

# Driver's Application for Employment

Applicant's Name \_\_\_\_\_ Date of Application \_\_\_\_\_

**ALL OVER TRUCKING INC  
P O BOX 1012  
LODI, NJ 07644**

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, veteran status, non-job related disability, or any other protected group status.

## Fair Credit Reporting Act Disclosure Statement

*TO BE READ AND SIGNED BY APPLICANT*

I understand that, in accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), I am being informed that reports verifying my previous employment, previous drug and alcohol test results, and my driving record will be obtained for employment purposes. These reports are required by Sections 382.413, 391.3, and 391.25 of the Federal Motor Carrier Safety Regulations

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

I have the right to review information provided by previous employers and request any errors corrected and re-sent to the prospective employer.

I have the right to submit a rebuttal statement to all alleged erroneous information, if the previous employer and I cannot agree on the accuracy of the information.

I authorize my company to make inquiries of my personal, employment, and medical history and other related matters as may be necessary to arrive at an employment decision.

I hereby release all individuals from all liability in responding to inquiries and releasing information in connection with my application.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Company Use  
Process Record**

Applicant Hired \_\_\_\_\_ Rejected \_\_\_\_\_

Date Employed \_\_\_\_\_ End of Probation \_\_\_\_\_

**Personal Information**

*Fill out entire page*

**Name:** \_\_\_\_\_ **Social Security #** \_\_\_\_\_  
 Last First Middle

Present Address \_\_\_\_\_

Number of years at current address \_\_\_\_\_ Phone : \_\_\_\_\_ Cell Phone \_\_\_\_\_

Do you have the legal right to work in the United States? \_\_\_\_\_

Date of Birth \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_

Employment Desired \_\_\_\_\_

Position \_\_\_\_\_ Expected weekly pay \_\_\_\_\_

Are you employed now? \_\_\_\_\_ If so, may we inquire of your present employer? \_\_\_\_\_

Have you applied for a job at **ALL OVER TRUCKING INC.**  
 Before? \_\_\_\_\_ When? \_\_\_\_\_

Do you have a reliable means of transportation to get to work? (Describe) \_\_\_\_\_

**Education**

	Name and Location of School	No of Years Attended	Did You Graduate?	Major Course of Study
High School or G.E.D.				
College				
Trade, Business or Correspondence School				

Please describe additional skills, training, or ability you would like to have us consider in evaluating your qualifications:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**References**

(Give the names of three persons not related to you whom you have known at least five years.)

Name	Address	Telephone	Occupation	Years Acquainted
1				
2				
3				

Are you able, with or without accommodation, to perform all of the essential functions of the job for which you are applying?  
 Yes  No

Are there any functions of the job for which you are applying that you cannot perform with or without accommodations? If so, please describe those functions. \_\_\_\_\_

Have you ever been convicted of any crime and/or felony? Yes  No   
 If yes, please explain. \_\_\_\_\_

*(Note: An affirmative response to this question will not result in your automatic disqualification for employment. All circumstances will be considered.) If yes: Please state the date of conviction, the county and state and the nature of the offense.*

All driver applicants must provide the following information on all employers during the preceding 10 years employment. List complete name, mailing address, street number, city, state and zip codes and phone numbers.

Employer	Dates
Name	From:
Address	To:
City	Position Held:
Phone #/Contact Person	Reason for leaving:
Were you subject to the Federal Motor Carrier Safety Regulations while employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you subject to drug and alcohol testing requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates
Name	From:
Address	To:
City	Position Held:
Phone #/Contact Person	Reason for leaving:
Were you subject to the Federal Motor Carrier Safety Regulations while employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you subject to drug and alcohol testing requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Name	From:
Address	To:
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Were you subject to the Federal Motor Carrier Safety Regulations while employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you subject to drug and alcohol testing requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Name	From:
Address	To:
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Phone #/Contact Person	Reason for leaving:
Were you subject to the Federal Motor Carrier Safety Regulations while employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you subject to drug and alcohol testing requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates
Name	From:
Address	To:
City	Position Held:
Phone #/Contact Person	Reason for leaving:
Were you subject to the Federal Motor Carrier Safety Regulations while employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you subject to drug and alcohol testing requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates
Name	From:
Address	To:
City	Position Held:
Phone #/Contact Person	Reason for leaving:
Were you subject to the Federal Motor Carrier Safety Regulations while employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you subject to drug and alcohol testing requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Driving Record Information**

License Number \_\_\_\_\_ State \_\_\_\_\_ Exp Date \_\_\_\_\_ Class \_\_\_\_\_  
 Endorsements \_\_\_\_\_ Restrictions \_\_\_\_\_

**Driving Experience**

*Please fill in all commercial driving experience. If none, write NONE.*

Class of Equipment	Type of Equipment	Dates		Approx # of Miles
		From	To	
Straight Truck				
Tractor and Semi				
Motor Coach				
Other				

**Accident Information**

*Please fill in all accident information for the past 3 years. If none, write NONE.*

Dates	Nature of Accident	Fatality	Injury	Tow Away	Citation

**Traffic Violations**

*Please list all traffic violations for which you have been convicted or forfeited bond or collateral during the past 36 months. If none, write, NONE*

Date	Location	Offense	Type of Vehicle

**Driving Record**

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

Has any license, permit or privilege ever been suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_  
 \_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

I understand that any false answer, statement, or representation made by me in this application shall result in immediate discharge  
 I understand that, if accepted for employment, it is necessary to abide by the rules and policies of ALL OVER TRUCKING INC

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**ALL OVER TRUCKING INC**  
**P O BOX 1012**  
**LODI, NJ 07644**

**PROSPECTIVE DRIVER'S STATEMENT PERTAINING TO DRUG AND ALCOHOL**  
**TESTING AT PREVIOUS EMPLOYERS**

As pursuant to CFR 382.413, the undersigned states that he/she has **NOT** tested **POSITIVE** for Controlled Substance and/or Blood Alcohol percentage over 0.04% within the past thirty-six (36) months at any previous employer or prospective employer.

The undersigned also states that he/she has not refused Controlled Substance and/or Alcohol Testing, by any former or potential employer within thirty-six (36) months prior to this dated affidavit.

This declaration is made to the best of my knowledge and recollection.

Driver's Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Witness \_\_\_\_\_

Notes \_\_\_\_\_

Date \_\_\_\_\_

## Statement of On Duty Hours

**Driver: Please fill in the total on-duty (driving and non-driving) time that you worked in the last 7 days. This must include any time that you worked, including time worked for a non-motor carrier.**

Driver Name (Print) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Motor Vehicle Operator's License Number \_\_\_\_\_

Type of License \_\_\_\_\_

Day	1	2	3	4	5	6	7	
Date								
Hours Worked								Total Hours Worked

I hereby certify that the information given is correct to the best of my knowledge and belief, and that I was last relieved from work at

\_\_\_\_\_ A.M. P.M. On \_\_\_\_\_  
Time Day Month Year

\_\_\_\_\_  
Driver's Signature Date

Driver must report all on-duty time including time working for other employers. On duty time includes any time performing any other work that driver is being compensated for by any carrier or non-carrier.

Are you currently working for another employer?  Yes  No  
 Do you intend to work for another employer while  
 Still employed by ALL OVER TRUCKING INC?  Yes  No

I hereby certify that the information given above is true and I understand that once I become employed by ALL OVER TRUCKING INC, I must inform them of any additional employment activity.

\_\_\_\_\_  
Driver's Signature Date

## REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to ALL OVER TRUCKING INC. for the purpose of investigation as required by Section 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

\_\_\_\_\_  
*(Applicant's Signature)*

\_\_\_\_\_  
*(Date)*

In accordance with the provisions of Section 604 and 607 of the Fair Credit Reporting Act. Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1 of Public Law 104-208), I hereby certify the information requested below will be used for a "permissible purpose" as defined in the Act, and that the information received will be used for no other purpose.

I further certify that if the applicant named below is denied employment based upon the information received, I will identify the source of the report in accordance with Section 615(a) of the Fair Credit Reporting Act.

\_\_\_\_\_  
*(Signature of Requester)*

\_\_\_\_\_  
*(Date)*

### DEAR SIR/MADAM:

The following named person is being considered for employment by our company as a commercial driver. As in accordance with Section 391.25 Federal Motor Carrier Safety Regulations, please furnish the undersigned with applicant's driving record for the past three years. This record will be used as part of his original Driver Qualification folder and as part of his annual review.

NAME OF APPLICANT \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY# \_\_\_\_\_

LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

### REQUESTED BY

ALL OVER TRUCKING INC \_\_\_\_\_  
*Name of Company*

*Name*

P O BOX 1012 \_\_\_\_\_  
*Address*

SAFETY \_\_\_\_\_  
*Title*

LODI NJ 07644 \_\_\_\_\_  
*City State Zip*

\_\_\_\_\_  
*Signature*

# Previous Employee Safety Performance History

In compliance with the Department of Transportation regulations, 391.23 and 40.321, ALL OVER TRUCKING INC, is requesting previous employee safety performance history and alcohol and controlled substances testing records for the past three years for the driver listed below.

*I authorize any and all previous employers to release and forward any information concerning my safety performance history and my alcohol and controlled substances testing records for the past three years to ALL OVER TRUCKING INC.*

Driver Signature \_\_\_\_\_ Date: \_\_\_\_\_

### Driver Identification:

Driver Name \_\_\_\_\_  DOT regulated  
Social Security # \_\_\_\_\_ DOB \_\_\_\_\_  Non-Regulated

### Previous Employer information

Company Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Street: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Employed From: \_\_\_\_\_ To: \_\_\_\_\_

### Safety Performance History

There is no safety history to report  
 Driver did not operate a motor vehicle

Driver operated:  Straight Truck  Tractor-Trailer  Cargo Tank  Double/triples  Other  
Reason for leaving:  Discharge  Resignation  Lay Off  Military

### Accidents

No accident register data for this driver.

### Drug and alcohol Information

Yes  No Has above driver tested positive for controlled substance in the last three years?  
 Yes  No Has above driver had an alcohol test with a Breath Concentration of 0.04 or greater in the last three years?  
 Yes  No Has above driver refused a required test for drugs or alcohol (including adulterated or substituted results) in the last three years?  
 Yes  No Has this person violated other DOT drug and alcohol regulations?  
 Yes  No Have you received information from a previous employer that this individual violated DOT drug and alcohol regulations?

If the answer is yes to any of the above questions, please provide name, address and telephone # or SAP for further information.

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_

Completed by (Signature) \_\_\_\_\_

If the answer is yes to any of the above questions, please provide name, address and telephone # or SAP for further information.

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_

Completed by (Signature): \_\_\_\_\_

### Completed by ALL OVER TRUCKING INC.

This form was  Faxed to previous employer  Mailed Date: \_\_\_\_\_

Information received from: \_\_\_\_\_ Date: \_\_\_\_\_

Recorded by: \_\_\_\_\_  Fax  Mail  Phone



# CERTIFICATE OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

**Motor Carrier Responsibilities:** The requirements in Part 383 apply to every driver who operates in intrastate or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transport hazardous materials that require placarding.

**Driver Requirements:** Part 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

**POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.

**NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:**

Section 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violated a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (if the violation occurs in a state other than the one which issued your license.) The notification to both the employer and state must be in writing.

**Driver: Please fill out the following information**

The following license is the only one that I possess:

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Exp Date \_\_\_\_\_

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.

Driver Signature \_\_\_\_\_

Date of Certification \_\_\_\_\_

## APPENDIX A

THIS WILL CERTIFY THAT I, \_\_\_\_\_ HAVE BEEN GIVEN A COPY OF ALL OVER TRUCKING INC. POLICY ADDRESSING “ALCOHOL AND DRUGS IN THE WORKPLACE” AND THAT I FULLY UNDERSTAND SAID POLICY AND AGREE TO COMPLY WITH ALL TERMS AND REQUIREMENTS SET FORTH HEREIN.

I AGREE TO ALLOW ALL TEST RESULTS, VERIFIED BY THE MEDICAL REVIEW OFFICER, TO BE RELEASED TO ALL OVER TRUCKING INC.

DRIVER \_\_\_\_\_

DATE \_\_\_\_\_

WITNESS \_\_\_\_\_

DATE \_\_\_\_\_