



131A Sanders Ferry Road, Hendersonville, TN 37075
(615) 824-1617 Fax: (615) 824-8086

Driver Application

As part of our normal procedure for processing applications, a routine inquiry maybe made concerning information on an applicant's work and educational history. In compliance with the Fair Credit Reporting Act, further information on the nature and scope of such inquiry, if one is made, is available to you upon written request.

In compliance with applicable laws, this company does not discriminate because of age sex, race, color, religion marital status, national origin, handicap or Vietnam era/disabled veteran status.

GENERAL INFORMATON:

Date _____

Full Name _____ Social Security Number _____

Present Address _____

Street and Number City State Zip

Phone Number (include area code) _____

Date of birth _____ If hired, can you provide proof of age? _____

How long have you lived at present address? _____

State previous addresses and Length of Time you have lived at each for the past 3 years.

In case of emergency notify: _____
_____ () _____

Name _____ Address _____ Phone _____

Have you worked for this company before? _____ Position _____

Dates: From: _____ To: _____

Rate of Pay _____ Position _____

Reason for Leaving _____

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

REFERENCES: Give below the names of 3 persons NOT related to you, whom you have known for at least 3 years.

Name	Address	Business	Years Known
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1. _____

2. _____

3. _____

EDUCATION:

Circle highest Grade Attended 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
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EXPERIENCE AND QUALIFICATIONS - MECHANIC

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 _____

C. IF THE ANSWER TO EITHER A OR B IS YES, ATTACH A STATEMENT GIVING
 DETAILS

DRIVING EXPERIENCE:

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES FROM	DATES TO	Approx. No. of Miles (Total)
Straight truck				
Tractor & Semi-trailer				
Tractor & 2 trailers				
Other				

List states operated in for last 5 years _____

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

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

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) _____

DATES	NATURE OF ACCIDENT (HEAD ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
Last Accident			
Next Previous			
Next Previous			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

PHYSICAL RECORD:

Date of Last DOT Physical _____

FORMER EMPLOYERS (List below your last 3 years Employers):

Dates Employed	Name & Address of Employer	Name & phone of Supervisor	Salary	Position	Reason for Leaving
	_____	_____			
	_____	_____			
	_____	_____			
	_____	_____			

Do you have full knowledge of The Federal Safety Requirements?

Yes _____ No _____

Are you legally eligible for employment in the United States?

Yes _____ No _____

TO BE READ AND SIGNED BY APPLICANT:

This certifies that the 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.

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. I hereby release employers, schools, or persons from all liability in responding to inquiries 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 Stephens Carriers, Inc., as permitted by Law.

Date

Applicant's Signature

**REQUEST FOR INFORMATION
FROM PREVIOUS EMPLOYER**

TO: _____ Date: _____

Soc.Sec. No. _____

is attempting to qualify as a driver under DOT Regulations and states that he/she was a driver with you from _____ to _____.

Federal Motor Safety Regulations require the following information:

Please reply to the inquiry below. Your reply will be held in strict confidence. A self-addressed envelope is enclosed for your convenience.

1. Are dates of employment with your company correct as stated in application? Yes _____ No _____
2. If not, please give correct dates. _____
3. Please describe type of work: Single driver operation _____ Team driver operation _____
Long Haul _____ Local _____ Other _____
4. What type tractor? Diesel tandem _____ Other _____
5. What type trailer? Flat _____ Van _____ Drop _____ Reefer _____ Other _____
6. What type cargo? _____
7. Please describe accident experience. _____
8. Please describe cargo damage experience. _____
9. Any compensation for personal injuries? Yes _____ No _____
10. License State _____ License No. _____ Expiration Date _____
11. Was driver's license suspended or revoked while in your employ? Yes _____ No _____
12. Per Federal Motor Carrier Safety Regulations Part 382.413, the following information is required:
 - a. Has this person ever tested positive for a controlled substance in the last two (2) years?
Yes _____ No _____
 - b. Has this person ever had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater in the last two (2) years?
Yes _____ No _____
 - c. Has this person refused a required test for drugs or alcohol in the last two (2) years?
Yes _____ No _____
13. Reason for leaving your employ: Laid off _____ Resigned _____ Discharged _____
14. Were trips D.O.T. regulated? Yes _____ No _____
15. Were daily logs prepared? Yes _____ No _____
16. Would he/she be eligible for rehire? Yes _____ No _____
17. Where was he/she employed before coming to you? _____
18. General comments _____

Date _____ By _____

(signature of person giving information/position)

I hereby authorize you to release the following information to _____

(Stephens Carriers, Inc.)

for purposes of investigation as required by Section 391.23 and 382.413 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

(Date)

(Applicant's Signature)

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 Stephens Carriers ("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 Stephens Carriers ("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.

LAST UPDATED 12/22/2015

**DISCLOSURE AND AUTHORIZATION REGARDING BACKGROUND
INVESTIGATION FOR EMPLOYMENT PURPOSES**

Disclosure

Stephens Carriers Inc (the "Company") may request from a consumer reporting agency and for employment-related purposes, a "consumer report(s)" (commonly known as "background reports") containing background information about you in connection with your employment, or application for employment, or engagement for services (including independent contractor or volunteer assignments, as applicable).

HireRight, LLC ("HireRight") will prepare or assemble the background reports for the Company. HireRight is located and can be contacted at 3349 Michelson Drive, Suite 150, Irvine, CA 92612, (800) 400-2761, www.hireright.com.

The background report(s) may contain information concerning your character, general reputation, personal characteristics, mode of living, or credit standing. The types of background information that may be obtained include, but are not limited to: criminal history; litigation history; motor vehicle record and accident history; social security number verification; address and alias history; credit history; verification of your education, employment and earnings history; professional licensing, credential and certification checks; drug/alcohol testing results and history; military service; and other information.

Authorization

I hereby authorize Company to obtain the consumer reports described above about me.

Applicant Name _____

Applicant Signature _____ Date _____