiration Date (if any): _____
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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	Date (month/day/year)
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