

CONTRACTOR / DRIVER APPLICATION

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<input type="checkbox"/>	
<input type="checkbox"/>	

If you know which division you are applying for, please check above.

Mail: P.O .Box 137 Spring City, PA 19475

Or FAX: 877-468-7468

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 and background as required by 49 CFR 391.23(d) and (e), FMSCR 391.21, 49CFR 382.405 and CFR 382.413. 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."

*** 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.**

 Date

 Applicant's Signature

PLEASE PRINT OR TYPE CLEARLY

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Home Phone: _____ Cell Phone: _____

Social Security No: _____ Federal ID No: _____

How did you hear of our company? If someone referred you, who? _____

E-mail Address: _____ Fax# _____

VOID AFTER 30 DAYS

FM RG02 (04)

List all personal residences for the last three years – other than those on the previous page.

Number and Street	City	State	Zip	How Long?

EQUIPMENT

Please check one:

- I do not own my own equipment. I am applying as a driver and I will be driving for: _____
- I do not own my own equipment. Please recommend someone I can drive for.
- I do own my own equipment.

If you own your equipment, please describe the type of equipment you would like to lease to our company.

TRACTOR: Year: _____ Make: _____ Model: _____ Engine: _____

Wheel Base: Long: _____ Short: _____ Current Mileage: _____

TRAILER: Year: _____ Make: _____ Model: _____

Wheel Base: Long: _____ Short: _____ Current Mileage: _____

IF STEP DECK:

Length of front top deck: _____ Height of front top deck: _____

Length of lower bottom deck: _____ Height of lower bottom deck: _____

DESCRIBE ACCESSORIAL EQUIPMENT:

Coil Racks? No Yes Tarps? No Yes Tarp Type: _____

Ramps? No Yes Load Capacity _____ lbs. each Length: _____ ft. Width: _____ ft.

Straps? No Yes Qty: _____ Length: _____ feet x Width: _____ ft.

Chains? No Yes Qty: _____ Side Kit No Yes Height: _____

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment	Number of Years	Approx. Total No. of miles
Straight Truck			
Tractor & Semi Trailer			
Other			

LIST ALL DRIVER'S AND CHAUFFEUR'S LICENSES HELD PRESENTLY OR WITHIN LAST 3 YEARS

State	License No.	Type of Class	Expiration Date

- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? No _____ Yes _____
- B. Has any license or privilege ever been suspended or revoked? No _____ Yes _____
- C. Have you ever been disqualified subject to Sec. 391 of Federal motor Carrier Safety Regulations? No _____ Yes _____
- D. Have you had a felony conviction in the past 10 years? No _____ Yes _____
if Yes, convicted offense _____ Date _____
- E. Have you ever been convicted of DUI or controlled substance? No _____ Yes _____ if Yes, Date _____
- F. Have you ever been convicted of reckless or careless driving? No _____ Yes _____ if Yes, Date _____

VIOLATIONS & ACCIDENTS

MOTOR VEHICLE VIOLATIONS FOR THE PAST 3 YEARS (other than Parking)

List all violations of motor vehicle laws or ordinances (other than parking) of which you have been convicted or forfeited bond or collateral during the last 3 years. If you have not had any, write "none" in the space provided. **Note: MVR is checked**

Date	Place	Violation	Fine or Other Result	Type Vehicle

ACCIDENT RECORD FOR THE PAST 3 YEARS

Date	City & State	Describe Accident	Fatalities or Injuries	Type Vehicles

WORK RECORD FOR THE PAST TEN YEARS

All months must be accounted for: PLEASE PRINT. Complete every section. Include unemployment, self-employment, and companies out-of-business. To verify out-of-business or self-employment, letter of verification, 1099 form, tax returns or letters from accountant firms, etc. will be taken into consideration for verification. For military, include DD214 or Discharge Papers. If you attended driving school, include copy of completion certificate. The more precise and detailed information you have, the quicker the process will be.

Current or Most Recent Employer: _____ May we contact your present employer? Yes No

Name: _____ Telephone No. (____) _____

Address: _____ Person to Contact: _____

Position Held: _____ From: _____ To: _____ Pay Rate: _____

Reason for Leaving _____ Type of Trailer Pulled: _____

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

*ACCOUNT FOR PERIOD BETWEEN JOBS-Include dates (month/year) and reason _____

Second Most Recent Employer: _____ May we contact your present employer? Yes No

Name: _____ Telephone No. (____) _____

Address: _____ Person to Contact: _____

Position Held: _____ From: _____ To: _____ Pay Rate: _____

Reason for Leaving _____ Type of Trailer Pulled: _____

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

*ACCOUNT FOR PERIOD BETWEEN JOBS-Include dates (month/year) and reason _____

Third Most Recent Employer: _____ May we contact your present employer? Yes No

Name: _____ Telephone No. (____) _____

Address: _____ Person to Contact: _____

Position Held: _____ From: _____ To: _____ Pay Rate: _____

Reason for Leaving _____ Type of Trailer Pulled: _____

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

*ACCOUNT FOR PERIOD BETWEEN JOBS-Include dates (month/year) and reason _____

PLEASE TURN TO THE BACK PAGE

FM RG02 (04)

WORK RECORD FOR THE PAST TEN YEARS (CONTINUED)

Fourth Most Recent Employer:

May we contact your present employer? Yes No

Name: _____ Telephone No. (____) _____

Address: _____ Person to Contact: _____

Position Held: _____ From: _____ To: _____ Pay Rate: _____

Reason for Leaving _____ Type of Trailer Pulled: _____

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

*ACCOUNT FOR PERIOD BETWEEN JOBS-Include dates (month/year) and reason _____

Fifth Most Recent Employer:

May we contact your present employer? Yes No

Name: _____ Telephone No. (____) _____

Address: _____ Person to Contact: _____

Position Held: _____ From: _____ To: _____ Pay Rate: _____

Reason for Leaving _____ Type of Trailer Pulled: _____

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

*ACCOUNT FOR PERIOD BETWEEN JOBS-Include dates (month/year) and reason _____

Sixth Most Recent Employer:

May we contact your present employer? Yes No

Name: _____ Telephone No. (____) _____

Address: _____ Person to Contact: _____

Position Held: _____ From: _____ To: _____ Pay Rate: _____

Reason for Leaving _____ Type of Trailer Pulled: _____

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

*ACCOUNT FOR PERIOD BETWEEN JOBS-Include dates (month/year) and reason _____

Seventh Most Recent Employer:

May we contact your present employer? Yes No

Name: _____ Telephone No. (____) _____

Address: _____ Person to Contact: _____

Position Held: _____ From: _____ To: _____ Pay Rate: _____

Reason for Leaving _____ Type of Trailer Pulled: _____

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

*ACCOUNT FOR PERIOD BETWEEN JOBS-Include dates (month/year) and reason _____

* Any gaps in employment and/or unemployment must be explained.

** 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.

FOR COMPANY USE ONLY

Approval _____ Approval _____

Contract Date _____ I.D. No. _____

MANDATORY USE FOR ALL ACCOUNT HOLDERS

IMPORTANT NOTICE

REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

1. 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.

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:

2. 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.

3. 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.

4. 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 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 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 a prospective 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.**



TRUCKING INDUSTRY:
DOT D/A Disclosure and Authorization

Send to Fax# (800) 257-8069

HireRight Customer:
Company Name: _____
Company Contact Name: _____
Fax #: (_____) _____ - _____
HireRight Account Code: _____

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

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

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

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

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

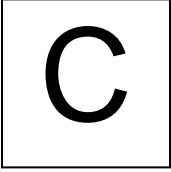
By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I disclosure and authorization for release as well as the attached FMCSA Notification of Driver Rights and any applicable state law notices; (iii) prior to signing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

Print Applicant Name: _____ Social Security #: _____

Applicant Signature: _____ Date: _____

Part 2 - FMCSA Notification of Driver Rights

In compliance with 49 CFR Part 40 §391.23 you have certain rights regarding the safety performance history information that will be provided to prospective employers. I) You have the right to review information provided by previous employers. II) You have the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to prospective employers. III) You have the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information. (2) Drivers who have previous DOT regulated employment history in the preceding three years and wish to review previous employer-provided investigative information must submit a written request to prospective employers. This may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. Prospective employers must provide this information within five business days of receiving the written request. If prospective employers have not yet received the requested information from the previous employer, then the five day deadline will begin when the requested safety performance history information is received. If you have not arranged to pick up or receive the requested records within 30 days of prospective employers making them available, the prospective employers may consider you to have waived your request to review the record.



AUTHORIZATION FOR CREDIT AND BACKGROUND CHECK

Name: _____

Street Address: _____
(cannot accept PO Box)

City: _____ State _____ Zip _____

Social Security #: _____ D/O/B _____

Home Phone #: _____

Cell Phone #: _____

I agree and understand that the company or its agents may investigate my background to ascertain any and all information of concern to my record, whether same is of record or not and I release company's and persons names herein from all liability for any damages on account of my furnishing such information. It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics and mode of living. I agree to furnish such additional information and complete such examinations as may be required to complete my file. This certifies that this application was completed by me, and that all entries on it and information on it are true and complete to the best of my knowledge.

NOTE: *For contractors only – this form is to be submitted in the event you intend to purchase or rent company equipment.*

Check Agency type:

JMC HOT JEX JML (Logistics ONLY) ITS

Signature

Date