



## 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	

### 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:**

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**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
<b>DRIVERS LICENSES</b>				

**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		

In connection with your application for employment with **FIRST CLASS SERVICES INC** ("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 INC** ("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.

**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 2/11/2016

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

<b>DRIVER RIGHTS AND RESPONSIBILITIES</b>	<p>The Federal Motor Carrier Safety Administration (FMCSA) promulgated rules to change the driver background check verifications required in 49 CFR 391 effective October 30, 2004. Under the new requirements, First Class Services Inc (FCS) 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.</p> <p>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.</p> <p>As an applicant for a driving position, you have certain specific rights relating to the information that FCS receives from your previous employer(s). These rights include:</p> <ol style="list-style-type: none"> <li>1) The right to review the information provided to FCS by your previous employer(s), whether you listed the employer(s) specifically on your application or not</li> <li>2) The right to have any errors in the information provided to FCS corrected by a previous employer and to request that they submit corrected information.</li> <li>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 FCS by a previous employer.</li> <li>4) The right to review the information provided to FCS within 30 days of employment (or within 30 days from the date that employment is denied based on information received). FCS will provide such information to you upon receipt of your written request within five (5) business days.</li> </ol> <p><i>By my initials below, I agree that I have read and understand my rights to review the information received by FCS from my previous employer(s).</i></p> <p style="text-align: right;">Initial _____</p>
<b>MVR REQUEST AUTHORIZATION</b>	<p><b>391.23 INVESTIGATION AND INQUIRIES.</b></p> <p>(a) Except as provided in subpart G of this part, each motor carrier shall make the following investigations and inquiries with respect to each driver it employs, other than a person who has been a regularly employed driver of the motor carrier for a continuous period which began before January 1, 1971:</p> <p>(1) An inquiry to each State where the driver has held or holds a motor vehicle operator's license or permit during the three (3) years preceding the date of application.</p> <p><i>By my initials below, I hereby give consent for FCS to request a copy of my driving record as required by DOT.</i></p> <p style="text-align: right;">Initial _____</p>
<b>DACH LIMITED CONSENT RELEASE</b>	<p><b>382.701 ANNUAL DRUG AND ALCOHOL CLEARINGHOUSE QUERY</b></p> <p>Motor Carriers must conduct an annual query of the clearinghouse at least once per year for employees that are subject to controlled substance and alcohol testing that hold a Commercial Driver's License (CDL) to determine if information exists in the Clearinghouse about those employees.</p> <ol style="list-style-type: none"> <li>(1) The employer must obtain the individual driver's consent to conduct a limited query to satisfy the annual query requirement. The limited query will tell the employer whether there is information about the driver in the Clearinghouse but will not release that information to the employer. The driver may give consent to conduct limited queries that is effective for more than one year (for the life of continuous employment with FCS).</li> <li>(2) If the limited query shows that information exists in the Clearinghouse about the driver, the employer must conduct a full query, within 24 hours of conducting the limited query. If the employer fails to conduct a full query within 24 hours, the employer must not allow the driver to continue to perform any safety-sensitive function until the employer conducts the full query and the results confirm that the driver's Clearinghouse record contains no prohibitions.</li> </ol> <p><i>I hereby provide consent to the employer to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse to determine whether drug or alcohol violation information about me exists in the Clearinghouse.</i></p> <p>SIGNATURE _____ DATE _____</p>
<b>FAIR CREDIT REPORTING ACT DISCLOSURE STMT</b>	<p>In accordance of the Fair Credit Reporting Act Section 604(b)(2)(A) set forth in the Consumer Credit Reporting Reform Act of 1996, Public Law 104-208 (Title II, Subtitle D, Chapter 1), the reports received to verify the applicant's previous employment, previous drug and alcohol test results, driving record, and criminal background checks may be obtained for employment purposes only. The information received will not be misused and upon written request, a copy of the report may be made available. In the event of adverse action is taken based on such reports, the applicant will be given the opportunity to dispute the information before making a final adverse decision. FMCSA regulations require these records in accordance with Sections 382.413, 391.23 and 391.25.</p> <p><i>By my initials below, I agree that I have read and understand my rights under the Fair Credit Reporting Act.</i></p> <p style="text-align: right;">Initial _____</p>

<div>DRUG &amp; ALCOHOL BACKGROUND CHECK FORM</div>	<div>40.25</div> <div>I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer(s) to First Class Services Inc. This release is in accordance with DOT regulation 49 CFR 40.25. I understand that information to be released by my previous employer(s) is limited to the following DOT regulated testing items:</div> <div><div>1. Alcohol tests with a results of 0.04 or higher;</div><div>2. Verified positive drug tests;</div><div>3. Refusals to be tested;</div><div>4. Other violations of DOT agency drug and alcohol testing regulations;</div><div>5. Information obtained from previous employers of a drug and alcohol rule violation;</div><div>6. Documentation, if any, of completion of the return-to-duty process following a rule violation.</div></div> <div>Signature _____ Date _____</div> <div>First Class Services Inc, PO Box 478, Lewisport KY 42351 P=270-295-3746 F=270-295-3516 Mark Seifert, Safety Director</div>
<div>PREVIOUS EMPLOYEE DRUG &amp; ALCOHOL TESTING STATEMENT</div>	<div>40.25(J)</div> <div>THE PROSPECTIVE EMPLOYEE IS REQUIRED BY THIS SECTION TO ANSWER THE FOLLOWING QUESTIONS:</div> <div><div>(1) Have you ever tested positive, or refused to test on any pre-employment drug or alcohol requests 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 during the past two (2) years?</div><div><div><input type="radio"/> YES</div><div><input type="radio"/> NO</div></div></div> <div><div>(2) If you answered 'Yes', can you provide proof that you have successfully completed the DOT return-to-duty process (that includes completion of a Substance Abuse Program (SAP))?</div><div><div><input type="radio"/> YES</div><div><input type="radio"/> NO</div><div><input type="radio"/> NA</div></div></div>
<div>APPLICATION CERTIFICATION RELEASE AND AUTHORIZATION</div>	<div>This release and authorization acknowledge 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 reason(s) 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 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 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.</div> <div>I authorize Reference Services Inc and any of its agents and/or employees to disclose verbally and in writing the results of any inquiries made on my behalf that may be used to determine employment eligibility under this company's employment policies.</div> <div>I do hereby agree to forever release and discharge First Class Services; 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 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.</div> <div>By signing this application, I am certifying that this application was completed by me and that all entries on it and information contained therein is true and complete to the best of my knowledge. I pledge that I will follow all Federal and/or State regulations and policies the prospective employer has put into place. I will accurately and legibly complete and turn in all required paperwork to the appropriate personnel. I understand that if I am employed, any false statements will be considered as cause for possible dismissal. I also acknowledge that signing this application does not guarantee employment and that employment is 'at will' and can be terminated by the either the employee or company at any time, without cause, with or without notice.</div> <div>SIGNATURE _____ DATE _____</div>