

COMMERCIAL MOTOR VEHICLE DRIVER APPLICATION FOR EMPLOYMENT

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, gender, national origin, age, marital status, union affiliation, sexual orientation, the presence of a non-job related medical condition or handicap, or another category protected by law.

DRIVER APPLICANT INFORMATION

Applicant's Name			Date of Application
Current Address	City	State	Zip
Social Security Number	Date of Birth	Phone	

ADDRESSES FOR THE PAST THREE YEARS (*Prior to date of application*)

	Street Address	City	State and Zip	How Long?
1.				
2.				
3.				

GENERAL QUESTIONS

1. Position Applying For: _____ Full Time Part Time Temporary

2. Who Referred You: _____ Rate of Pay Expected: _____

3. Have you worked here before? YES NO If yes, from: _____ to _____
 Which location: _____ List Position Held: _____
 List Rate of Pay: _____ Reason for Leaving: _____

4. Names of any relatives employed by this company: _____

5. Are you employed now? YES NO If not, how long since leaving last employment? _____

6. Are you legally qualified to work in this country? YES NO

7. Have you ever been convicted of a felony? YES NO If yes, please explain: _____

EDUCATION

Type of School <i>(Elem, High, Tech, College)</i>	Name of Institution(s)	City and State	Highest Grade Completed or Degree Earned

DRIVING LICENSES FOR PAST (3) YEARS PRIOR TO APPLICATION DATE: *(complete for each license/permit)*

State of Issue	License Number	Expiration Date	Type or Class of License	Endorsements

DRIVING EXPERIENCE IN THE OPERATION OF MOTOR VEHICLES

Equipment Operated	Equipment Type <i>(please specify)</i>	# of Years Experience	Approximate Number of Miles Driven (Total)
Tractor Trailer			
Straight Truck			
Bus			
Other:			
Other:			

ACCIDENT RECORD FOR THE PAST (3) YEARS PRIOR TO APPLICATION DATE: IF NONE, WRITE "NONE".

Accident Date <i>(starting with most recent)</i>	Nature of Accident <i>(passenger vehicle, head-on, rear-end, etc.)</i>	Injuries/Fatalities	Comments

TRAFFIC CONVICTIONS & FORFEITURES IN THE PAST (3) YEARS PRIOR TO APPLICATION DATE: *(other than parking)*

IF NONE, WRITE "NONE".

Conviction Date	Location (State)	Charge	Penalty

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? YES NO

Have you ever had any license, permit, or privilege to operate ever suspended or revoked? YES NO

If yes, please explain: _____

EMPLOYMENT HISTORY

All driver applicants must provide the following information on all work references during the preceding **three (3) years** from the date application is submitted. Those drivers applying to operate a commercial motor vehicle as defined in **§383.5 (requiring a CDL)** shall provide **ten (10) years** of employment history. **NOTE: Please list companies in reverse order starting with the most recent and leave no gaps in employment history. Please request additional sheets if necessary.**

Company Name: _____		
Company Address: _____		
Street	City	State & ZIP
Contact: _____	Phone Number: _____	
Employed From: Month _____ Year _____	To: Month _____ Year _____	Total Months: _____
Position(s) Held: _____		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Was this job designated as a safety sensitive function in any D.O.T. regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40?	
Reason for Leaving: <input type="checkbox"/> Resignation <input type="checkbox"/> Lay Off <input type="checkbox"/> Termination <input type="checkbox"/> Other (please describe): _____		
Explanation: _____		

Company Name: _____		
Company Address: _____		
Street	City	State & ZIP
Contact: _____	Phone Number: _____	
Employed From: Month _____ Year _____	To: Month _____ Year _____	Total Months: _____
Position(s) Held: _____		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Was this job designated as a safety sensitive function in any D.O.T. regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40?	
Reason for Leaving: <input type="checkbox"/> Resignation <input type="checkbox"/> Lay Off <input type="checkbox"/> Termination <input type="checkbox"/> Other (please describe): _____		
Explanation: _____		

Company Name: _____		
Company Address: _____		
Street	City	State & ZIP
Contact: _____	Phone Number: _____	
Employed From: Month _____ Year _____	To: Month _____ Year _____	Total Months: _____
Position(s) Held: _____		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Was this job designated as a safety sensitive function in any D.O.T. regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40?	
Reason for Leaving: <input type="checkbox"/> Resignation <input type="checkbox"/> Lay Off <input type="checkbox"/> Termination <input type="checkbox"/> Other (please describe): _____		
Explanation: _____		

Company Name: _____

Company Address: _____
Street City State & ZIP

Contact: _____ Phone Number: _____

Employed From: Month _____ Year _____ To: Month _____ Year _____ Total Months: _____

Position(s) Held: _____

YES NO Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?

YES NO Was this job designated as a safety sensitive function in any D.O.T. regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40?

Reason for Leaving: Resignation Lay Off Termination Other (please describe): _____

Explanation: _____

Company Name: _____

Company Address: _____
Street City State & ZIP

Contact: _____ Phone Number: _____

Employed From: Month _____ Year _____ To: Month _____ Year _____ Total Months: _____

Position(s) Held: _____

YES NO Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?

YES NO Was this job designated as a safety sensitive function in any D.O.T. regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40?

Reason for Leaving: Resignation Lay Off Termination Other (please describe): _____

Explanation: _____

Company Name: _____

Company Address: _____
Street City State & ZIP

Contact: _____ Phone Number: _____

Employed From: Month _____ Year _____ To: Month _____ Year _____ Total Months: _____

Position(s) Held: _____

YES NO Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?

YES NO Was this job designated as a safety sensitive function in any D.O.T. regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40?

Reason for Leaving: Resignation Lay Off Termination Other (please describe): _____

Explanation: _____

**NOTIFICATION OF DRIVER APPLICANT'S RIGHTS
REGARDING SAFETY PERFORMANCE HISTORY INVESTIGATIONS**

According to §391.21(d) and §391.23(i) the prospective employer must expressly notify drivers with Department of Transportation regulated employment during the preceding three years that he or she has the following rights regarding the investigative information that will be provided to the prospective employer.

- The right to review information provided by previous employers;
- 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;
- 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 have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (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. For the requirements of drivers and employers regarding these requests see §391.23(j).

SAFETY PERFORMANCE HISTORY INVESTIGATION – PREVIOUS USDOT REGULATED EMPLOYERS

Please complete one form for each previous USDOT regulated employer within the previous three (3) years.

DRIVER APPLICANT RELEASE

I hereby specifically authorize you to release the following information to _____ and their agents for the purposes of investigation as required by §391.23 and §40.321(b) of the Federal Motor Carrier Safety Regulations. You are hereby released from any and all liability which may result from furnishing such information.

Applicant's Signature: _____ Date: _____

APPLICANT NAME (PLEASE PRNT): _____ SSN: _____

PREVIOUS EMPLOYER/COMPANY NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

EMPLOYMENT DATES: _____ to _____.

PREVIOUS EMPLOYER: In accordance with 49 CFR 40.25 and 391.23, we are hereby requesting that you supply us with the Safety Performance History of this individual. Under DOT rule 391.23(g), you must respond to this inquiry within 30 days of receipt.

1. Are the dates of employment correct as stated above? YES NO
If no, please provide correct dates of employment: _____
2. Did the applicant drive commercial motor vehicles for your company? YES NO
3. Was the applicant a safe and efficient driver? YES NO
4. Was the applicant involved in any vehicle accidents while employed with your company? YES NO
If yes, please provide details below.
5. Reason for leaving your employment: Resignation Discharged Lay Off
6. Has the applicant tested positive for a controlled substance in the last three (3) years? YES NO
7. Has the applicant had an alcohol test with a B.A.C. of 0.04 or greater in the last three (3) years? YES NO
8. Has the applicant refused a required test for drugs or alcohol in the last three (3) years? YES NO
9. Did the applicant complete a substance abuse rehabilitation program, if required? YES NO
If yes, please provided documentation of the employee's successful completion of DOT return to duty requirements.
10. Has this person ever violated any other DOT agency drug and alcohol testing regulations? YES NO

Comments: _____

Name (Please Print): _____ Title: _____

Signature: _____ Date: _____

SAFETY PERFORMANCE HISTORY INVESTIGATION – PREVIOUS USDOT REGULATED EMPLOYERS

Please complete one form for each previous USDOT regulated employer within the previous three (3) years.

DRIVER APPLICANT RELEASE

I hereby specifically authorize you to release the following information to _____ and their agents for the purposes of investigation as required by §391.23 and §40.321(b) of the Federal Motor Carrier Safety Regulations. You are hereby released from any and all liability which may result from furnishing such information.

Applicant's Signature: _____ Date: _____

APPLICANT NAME (PLEASE PRNT): _____ SSN: _____

PREVIOUS EMPLOYER/COMPANY NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

EMPLOYMENT DATES: _____ to _____.

PREVIOUS EMPLOYER: In accordance with 49 CFR 40.25 and 391.23, we are hereby requesting that you supply us with the Safety Performance History of this individual. Under DOT rule 391.23(g), you must respond to this inquiry within 30 days of receipt.

1. Are the dates of employment correct as stated above? YES NO
If no, please provide correct dates of employment: _____
2. Did the applicant drive commercial motor vehicles for your company? YES NO
3. Was the applicant a safe and efficient driver? YES NO
4. Was the applicant involved in any vehicle accidents while employed with your company? YES NO
If yes, please provide details below.
5. Reason for leaving your employment: Resignation Discharged Lay Off
6. Has the applicant tested positive for a controlled substance in the last three (3) years? YES NO
7. Has the applicant had an alcohol test with a B.A.C. of 0.04 or greater in the last three (3) years? YES NO
8. Has the applicant refused a required test for drugs or alcohol in the last three (3) years? YES NO
9. Did the applicant complete a substance abuse rehabilitation program, if required? YES NO
If yes, please provided documentation of the employee's successful completion of DOT return to duty requirements.
10. Has this person ever violated any other DOT agency drug and alcohol testing regulations? YES NO

Comments: _____

Name (Please Print): _____ Title: _____

Signature: _____ Date: _____

SAFETY PERFORMANCE HISTORY INVESTIGATION – PREVIOUS USDOT REGULATED EMPLOYERS

Please complete one form for each previous USDOT regulated employer within the previous three (3) years.

DRIVER APPLICANT RELEASE

I hereby specifically authorize you to release the following information to _____ and their agents for the purposes of investigation as required by §391.23 and §40.321(b) of the Federal Motor Carrier Safety Regulations. You are hereby released from any and all liability which may result from furnishing such information.

Applicant's Signature: _____ Date: _____

APPLICANT NAME (PLEASE PRNT): _____ SSN: _____

PREVIOUS EMPLOYER/COMPANY NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

EMPLOYMENT DATES: _____ to _____.

PREVIOUS EMPLOYER: In accordance with 49 CFR 40.25 and 391.23, we are hereby requesting that you supply us with the Safety Performance History of this individual. Under DOT rule 391.23(g), you must respond to this inquiry within 30 days of receipt.

1. Are the dates of employment correct as stated above? YES NO
If no, please provide correct dates of employment: _____
2. Did the applicant drive commercial motor vehicles for your company? YES NO
3. Was the applicant a safe and efficient driver? YES NO
4. Was the applicant involved in any vehicle accidents while employed with your company? YES NO
If yes, please provide details below.
5. Reason for leaving your employment: Resignation Discharged Lay Off
6. Has the applicant tested positive for a controlled substance in the last three (3) years? YES NO
7. Has the applicant had an alcohol test with a B.A.C. of 0.04 or greater in the last three (3) years? YES NO
8. Has the applicant refused a required test for drugs or alcohol in the last three (3) years? YES NO
9. Did the applicant complete a substance abuse rehabilitation program, if required? YES NO
If yes, please provided documentation of the employee's successful completion of DOT return to duty requirements.
10. Has this person ever violated any other DOT agency drug and alcohol testing regulations? YES NO

Comments: _____

Name (Please Print): _____ Title: _____

Signature: _____ Date: _____

CERTIFICATE OF VIOLATIONS - ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER REQUIREMENTS

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 parking violations) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (§391.27).

CERTIFICATION OF VIOLATIONS

(completed by driver/applicant)

Driver Name: _____ Social Security No. _____

Driver's License Number: _____ Driver's License State: _____

I certify that the following is true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past **12 months**.

- Violations are listed below. I have had no violations.

Date	Offense	Location	Type of Vehicle Operated

Driver's Signature: _____ Date: _____

ANNUAL REVIEW OF DRIVING RECORD

(completed by motor carrier)

I have hereby reviewed the driving record of the above named driver in accordance with §391.25 and find that he/she:

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

Action taken with driver: _____

Reviewed by: _____ (signature) _____ (date)

_____ (printed name) _____ (title)

REQUEST FOR CHECK OF DRIVING RECORD

DRIVER APPLICANT

I hereby authorize you to release the following information to _____ and their agents for the purposes of investigation as required by §391.23 and §391.25 of the Federal Motor Carrier Safety Regulations. If hired, I authorize an annual check of my motor vehicle record as required by §391.25 of the Federal Motor Carrier Safety Regulations. You are hereby released from any and all liability which may result from furnishing such information.

Applicant's Signature: _____ Date: _____

MOTOR CARRIER

In accordance with the provisions of Sections 604 and 607 of the Fair Credit Reporting Act, Public Law 51-908, 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 this 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 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)).

Requester's Signature: _____ Date: _____

(printed name)

(requester's company)

Address: _____ (street) (city) (state) (zip)

[] The following named person has made application with our company for the position of _____. In accordance with §391.23 of the U.S. Department of Transportation Regulations, please furnish the above signed with the applicant's driving record for the past three (3) years.

[] The following named person is employed with our company in the position of _____. In accordance with §391.25 of the U.S. Department of Transportation Regulations, please furnish the above signed with the employee's driving record for the past year.

Name of Applicant/Employee: _____

Address: _____ (street) (city) (state) (zip)

Former Address: _____ (street) (city) (state) (zip)

Date of Birth: _____ Social Security No: _____

Driver's License No. _____ Driver's License State: _____

CERTIFICATE OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER REQUIREMENTS

The requirements of Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle with a GVWR of 26,001 lbs. or more, can transport (16) or more people, or transports hazardous materials that require placarding.

The requirements of Part 391 apply to every driver who operates in interstate commerce and operates a vehicle with a GVWR of 10,001 lbs. or more, can transport (9) or more people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS

Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain regulations that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

1. Must Posses Only One License:

You, as a commercial motor vehicle driver, may not posses more than one motor vehicle operator’s license.

If you have more than one license, keep the license from your state of residence and return the additional licenses to the states that issued them. Destroying a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stole, or destroyed, close you record by notifying the state of issuance that you no longer want to be licensed by the state.

2. Notification of License Suspension, Revocation, or Cancellation:

Section 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify you employer the next business day of any revocation or suspension of your driver’s license. In addition Section 383.31 requires that any time you violate a state or local traffic law (other than parking violation), you must report it within 30 days to: 1. Your employing motor carrier, and 2. The state that issued you license (if the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be writing.

The following license is the only one I will possess:

Driver’s License No. _____ State: _____ Expiration: _____

I hereby certify that I have read and agree to the above stated requirements.

Driver’s Name (*printed*): _____

Driver’s Signature: _____ Date: _____

**DRIVER STATEMENT OF ON-DUTY HOURS
(FOR NEWLY HIRED & INTERMITTENT DRIVERS)**

MOTOR CARRIER REQUIREMENTS

Motor carriers using a driver for the first time shall obtain from the driver a signed statement giving the total on-duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for this carrier (Rule 395(j)(2) of the Federal Motor Carrier Safety Regulations).

NOTE: Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

DRIVER APPLICANT

Driver's Name (print): _____ SSN: _____

Driver's License No. _____ State: _____ Class: _____

Endorsement(s): _____ Restriction(s): _____

DAY	1 (Yesterday)	2	3	4	5	6	7	
DATE								TOTAL HOURS
HOURS WORKED								

I hereby certify that the information given is correct to the best of my knowledge and belief, and that I was last relieved from work at:

_____ AM/PM On _____ (month) _____ (day) _____ (year)
(time)

Driver's Signature: _____ Date: _____

DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

MOTOR CARRIER REQUIREMENTS

When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in 395.2 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations includes time performing and other work in the capacity of, or in the employment or service of, a common, contract or private motor carrier, also performing and compensated work for any non-motor carrier entity.

DRIVER APPLICANT

Are you currently working for another employer? YES NO

At this time do you intend to work for another employer while still employed by this company? YES NO

I hereby certify that the information given above is accurate and I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

Driver's Signature: _____ Date: _____

PREVIOUS PRE-EMPLOYMENT CONTROLLED SUBSTANCES OR ALCOHOL TEST DISCLOSURE

The following question is made necessary for employment with _____ by the Federal Motor Carrier Regulations, Section 40.25.

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 (2) years?

YES, I have.

If yes, please provide the name of the Substance Abuse Professional (SAP) that evaluated you below, along with the name of the agency that performed your return to duty test.

Substance Abuse Professional: _____ Phone: _____

Return to Duty Test: _____

NO, I have not.

Applicant (please print): _____

Applicant Signature: _____ Date: _____

If you answered yes to the above question please request Consent for Release of Information regarding Previous Pre-Employment Controlled Substances or Alcohol Testing form.

**CONTROLLED SUBSTANCES & ALCOHOL TESTING
CONSENT FORM**

By my signature I acknowledge that I have read, understand, and agree to comply with the drug and alcohol testing program of _____, as well as the U.S. Department of Transportation Regulations as contained in 49 CFR Part 382.

I also understand that it is a condition of being considered for employment, and continued employment by the company that I agree to abide by the company policy. By my signature I consent to urine and/or breathe/saliva testing for controlled substances and/or alcohol prior to and at any time during my employment when requested by my employer on a random or event triggered basis. I hereby specifically authorize the company to have all and immediate access to any and all of my urine and/or breath custody and control forms and the results thereof.

I understand and agree that I may not be under any degree of influence of alcohol or controlled substance at any time during my employment. Should any level of alcohol or controlled substance be detected in any of my breath, saliva, or urine at any time while employed, the company shall have grounds for immediate termination of my employment. This authorization specifically covers any random or event triggered testing as may be required by U.S. Department of Regulations or company policy.

Applicant Signature: _____ Date: _____

CONTROLLED SUBSTANCES & ALCOHOL TESTING POLICY RECEIPT

I, (*Applicant*) _____ have received a copy of the Controlled Substance and Alcohol Testing Policy for _____. By my signature, I acknowledge that I have read, understand, and consent to this Policy.

Applicant Signature: _____ Date: _____

APPLICATION CERTIFICATION

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.

Applicant Signature: _____ Date: _____

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 12/22/2015

Current Driver's License

A copy of a current, valid license is required per §383.23(a), §391.11(b)(5), and §391.33 of the Federal Motor Carrier Safety Regulations. Please make copies of the front and back of your current driver's license and attach below.

FRONT

BACK

Motor Carrier Medical Examiners National Registry Verification

CFR 391.51 – General Requirements for a Driver Qualification File (b)(9): A note relating to verification of listing in the National Registry of Certified Medical Examiners required by CFR 391.23(m).

INSERT COPY OF CURRENT MEDICAL CARD

Motor Carrier Verification

Drivers Name: _____

Medical Examiner Name: _____

Medical Examiner National Registry Number: _____

Verification made by: _____ **Date:** _____