



DRIVER'S APPLICATION FOR EMPLOYMENT

(Please Answer All Questions)

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.

Date of Application ____ / ____ / ____

Name: _____ Social Security #: _____
Last First Middle

Address: _____
Street City

State Zip Code Phone E-Mail Address

Prior Address
In The Past Street City State Zip How Long?
Three Years?

Street City State Zip How Long?

Do you have the legal right to work in the United States? _____ Date of Birth _____

Can you provide proof of age? _____ Have you worked for this company before? _____

If yes, where? _____ Dates: From _____ To _____

Rate of Pay? _____ Position you held? _____

Reason for leaving? _____

Are you now employed? _____ If not, how long since last employment? _____

Who referred you? _____ Rate of pay expected: _____

Is there any reason you might know of that might inhibit you from performing the tasks related to the position for which you have applied for? _____

If yes, please explain based on what you understand those tasks are. If you need additional space for your response, please attach a supplemental document: _____

Notice to Applicant: Before you continue in filling out the remainder of this application, we must inform you that the information you have provided so far, and any and all information you are about to disclose, in accordance with 49 CFR Part 391.21(b)(10) of the Federal Motor Carrier Safety Regulations (FMCSRs), may be used and your previous employers "will be" contacted for the purpose of investigating your safety performance history as required by 391.23(d) and 391.23(e) of the FMCSRs. If it has not already been provided for you, please ask for a written copy of your "due process rights" regarding any and all information obtained during the processing of your history as specified in 391.23(l).

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years information on the employers for whom the applicant operated such vehicle.

Note: List employers in reverse order, starting with the most recent. Add another sheet if necessary.

Name	From (mm/yyyy)	To (mm/yyyy)
Address	Position Held	
City State Zip	Salary/Wage	
Contact Phone	Reason for Leaving	
Were you subject to the FMCSRs in this position while employed by this previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No §391.21(b)(10)(iv)(A)	Was this position designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing? <input type="checkbox"/> Yes <input type="checkbox"/> No §391.21(b)(10)(iv)(B)	

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Address	Position Held	
City State Zip	Salary/Wage	
Contact Phone	Reason for Leaving	
Were you subject to the FMCSRs in this position while employed by this previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No §391.21(b)(10)(iv)(A)	Was this position designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing? <input type="checkbox"/> Yes <input type="checkbox"/> No §391.21(b)(10)(iv)(B)	

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* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

EXPERIENCE AND QUALIFICATIONS - OTHER

Accident record for past three (3) years or more. Attach sheet if more space is needed.

Dates	Nature of Accident	Fatalities	Injuries
Last Accident			
Next Previous			

Traffic convictions for the past three (3) years (other than parking violations).

Location	Date	Charge	Penalty

(Attach a sheet if more space is needed).

EDUCATION

Highest grade completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Last School Attended: _____
Name City, State and Zip

EXPERIENCE AND QUALIFICATIONS – DRIVER

Driver Licenses	State	License #	Type	Expiration Date

- 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 ___

(If the answer to any of the above is yes, attach statement-giving details)

Driving Experience (if none, write NONE)

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Date		Approx. No. of Miles (Total)
		From	To	
Straight Truck				
Tractor-Trailer				
Doubles/Triples				
Other				

List states you operated in for the last five years _____

Show special courses or training that will help you as a driver _____

Which safe driving awards do you hold and from whom _____

Show any trucking, transportation, or other experience that may help in your work for this company

List courses and training other than that shown elsewhere in this application.

List special equipment or technical materials you can work with (other than those already shown).

TO BE READ AND SIGNED BY APPLICANT

Sec. 40.25(j): As the employer, you must also ask the employee whether he or she has tested positive or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety sensitive functions for you until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b)(5) and (e)).

The prospective employee is required by Sec. 40.25(j) to respond to the following questions.

- 1. Have you ever 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 during the past two years?**

Check one: Yes _____ No _____

- 2. If you answered yes, can you provide/obtain proof that you have successfully completed the DOT return-to-duty requirements?**

Check one: Yes _____ No _____

This certifies that I completed this application, and that all entries and information documented by me are true and complete to the best of my knowledge. **By my signature heretofore, I acknowledge having been given by this carrier which has presented me with this application, a statement of my right to due process as outlined by all parts of 49 CFR Part 391.23 of the Federal Motor Carrier Safety Regulations effective October 29, 2004.** Having made this acknowledgment, I therefore authorize you to make such previous employment and background investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary to arrive at a possible employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended). I understand that false or misleading information given in my application or interviews may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.

Date

Applicant's Signature

*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 **Straight Shot Express** ("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 **Straight Shot Express** ("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

STRAIGHT SHOT EXPRESS

800 KUEHN Ct.
Neenah, WI 54956

Authorization for release of information

I hereby authorize you to release the following information to Straight Shot Express of Neenah WI. As required by 49 CFR Part 40, Part 382.405(f)(h), 382.413(b)(e)(f), and Part 391.23 of the Federal Motor Carriers Safety Regulations. You are hereby released from any and all liability which may result from furnishing such information

A photocopy of this release shall be as valid as the original. This authorization shall be valid for 1 year from the date of signing hereof.

Date Applicant Signature
(Office Use Only Below This Line)

Name of Applicant: _____ Social Security #: _____

Employer Name: _____

Employer Address _____

Employed from: _____ TO _____

What did applicant drive for you? Straight Truck Tractor/Semi
Trailer Combo Bus
Other (specify) _____

Was applicant a safe and efficient driver? YES NO

Was applicant's general conduct satisfactory? YES NO

Reason for leaving your employment;

Discharged Resignation Laid Off Military Call Up

CHARACTERISTICS	EXCELLENT	GOOD	FAIR	POOR	Known Physical Disabilities or Deformities YES NO
Disposition, Tact, Ability to Get Along With Others					
Initiative, Resourcefulness					
Safety Habits					
Driving Skills					
Attitude					
Loyalty					

Any other remarks about the performance or physical health of the applicant can be made here:

Pursuant to 49 CFR Part 40, Part 382, we request that all information related to alcohol and controlled substances testing of Commercial Motor Vehicle Licensed drivers be released to us, covering a period of time of two years to the date of this inquiry. PLEASE BE AWARE THAT THE REGULATIONS CLEARLY STATE THAT THIS INFORMATION MUST BE ANSWERED AND RELEASED TO US, REGARDLESS OF ANY COMPANY POLICY WHICH MAY BE IN EFFECT AT THIS TIME.

Was applicant subject to: Drug Testing Breath Alcohol Testing
If Yes, Please answer the following:

1. Has this person tested positive for a controlled substance in the last (2) two years? YES NO
If Yes, Please indicate the type of test and test date. _____

2. Has this person had an alcohol test with breath alcohol concentration of 0.04 or greater in the last two years? YES NO
If Yes, Please indicate the type of test and test date. _____

3. Has this person refused a required test for drugs or alcohol in the last two years? YES NO
If Yes, Please indicate the scheduled test date and reason for refusal. _____

4. Has the person violated any other drug & alcohol regulation in the last two years? YES NO
If Yes, Please indicate the violation. _____

If the answer was Yes to any of the above questions, please give the name, address, and phone numbers of attending SAP's (Substance Abuse Professionals). _____

Signature Title Date