

Application For Employment Commercial Drivers

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For Employment With
Davidson Trucking Inc.
P.O. Box 162
Bradner, OH 43406

This transportation company is an equal opportunity employer in compliance with all Federal and State equal employment opportunity laws. Consideration of qualified applicants for any position is made without regard to the applicant's sex, race, color, national origin, marital status, age, religion or non-job related disability.

Date _____

Name _____ DOB _____ SSN _____
Last First Middle

Address _____ How Long _____
Street City State Zip

Phone _____ Cell _____

Email _____

Previous Address _____ How Long _____
(Go Back 3 years) Street City State Zip

Address _____ How Long _____
Street City State Zip

Can you legally be employed in the United States? _____ Do you have any proof of age? _____
Required for commercial drivers

Have you ever been employed by this company before? _____ If so, When? _____

What was your rate of pay? _____ Position Held _____

Reason for leaving: _____

Currently Employed _____ May we contact your present employer? _____

If not, How long since you were last employed? _____ What pay rate are you expecting? _____

How did you hear about this company? _____

After reviewing the job description, for what reasons might you be unable to perform the duties of the position for which you are applying? You may explain.

Employment History Past 10 Years

Please give the following information regarding your current and previous employers. Start with the most recent. Use additional sheets if necessary and please explain any employment gaps.

Employer:	Contact:	Phone:
Date: From: <u> / / </u> To: <u> / / </u>	Address: _____ City: _____ State: _____ Zip: _____	
Position: _____ Salary: _____	Reason for Leaving: _____ Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your job 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer:	Contact:	Phone:
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Position: _____ Salary: _____	Reason for Leaving: _____ Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your job 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Employer:	Contact:	Phone:
Date: From: <u> / / </u> To: <u> / / </u>	Address: _____ City: _____ State: _____ Zip: _____	
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Please use this space for comments, additional information, or to explain periods of time between employers.

Driving Qualifications And Experience

LICENSES HELD

State: _____	License No: _____	Type: _____	Expiration Date: _____
State: _____	License No: _____	Type: _____	Expiration Date: _____
State: _____	License No: _____	Type: _____	Expiration Date: _____
State: _____	License No: _____	Type: _____	Expiration Date: _____

EQUIPMENT EXPERIENCE

Equipment Class	Equipment Type	For How Long? (yrs)	Total Miles (Approx.)
Tractor			
Tractor w/ Two-Trailers			
Straight Truck			
Other			

In what states have you operated in the past three years? _____

Have you ever had your license revoked or suspended? _____ If so, when and where? _____

Why? (Please Explain) _____

Have you ever been convicted of a felony? _____ If so, when and where? _____

Why? (Please Explain) _____

Have you tested positive for a pre-employment or random Drug or Alcohol test in the past three years? Yes _____ No _____

Accidents And Violations

ACCIDENTS IN THE PAST THREE YEARS (List most recent first - attach additional sheets if necessary)

Date: _____	Injuries? _____	Fatalities? _____	Vehicle Type: _____
Describe: _____			
Date: _____	Injuries? _____	Fatalities? _____	Vehicle Type: _____
Describe: _____			
Date: _____	Injuries? _____	Fatalities? _____	Vehicle Type: _____
Describe: _____			

TRAFFIC CONVICTIONS IN THE PAST THREE YEARS (Not parking violations)

Date: _____	Where? _____	Violation: _____	Penalty: _____
Date: _____	Where? _____	Violation: _____	Penalty: _____
Date: _____	Where? _____	Violation: _____	Penalty: _____

Education And Training

Please provide the following information about completed education, starting with the most recent.

School or University	Years Completed	Field of Study	Graduate? (yes or no)	When

Have you ever served in the military? _____ If so, when and what branch? _____

Please list any training you have received that you think will benefit you in the position for which you are applying. _____

Please provide three personal references.

Name	Years Known	Phone Number

Please use the following space to list any experience or knowledge you have not mentioned previously, special accomplishments or comments you would like us to consider.

Carefully Read The Following And Sign

By signing this statement, I certify that this employment application has been completed by me, and all of the entries provided are true, complete, and accurate, to the best of my knowledge. By signing below I also authorize this company to make such inquiries into my employment, financial, personal, or medical history as might be needed to make an employment decision. I understand that inquiries into my medical history are generally made after a job offer is made.

I hereby release my former employers, healthcare providers and schools from any and all liability in making response to these inquiries and from releasing the requested information.

Applicant's Signature _____

Date _____

(Do not write below this line - Office use only)

Interview Notes

Date: _____

Interviewer: _____

Comments: _____

Application Results

Hired or Rejected? _____ Hire Date: _____ Position: _____

If rejected, why? _____

Date to Start: _____ Starting Pay: _____

Comments, Complaints, Etc. : _____

Termination Date: _____ Quit or Dismissed? _____ Why? _____

Request And Consent For Information From Previous Employer

By signing below, I authorize my former employer listed hereafter to release the information requested in regard to my employment and controlled substance testing to _____
as dictated by the Federal Motor Carrier Safety Regulations. As my former employer, I release you from any liability which might be the result of providing this information.

(Please Print) Driver's Name Social Security # Driver's Signature Date

Information Requested From _____

Previous Employer's Name: _____ Contact: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

To Whom It May Concern:

The person named above has, while seeking employment with this company as _____
stated that he/she held a position with your company as _____
from _____ to _____ Your time in answering the questions in the form below is greatly appreciated. Be assured that you provide this information in confidence, to assist in this company's hiring process. Thank you for your assistance

Signature and Title of Company Representative

Please answer the following questions

During what period of time was this individual employed with you? From: ___ / ___ / ___ To: ___ / ___ / ___

Did the individual operate a motor vehicle? _____ If so, what type? Tractor-Trailer _____ Straight Truck _____

Other (Please Explain): _____

How would you describe his/her conduct? Good _____ Fair _____ Poor _____

Did this individual perform their duties safely? _____

At what wage/salary was he/she employed? _____

Under what circumstances did the individual leave your employ? _____

In the past three years, did this person test positive for any controlled substances? _____

If so, please list the name and address of the Professional Testing Organization that performed the test. _____

Request And Consent For Information From Previous Employer Continued

By signing the previous page I authorize the aforementioned company to release and forward any information regarding my Alcohol and Controlled Substances Testing/Training records to:

Davidson Trucking Inc.
P.O. Box 162
Bradner, OH 43406

Has this person tested positive for a controlled substance in the last three years?

Yes _____

No _____

Has this person had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater in the last three years?

Yes _____

No _____

Has this person refused a required test for drugs or alcohol in the last three years?

Yes _____

No _____

Has this person, to your knowledge, failed a drug or alcohol test for a previous employer?

Yes _____

No _____

If YES to any of the above questions, please give the SAP's (Substance Abuse Professional) name, address and phone number for further reference.

SAP (Name): _____ Phone Number: _____

Address: _____

Completed By: _____ Date: _____

Received By: _____ Date: _____

Received By: Phone: _____ Fax: _____ Personal Interview: _____ Mail: _____

Authorization For Driving Record Check

By signing below I authorize you to release the information requested to _____ as dictated by the Federal Motor Carrier Safety Regulations. I hereby release you from any liability which might be the result of providing this information.

Driver's Signature

Date

I. By signing below, I certify that the information requested is to be used for a "permissible purpose", as defined by provisions of the Fair Credit Reporting Act, Sections 604 and 607.

II. I also certify that should the individual be named hereafter be denied employment as a result of information received through this request, the source of the information will be identified in compliance with Section 615(a) of the Act.

Signature

Date

Representative of: _____

This information is requested from the following reporting agency: _____

To Whom It May Concern:

The person named below has sought employment with this company as _____
In accordance with the Federal Department of Transportation Regulations, Part 391, please provide the applicant's driving record for the past three years.

Driver's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

License Number: _____ Social Security Number: _____ D.O.B.: _____

Company Requesting Information

Name of Company

Name of Company Representative

Signature of Representative

Title

Fair Credit Reporting Act Disclosure

The Federal Motor Carrier Safety Regulations (FMCSR) require motor carriers to investigate the employment background, drug and alcohol testing history, and motor vehicle driving record of all commercial motor vehicle driver applicants. The purpose of this disclosure, in accordance with Section 604(b) of the Fair Credit Reporting Act(15 U.S.C. 1681-1681u), is to inform you that consumer reports may be used for employment purposes to complete these and other background investigations.

I hereby authorize _____ to obtain consumer reports
(Company Name)

for the purpose of conducting background investigations for employment purposes

(Signature)

(Date)

EMPLOYEE RIGHTS NOTIFICATION

IN ACCORDANCE WITH DOT RULE 391.23, A THREE-YEAR BACKGROUND CHECK MUST BE DONE ON ALL DRIVERS AND OTHER PERSONNEL PERFORMING SAFETY SENSITIVE FUNCTIONS. THE QUESTIONS TO BE ASKED ARE ON THE FORM "REQUEST AND CONSENT FOR INFORMATION FROM PREVIOUS EMPLOYER." IN ACCORDANCE WITH THE QUESTIONS AND THE RIGHTS OF THE PROSPECTIVE EMPLOYEE, THE FOLLOWING RIGHTS APPLY AND ARE HEREBY ACKNOWLEDGED BY THE APPLICANT:

1. I UNDERSTAND THAT A THREE-YEAR BACKGROUND CHECK WILL LOOK INTO MY PAST WORK HISTORY TO OBTAIN INFORMATION ABOUT ANY SAFETY HISTORY INCLUDING ACCIDENTS, SUSPENSIONS, CONTROLLED SUBSTANCE OR ALCOHOL VIOLATIONS.
2. I RETAIN THE RIGHT TO REVIEW ANY AND ALL INFORMATION PROVIDED BY MY PREVIOUS EMPLOYERS. MY REVIEW CAN TAKE PLACE BEFORE, DURING OR AFTER MY EMPLOYMENT WITH THIS CARRIER.
3. I HAVE THE RIGHT TO HAVE ERRORS IN THE INFORMATION CORRECTED BY THE PREVIOUS EMPLOYER AND FOR THAT EMPLOYER TO RESEND THE CORRECTED INFORMATION TO THE PROSPECTIVE EMPLOYER.
4. I HAVE THE RIGHT TO A REBUTTAL STATEMENT ATTACHED TO THE ALLEGED ERRONEOUS INFORMATION IF THE PREVIOUS EMPLOYER AND I DO NOT AGREE ON THE ACCURACY OF THE INFORMATION.
5. AFTER I HAVE SUBMITTED A WRITTEN REQUEST FOR A RELEASE OF THE OBTAINED INFORMATION, THE PROSPECTIVE EMPLOYER WILL PROVIDE ME THAT INFORMATION WITHIN 5 BUSINESS DAYS.

ACKNOWLEDGED AND AGREED TO BY:

PROSPECTIVE EMPLOYEE PRINTED

NAME _____

SIGNATURE _____

WITNESSED BY _____

DATE _____

DRIVER JOB DESCRIPTION

Must be able to adequately and safely operate a tractor-trailer combination vehicle. The vehicle involved can be any style tractor pulling a trailer of up to 53' in length.

Must be able to pass and follow all Department of Transportation requirements as described in the Federal Motor Carrier Safety Regulations including, but not limited to, parts 382,383,390,391,392,393,395,396, and 397.

Must be able to safely lift and carry 100 lbs.

Must be able to speak, read and write English.

Must be able to be over the road in that no expectation of guarantee of home time is assumed.

Must understand that Ohio is an "At Will" state and that there is no guarantee of employment.

Must not be allergic to any product that we may haul, for example: iron, plastics, foam, rubber etc.... If such allergies exist, please make them known to your supervisor and help to create a way to work with this situation.

Initials _____

MANDATORY USE FOR ALL ACCOUNT HOLDERS

IMPORTANT NOTICE

REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

1. In connection with your application for employment with Davidson Trucking, Inc. ("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.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

2. I authorize Davidson Trucking, Inc. ("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 consenting to 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.

3. 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 am challenging 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.

4. Please note: 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 FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, 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 NICT 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 provided in paragraphs 1-4 of this document to obtain an Applicant's consent. The language must be used in whole, exactly as provided. The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.

LAST UPDATED 10/29/2013