|  |
| --- |
|  |
| Application for Employment |
| Need copy of Driver’s license along with |
| Social Security Card  Or Last 4 numbers  Medical Card  Twic Card  H2S Safety Card  Drug and Alcohol Screening  Charge is $87.50 |

*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 12/22/2015

# llc. EMPLOyment Application

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Applicant Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name | | | | | | | |  | | | | | | | First |  | | | | | | | | M.I. | | | Date | |  | | | | |
| Street Address | | | |  | | | | | | | | | | | | | | | | | | | | Apartment/Unit # | | | | |  | | | | |
| City | | | | | | | |  | | | | | | | State |  | | | | | | | | ZIP |  | | | | | | | | |
| Phone | | | | | | | |  | | | | | | | E-mail Address | | |  | | | | | | | | | | | | | | | |
| Date of Birth | | | |  | | | | | | | Social Security No. | | | | |  | | | | | Telephone # | | | | | |  | | | | | | |
| Emergency contact | | | | | Telephone# | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you a citizen of the United States? | | | | | | | | | | YES | | NO | | | | If no, are you authorized to work in the U.S.? | | | | | | | | | | | | | | | YES | | NO | |
| Have you ever worked for this company? | | | | | | | | | | YES | | NO | | | | If so, when? | | | | | | | | | | | | | |  | | | |
| Have you ever been convicted of a felony? | | | | | | | | | | YES | | NO | | | | If yes, explain | | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EXPERIENCE AND QUALIFICATIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Drivers Licenses #** | | | | | | | |  | | | | **STATE** | | | | **CDL(Y/N) CLASS (A/B/C)** | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | |  | | | |  | | | | | | | | | | | | | | | | | |
| **ENDORSEMENTS** | | | | | | | |  | | | |  | | | | **EXPIRATION DATE** | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | |  | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DRIVING | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CLASS OF EQUIPMENT DATE ( FROM-TO )** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STRAIGHT TRUCK | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | |  | |
| TRACTOR &  SEMI-TRAILER | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | |  | |
| TRACTOR-  MULTIPLE TRLR | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | |  | |
| **ACCIDENTS** | | | | | | | |  | | | | | | **NATURE OF ACCIDENT FATALITIES** | | | | | | | | | | | | | | | | | | **INJURIES** | |
|  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **TRAFFIC CONVICTIONS & FORFETTURES** | | | | | | | | **LOCATION DATE CHARGES PENALITY** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Previous Employment** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Company | | |  | | | | | | | | | | | | | | | Phone | | ( ) | | | | | | | | | | | | | | |
| Address | | |  | | | | | | | | | | | | | | | Supervisor | | |  | | | | | | | | | | | | | |
| Job Held | | |  | | | | | | | | | | | | Salary | | | $ | | | | | | % Per load | | | | |  | | | | | |
| Subject to FMCSRs ? | | | | | | | | Subject to DOT Alcohol and Drug testing? | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From | |  | | | | | To | | |  | | | | Reason for Leaving | | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |  |  | |  | | | | | | | | | | | | | | |
| Company | | |  | | | | | | | | | | | | | | | Phone | | ( ) | | | | | | | | | | | | | | |
| Address | | |  | | | | | | | | | | | | | | | Supervisor | | |  | | | | | | | | | | | | | |
| Job Held | | |  | | | | | | | | | | | | Starting | | | $ | | | | | | % per load | | | | |  | | | | | |
| Subject to FMCSRs ? | | | | | | | Subject to DOT Alcohol and Drug testing? | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From | |  | | | | | To | | |  | | | | Reason for Leaving | | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |  |  | |  | | | | | | | | | | | | | | |
| Company | | |  | | | | | | | | | | | | | | | Phone | | ( ) | | | | | | | | | | | | | | |
| Address | | |  | | | | | | | | | | | | | | | Supervisor | | |  | | | | | | | | | | | | | |
| Job Held | | |  | | | | | | | | | | | | Starting | | | $ | | | | | | % per load | | | | |  | | | | | |
| Subject to FMCRs ? | | | | | | | Subject to DOT Alcohol and Drug testing ? | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From | |  | | | | | To | | |  | | | | Reason for Leaving | | | | | | | | |  | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Disclaimer and Signature** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I certify that my answers are true and complete to the best of my knowledge.  If this application leads to employment, I understand that false or misleading information in my application or interview  may result in my release. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature | | | |  | | | | | | | | | | | | | | | | | | | Date | | | |  | | | | | | | |



FROM: BIG H TRANSPORT LLC.

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

To: (Previous employer) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employment/Lease Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: Driver Owner/Operator Other

Equipment: Flatbed Van Refer Hot Shot Tandem other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employment: Full Time Part Time

Distance Driver: Over the road Local Regional

Was the driver involved in inter-state commerce? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Freight Hauled: General Over-Dimensional\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( type of O/D freight) (type of freight)

**In accordance with 49 CFR §§40.25 and 391.23, we hereby requesting that you supply us with the safety performance history of this individual.**

Did the applicant have any accidents while employed with your organization? YES NO

DRUG and ALCOHOL: (to be accompanied by an appropriate drug and alcohol release)

In the three years prior to the date of the employee’s signature (on the release) 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 in the last 3 years test positive or adulterated or substituted a test Specimen for a controlled substance? Yes No
3. Did the employee refuse to be tested? Yes No
4. Did the employee have other violations of DOT agency and 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? Yes No

Reason for leaving? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Eligible for rehire? Yes No If NO please explain why: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Info provided by (signature) title, Date phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

print name: email com DOT#

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Disclaimer and Signature** | | | |
| I hereby authorize any investigator or representative of Big H Transport LLC, to obtain all information regarding my service, character and conduct while in your employ, but not limited to performance, attendance, personal history, disciplinary and conviction records (section 382-413 & 391.23FMCSR). I hereby release any individual or entity from any and all liability for damage of whatever kind or nature which may at any result me on account of compliance or attempt to comply with this request for information. | | | |
| Signature |  | Date |  |

C:\STOCKLAYOUTS\CURRENT PROJECTS\FN99804-PL\FN99804-IMG02.emf

\\ANNEHERRIN-DELL\Users\Owner\Documents\2012-2013\2013\Shared Documents 2013 year\4-Employees Form & Letters - 2013\Employment Application 2013\Application for Driving Record.tif