

COMMERCIAL DRIVER APPLICATION

FILL IN ALL BLANKS & PROVIDE ALL INFORMATION REQUESTED--PRINT OR TYPE

Date: _____

Name: First _____ Middle _____ Last _____

Address _____ Home telephone: _____

City _____ State _____ Zip _____ Cellular telephone: _____

Date of Birth: _____ Social Security Number: _____ - _____ - _____

If your above address is less than 3 years continue listing them below to cover the previous 3 year period:

1 Street _____ Dates: From _____ To _____

City _____ State _____ Zip _____

2 Street _____ Dates: From _____ To _____

City _____ State _____ Zip _____

3 Street _____ Dates: From _____ To _____

City _____ State _____ Zip _____

Use backside of sheet for additional addresses

Driver's License Information: all licenses held, last 3 years:

State _____ Number _____ Expiration Date _____

State _____ Number _____ Expiration Date _____

State _____ Number _____ Expiration Date _____

Experience:

Type of vehicle driven _____ to _____ Dates _____ Approximate mileage driven _____

Type of vehicle driven _____ to _____ Dates _____ Approximate mileage driven _____

Type of vehicle driven _____ to _____ Dates _____ Approximate mileage driven _____

All Accidents, last 3 years: (If none, write NONE)

Date _____ Describe _____ Fatalities _____ Injuries _____

Date _____ Describe _____ Fatalities _____ Injuries _____

Date _____ Describe _____ Fatalities _____ Injuries _____

List all Traffic Violations Convictions, last 3 years: (If none, write NONE)

Date _____ Violation _____ State _____ Commercial Vehicle: Yes / No

Date _____ Violation _____ State _____ Commercial Vehicle: Yes / No

Date _____ Violation _____ State _____ Commercial Vehicle: Yes / No

Date _____ Violation _____ State _____ Commercial Vehicle: Yes / No

Date _____ Violation _____ State _____ Commercial Vehicle: Yes / No

Date _____ Violation _____ State _____ Commercial Vehicle: Yes / No

Date _____ Violation _____ State _____ Commercial Vehicle: Yes / No

Have you ever had any driver license denied, suspended, revoked or canceled by any issuing state agency?

Yes No If yes; state of issuance; explanation: _____

Employment History, last 10years (383.35): (If owner/operator, list the consortium service provider name)

1) Employer: _____ Dates: _____ to _____

Address: _____ Supervisor: _____

City, State, Zip code: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: _____

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2) Employer: _____ Dates: _____ to _____

Address: _____ Supervisor: _____

City, State, Zip code: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: _____

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3) Employer: _____ Dates: _____ to _____

Address: _____ Supervisor: _____

City, State, Zip code: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: _____

4) Employer: _____ Dates: _____ to _____

Address: _____ Supervisor: _____

City, State, Zip code _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: _____

5) Employer: _____ Dates: _____ to _____

Address: _____ Supervisor: _____

City, State, Zip code: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: _____

6) Employer: _____ Dates: _____ to _____

Address: _____ Supervisor: _____

City, State, Zip Code: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: _____

7) Employer: _____ Dates: _____ to _____

Address: _____ Supervisor: _____

City, State, Zip code: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: _____

Use backside of sheet for additional employers

For driver applicants of commercial motor vehicles that require a Commercial Driver License (CDL) the applicant must disclose their controlled substance and alcohol status per the requirements of 49 CFR part 40.25(j).

As a prospective driver employee, you have the right to review information provided by previous employers. You have the right to have errors in the information corrected by the previous employer(s) and for that previous employer(s) to re-send the corrected information to the prospective employer; 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.

Driver employees who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer provided investigative information, must submit a written request to the prospective employer, which may be done at anytime, including when applying or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five (5) business day deadlines will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived their request to review the records.

Certification

“I certify 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.”

Applicant's Signature

Date Signed

TO BE COMPLETED BY THE EMPLOYER:

Application received by:

Application reviewed for completeness by:

Name

Name

Title

Date

Title

Date

SIGNIFICANT DATES:

Date of Hire: _____

Time & Date of Pre-Employment CST: _____

Time & Date of Pre-Employment CST Results Received: _____

Date First Used in Safety Sensitive Position: _____

Date of Termination: _____

PAST EMPLOYMENT VERIFICATION

APPLICANT FILL OUT INSIDE THIS BOX ONLY

I hereby authorize you to release the following information to _____ for the purpose of investigation as required by 49 CFR Part 391.23 and 40.25. You are released from any and all liability with may result from furnishing such information. I understand that I have a right to review information provided by my previous employers. I also have the right to correct any information that is in error with my previous employer. To exercise wither of these rights, I must provide a written request within 30 days from date of employment or being notified of denial of Employment. New Era Drug Testing LLC will conduct all verifications on behalf of above listed compnay.

Applicant Print Name: _____ SS#: _____
Date of Birth: _____
Applicant's Signature: _____ DATE: _____

PAST EMPLOYER'S NAME: _____ PHONE #: _____

ADDRESS: _____ CONTACT: _____

1. Dates of Employment: From: _____ To: _____ AND From: _____ To: _____

2. What type of position held? _____ If driver, see below

Type of Driving: () Solo () Team
Type of operation: () Company Driver () Owner Operator () Drive for Owner Operator
Was It: () Over the Road () Regional () Local

Type Equipment: () Tractor-Trailer () Straight Truck () Tri-Axle () Other

Type of Trailer: () Pneumatic () Van/Reefer () Dump () Tank
() Flatbed () Other _____ Trailer dimensions/capacity: _____

Types of commodities hauled: () Dry Bulk () Iron, Steel, Etc. () Coils () Machine
() Gen. Freight () Produce () Liquid () Scrap
() Other

3. Number of accidents/incidents while employed: _____
Date City/Town, State # of Injuries # of Fatalities Hazmat Release Y/N Vehicles Towed Y/N Comments

4. Was your equipment returned to an authorized location: () YES () NO
5. What was reason for leaving? () Voluntarily Quit () Layoff () Discharged Why? _____
6. Is driver eligible for rehire? () Yes () No Why? _____

7. DRUG/ALCOHOL TEST (S):
Was this person employed in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40 () Yes () No
Has this person had an alcohol test with a result of .04 or higher alcohol concentration? () Yes () No
Has this person tested positive or adulterated or substituted a test specimen for controlled substance? () Yes () No
Has this person refused to submit to a Post Accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? () Yes () No
Has this person committed other violations of Sub Part B of Part 382 or Part 40? () Yes () No
Has this person violated a DOT drug or alcohol regulation and completed a SAP prescribed rehabilitation program in your employ, including a return to duty and follow-up test. () Yes () No
- If Yes above, has this person, after successfully completing a SAP's Rehabilitation referral, remained in your employ, but subsequently had an alcohol test result of .04 or greater, or a verified positive drug test or refusal to be tested? () Yes () No
In providing this information, any drug or alcohol testing information obtained from previous employers under 40.25 or other applicable DOT regulations is included:

Name _____ Address _____ Phone: _____

VERIFIED BY: _____ TITLE: _____ DATE: _____

COMMERCIAL VEHICLE DRIVER APPLICANT
Controlled Substance and Alcohol Questionnaire
Pursuant to 49 CFR part 40.25(j)

.....

Application Date _____

Name _____
First Middle Last

Address _____ Home Telephone _____

City _____ State _____ Zip _____ Cell Telephone _____

Date of Birth _____ Social Security Number _____ - _____ - _____

49 CFR 40.25(j)

Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, <u>safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules</u> during the past two years?	YES	NO
If YES — Have you successfully completed the return-to-duty process?	YES	NO
If YES — <u>Documentation MUST BE PROVIDED</u> before any safety-sensitive transportation function is performed.		

 Applicant's Signature

 Date Signed

TO BE COMPLETED BY EMPLOYER:

.....

Received by: _____

Reviewed by: _____

Title: _____

Date: _____

Title: _____

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.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of “employee” contained at 49 C.F.R. 383.5.

LAST UPDATED 2/11/2016

Commercial Driver's License Drug and Alcohol Clearinghouse Release

Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse.

I, _____, hereby provide consent to _____ (Employer) to conduct limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

Employer will perform limited queries on annual bases from the anniversary date of employment but is not limited to number of queries during the duration of employment.

I understand that if the limited query conducted by Employer indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Employer without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for Employer to conduct a limited query of the Clearinghouse, Employer must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Signature

Date

NOTICE REGARDING BACKGROUND INVESTIGATION

PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGEMENT

In connection with your application for employment the Company may obtain information about you from New Era Drug Testing, a Consumer Reporting Agency (CRA). Thus, you may be the subject of "consumer reports" and "investigative consumer reports" which may include information about your character, general reputation, personal characteristics and mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. Reports may also contain public records (including criminal records), driving history information, consumer credit, employment and education verifications, etc. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made after receipt of this notice, to request disclosure of the nature and scope of an investigative consumer report.

ACKNOWLEDGEMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and the SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both. I hereby authorize the obtaining of "consumer reports" and "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer or insurance company to furnish any and all background information requested by any consumer reporting agency acting on behalf of the Company. I release all parties who have provided information from any and all liability for damages arising from the investigation and disclosure of the requested information. I certify that the information provided is true and complete to the best of my knowledge and agree that a facsimile ("fax") or photocopy copy of this Authorization shall be as valid as the original.

- Oklahoma, Minnesota and California applicants may obtain a copy of this consumer report by checking this box. This report will be sent to California applicants within three (3) days of the employer receiving the report.
- California applicants only: For consumer reports which were not obtained by a consumer reporting agency, by checking this box you waive the right to obtain a copy of the report. If unchecked, you will receive this report within seven (7) days of the employer receiving it.

California only: For reports obtained by _____, California applicants also may review the file _____ maintains on you during normal business hours, upon submitting proper I.D. and by paying fees associated with making copies of those files. In the State of California, a new Disclosure and Authorization/Release of Information form is required each time a subsequent Consumer Report/Investigative Consumer Report is going to be requested. The nature and scope of the consumer report or investigative consumer report is the procurement of reports such as consumer credit, criminal records, civil records, driving records, employment verification, education verification, professional license verification and others.

APPLICANT/EMPLOYEE:

Signature: _____	Date: _____
Printed Name: _____	