

DRIVER EXPERIENCE & QUALIFICATION

Answer the questions in this section only if applying for driver position

Date of Birth: _____ The U.S. Department of Transportation requires that driver applicants state their date of
 (month/date/year) birth (391.2 (b)(2))

Social Security Number: _____ - _____ - _____

Licenses

Drivers Licenses held in the past 3 years must be shown.

State	License No.	Class	Endorsements	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. Have you ever been disqualified for violations of Federal Motor Carrier Safety Regulations? Yes: _____ No: _____
 If you have answered, "yes" to A, B, C attach a statement giving details.

Driving Experience

Class of Equipment	Type of Equipment (van,tank,flat,etc.)	Dates		Approximate Total Mileage
		From	To	
Straight Truck				
Tractor & Semi-Trailer				
Twin Trailers				
Other				

List states operated in during last five years: _____

List special courses or training that will help you as a driver _____

List driving awards held and who awards were presented by _____

ACCIDENT REVIEW

Accidents for the past 3 years must be shown. Attach a separate sheet of paper if necessary.

Dates	Nature of Accident	Injuries	Fatalities
Last Accident			
Next Previous			
Next Previous			
Next Previous			

TRAFFIC CONVICTIONS AND FORFEITURES- NON CMV

For the past 3 years other than parking. Attach a separate sheet if of paper if necessary.

Location	Date	Charge	Penalty

TRAFFIC CONVICTIONS AND FORFEITURES/ DOT INSPECTIONS- CMV

For the past 2 years other than parking **including all DOT inspection clean or otherwise.** Attach a separate sheet if of paper if necessary.

Location	Date	Charge	Penalty

EMPLOYMENT RECORD

Applicants must show the last ten (10) years of work experience. The U.S. Department of Transportation requires that driver applications show all employment for the past three years. Please use extra sheet provided if necessary.

Start with last or current position, including military experience, and work back. Attach a separate sheet if necessary.

Employer: _____ Supervisor's Full Name _____
Full Address: _____ Zip: _____ Phone#(____) _____
Position Held: _____ From: _____ To: _____ Salary: _____
Month/year month/year

Reason for leaving: Quit Termination Layoff

Please explain: _____

Was your job designated as a Safety-Sensitive Function in any DOT-Regulated Mode subject to the Drug and Alcohol testing requirements of 49CFR part 40? Yes No

Employer: _____ Supervisor's Full Name _____
Full Address: _____ Zip: _____ Phone#(____) _____
Position Held: _____ From: _____ To: _____ Salary: _____
Month/year month/year

Reason for leaving: Quit Termination Layoff

Please explain: _____

Was your job designated as a Safety-Sensitive Function in any DOT-Regulated Mode subject to the Drug and Alcohol testing requirements of 49CFR part 40? Yes No

Employer: _____ Supervisor's Full Name _____
Full Address: _____ Zip: _____ Phone#(____) _____
Position Held: _____ From: _____ To: _____ Salary: _____
Month/year month/year

Reason for leaving: Quit Termination Layoff

Please explain: _____

Was your job designated as a Safety-Sensitive Function in any DOT-Regulated Mode subject to the Drug and Alcohol testing requirements of 49CFR part 40? Yes No

Employer: _____ Supervisor's Full Name _____
Full Address: _____ Zip: _____ Phone#(____) _____
Position Held: _____ From: _____ To: _____ Salary: _____
Month/year month/year

Reason for leaving: Quit Termination Layoff

Please explain: _____

Was your job designated as a Safety-Sensitive Function in any DOT-Regulated Mode subject to the Drug and Alcohol testing requirements of 49CFR part 40? Yes No

Employer: _____ Supervisor's Full Name _____
Full Address: _____ Zip: _____ Phone#(____) _____
Position Held: _____ From: _____ To: _____ Salary: _____
Month/year month/year

Reason for leaving: Quit Termination Layoff

Please explain: _____

Was your job designated as a Safety-Sensitive Function in any DOT-Regulated Mode subject to the Drug and Alcohol testing requirements of 49CFR part 40? Yes No

Employer: _____ Supervisor's Full Name _____
Full Address: _____ Zip: _____ Phone#(____) _____
Position Held: _____ From: _____ To: _____ Salary: _____
Month/year month/year

Reason for leaving: Quit Termination Layoff

Please explain: _____

Was your job designated as a Safety-Sensitive Function in any DOT-Regulated Mode subject to the Drug and Alcohol testing requirements of 49CFR part 40? Yes No

DRIVER'S RIGHTS PERTAINING TO RELEASE OF DRIVER INFORMATION UNDER REGULATION 391.23

Motor carriers have the responsibility to make the following investigations and inquiries with respect to each driver employed, other than a person who has been a regularly employed driver of the motor carrier for a continuous period which began before January 1, 1971.

- (a)(1) An inquiry into the driver's driving record during the preceding three years to the appropriate agency of every State in which the driver held a motor vehicle operator's license or permit during those three years; and
- (a)(2) An investigation of the driver's employment record during the preceding three years.
- (b) A copy of the driver record(s) obtained in response to the inquiry or inquiries to each State driver record agency as required must be placed in the Driver Qualification File within 30 days of the date the driver's employment begins and be retained in compliance with 391.51.
- (c) Replies to the investigations of the driver's safety performance history must be placed in the Driver Investigation History File within 30 days of the date the driver's employment begins. This goes into effect after October 29, 2004.
- (d) Prospective motor carrier must investigate the information from all previous employers of the applicant that employed the driver to operate a CMV within the previous three years. This information must cover general driver identification and employment verification information, data elements as specified in 390.15 for accident involving the driver that occurred in the three-year period preceding the date of the employment application, and any accidents the previous employer may wish to provide.
- (e) Prospective motor carrier must investigate the information from all previous DOT regulated employers that employed the driver within the previous three years from the date of the employment application in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40.

Drivers have the following rights:

1. The right to review information provided by previous employers
2. The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer.
3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Drivers who wish to review previous employer-provided investigative information must submit a written request to the prospective employer when applying or as late as 30 days after employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five business days of receiving the written request. If the driver has not arranged to pick up or receive the requested records within 30 days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Drivers wishing to request correction of erroneous information in records must send the request for the correction to the previous employer that provided the records. After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer or notify the driver within 15 days of receiving the driver's request to correct the data that it does not agree to correct the data. Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instruction to include the rebuttal in the driver's safety performance history.

CFR Part 40.25(j) requires the employer to ask any applicant, 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 rules during the past two years. If the potential employee admits that he or she had a positive test or refusal to test, we must not use the employee to perform safety-sensitive functions, until and unless the potential employee provides documentation of successful completion of the return-to-duty process. (See section 40.25(b)(5) and (e)).

As an applicant, applying to perform safety sensitive functions for our company, you are required by CFR Part 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?
Yes No

- 2.) If you answered yes, to the above question, can you provide proof that you've successfully completed the DOT return-to-duty requirements?
Yes No

APPLICANT MUST READ AND SIGN

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information.

I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reasons.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508; I have been told that this investigation may include an investigative 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 employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

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.

Signature

Date

ADDITIONAL EMPLOYMENT HISTORY INFORMATION

Employer: _____ Supervisor's Full Name _____
Full Address: _____ Zip: _____ Phone#(____) _____
Position Held: _____ From: _____ To: _____ Salary: _____
Month/year month/year

Reason for leaving: Quit Termination Layoff

Please explain: _____

Was your job designated as a Safety-Sensitive Function in any DOT-Regulated Mode subject to the Drug and Alcohol testing requirements of 49CFR part 40? Yes No

Employer: _____ Supervisor's Full Name _____
Full Address: _____ Zip: _____ Phone#(____) _____
Position Held: _____ From: _____ To: _____ Salary: _____
Month/year month/year

Reason for leaving: Quit Termination Layoff

Please explain: _____

Was your job designated as a Safety-Sensitive Function in any DOT-Regulated Mode subject to the Drug and Alcohol testing requirements of 49CFR part 40? Yes No

Employer: _____ Supervisor's Full Name _____
Full Address: _____ Zip: _____ Phone#(____) _____
Position Held: _____ From: _____ To: _____ Salary: _____
Month/year month/year

Reason for leaving: Quit Termination Layoff

Please explain: _____

Was your job designated as a Safety-Sensitive Function in any DOT-Regulated Mode subject to the Drug and Alcohol testing requirements of 49CFR part 40? Yes No

Employer: _____ Supervisor's Full Name _____
Full Address: _____ Zip: _____ Phone#(____) _____
Position Held: _____ From: _____ To: _____ Salary: _____
Month/year month/year

Reason for leaving: Quit Termination Layoff

Please explain: _____

Was your job designated as a Safety-Sensitive Function in any DOT-Regulated Mode subject to the Drug and Alcohol testing requirements of 49CFR part 40? Yes No

Employer: _____ Supervisor's Full Name _____
Full Address: _____ Zip: _____ Phone#(____) _____
Position Held: _____ From: _____ To: _____ Salary: _____
Month/year month/year

Reason for leaving: Quit Termination Layoff

Please explain: _____

Was your job designated as a Safety-Sensitive Function in any DOT-Regulated Mode subject to the Drug and Alcohol testing requirements of 49CFR part 40? Yes No

Employer: _____ Supervisor's Full Name _____
Full Address: _____ Zip: _____ Phone#(____) _____
Position Held: _____ From: _____ To: _____ Salary: _____
Month/year month/year

Reason for leaving: Quit Termination Layoff

Please explain: _____

Was your job designated as a Safety-Sensitive Function in any DOT-Regulated Mode subject to the Drug and Alcohol testing requirements of 49CFR part 40? Yes No

30 DAY GAP FORM

If you have a gap of more than 30 days in the last 3 years, please specify the dates and the reason for the gap. Please be specific.

From _____ to _____
From _____ to _____
From _____ to _____
From _____ to _____
From _____ to _____



Previous Employment Report & Telephone Inquiry Form

Previous Employer:

Company: _____

Street: _____ City: _____ State: _____

Zip: _____ Tele: _____ Fax: _____

Personnel Manager:

The person named below has made application to ACI Motor Freight, Inc. for Safety Clearance. Your firm is listed by the applicant as a past employer. Please reply to this inquiry regarding applicant shown. As you will note from the waiver below, the applicant has waived any claim of liability against your company (and its agents) for information submitted in response to this inquiry. Thank you for your response.

Applicants Name: _____ Date: _____

Social Security No. _____ Job applied for: _____

Exact dates of employment: From: _____ To: _____

What kind of work did he/she do?: Driver: _____ Dock: _____

Shop: _____ Other: (specify) _____

If employed as a driver, please indicate equipment driven:

Tractor/Trailer: _____ Straight Truck: _____ Flat Bed: _____

Double/Triples: _____ Other: (specify) _____

Trailer Type: ___ Dry Van ___ Flat Bed ___ Reefer Hauling Hazmat: ___ Yes ___ No

Number of Accidents: Non-DOT recordable: _____ DOT recordable: _____

Description: _____ Date: _____

Preventable: _____ Non-Preventable: _____

Description: _____ Date: _____

Preventable: _____ Non-Preventable: _____

Reason for leaving: Resigned: _____ Discharged: _____ Laid Off: _____

Would you re-employ this driver?: Yes: _____ No: _____ Upon Review: _____

If no please explain: _____

Was this driver subject to Department Of Transportation testing requirements?:

Yes No

Has driver refused an alcohol test or tested with a concentration of 0.04 or greater on the past two years? Yes No

Has driver refused a controlled substance test or tested positive for controlled substances in the past two years? Yes No

Has driver violated any other DOT agency controlled substances and/or alcohol testing regulations, including 49CFR Part 382, Subpart B or 49CFR Part 40? Yes No

Name of person supplying information: _____

Title: _____

I authorize, per 49CFR Part 40, the release of information from my DOT regulated drug and alcohol testing records by the carrier listed above for the sole purpose of transmitting such records to the above listed employer. I authorize release of the following information concerning DOT drug and alcohol testing violations during the past three years. I also hereby authorize the release of all information concerning my employment, job performance, oral assessments, ability, and fitness, to every company or its agents which may request such information in connection with my application for employment with said company. I hereby release you from any and all liability of any type as a result of providing the above mentioned information to the above mentioned company/person.

Applicant's Signature: _____

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 ACI Motor Freight 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 ACI Motor Freight 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 10/29/2012