



Please complete the following information on this Applicant Data Record. These forms are kept in a separate confidential file separate from all employment applications and are used solely for our required governmental reporting responsibilities.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Position Applying For: \_\_\_\_\_

Address: \_\_\_\_\_

How did you hear about this position? \_\_\_\_\_ Indeed \_\_\_\_\_ Website  
\_\_\_\_\_ Newspaper \_\_\_\_\_ Job Fair/Trade School Event \_\_\_\_\_ Walk-In

\_\_\_\_\_ Referred by a current employee, Employee Name: \_\_\_\_\_

\_\_\_\_\_ Other (Please explain): \_\_\_\_\_

**AFFIRMATIVE ACTION SURVEY**

Government agencies may require periodic reports on sex, ethnicity, disabled and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information is voluntary:

**Check One:** \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Choose not to answer

**Check one of the following:** \_\_\_\_\_ White \_\_\_\_\_ Black \_\_\_\_\_ Hispanic  
\_\_\_\_\_ Asian/Pacific Islander \_\_\_\_\_ American Indian/Alaskan Native

**Check if any of the following are applicable:**

\_\_\_\_\_ Vietnam Era Veteran \_\_\_\_\_ Disabled Veteran \_\_\_\_\_ Disabled Individual

**PLEASE REMOVE THIS APPLICANT DATA SHEET AND FORWARD TO HUMAN RESOURCES PRIOR TO FORWARDING APPLICATION TO SUPERVISOR**

**\*\* Form is for applicant use only\*\* No hiring manager notes are permitted on this form!\*\***

Applicants are considered for all positions and employees are treated during employment without regard to race, color, religion, sex, national origin, age, sexual preference, marital or veteran status, medical condition, or disability. As an employer, we comply with all reporting as required with all governmental regulations.

**DRIVER'S APPLICATION FOR EMPLOYMENT**  
**ALL SECTIONS MUST BE FULLY COMPLETED**

COMPANY \_\_\_\_\_ MAILING ADDRESS \_\_\_\_\_

CITY, STATE AND ZIP CODE \_\_\_\_\_

NAME (print) \_\_\_\_\_  
 (FIRST) (MIDDLE) (MAIDEN NAME if applicable) (LAST)

ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
 (STREET) (CITY) (STATE & ZIP)

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

CELL NUMBER \_\_\_\_\_ EMAIL: \_\_\_\_\_

**PREVIOUS THREE YEARS RESIDENCY**

\_\_\_\_\_  
 (STREET) (CITY) (STATE & ZIP) #YEARS \_\_\_\_\_

\_\_\_\_\_  
 (STREET) (CITY) (STATE & ZIP) #YEARS \_\_\_\_\_

\_\_\_\_\_  
 (STREET) (CITY) (STATE & ZIP) #YEARS \_\_\_\_\_

**ATTACH SHEET IF MORE SPACE IS NEEDED**

**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, the information for which is listed below.

STATE \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_ TYPE \_\_\_\_\_ EXP DATE \_\_\_\_\_ CDL #YRS \_\_\_\_\_

**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 TRAILERS			
MILK/LIVE/FEED/GRAIN/DUMP-EXP			

**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
_____	_____	_____	_____	yes____ no____
_____	_____	_____	_____	yes____ no____
_____	_____	_____	_____	yes____ no____

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

DATE (month/year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, collateral and/or points)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**ATTACH SHEET IF MORE SPACE IS NEEDED**

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes\_\_\_\_ No\_\_\_\_

If yes, explain \_\_\_\_\_

B. Has any license, permit or privilege ever been suspended or revoked: Yes\_\_\_\_ No\_\_\_\_

If yes, explain \_\_\_\_\_

EMPLOYMENT RECORD  
(ATTACH SHEET IF MORE SPACE IS NEEDED)

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.)

**Must list the complete mailing address: street number and name, city, state, phone number and zip code.**

LAST EMPLOYER: NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASONS 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 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 \_\_\_\_\_

SECOND LAST EMPLOYER: NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASONS 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 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 \_\_\_\_\_

THIRD LAST EMPLOYER: NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASONS 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 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 \_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

**I authorize you to make sure investigations and inquiries to 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 TRI-COUNTY INDUSTRIES INC

"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."

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

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

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

EMPLOYMENT RECORD CONTINUED  
(USE THIS SHEET ONLY IF NECESSARY)

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.)**

**Must list the complete mailing address: street number and name, city, state, phone number and zip code.**

ADDITIONAL EMPLOYER: NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASONS 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 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 \_\_\_\_\_

ADDITIONAL EMPLOYER: NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASONS 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 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 \_\_\_\_\_

ADDITIONAL EMPLOYER: NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASONS 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 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 \_\_\_\_\_

ADDITIONAL EMPLOYER: NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASONS 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 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 \_\_\_\_\_

**FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT**

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 901-508, 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 reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Social Security Number)

**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 (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.

**PREVIOUS PRE-EMPLOYMENT EMPLOYEE  
ALCOHOL AND DRUG TEST STATEMENT**

**Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b)(5) and (e))**

Company Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State, Zip: \_\_\_\_\_

Prospective Employee Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
(Print)

The prospective employee is required by Sec. 40.25(j) to respond to the following questions.

- 1) Have you 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, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check one:       Yes                       No

- 2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one:       Yes                       No

Prospective Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)



## General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse

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

I understand that my signature below consents to multiple limited queries, which will be conducted for the duration of my employment.

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

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

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Signature)

# REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to: \_\_\_\_\_ for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

.....  
In accordance with the provisions of Sections 604 and 607 of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1 of Public Law 104-208). I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of the report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e. information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-322, Title XXX, Section 300002(a)).

\_\_\_\_\_  
(Signature of Requester)

\_\_\_\_\_  
(Date)

TO:

- The following named person has made application with our company for the position of \_\_\_\_\_  
In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.
- The following named person is employed with our company in the position of \_\_\_\_\_  
In accordance with Section 391.25, Federal Department of Transportation Regulations, please furnish the undersigned with the employee's driving record for the past year.

NAME OF APPLICANT/DRIVER \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(Number & Street) (City) (State) (Zip Code)

FORMER ADDRESS \_\_\_\_\_  
(Number & Street) (City) (State) (Zip Code)

DATE OF BIRTH \_\_\_\_\_ SSN \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

## REQUESTED BY

\_\_\_\_\_  
(Name of Company)

\_\_\_\_\_  
(Typed /Printed Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(City) (State) ( Zip)

\_\_\_\_\_  
(Signature)

### Employment Verification – Safety Performance History

In Compliance with FMCSR 391.23 and FMC Regulation 40.321 B, please respond to this inquiry as quickly and accurately as possible. For additional information or to respond verbally, please call

**I hereby give permission to release the information noted below as used for employment purposes only.**

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Applicant's Social Security Number \_\_\_\_\_

Employer \_\_\_\_\_

Dates of Employment from \_\_\_\_\_ to \_\_\_\_\_

Phone \_\_\_\_\_

Position: Driver/Safety-Sensitive \_\_\_\_\_ Other \_\_\_\_\_

Fax \_\_\_\_\_

If multiple periods of employment, please list other dates below

City/State \_\_\_\_\_

Eligible for Rehire: Yes  No  Reason for Leaving: Resigned  Discharged  Other  Explain \_\_\_\_\_

Work Record? Satisfactory  Company Policy Violations  Unsatisfactory Safety Review  Late/Missed Stops

Driving Experience? Tractor/Trailer  Straight Truck  Other  Areas Operated in? 48 states  Regional  Local

#### DOT Accident History

Complete the following for all accidents, as defined in FMCSR 390.15(b), involving the applicant that occurred with the three year period preceding the date of the employment application.

If none check here

Date City State Injuries Fatalities Description

Date	City	State	Injuries	Fatalities	Description

#### Other Accident History

Complete the following for other accidents/incidents involving the applicant that were reported to insurers or retained under internal company policies.

If none check here

Date City State Description

Date	City	State	Description

#### Drug and Alcohol Testing History

Complete the following for all DOT tests conducted within the three year period preceding the date of employment application.

**\*\*Please make a YES or NO selection for EACH question\*\***

Has applicant had an alcohol test with a confirmed breath alcohol concentration of 0.04 or greater? Yes  No

Has applicant had a controlled substance test with verified positive result? Yes  No

Has applicant refused an alcohol or controlled substance test? Yes  No

Has applicant violated any other DOT testing regulations (FMCSA subpart B, part 382, 49CFR PT40)? Yes  No

Have you received information from a previous employer that this individual violated DOT testing? Yes  No

If this applicant has violated a DOT drug and alcohol regulation, did applicant complete as SAP-prescribed rehabilitation program while in your employ including return-to-duty and follow up tests? If yes, please provide documentation) Yes  No

If this applicant successfully completed an SAP's rehabilitation program and remained in your employ, did applicant subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test or refuse to be tested? Yes  No

#### Certification of Employment Record

Previous Employer's Signature \_\_\_\_\_

Date \_\_\_\_\_

For use by:

Internal Tracking Purposes Only

This form was: Faxed  Emailed  Mailed  Date(s) \_\_\_\_\_

Sent by: \_\_\_\_\_ Date \_\_\_\_\_

# **DRIVER'S RIGHT TO DUE PROCESS REGARDING INVESTIGATION INTO PREVIOUS SAFETY PERFORMANCE HISTORY AND DRUG AND ALCOHOL TESTING VERIFICATION**

Under U.S. DOT §391.23(i) you have the following rights regarding the investigation information that will be provided.

## **RIGHT TO REVIEW**

You have the right to review information provided by previous employers. You must make a request in writing and it must be received no later than thirty (30) days after being employed or being denied employment. We have five (5) business days after receipt of the written request, or after receiving the information from a previous employer, to provide this information to you. If you have not arranged to pick up or receive the requested records within thirty (30) day of us making them available, we may consider you have waived your request to review the records.

## **RIGHT TO HAVE ERRORS CORRECTED**

You have the right to have errors corrected in the information from your previous employer and for that previous employer to re-send the corrected information to us. You must send the request for the correction directly to the previous employer that provided the records to us. The previous employer must either correct and forward the information to us, or notify you within fifteen (15) days of receiving your request that it does not agree to correct the data. If the previous employer corrects the data and forwards it to us, we will notify you.

## **RIGHT TO REBUTTAL**

You have the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and you cannot agree on the accuracy of the information. If you wish to rebut the information, you must send the rebuttal to your previous employer with instructions to include the rebuttal in that driver's safety performance history. Within five (5) business days of receiving a rebuttal, the previous employer must forward a copy of the rebuttal to us.

## **TIMING**

You have the right to send a rebuttal first, without making a request for a correction, or you may send the request for a correction, then a rebuttal.

## **REPORTING TO THE FMCSA**

You may (but are not required to) report failure of previous employers to correct information or include a rebuttal to the Federal Motor Carrier Safety Administration.

The above statement was received and read by me:

\_\_\_\_\_  
Driver's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name