

# Application for Employment

## Driver/Operator

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regards to race, color, religion, sex, national origin, age marital status or non-job-related disability.

I understand that neither this document nor any offer of employment from the employer constitutes an employment contract, unless a specific document to that effect is executed by the employer and me in writing.

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

Date:	Position Applying for:	Pay Expectation:
Name: Last, First Middle		Email Address
Current Address		
Street:	City:	State:
Zip Code:	Telephone:	How Long:
Previous Address		
Street:	City:	State:
Zip Code:	Telephone:	How Long:

Do you have the legal right to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Education			
	School Name/Location	Degree Earned	Graduated
Did you complete a high school or GED program?			Yes No
Did you complete a college or degree program?			Yes No

Military Experience			
	Branch	Year Completed	Means of Discharge
Did you ever serve in the U.S. Armed Forces?			

Employment Information (10 years)					
Employer Name: Last Employer			Position:		
Street:		City:		State:	
Zip Code:	Telephone:	From:	To:	Final Pay:	
Reason for Leaving:					

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR)

AND REASON. \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed the previous by the previous employer? ☐ Yes ☐ No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? ☐ Yes ☐ No

**Employment Information (10 years)**

Employer Name: <b>2<sup>nd</sup> Last Employer</b>			Position:		
Street:		City:			State:
Zip Code:	Telephone:	From:	To:	Final Pay:	
Reason for Leaving:					

**ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR)****AND REASON.** \_\_\_\_\_Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed the previous by the previous employer? ☐ Yes ☐ NoWas the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? ☐ Yes ☐ No**Employment Information (10 years)**

Employer Name: <b>3<sup>rd</sup> Last Employer</b>			Position:		
Street:		City:			State:
Zip Code:	Telephone:	From:	To:	Final Pay:	
Reason for Leaving:					

**ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR)****AND REASON.** \_\_\_\_\_Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed the previous by the previous employer? ☐ Yes ☐ NoWas the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? ☐ Yes ☐ No

Have you ever worked for this company? (If YES, please complete below)			<input type="checkbox"/> Yes	<input type="checkbox"/> No
From:	To:	Position:		
Reason for Leaving:				

How did you hear about his position? \_\_\_\_\_

What days and times are you available to work? \_\_\_\_\_

If needed, are you available to work over time? ☐ Yes ☐ No

If hired, what date are you available to start work? \_\_\_\_\_

Do you have reliable transportation to and from work? ☐ Yes ☐ No

Are you able to perform the essential functions of the job for which you are applying with or without accommodations?

☐ Yes ☐ No*Note: Brackenbox complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.*

### License Information

Section 383.21 FMCSR states. "No person who operates a commercial motor vehicle shall at any time have more than one driver's license." I certify that I do not have more than one motor vehicle license other than the information which is listed below

Driver's License #	State	Type	Expiration

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 Yes please give date (s) and explain: \_\_\_\_\_

### Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates From - To	Approx. No. of miles (Total)
Straight Truck			
Tractor and Semi-Trailer			
Tractor – Two Trailer			
Other			

### 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.)	Number Fatalities	Number Injuries	Chemical Spills
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

### Traffic Convictions and Forfeitures for the past 3 years (Other than parking violations)

Date Convicted (month/year)	Violation	State of Violation Location	Penalty (forfeited bond, collateral and/or points)

### Controlled Substances and Alcohol Testing

All drivers who drive Commercial Motor Vehicles which require a Commercial Drivers License (CDL) are subject to controlled substances and alcohol testing. Any driver that violates Department of Transportation and Federal Motor Carrier Safety Administration regulations found in 49 CFR Parts 40 and 382 will be terminated. The circumstances in which the driver will be tested for presence of controlled substance and or alcohol are listed below:

- 382.301 Pre-employment testing;
- 382.303 Post accident testing;
- 382.305 Random testing, per the prevailing rate as required by US DOT;
- 382.307 Reasonable suspicion testing;
- 382.309 Return to duty testing;
- 382.311 Follow up testing;

Have you tested positive or refused to be tested on any pre-employment drug test in which you were not hired during the past two years?		
Yes	(Please provide proof that you have successfully completed the SAP Evaluation, recommended treatment, return to duty and follow-up testing)	No

**TO BE READ AND SIGNED BY APPLICANT**

**Initials** \_\_\_\_\_ I authorize you to make sure investigations and inquiries to my personal, employment, financial, driving record 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.

**Initials** \_\_\_\_\_ 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.

**Initials** \_\_\_\_\_ 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 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."

**Initials** \_\_\_\_\_ I understand that all citations issued to me, whether in a personal or company vehicle must be reported to my supervisor immediately and all fines assessed for any traffic violations will be my responsibility. Any speeding citations issued for speed in excess of 25mph over the posted speed limit will be subject to review by company management and could result in termination of employment. I authorize the employer to obtain my driving abstract annually.

**Initials** \_\_\_\_\_ I understand the Passenger Policy.

- Employee must have a written authorization form from the company to transport a passenger
- Passenger must be a member of employee's immediate family and in good health
- Passenger must be over 12 years of age
- Passenger will not be allowed inside plants where loads are being picked up or delivered and must remain in the truck during loading and unloading
- In case of an accident, an employee will be responsible for necessary medical treatment for the passenger

**Initials** \_\_\_\_\_ In accordance with 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 a consumer report may be obtained on you for employment purpose.

**Initials** \_\_\_\_\_ This application for employment shall be considered active for a period of time not to exceed 180 days. If I wish to be considered for employment beyond this time period, I understand that I need to inquire as to whether or not applications are being accepted at that time.

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

**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 \_\_\_\_\_ ("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*