

EMPLOYMENT APPLICATION FOR COMMERCIAL DRIVERS



Company Name: **Wade Transport Inc.**
 Street Address: **2742 Hwy 49 N. - PO Box 1930**
 City / St / Zip: **Collins, MS 39428**

PLEASE PRINT OR TYPE

DATE OF APPLICATION	FULL NAME OF APPLICANT				DATE OF BIRTH
DRIVERS LICENSE NUMBER		ISSUING STATE	EXPIRATION DATE	CDL ENDORSEMENTS	
CURRENT STREET ADDRESS, P.O. BOX #, or RURAL ROUTE		CITY		STATE	ZIP
PREVIOUS STREET ADDRESS, P.O. BOX #, or RURAL ROUTE		CITY		STATE	ZIP
HOME PHONE		OTHER PHONE		WORK PHONE	
WHAT POSITION YOUR ARE APPLYING FOR		RATE OF PAY EXPECTED	FULL TIME	PART TIME	TEMP
WHERE ARE YOU CURRENTLY EMPLOYED		YOUR REASON FOR LEAVING		WHEN CAN YOU START	
HAVE WORKED HERE BEFORE	WHEN	WHAT POSITION	WHY DID YOU LEAVE		
WHO REFERRED YOU		NAME OF ANY RELATIVES CURRENTLY EMPLOYED HERE		WHAT IS THEIR JOB TITLE	
CIRCLE THE HIGHEST EDUCATIONAL GRADE YOU COMPLETED			IF COLLEGE WHERE	WHAT LEVEL OR DEGREE	
1 2 3 4 5 6 7 8 9 10 12 or GED					
LIST TECHINCAL OR VOCATIONAL SCHOOL ATTENDED		FOR WHAT FIELD OR VOCATION		WHAT LEVEL OR DEGREE	
IF MILITARY SERVICE WHAT BRANCH		HIGHEST RANK ATTAINED	JOB CLASSIFICATION	TYPE OF DISCHARGE	
ARE YOU CURRENTLY IN THE NATIONAL GUARD OR RESERVES		YOUR CURRENT RANK		JOB CLASS	
HAVE YOU EVER BEEN CONVICTED OF A FELONY? WHAT FOR?		WHEN	WHAT STATE(S)		

**THIS COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER.
 THIS APPLICATION MEETS THE REQUIREMENTS OF THE DEPARTMENT OF TRANSPORTATION
 THE DEPARTMENT OF LABOR, THE CIVIL LIBERTIES UNION AND THE AMERICANS WITH DISABILITIES ACT.**

APPLICANT / EMPLOYEE RELEASE AND DISCLOSURE STATEMENT

I certify that I have completed and understand this employment application and additional employee information. I understand that the company or their agents will conduct an investigation into my background to ascertain any information pertaining to my possible employment. This may include, but is not limited to, my previous employment history, safety performance history, criminal records, character and reputation, educational background, worker's compensation records, mode of living or any other personal information needed for the employer to determine if I am a suitable candidate for the position for which I am applying. I understand that these investigations will be conducted under the provisions of the Fair Credit Reporting Act U.S.C., Sec. 1681 and within the guidelines of the 1996 Americans with Disabilities Act. I now release the employer and their agents and any persons named in this application from any and all liability and for any damages that may occur due to these investigations.

I understand that if offered a job by the employer that the offer is conditional based on the results of these investigations and the results of drug testing and a physical examination. I have been informed that if hired for the position I am applying for, I will be on probation for a period of not less than 90 days. If I am terminated or choose to end my employment during this probation period the cost of any investigations, drug test, examinations, or training may be deducted from my final paycheck.

If hired, I agree to abide by the policies, rules, and regulations of the employer and State, Federal, or Local regulations that apply to my duties. I also understand that any misrepresentation or omission of facts in this application or my employee file may result in my rejection or termination.

I agree to be tested for the illegal use of controlled substances as part of the pre-employment requirements. I also agree to be tested for drug or alcohol use for reasons including, random screening, post accident, probable cause, or return to duty at any time during my employment with this company. I also understand that my person or my belongings may be searched at anytime while I am on duty or on company property. I understand that refusal to submit to any screening or searches will result in my rejection for employment or immediate termination while employed by this company.

I certify that I have read this release and disclosure statement and that my employment application and all information given are true and accurate to the best of my knowledge.

PRINT YOUR NAME

X

SIGN YOUR NAME

C.D.L. # AND EXPIRATION DATE

***** **FOR OFFICE USE ONLY** *****

Date Hired		Credit Check		Orientation Date	
P-E Drug Test		Criminal Check		Job Training	
MVR Record Check		Previous Employers		Hazmat Training	
Physical Exam Date		Workers Comp Check		Abuse Training	

Disqualified for: _____

Supervisors Signature: _____

DRIVER QUALIFICATION AND EXPERIENCE

LIST ALL DRIVERS LICENSES HELD IN THE LAST 3 YEARS

ISSUING STATE	LICENSE NUMBER	CLASS & TYPE	EXPIRATION DATE

LIST ALL ACCIDENTS IN COMMERCIAL VEHICLES IN THE LAST 5 YEARS

DATE	TYPE OF ACCIDENT	INJURIES / FATALITIES	CITY / STATE	CITATION ISSUED

LIST ALL MOVING VIOLATIONS RECEIVED IN THE LAST 5 YEARS

DATE	CITY / STATE	TYPE OF VIOLATION	COMMERCIAL / PERSONAL	PENALTY

LIST ALL TYPES OF COMMERCIAL VEHICLES YOU HAVE OPERATED

TRUCK TYPE	BODY TYPE	TRAILER TYPE	ESTIMATED MILEAGE	DATE

ANSWERING YES TO THESE QUESTIONS REQUIRES A STATEMENT ON A SEPARATE PAGE

1. Has your driver's license or privilege to drive ever been suspended or revoked? **YES** **NO**
2. Have you ever been denied a driver's license or permit? **YES** **NO** What states? _____
3. Have you ever been disqualified for violating Federal Motor Carrier Safety Regulations? **YES** **NO**

PREVIOUS EMPLOYMENT HISTORY

FMCSA requires all commercial drivers with A or B CDL to list employment history for the past 10 years. 3 years for all others. Start with your most recent employment and work back. Show time spent in the US Armed Forces.

PRINT DRIVER NAME _____

COMPANY #1		EMPLOYMENT DATES	
ADDRESS			
SUPERVISOR		OFFICE PHONE #	
JOB TILE		ENDING SALARY	
REASON FOR LEAVING			
Were you required to follow FMCSA Regulations at this job?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Were you enrolled in a D & A program at this job?
			<input type="checkbox"/> YES <input type="checkbox"/> NO

COMPANY #2		EMPLOYMENT DATES	
ADDRESS			
SUPERVISOR		OFFICE PHONE #	
JOB TILE		ENDING SALARY	
REASON FOR LEAVING			
Were you required to follow FMCSA Regulations at this job?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Were you enrolled in a D & A program at this job?
			<input type="checkbox"/> YES <input type="checkbox"/> NO

COMPANY #3		EMPLOYMENT DATES	
ADDRESS			
SUPERVISOR		OFFICE PHONE #	
JOB TILE		ENDING SALARY	
REASON FOR LEAVING			
Were you required to follow FMCSA Regulations at this job?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Were you enrolled in a D & A program at this job?
			<input type="checkbox"/> YES <input type="checkbox"/> NO

COMPANY #4		EMPLOYMENT DATES	
ADDRESS			
SUPERVISOR		OFFICE PHONE #	
JOB TILE		ENDING SALARY	
REASON FOR LEAVING			
Were you required to follow FMCSA Regulations at this job?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Were you enrolled in a D & A program at this job?
			<input type="checkbox"/> YES <input type="checkbox"/> NO

ADDITIONAL SPACE FOR PREVIOUS EMPLOYER INFORMATION

COMPANY #5		EMPLOYMENT DATES	
ADDRESS			
SUPERVISOR		OFFICE PHONE #	
JOB TILE		ENDING SALARY	
REASON FOR LEAVING			
Were you required to follow FMCSA Regulations at this job?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Were you enrolled in a D & A program at this job?
			<input type="checkbox"/> YES <input type="checkbox"/> NO

COMPANY #6		EMPLOYMENT DATES	
ADDRESS			
SUPERVISOR		OFFICE PHONE #	
JOB TILE		ENDING SALARY	
REASON FOR LEAVING			
Were you required to follow FMCSA Regulations at this job?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Were you enrolled in a D & A program at this job?
			<input type="checkbox"/> YES <input type="checkbox"/> NO

COMPANY #7		EMPLOYMENT DATES	
ADDRESS			
SUPERVISOR		OFFICE PHONE #	
JOB TILE		ENDING SALARY	
REASON FOR LEAVING			
Were you required to follow FMCSA Regulations at this job?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Were you enrolled in a D & A program at this job?
			<input type="checkbox"/> YES <input type="checkbox"/> NO

COMPANY #8		EMPLOYMENT DATES	
ADDRESS			
SUPERVISOR		OFFICE PHONE #	
JOB TILE		ENDING SALARY	
REASON FOR LEAVING			
Were you required to follow FMCSA Regulations at this job?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Were you enrolled in a D & A program at this job?
			<input type="checkbox"/> YES <input type="checkbox"/> NO

COMPANY #9		EMPLOYMENT DATES	
ADDRESS			
SUPERVISOR		OFFICE PHONE #	
JOB TILE		ENDING SALARY	
REASON FOR LEAVING			
Were you required to follow FMCSA Regulations at this job?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Were you enrolled in a D & A program at this job?
			<input type="checkbox"/> YES <input type="checkbox"/> NO

REQUEST FOR DRIVER BACKGROUND INFORMATION VERIFICATION

TO THE PERSON COMPLETING THIS REQUEST: In compliance with FMCSA regulations our company is seeking information concerning a commercial driver that was previously employed by your company and has applied for employment with our company. The applicant below has signed this release granting us permission to request this information and giving you permission to provide it to us. Please complete this form and return it to the address shown below, or by FAX. If you need additional information concerning this request please contact our company.

COMMERCIAL DRIVER GRANTING RELEASE OF EMPLOYMENT INFORMATION

(DRIVER USE ONLY)

PRINT NAME	CDL NUMBER	SIGNATURE

PREVIOUS EMPLOYER INFORMATION

(OFFICE USE ONLY)

COMPANY NAME	ADDRESS	CITY - ST - ZIP	PHONE #

INFORMATION REQUESTED

(TO BE COMPLETED BY PREVIOUS EMPLOYER)

DATE HIRED	DATE TERMINATED	REASON FOR TERMINATION (Optional)		
ANSWER YES OR NO TO THE FOLLOWING QUESTIONS			YES	NO
1. Would you rehire this driver?				
2. Was this driver involved in a vehicular accident while employed by your company?				
3. Did this driver ever have his/her CDL suspended while employed by your company?				
4. Did this person ever receive an Out of Service DOT violation while employed by your company?				
5. Was this driver ever disqualified from driving duties while employed by your company?				
6. Was this driver a qualified commercial driver when last employed at your company?				
7. Did this driver ever fail a DOT physical examination while employed by your company?				
8. Did this driver ever test positive for drugs or alcohol while employed by your company?				
9. Was this driver in your random drug and alcohol program when last employed at your company?				
10. Did this driver ever refuse to provide a sample for a drug or alcohol test while employed by your company?				

PLEASE RETURN THIS FORM BY MAIL OR FAX AS SOON AS POSSIBLE

COMPANY NAME REQUESTING INFORMATION		ATTENTION		
Wade Transport Inc.		Danielle Crosby		
ADDRESS		CITY	ST	ZIP
2742 Hwy 49 N		Collins	MS	39428
OFFICE PHONE NUMBER	FAX PHONE NUMBER	E-MAIL ADDRESS		
601-765-0116	601-765-0119	danielle@wadetransport.com		

Internal Use Only

Date Sent	Sent by	Signature of Sender
	<input type="checkbox"/> FAX <input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL	

HOURS OF SERVICE INFORMATION FOR NEW HIRES

Name _____
 C.D.L. Number _____ Type and class _____
 Expiration Date _____ Issuing State _____

Complete the following hours of service for the 7 days period prior to starting work for this company.

DAY	1	2	3	4	5	6	7	TOTAL HOURS
DAY & MONTH								
HOURS ON DUTY								

I was last relieved from duty by my previous employer on: DATE _____ TIME _____

 Name Of Your Last Employer

 Name Of Your Last Supervisor

I attest that the information I have given above is true and correct to the best of my knowledge:

(Signature) X _____

(Date) _____

CHECK LIST FOR CASUAL, OCCASIONAL, OR INTERMITTENT DRIVERS

Prior to a casual, intermittent, or occasional driver you must ensure that the following requirements are met and that these forms are placed in his/her driver qualification file as per 391.63 in the Federal Motor Carrier Safety Regulations.

A. D.O.T. Physical Examination: The original or copy of the medical examiner's certificate showing that the driver is physically qualified to operate a commercial vehicle.
 Date _____

B. Substance Abuse Testing: The original or copy of the last drug and/or alcohol test certifying the results were negative. Also a copy of the motor carrier's random testing program.
 Date _____

Supervisors Signature _____

Date _____

CERTIFICATE OF COMPLIANCE AND DRIVER NOTIFICATION

A. The Commercial Motor Vehicle Act of 1986 places stronger regulatory controls over drivers, vehicles, and motor carriers. These regulations apply to all drivers operating vehicles with a GVWR of 26,000 lbs or more and to any vehicle of any size that is transporting a hazardous material in quantities large enough to require placarding. The following provisions became effective July 1, 1987.

1. No driver may possess more than one license, and no motor carrier may use a driver that has more than one license.
2. A driver convicted of any traffic violation other than parking, in any type of vehicle must make notification of the conviction to his/her motor carrier, and the state where his/her license was issued within 30 days.
3. All persons applying for commercial driving positions must inform the prospective employer of all previous employment as a commercial driver for the past 3 years, plus 7 additional years for hazardous materials drivers, in addition to any other type of information required about the applicant's history.
4. Any driver who loses the privilege to operate a commercial vehicle or who is disqualified from operating a commercial vehicle must advise their motor carrier by the next business day.

PENALTIES: Any violation of the above is punishable by a fine not to exceed \$2,500. Willful violation of either #1 or #4 above, or failure to notify the carrier with 30 days of the loss of driving privileges may result in a fine not to exceed \$5,000. and / or 90 days in jail.

B. Driver Certification: I do certify that I have read and understand the provisions of the Commercial Motor Vehicle Safety Act of 1986 as listed above. As of this date, I possess only one driver license issued, in my name, from any state or country.

Print Driver Name _____

Driver's Address _____

License Number: _____ Type/Class _____ State _____

Driver's Signature **X** _____ Date _____

Name of Motor Carrier _____

Witness _____

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 ("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 ("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.dol.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 in 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 NICF 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 1/31/2015