



30233 Stacy Ponds Drive Stacy, MN 55079 651-982-2991



30233 Stacy Ponds Drive Stacy, MN 55079 651-272-5145

COMMERCIAL DRIVER APPLICATION

What Division are you applying for?

☐ Heavy Haul

☐ Sand & Gravel

TODAYS DATE: _____

NAME: _____ Date of Birth: ____/____/____

(The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to Individuals who are at least 40 and less than 70 years of age)

PHONE: _____ EMERGENCY PHONE: _____

E-MAIL ADDRESS: _____

CURRENT HOME ADDRESS:

PREVIOUS HOME ADDRESS(ES) (3 years):

Address: _____ From _____ To _____

Address: _____ From _____ To _____

DRIVER'S LICENSE #: _____ EXP. DATE: ____/____/____

MEDICAL CARD EXPIRATION DATE: _____

HAVE YOU WORKED FOR THIS COMPANY BEFORE? YES NO

If yes, give dates: From: _____ To: _____

Reason for leaving: _____

EDUCATION HISTORY: Please circle the highest grade completed

High School 10 11 12 College 1 2 3 4

Degree Received _____

Post Graduate 1 2 3 4

EMPLOYMENT HISTORY

➤ **Dates** (Mo & Yr.) From: _____ To: _____ Employer: _____

Position Held: _____ Address: _____

Reason for Leaving: _____ Phone: _____

Were you subject to the FMCSR's While employed? _____ Yes _____ No

Was your job designated as Safety-sensitive function in any DOT- regulated mode subject to drug and alcohol testing requirements of 49 CFR part 40? _____ Yes _____ No

➤ **Dates** (Mo & Yr.) From: _____ To: _____ Employer: _____

Position Held: _____ Address: _____

Reason for Leaving: _____ Phone: _____

Were you subject to the FMCSR's While employed? _____ Yes _____ No

Was your job designated as Safety-sensitive function in any DOT- regulated mode subject to drug and alcohol testing requirements of 49 CFR part 40? _____ Yes _____ No

➤ **Dates** (Mo & Yr.) From: _____ To: _____ Employer: _____

Position Held: _____ Address: _____

Reason for Leaving: _____ Phone: _____

Were you subject to the FMCSR's While employed? _____ Yes _____ No

Was your job designated as Safety-sensitive function in any DOT- regulated mode subject to drug and alcohol testing requirements of 49 CFR part 40? _____ Yes _____ No

➤ **Dates** (Mo & Yr.) From: _____ To: _____ Employer: _____

Position Held: _____ Address: _____

Reason for Leaving: _____ Phone: _____

Were you subject to the FMCSR's While employed? _____ Yes _____ No

Was your job designated as Safety-sensitive function in any DOT- regulated mode subject to drug and alcohol testing requirements of 49 CFR part 40? _____ Yes _____ No

➤ **Dates** (Mo & Yr.) From: _____ To: _____ Employer: _____

Position Held: _____ Address: _____

Reason for Leaving: _____ Phone: _____

Were you subject to the FMCSR's While employed? _____ Yes _____ No

Was your job designated as Safety-sensitive function in any DOT- regulated mode subject to drug and alcohol testing requirements of 49 CFR part 40? _____ Yes _____ No

Driving Experience

Class of Equipment	From	To	Approximate Number of Miles
Straight Truck			
Tractor & Semi Trailer			
Tractor & Two Trailers			
Tractor & Triple Trailers			
Others			

List States Operated In (last 5 Years): _____

List Special Course/Training Completed (PTD/DDC, Hazmat, Etc.) _____

List any Safe Driving Awards You Hold (From Whom) _____

Accident Record for the Past 3 Years (attach another sheet if more space is needed)

Date of Accident	Nature of Accident (head on, Rear end, Etc)	Location of Accident		# of Fatalities	# of People Injured

Traffic Convictions and Forfeitures for the past 3 Years (Other than parking Violations)

Date	Location	Charge	Penalty

Driver's License (List each driver's license held in the past 3 years)

State	License	Type	Endorsements	Expiration Date

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? _____ Yes _____ No

Has any License, permit, or privilege ever been suspended or revoked? _____ Yes _____ No

Is there any reason you might be unable to perform the functions of the job for which you are applying?
(as described in the job description) _____ Yes _____ No

If the answers to any of the above questions are "yes", please give details.



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Job References

List 3 References, other than family members, who have knowledge of your safety habits.

Name: _____ Address: _____

Phone: _____

Name: _____ Address: _____

Phone: _____

Name: _____ Address: _____

Phone: _____

TO BE READ AND SIGNED BY THE APPLICANT:

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.

It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to obtain any and all information of concern to applicant's record, whether same is of record or not, and applicant release employers and person named herein from all liability for any damages on account of their furnishing such information.

It is also agreed and understood that the fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my application file.

It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.

This certifies 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.

Applicants Signature: _____ **Date:** _____

Remarks: (For office use only)



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CONTROLLED SUBSTANCE ABUSE QUESTIONNAIRE

Pursuant to 49CFR part 40.25 (j)

Application Date: _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Driver's License Number: _____

49CFR 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, safety sensitive transportation work covered by DOT Agency drug and alcohol testing rules during the past two years? YES NO

If yes: have you successfully completed the return-to-duty process? YES NO



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OUT OF SERVICE QUESTIONNAIRE

Have you ever been placed "Out of Service"? YES NO

If yes, please provide the information below for each "Out of Service."

Date: _____

Where: _____

Violation(s): _____

Date: _____

Where: _____

Violation(s): _____

Date: _____

Where: _____

Violation(s): _____

I certify that this information is true and complete to the best of my knowledge.

Applicant's Signature _____ Date _____

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (Section 391.27). Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of or forfeited bond or collateral on account of any violation which must be listed, he/she shall so certify (Section 391.27).

NAME OF DRIVER: (PRINT)	ID NUMBER	DATE OF EMPLOYMENT
HOME TERMINAL (CITY & STATE)	DRIVER'S LICENSE NUMBER STATE	EXPIRATION DATE

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED

Date _____ **Driver's Signature** _____

MOTOR CARRIER INSTRUCTIONS: Review the Certification of Violations listed above, and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

- ☐ Meets minimum requirements for safe driving
- ☐ Is disqualified to drive a motor vehicle pursuant to Section 391.15
- ☐ Does not adequately meet satisfactory safe driving performance

Motor Carrier Name	Motor Carrier Address
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***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.

Signature

Name (Please Print)

Date

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.



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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 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 reports verifying your previous employment, previous drug and alcohol test results, and your driver 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

Print Name

Date