



883 East Tolna Road New Freedom PA 17349
717.759.3017 • 717.235.2456 (fax) • www.aandstrucking.com

DRIVER POSITION

In compliance with Federal and State Equal Employment Opportunity Laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of non-job related medical condition or handicap.

As part of the application process, I am aware that certain pre-qualification procedures are involved, including driving test, classroom attendance and other pre-hiring examinations. I understand and agree that during this period, I am not an employee or owner operator of the Company, and I am not entitled to receive any pay or other compensation for my time spent in these procedures. No such testing by the Company shall be deemed to be a hiring/leasing decision until such time as I receive a written notification from a Company official that I have been hired or leased on as an owner-operator, my position is that of an applicant.

PLEASE PRINT

NAME	SS#	Date of Birth:
_____	_____	_____
LAST	FIRST	MI
_____	_____	_____
ADDRESS STREET	CITY	STATE
_____	_____	_____
	ZIP	

HOME PHONE ()		CELL PHONE ()
_____		_____

ADDRESSES FOR PAST THREE (3) YEARS – STATE HOW LONG AT EACH

HAVE YOU EVER BEEN KNOWN BY ANOTHER NAME? _____

EDUCATION BACKGROUND:

LAST SCHOOL ATTENDED: _____ **HIGHEST GRADE COMPLETED:** _____

IF YOU HAVE WORKED FOR THIS COMPANY BEFORE, PLEASE FURNISH DATES:

FROM ___/___/___ **TO** ___/___/___ **REASON FOR LEAVING** _____

IF HIRED, CAN YOU PROVIDE PROOF OF:

AGE:	Y N
CITIZENSHIP:	Y N
EMPLOYMENT:	Y N

HOW DID YOU FIND OUT ABOUT OUR COMPANY? _____

INSERT NAME OF EMPLOYEE, PAPER, INTERNET

[Type text]

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST FIVE (5) YEARS (OTHER THAN PARKING)

DATE	LOCATION	OFFENSE	PENALTY

ACCIDENT RECORD FOR PAST FIVE (5) YEARS

DATE	TYPE OF ACCIDENT: HEAD-ON, BACKING, ETC.	FATALITIES	INJURIES

DRIVER LICENSE

STATE LICENSE NUMBER TYPE OF LICENCSE EXPIRATION

NATURE AND EXTENT OF EXPERIENCE

TYPE	TRAILER LENGTH	DATES	APPROX MILES	STATES
STRAIGHT				
FLATBED				
SEMI TRAILER				
TANKER				
TWINS				
OTHER				

SAFE DRIVING AWARDS _____

DRIVING SCHOOL _____

ARE YOU FAMILIAR WITH PART 395, FMCSR HOURS OF SERVICE REGULATIONS AND REQUIREMENTS (LOGS) Y N

ARE YOU CERTIFIED TO OPERATE A LIFT TRUCK? Y N

HAVE YOU HAD HAZMAT TRAINING? Y N

ARE YOU HAZMAT CERTIFIED? Y N

DO YOU CURRENTLY HOLD A CDL? Y N

ENDORSEMENTS:

HAZARDOUS MATERIAL Y N AIR BRAKES Y N

COMINATION VEHICLE Y N TANK Y N

DOUBLE/TRIPLE Y N

WORK HISTORY EXPERIENCE AND QUALIFICATIONS

In the spaces below give a complete and consecutive work history covering the last 10-years of employment. Show all periods of unemployment and explain reasons for leaving each job. Begin with your present employer and work backwards down the page. Be sure to account for each month of your work experience and explain all periods of unemployment along with dates of unemployment.

From ____/____	Comp	Duties	Annual Mileage	Reasons for Leaving
	Address			
To ____/____		Supervisor	Type of Equipment Driven	Was this a safety-sensitive position requiring drug/alcohol testing?
	Phone			Yes ____ No ____

From ____/____	Comp	Duties	Annual Mileage	Reasons for Leaving
	Address			
To ____/____		Supervisor	Type of Equipment Driven	Was this a safety-sensitive position requiring drug/alcohol testing?
	Phone			Yes ____ No ____

From ____/____	Comp	Duties	Annual Mileage	Reasons for Leaving
	Address			
To ____/____		Supervisor	Type of Equipment Driven	Was this a safety-sensitive position requiring drug/alcohol testing?
	Phone			Yes ____ No ____

From ____/____	Comp	Duties	Annual Mileage	Reasons for Leaving
	Address			
To ____/____		Supervisor	Type of Equipment Driven	Was this a safety-sensitive position requiring drug/alcohol testing?
	Phone			Yes ____ No ____

A.	Have you ever been denied a license, permit or privilege to operate a motor vehicle?		
B.	Has any license, permit or privilege been suspended or revoked?		
C.	Have you ever been convicted for driving while intoxicated?		
D.	Have you ever been convicted for possession, sale or use of a narcotic drug?		
E.	Have you ever been refused auto liability insurance?		
F.	Have you ever been arrested or convicted of a crime?		
G.	Have you ever been arrested or convicted of a felony or a misdemeanor?		
H.	Are any criminal or motor vehicle charges pending against you?		
I.	Have you undergone an alcohol test in the last (3) years in which a concentration of .04% or greater was indicated?		
J.	Have you ever been admitted to the ARD (Accelerated Rehabilitative Disposition) program for any reason?		

If answer to A, B, C, D, E, F, G, H, I, and J is yes, state circumstances and dates:

APPLICANT CERTIFICATION STATEMENT

I understand that per DOT requirements my Employer must obtain certain information from me for compliance with their applicable DOT Controlled Substance and Alcohol Testing Program. This includes information on any violations of the prohibitions I may have had. If you are unsure about how to complete this portion of the application ask for assistance.

No, I do not have information to report on any violations of the DOT Drug and Alcohol testing regulations.

If you have no information to report, check the above statement and proceed to the certification statement.

Yes, I have information to report on my drug and alcohol history

If while in a DOT mandated drug and alcohol testing program for any employer who had to meet the requirements for any DOT operating agency (FMCSA, FAA, FTA, Coast Guard, RSPA, or FRA) it was determined that you violated drug and alcohol regulations within the prior two-years from the date of application, or if you have not completed the return-to-duty process for any prior violation, you need to complete the following two sections.

I was deemed to have violated one or more of the following DOT prohibitions	Date of violation
I had a verified positive drug test for a prior employer or as a pre-employment test	
I had an alcohol test with an alcohol concentration of 0.04 or greater for a prior employer	
I refused to be tested (includes submitting a substituted or adulterated specimen)	
I performed a safety-sensitive function within four hours after using alcohol	
I used alcohol while performing safety-sensitive functions	
I was involved in an accident that required post-accident testing and I used alcohol prior to being tested	
I used controlled substances while performing a safety-sensitive function	
I was deemed to have violated a drug or alcohol regulation under any mandated program which I have not listed above	

Below I have indicated where the violation took place either as an applicant or employee of said company:

I have have not completed the return to duty requirements

Prior employer (or company which I applied to) Company Name
Employers Designated Representative
Employers Address
Employers Telephone Number
Substance Abuse Professional Information

Certification: I certify that this information is complete and accurate. I understand that failure to accurately report information may result in my not being hired or termination of my employment if I am hired.

Date of application: _____

Print Full Name: _____

Signature: _____

In consideration of my leasing/employment, I agree to the rules and regulations of this company, and my employment/lease can be terminated with or without notice, at anytime at the option of either the company or myself. I understand that no manager or representative of the company other than the President or Vice Presidents of the company has any authority to enter into any agreements for employment/leasing for any special period of time, or to make any agreement contrary to the foregoing.

I hereby authorize this company the right to make a thorough investigation of my past employment, education and activities and I release from all persons, companies and corporations supplying information. I indemnify this company against any liability that may result from making such investigations. I understand that any false answer or statement or implication made by me in this application or other required document shall be considered sufficient cause for denial of employment/lease or discharge.

Additionally, I understand that nothing contained in this application, the granting of an interview, or being invited to take a physical, be road tested or allowed to attend a training class is intended to create an employment/lease contract between this company and myself for either employment/leasing or for the providing of any benefit. No promises regarding employment/leasing have been made to me and I understand that no such promise or guarantee is binding upon this company unless made in writing. If an employment/leasing relationship is established, I understand that I have the right to terminate my relationship at any time and that the company has the same right.

My signature below certifies that I completed this application, and that all entries on it and information in it are true, correct and complete.

In connection with my application with you I understand that an investigative consumer report is being requested from DAC Services or another provider that will include information as to my character, work habits, performance and experience, along with reasons for termination of past employment from the previous employers. Further I understand that you will be requesting information regarding my driving record and or information from various federal, state and other agencies which maintain records concerning traffic offenses, accidents, etc., as well as information from DAC or other sources concerning (1) previous driving record requests made by others from such state agencies; (2) state provided driving records (3) claims involving me in the files of insurance companies; (4) employment histories. I have a right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I hereby consent to your obtaining the above information from DAC or other sources and agree that such information which these sources has or obtains, and my employment history with you, if hired/leased will be supplies to DAC to other companies that subscribe to their services. If you desire, you can review any of this information we receive when processing your application.

DRUG AND ALCOHOL TEST RESULTS

Section 382.413(b) of the Federal Motor Carrier Safety Regulations states: “An employer shall obtain, pursuant to a driver’s consent, information on the driver’s alcohol tests with a concentration result of 0.04 or greater, positive controlled substance test results, and refusals to be tested, within the preceding three-years, which are maintained by the driver’s previous employers under Section 382.401(b)(1)(i) through (iii).”

I hereby authorize and give my consent to all former employers to release such information, as specified in Section 382.413(b) of the Federal Motor Carrier Safety Regulations, to this Company.

Section 382.405(h) of the Federal Motor Carrier Safety Regulations states: “An employer shall release information regarding a driver’s records as directed by the specific, written consent of the driver authorizing release of the information to an identified person.”

I AUTHORIZE WITHOUT RESERVATION; ANY PARTY OR AGENCY CONTACTED BY THIS COMPANY TO FURNISH THE ABOVE MENTIONED INFORMATION.

Applicant’s Name (Signature)

Date

Applicant’s Name (Please Print)

APPLICANT RIGHTS NOTIFICATION

As a driver applicant you have the following rights regarding the investigative information that will be provided to us the prospective employer pursuant to the Federal Regulations:

- 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 us 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 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 you 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 day's 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 records.

Drivers wishing to request correction of erroneous information in records received must send the request for the correction to the previous employer that provides the records to the prospective employer.

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 a driver's request to correct the data that it does not agree to correct the data. If the previous employer corrects and forwards the data as requested, that employer must also retain the corrected information as part of the driver's safety performance history record and provide it to subsequent prospective employers when requests for this information are received. If the previous employer corrects the data and forwards it to the prospective motor carrier employer, there is no need to notify the driver.

Drivers wishing to rebut information in records received must send the rebuttal to the previous employer with instructions to include the rebuttal in the driver's safety performance history.

After October 24, 2004, within five business days of receiving a rebuttal from a driver the previous employer must:

- 1) Forward a copy of the rebuttal to the prospective motor carrier employer
- 2) Append the rebuttal to the driver's information in the carrier's appropriate file, to be included as part of the response for any subsequent investigating prospective employers for the duration of the three-year data retention requirement

The driver may submit a rebuttal initially without a request for correction, or subsequent request for correction.

The driver may report failures of previous employers to correct information or include the driver's rebuttal as part of the safety performance information, to the Federal Motor Carrier Safety Administration following procedures specified in section 386.12 of the regulations.

Applicant's Signature

Date

To: _____
(Name of Former Employer)

I hereby authorize this company the right to make a thorough investigation of my past employment, education and activities and I release from all persons, companies and corporations supplying information. I indemnify this company against any liability that may result from making such investigation. I understand that any false answer or statement or implication made by me in this application or other required document shall be considered sufficient cause for denial of employment/lease or discharge.

Additionally, I understand that nothing contained in this application, the granting of an interview, or being invited to take a physical, be road tested or allowed to attend a training class is intended to create an employment/lease contract between this company and myself for either employment/leasing or for the providing of any benefit. No promises regarding employment/leasing have been made to me and I understand that no such promise or guarantee is binding upon this company unless made in writing. If any employment/leasing relationship is established, I understand that I have the right to terminate my relationship at any time and that the company has the same right.

My signature below certifies that I completed this release, and that all entries on it and information in it are true, correct and complete.

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INVESTIGATION AND INQUIRIES

By my signature below, I authorize this company to conduct an investigation as required by 391.23. The release of information as required by the Federal Motor Carrier Safety regulations is granted to the carrier named above. I hereby grant you the authority to release the following information:

General driver identification and employment verification information including dates of employment, duties and type of equipment driver

Accident information for all DOT Recordable accidents as defined by 390.5 of the regulations, and information regarding any additional accidents (DOT or Non-DOT that you wish to provide the prospective employer)

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Applicant's Name (please print)

Applicant's Signature