

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST THREE YEARS (OTHER THAN PARKING VIOLATIONS)			
LOCATION	DATE	CHARGE	PENALTY

- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? yes no
- B. Has any license, permit, or privilege ever been suspended or revoked? yes no

EMPLOYEMENT HISTORY

COMPANY NAME:	_____			ADDRESS	_____
TYPE OF BUSINESS	_____				
EMPLOYED AS STARTING	_____	DATE	_____	SALARY	_____
EMPLOYED AS: TERMINATION	_____	DATE	_____	SALARY	_____
JOB DUTIES	_____				
REASON FOR LEAVING:	_____				
SUPERVISOR	_____			PHONE NUMBER	_____
May we contact your supervisor?	<input type="checkbox"/> yes <input type="checkbox"/> no				
COMPANY NAME:	_____			ADDRESS	_____
TYPE OF BUSINESS:	_____				
EMPLOYED AS: STARTING	_____	DATE	_____	SALARY	_____
EMPLOYED AS: TERMINATION	_____	DATE	_____	SALARY	_____
JOB DUTIES:	_____				
REASON FOR LEAVING:	_____				
SUPERVISOR	_____			PHONENUMBER	_____
May we contact your supervisor?	<input type="checkbox"/> yes <input type="checkbox"/> no				

To be read and signed by the applicant.

This certifies that I completed this application, and that all entries and information in it are true and complete to the best of my knowledge. I also understand this application is required per 49 CFR 391.21

Date of Application _____ -Signature of Application _____



Authorization to Obtain Information on Driver MVR

I have read and understood the preceding Disclosure to Consumer. Under the Fair Credit Reporting Act ("FCRA"), 15 U.S.C. 1681 et seq., the regulations applicable to the federal Department of Transportation's Federal Motor Carriers Safety Administration, including 49 CFR 40.329, the American with Disabilities Act to obtain information about me, where permitted, which may pertain to my employment record, driving history records, driving performance and safety history, criminal history, credit history, civil records, workers compensation (post-offer only) alcohol and drug testing, verification of my academic and/or professional credentials, and information and/or copies of documents from any military service records.

I understand an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living that may be obtained by interviews with individuals who may have knowledge concerning any such items of information. I authorize information to be obtained from my former employers to satisfy driver qualification regulations.

DOT Drivers. I understand that Title 49 of the Federal Code of Regulations, 390.23, requires that my prospective employer and/or its agent(s) may contact all former employers of a driver within the last three years under the regulation of the Department of Transportation. Information such as dates of employment, position, accident history, as well as information pertaining to my drug and alcohol testing history, may be requested from each employer in accordance with Section 391.23 and 49 CFR 40.25.

By signing below, I consent to and authorize the gathering of this information by my prospective employer or employer and those who my prospective employer or employer has engaged to request and obtain this information including former employers, and/or or through a consumer reporting agency, such as iIX, a Verisk Analytics Business.

I understand and acknowledge that the information provided in the consumer reports and investigative consumer reports may assist my employer or prospective employer to make a determination regarding my suitability as an employee.

I agree that a copy of the authorization has the same effect as an original. Where permitted, this authorization shall remain in effect over the course of my employment and reports may be ordered periodically during the course of employment.

Drivers Name: _____ Date of Birth: _____

License State: _____ Driver License Number: _____

SSN: _____

Dated: _____ Signature of Driver: _____

Need a copy of driver license and copy of health card