



DRIVER'S EMPLOYMENT APPLICATION

9355 Highway 60 West
Lewisport, KY 42351

(Answer all questions completely. If a question does not apply, respond to the question by indicating N/A – Please PRINT **LEGIBLY**)

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 non-job related disability.

Applicant Information.

Date of Application: _____ Phone Number: _____

Position(s) applied for: _____ Social Security Number: _____

Name: _____ Date of Birth: _____
Last First MI

Email Address: _____

Current Address: _____ How long? _____
Street City State Zip

Military Service.

Branch _____ Date of Discharge _____ Type of Discharge _____

Emergency Contact Person: _____ Phone: _____

Relationship: _____



EMPLOYMENT HISTORY

ALL DRIVER APPLICANTS: To drive in interstate commerce, you must provide the following information on all former/current employers (*driving and non-driving positions*) for the last 3 years. All information must be complete for your application to be considered.

ALL DRIVER APPLICATIONS: To be employed as a driver of a commercial motor vehicle (any vehicle requiring a CDL License) in intrastate and interstate commerce, you must also provide **an additional 7 years** of information on those employers for whom you worked as a driver operating a commercial motor vehicle.

In other words, if you are going to drive a vehicle requiring a CDL, **you MUST provide the last 10 years of working and driving experience.**

<u>CURRENT OR LAST EMPLOYER</u>	<u>DATES of EMPLOYMENT</u>
Name: _____	From: _____ To: _____
Address: _____	Position Held: _____
City: _____ ST _____ ZIP _____	Salary/Wage: _____
Contact Person: _____	Reason for Leaving: _____
Phone: _____	_____

Were you subject to DOT rules while employed with this company?
YES or NO

While employed by this company, was your job designated as "safety sensitive" making you subject to the DOT drug and alcohol testing requirements? YES or NO

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EXPERIENCE AND QUALIFICATIONS OF DRIVER APPLICANT

ACCIDENT RECORD FOR THE PAST 7 YEARS:

Attach additional sheets if more space is required. If none, check here

DATES	NATURE OF ACCIDENT (Head-on; Rear-end; Upset; Jack-Knife, ETC)	FATALITIES		INJURIES		CHARGEABLE		Check if you can provide documentation
		YES	NO	YES	NO	YES	NO	
		YES	NO	YES	NO	YES	NO	
		YES	NO	YES	NO	YES	NO	
		YES	NO	YES	NO	YES	NO	
		YES	NO	YES	NO	YES	NO	

TRAFFIC CONVICTIONS AND LICENSE FORFEITURES FOR THE LAST 7 YEARS (OTHER THAN PARKING VIOLATIONS).

Attach additional sheets if more space is required. If none, check here

LOCATIONS	DATE	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 suspended or revoked? YES NO

Have you ever been convicted of a crime, plead guilty or no contest to criminal charges, or otherwise had a finding or determination of guilt entered against you by any court? YES NO

IF YOU ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, PLEASE PROVIDE DETAILS BELOW:

TWIC CARD YES or NO Expiration Date: _____

TOTAL YEARS CDL EXPERIENCE: _____ **PASSPORT** YES or NO Expiration Date: _____

LICENSES HELD IN THE LAST 3 YEARS:

	STATE	LICENSE NO	TYPE	EXPIRATION DATE
DRIVERS LICENSES				

CURRENT ENDORSEMENTS: _____

(Example: N, T, X, H, Etc...)

DRIVING EXPERIENCE. If none, check here

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	AMOUNT OF EXPERIENCE
STRAIGHT TRUCK	CONTRACTOR'S DUMP	
	REGULAR DUMP TRUCK	
	TANKER	
	WRECKER	
	FLAT BED	
	VAN	
	REEFER	
	CEMENT TRUCK	
	BOOM TRUCK	
	SERVICE TRUCK	
	STRAIGHT TRUCK PULLING TRAILER	
	VAC TRUCK	
	TRACTOR TRAILER	NON-HEATED, NON-REFRIGERATED, LIQUID TANKER
REFRIGERATED TANKER		
HEATED TANKER		
DRY BULK TANKER		
OPEN DUMP TRUCK		
FLAT BED		
REEFER		
VAN		
CAR CARRIER		
DOUBLES		
TRIPLES		
BUSES	STRAIGHT BUS (CHURCH/SCHOOL)	
	STRAIGHT COMMERCIAL BUS	
	DOUBLE	
	TRIPLE	
OTHER NOT LISTED		

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me and that all entries on it and the information contained in this application are true and complete to the best of my knowledge. I understand that falsification or omission may result in the rejection of my application and/or my dismissal.

Neither the acceptance of this application, the subsequent entry into any type of employment relationship, nor the use of employee handbooks, personnel manuals, benefit plans and the like, as those publications may exist from time to time, shall serve to create either an actual or implied contract of employment, to confer any right to remain in First Class Services, Inc. employ, or otherwise to change in any respect the employment-at-will relationship between First Class Services, Inc. and the undersigned. Instead, regardless of any position the undersigned may fill, either initially or thereafter, that employment relationship may be terminated by First Class Services, Inc. at any time without advanced notice, restriction or liability except for earned wages or salary.

The Federal Motor Carrier Safety Administration promulgated rules to change the driver background check verifications required in 49 CFR Part 391 effective October 30, 2004. Under the new requirements First Class Services, Inc. is required to contact your previous employers for three (3) years previous to the date of your application for employment to verify certain specific safety information and records.

The information we will be requesting will include personal work history, accident involvement history, and the drug and alcohol testing history that they have on record. We will be reviewing information related to the time you were employed with each previous employer, and any information compiled by them as they performed Driver Safety Performance History checks as well.

As an applicant for a driving position, you have certain specific rights relating to the information that First Class Services, Inc. receives from your previous employer. These rights include:

1. The right to review the information provided to First Class Services, Inc. by your previous employers, whether you listed the employers specifically on your application for employment or not.
2. The right to have any errors in the information provided to First Class Services, Inc. corrected by a previous employer and to request that they submit corrected information.
3. The right to have a rebuttal statement attached to alleged erroneous information in such instance that you are not in agreement with the information provided to First Class Services, Inc. by a previous employer.
4. The right to review the information provided to First Class Services, Inc. within 30 days of employment (or within 30 days from the date that employment is denied based on information received). First Class Services, Inc. will provide such information to you upon receipt of your written request within five (5) business days.

The employee is required by Section 40.25 of 49 CFR Part 40 to respond to the following question:

Have you tested positive, or refused to test on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules in the past three years?

Circle One: YES NO

Applicant's Signature

Date



First Class Services, Inc.

Employment Screening Policy

APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

First Class Services, Inc. requires, as a condition of employment, and/or continued employment that all applicants consent to and authorize a verification of the information submitted on their application or resume. **Please read this statement carefully.**

This release and authorization acknowledges that First Class Services, Inc. may now, or at any time while I am employed, conduct a verification of my education, employment history, credit history, and motor vehicle records including accident history. In addition I understand that an Investigative Consumer Report may be requested and I understand that this report may include information as to my character, general reputation, personal characteristics, mode of living, work habits, performance and experience, along with the reasons for termination of past employment, whichever are applicable, obtained through personal interviews with associates and personal references who have knowledge concerning such items of information. In addition First Class Services, Inc. may require that I provide a urine specimen to be tested for the presence of drugs or alcohol, and may request and receive any record of criminal history or other relevant information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency, and /or other information as deemed necessary to fulfill the job requirements.

I have read and understand this release and consent and authorize the background verification. I authorize persons, schools, current and former employers, and other organizations and agencies providing such information from any and all claims of damages in connection to their release of any requested information. I agree that any copy of this document is as valid as the original.

I authorize Reference Services, Inc. and any of its agents and/or employees to disclose verbally and in writing the results of this verification process to the designated authorized representatives of **First Class Services, Inc.** The results may be used to determine employment eligibility under this Company's employment policies.

I do hereby agree to forever release and discharge **First Class Services, Inc.**, its agents, Reference Services, Inc. its agents as well as any and all agencies providing such information to the full extent permitted by law from any claims, damages, losses, liabilities, cost and expenses, or any other charge or complaint filed with any agency arising from the retrieving and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment was denied based on information obtained by my prospective employer, and to receive, upon request, a disclosure of the public record information and of the nature and scope of the investigative report. If I am a resident of Minnesota, California or Oklahoma only and would like a copy of the investigative report, I will check here ___.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered as cause for possible dismissal. I also acknowledge that any employment with **First Class Services, Inc.** is at will employment and either the company or the employee can terminate the employment relationship at any time, with or without cause, with or without notice.

Please provide all requested information and provide addresses for the last seven- (7) years

Applicant's Name, Printed – Last, First Middle _____ Maiden or Other Name(s) Used _____

Current Address – City, State, Zip _____ How Long _____ County _____

Previous Address – City, State, Zip _____ How Long _____ County _____

Previous Address – City, State, Zip _____ How Long _____ County _____

Social Security Number _____ Date of Birth _____

Print Name as it appears on Driver's License _____ State _____ Drivers License Number _____

May we contact present employer for reference?
() Yes () No _____ **Signature** _____ **Date** _____



Drug & Alcohol Background Check Form

APPLICANT ONLY COMPLETE SECTION 1

SECTION I

1. To be completed by the new employer
2. Signed by the employee
3. Transmitted to the previous employer

Employee Name _____ SSN _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in Section I-B, to the employer listed in Section I-A. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in Section II by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature _____ Date _____

I-A: (New Employer)

First Class Services, Inc.
Company Name

P.O. Box 478
Company Address

Lewisport, KY 42351
City, State, Zip

270-295-3746 270-295-3516
Phone Fax

Mark Seifert Safety Director
Designated Employer Representative

I-B: (Previous Employer)

Company Name

Company Address

City, State, Zip

Phone Fax

SECTION II

1. To be completed by the previous employer
2. Transmitted to the new employer by mail or fax

In the **three** years prior to the date of the employee's signature (in Section I), for DOT-regulated testing:

1. Did the employee have alcohol tests with a result of 0.04 or higher? YES___ NO___
2. Did the employee have verified positive drug tests? YES___ NO___
3. Did the employee refuse to be tested? YES___ NO___
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? YES___ NO___
5. Did a previous employer report a drug and alcohol rule violation to you? YES___ NO___
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? N/A___ YES___ NO___

If you answered, "yes" to question number 1, 2 or 3.

- You must provide a copy of the ATF and/or verified MRO report for the drug and/or alcohol violation.

If you answered, "yes" to question number 4.

- You must provide a written explanation of the violation.

If you answered, "yes" to question number 5.

- You must provide the previous employer's report.

If you answered, "yes" to question number 6.

- You must transmit the appropriate return-to-duty documentation.

1. SAP Reports
2. Return to duty record
3. Follow-up testing record

** Person Providing This Information **

Name: _____

Title: _____

Phone 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 FIRST CLASS SERVICES (“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 FIRST CLASS SERVICES (“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