



A facsimile from

Trucks For You, Inc.
P.O. Box AH
Muskogee, Ok 74402
Telephone: 918-348-7417
Fax 918-348-7411

To: Applicant

Date:

Regarding: Application and Release Form

Comments:

Fax completed forms to: 918-348-7411

Or

Email to: andrea@trucksforyou.com

DRIVER APPLICATION FORM

COMPANY NAME Trucks For You, Inc Location: Region/District/Branch Muskogee, OK

COMPANY ADDRESS P.O. Box AH Muskogee OK 74402
Street City State Zip

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

*I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.*

Signature _____ Date _____

NAME _____
Last First Middle
Social Security Number _____ Phone Number _____ Date of Birth _____ Hire Date _____
ADDRESS _____
Street City State Zip Number of Years
PAST 3 YEAR RESIDENCY _____
Street City State Zip Number of Years
Street City State Zip Number of Years

Employment History

(Use Additional Employment History information form if necessary)

All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three years. You must give the same information for all employers for whom you have driven a commercial vehicle seven years prior to the initial three years (total of ten year employment record).

You are required to list the complete mailing address: street number and name, city, state and zip code.

CURRENT OR LAST EMPLOYER: Name _____ Phone Number (____) _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
(month/year) (month/year)
Reasons for Leaving _____
Were you subject to the FMCSRs** while employed? Yes No
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No
*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

SECOND LAST EMPLOYER: Name _____ Phone Number (____) _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
(month/year) (month/year)
Reasons for Leaving _____
Were you subject to the FMCSRs** while employed? Yes No
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No
*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

THIRD LAST EMPLOYER: Name _____ Phone Number (____) _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
(month/year) (month/year)
Reasons for Leaving _____
Were you subject to the FMCSRs** while employed? Yes No
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No
*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

*Any gaps in employment and/or unemployment must be explained.

**The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

PLEASE COMPLETE REVERSE SIDE

USE THIS SHEET FOR ADDITIONAL EMPLOYMENT HISTORY INFORMATION

<p>FOURTH LAST EMPLOYER: Name _____ Phone Number (____) _____</p> <p>Street Address _____ City _____ State _____ Zip _____</p> <p>Position Held _____ From _____ To _____</p> <p style="text-align: center;">(month/year) (month/year)</p> <p>Reasons for Leaving _____</p> <p>Were you subject to the FMCSRs** while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____</p>
<p>FIFTH LAST EMPLOYER: Name _____ Phone Number (____) _____</p> <p>Street Address _____ City _____ State _____ Zip _____</p> <p>Position Held _____ From _____ To _____</p> <p style="text-align: center;">(month/year) (month/year)</p> <p>Reasons for Leaving _____</p> <p>Were you subject to the FMCSRs** while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____</p>
<p>SIXTH LAST EMPLOYER: Name _____ Phone Number (____) _____</p> <p>Street Address _____ City _____ State _____ Zip _____</p> <p>Position Held _____ From _____ To _____</p> <p style="text-align: center;">(month/year) (month/year)</p> <p>Reasons for Leaving _____</p> <p>Were you subject to the FMCSRs** while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____</p>
<p>SEVENTH LAST EMPLOYER: Name _____ Phone Number (____) _____</p> <p>Street Address _____ City _____ State _____ Zip _____</p> <p>Position Held _____ From _____ To _____</p> <p style="text-align: center;">(month/year) (month/year)</p> <p>Reasons for Leaving _____</p> <p>Were you subject to the FMCSRs** while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____</p>
<p>EIGHTH LAST EMPLOYER: Name _____ Phone Number (____) _____</p> <p>Street Address _____ City _____ State _____ Zip _____</p> <p>Position Held _____ From _____ To _____</p> <p style="text-align: center;">(month/year) (month/year)</p> <p>Reasons for Leaving _____</p> <p>Were you subject to the FMCSRs** while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____</p>
<p>NINTH LAST EMPLOYER: Name _____ Phone Number (____) _____</p> <p>Street Address _____ City _____ State _____ Zip _____</p> <p>Position Held _____ From _____ To _____</p> <p style="text-align: center;">(month/year) (month/year)</p> <p>Reasons for Leaving _____</p> <p>Were you subject to the FMCSRs** while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____</p>
<p>TENTH LAST EMPLOYER: Name _____ Phone Number (____) _____</p> <p>Street Address _____ City _____ State _____ Zip _____</p> <p>Position Held _____ From _____ To _____</p> <p style="text-align: center;">(month/year) (month/year)</p> <p>Reasons for Leaving _____</p> <p>Were you subject to the FMCSRs** while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____</p>

*Any gaps in employment and/or unemployment must be explained.

**The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

EXPERIENCE AND QUALIFICATION

Attach separate sheet if more space is needed

Driving Experience

If no driving experience in the last 3 years – check here

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Circle all that apply)	DATES		APPROXIMATE NUMBER OF MILES
		FROM	TO	
Straight Truck	Van, Reefer, Tank, Flat	_____	_____	_____
Tractor & Semi-Trailer	Van, Reefer, Tank, Flat	_____	_____	_____
Tractor – Two Trailers	Van, Reefer, Tank, Flat	_____	_____	_____
Tractor – Three Trailers	Van, Reefer, Tank, Flat	_____	_____	_____
Motorcoach – School Bus <small>(Greater than 8 passengers)</small>	N/A	_____	_____	_____
Motorcoach – School Bus <small>(Greater than 15 passengers)</small>	N/A	_____	_____	_____
Other: _____	Van, Reefer, Tank, Flat, N/A	_____	_____	_____

OR

Accident History (3 years)

If no accidents within the last 3 years – check here

DATE (month/year)	NATURE OF ACCIDENT (head-on, rear-end, upset, etc.)	NUMBER OF FATALITIES	NUMBER OF INJURIES	HAZARDOUS MATERIALS SPILL?
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Traffic Convictions and Forfeitures (3 years)

If no traffic convictions and/or forfeitures in the last 3 years – check here

DATE CONVICTED (month/year)	VIOLATION (Other than violations involving parking only)	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral and/or points)
_____	_____	_____	_____
_____	_____	_____	_____

License Information

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

_____ State _____ License Number _____ Expiration Date

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No

If yes, give details _____

B. Has any license, permit, or privilege ever been suspended or revoked? Yes No

If yes, give details _____

Applicant 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's Signature

Date

INVESTIGATIVE CONSUMER REPORT DISCLOSURE

In connection with your employment or application for employment (including contract for services), an investigative consumer report and consumer reports, which may contain public record information, may be requested from USIS Commercial Services ("USIS"). These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, academic history, professional credentials, drugs/alcohol use, information relating to your character, general reputation, personal characteristics, mode of living, educational background, or any other information about you which may reflect upon your potential for employment gathered from any individual, organization, entity, agency, or other source which may have knowledge concerning any such items of information. Such reports may contain public record information concerning your driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from USIS concerning previous driving record requests made by others from such state agencies.

You have the right to receive, upon your written request within a reasonable period of time, (not to exceed 30 days) a complete and accurate disclosure of the nature and scope of the investigation requested. You have the right to make a request to USIS, upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the sources of information, and the recipients of any reports on you that USIS has previously furnished within the two-year period preceding your request. USIS may be contacted by mail at P.O. Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800) 381-0645.

Attached to this disclosure is a written summary of your rights under the Fair Credit Reporting Act (FCRA) as prepared by the Federal Trade Commission.

_____ Date _____
 Print Applicant/Employee Full Name

 Applicant/Employee Signature

Notice to California Applicants

Under California law, the consumer reports we order on you for employment purposes within the State of California are defined as investigative consumer reports. These reports may contain information on your character, general reputation, personal characteristics and mode of living.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by USIS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at USIS in person, by mail, or by telephone. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

I request to receive a free copy of any investigative consumer report ordered on me by checking this box. (California applicants only)

PART I - DOT DRUG AND ALCOHOL RELEASE

Employer: _____

I authorize, per 49 CFR Part 40, the release of information from my DOT regulated drug and alcohol testing records by the carriers (company/school) listed below to USIS 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 including pre-employment tests during the past three (3) years: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including verified adulterated or substituted results); (iv) other violations of DOT drug and alcohol testing regulations; (v) information obtained from previous employers of a drug and alcohol rule violation(s); and (vi) documents, if any, of completion of a return-to-duty process following a rule violation.

The information that I have authorized USIS to review involves tests required by DOT. If any carrier (company/school) listed below furnishes USIS with information concerning items (i) through (vi) above, I also authorize that carrier (company/school) to release and furnish the dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the three (3) year period and the name and phone number of any substance abuse professional who evaluated me during the past three (3) years.

Company	City	State	Phone Number
_____	_____	_____	() - _____
_____	_____	_____	() - _____
_____	_____	_____	() - _____

(Attach additional forms for additional past employers. Attached documents must also include the individual's signature.)

Print Applicant Name: _____ Applicant Signature: _____

Social Security No: _____ Date: _____

PART II - INVESTIGATIVE CONSUMER REPORT RELEASE

Pursuant to the Investigative Consumer Report Disclosure previously delivered to me, I authorize USIS Commercial Services to prepare a consumer report or investigative consumer report about me for employment-related purposes. I have been provided a copy of the summary of the rights of the consumer pursuant to the Fair Credit Reporting Act (FCRA). I hereby fully release and discharge USIS, their respective affiliates, subsidiaries, directors, officers, employees, agents and attorneys thereof, and each of them, and any individual, organization, entity, agency, or other source providing information to USIS from all claims and damages arising out of or relating to any investigation of my background for employment purposes. This release is valid for all federal, state, county and local agencies, authorities, previous employers, military services and educational institutions.

USIS is authorized to disclose all information obtained to the requesting entity for the purpose of making a determination as to my eligibility for employment, promotion or any other lawful purpose. I agree that such information which USIS has or obtains, and my employment history if I am hired, may be supplied by USIS to other companies that subscribe to USIS. If hired or contracted, this authorization shall remain on file and shall serve as ongoing authorization for the procurement of consumer reports at any time during my employment or contract period.

- Oklahoma Applicants Only: I request a copy of any *credit* report requested on me.
- Minnesota Applicants Only: I request a copy of any consumer report requested on me.

THIS AUTHORIZATION DOES NOT APPLY TO DRUG AND ALCOHOL INFORMATION OBTAINED UNDER PART I.

By signing below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired, my employment, or my eligibility for promotion.

Print Applicant Name _____ Applicant Signature _____

For purposes of gathering this information, I agree to supply the following information, which may be required by law enforcement agencies and other entities for positive identification purposes when checking records. It is confidential and will not be used for any other purpose.

Print other last names you have used _____

List States & Counties of Residence for the past: 3 years 5 years 7 years 10 years (Attach a separate sheet if more space is needed.)

State _____ City/County _____ From Year _____ to Year _____

State _____ City/County _____ From Year _____ to Year _____

Home Address _____ City _____ State _____ Zip _____

Driver's License No. _____ State Issuing License _____

Date of Birth _____ Sex: Male Female Race: Asian Black Hispanic White Other _____
(circle one) (circle one)

**IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS
FROM THE PSP Online Service**

In connection with your application for employment with TRUCKS FOR YOU ("Prospective Employer"), it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). 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. 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:

I authorize TFYI ("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.

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.

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 solely for use as an example of template content. NICT assumes no legal liability or responsibility for the accuracy, completeness or currency of the information disclosed in this example. The intent of the template example is to illustrate for a monthly account holder an example of a driver consent form related to PSP, but all monthly account holders and third party information providers should consult their own legal counsel with respect to the proper format and content of this notice.



3250 N. 32nd Street • P. O. Box AH • Muskogee, OK 74402
(p) 918-348-7417 • (f) 918-348-7411

APPLICANT NAME _____ SS# _____
DATE OF BIRTH _____

As a commercial motor vehicle driver, I understand that according to 49 C.F.R. §391.21, the following information will be requested from all previous motor carriers and/or employers for which I operated a commercial motor vehicle subject to 49 C.F.R. §40, 390.382-383 within the past three (3) years from the date shown above. I also understand that this information will be used in determining my eligibility to be qualified, that I have the right to review the information and rebut any errors in these statements from my previous motor carrier and/or employers, as described in 49 C.F.R. §391.23. In order to enable Trucks For You to comply with the requirements of 49 C.F.R. §382.413, 390, 40, 40.321(b) & 382, I hereby consent to Trucks For You to obtain from my previous motor carrier and/or employers the information pertaining to me including alcohol test, controlled substance test results and refusals to be tested, within ten (10) years preceding the date of this application. I also authorize you to release and receive information regarding my criminal background and credit history. I hereby authorize and direct my previous motor carriers and/or employers to release such information to Trucks For You in personal interviews, letters, or any other method that insures confidentiality. I hereby authorize Trucks For You to release such information to any personnel whose duties require them to assess this application or to make any recommendations or decisions with respect to it. I hereby release all previous motor carrier and/or employers from any and all liability which may result from furnishing such information.

DATE _____ APPLICANT SIGNATURE _____
APPLICANTS DO NOT WRITE BELOW THIS LINE

Company Name _____ MC# _____ DOT# _____

Phone # _____ Fax# _____

Was the applicant subject to FMCSA regulations while employed or contracted? [] Yes [] No
Was the applicant subject to 49 C.F.R. § 382 & 40 while employed or contracted? [] Yes [] No

Applicant was qualified under Federal Department of Transportation as:

Table with 4 columns: Type of Work, Equipment Operated, Trailer Type, Areas Operated. Rows include Company Driver, Driver for O/O, Owner Operator, Tractor Trailer, Straight Truck, Other, Van 53', Doubles/Triples, Flatbed, Local, OTR (48 states), Regional.

Dates of Employment or Contracted _____ to _____ [] Full Time [] Part Time
_____ to _____ [] Full Time [] Part Time
_____ to _____ [] Full Time [] Part Time

During the employment or contracted period indicated above the applicant was involved in _____ accidents/incidents of which _____ were found to be preventable according to 49 C.F.R. § 390.5

Table with 4 columns: P/NP, Date, Location, Type, Injury or Fatality. Multiple rows for accident reporting.

Did the applicant have any late pickups or deliveries? [] Yes [] No If Yes how many _____
Did the applicant have any log issues? [] Yes [] No If Yes how many _____
Did the applicant have any customer complaints? [] Yes [] No If Yes how many _____
Why did the applicant leave? [] Voluntarily [] Involuntarily
Is the applicant eligible for rehire or contract? [] Yes [] No If No please explain _____

In compliance with 49 C.F.R. §40.25, 382.406 & 382.413:
_____ The above individual was not your employee or contractor during the past 3 years as prescribed by Federal Regulations.

- As per Federal Regulations the above individual tested as follows during the previous three (3) years:
a. Has this individual had an alcohol test with a confirmed breath alcohol concentration or .004 or greater? [] Yes [] No
b. Has this individual had a controlled substance test with a positive result in the past three years? [] Yes [] No
c. Has this individual refused a controlled substance test or alcohol test in the past three years? [] Yes [] No
d. Has this individual ever had an adulterated or substituted drug test verified? [] Yes [] No
e. Has this individual ever violated any Federal Motor Career Drug or Alcohol regulations? [] Yes [] No
f. Have you ever received information from a previous employer that this individual has ever violated DOT drug and alcohol regulation? [] Yes [] No

The above information is true and accurate to the best of my knowledge and I understand that providing intentionally false information is subject to all penalties both criminal and civil as defined in 49 C.F.R. §390.35.

This information provided by: _____ Position _____ Date _____