



1022 E. Shawntel Smith Blvd., Muldrow, Ok 74948
(918) 427-3258 FAX (918)427-7725

Drivers Application for Employment

Applicant Name _____ Date of Application _____

In compliance with Federal and State equal opportunity laws, qualified applicants are considered for all positions without regards to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.

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

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employers; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature _____ Date _____

FOR COMPANY USE PROCESS RECORD

Applicant Hired _____	Rejected _____
Date Employed _____	Point Employed _____
Department _____	Classification _____

(if rejected, summary report of reasons should be placed in file)

Signature of interviewing officer _____

TERMINATION OF EMPLOYMENT

Date Terminated _____	Department released from _____	
Dismissed _____	Voluntary Quit _____	Other _____
Termination Report Placed in File _____	Supervisor _____	



1022 East Shawntel Smith Blvd., Muldrow, OK
 918-427-3258 Fax: 918-427-7725
 (answer all questions – please print)

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.

Date _____ Position(s) Applied for _____

Name _____ Home Phone (____) _____

First Middle Last

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

Previous Address _____ Street _____ City _____ State _____ Zip _____ How long? _____

Previous Address _____ Street _____ City _____ State _____ Zip _____ How long? _____

Previous Address _____ Street _____ City _____ State _____ Zip _____ How long? _____

Previous Address _____ Street _____ City _____ State _____ Zip _____ How long? _____

Previous Address _____ Street _____ City _____ State _____ Zip _____ How long? _____

Do you have the legal right to work in the United States? Yes No

Date of Birth	Social Security Number _____ - _____ - _____ Federal ID Number _____	Height	Weight Lbs.
Name of Spouse	If Working, Company Name, Business Address (Street, City, State, Zip)	Phone Number	Occupation

IN CASE OF EMERGENCY NOTIFY _____

Relationship _____

Have you worked here before? Yes ___ No ___ Dates From ___ To ___ Reason for leaving _____

EDUCATIONAL/MILITARY BACKGROUND

Circle highest grade completed: Grade School 1 2 3 4 5 6 7 8 High School 1 2 3 4 GED Yes No College 1 2 3 4

Last school attended _____ Did you graduate? _____

Driving School _____ Phone (____) _____ - _____ Graduation Date _____

List special courses taken that might help you in the work applied for _____

MILITARY: Branch _____ From _____ To _____ DD214 Narrative reason for discharge _____

Honorable discharge? Yes _____ No _____

Is there any reason you might be unable to perform the functions of the job for which you have applied? Yes _____ No _____

If yes, explain if you wish _____

EMPLOYMENT RECORD FOR PAST 10 YEARS

All driver applicants to driver in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state, zip code and phone number. The following information will be used to contact the previous employers for the purpose of investigating the applicant's safety performance history.

Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle. (NOTE: List employers in reverse order starting with the most recent. Add another sheet if necessary.) **All time must be accounted for including military service, truck driving school, self-employment and periods of unemployment.**

Current or Most Recent Employer: Name _____ Supervisor _____
Are you presently employed? Yes ___ No ___ May we call your current employer? Yes ___ No ___ Telephone (____) _____
Address (Street/City/State/Zip) _____ Rate of Pay _____
Position Held _____ From (mo./yr.) _____ To (mo./yr.) _____ Number of states
Reason for Leaving? _____ driven in _____

Number of Accidents _____ Please Explain _____
Were you Subject to Motor Carrier Safety Regulations Yes ___ No ___ Was the job designated as a Safety Sensitive Function in any DOT-regulated mode and subject to Alcohol and Drug Testing Requirements as Required by 49 CFR Yes ___ No ___

Employer: Name _____ Supervisor _____
Address (Street/City/State/Zip) _____ Telephone (____) _____
Position Held _____ From (mo./yr.) _____ To (mo./yr.) _____ Rate of Pay _____
Reason for Leaving? _____ Number of states
driven in _____

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EMPLOYMENT RECORD FOR PAST 10 YEARS (cont.)

Employer: Name _____ Supervisor _____
Address (Street/City/State/Zip) _____ Telephone (____) _____
Position Held _____ From (mo./yr.) _____ To (mo./yr.) _____ Rate of Pay _____
Reason for Leaving? _____ Number of states
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Number of Accidents _____ Please Explain _____
Were you Subject to Motor Carrier Safety Regulations Yes ___ No ___ Was the job designated as a Safety Sensitive Function in
any DOT-regulated mode and subject to Alcohol and Drug Testing Requirements as Required by 49 CFR Yes ___ No ___

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any DOT-regulated mode and subject to Alcohol and Drug Testing Requirements as Required by 49 CFR Yes ___ No ___

UNEMPLOYMENT DATES

From _____ To _____ Did you receive unemployment benefits Yes _____ No _____
From _____ To _____ Did you receive unemployment benefits Yes _____ No _____
From _____ To _____ Did you receive unemployment benefits Yes _____ No _____

**DRIVING RECORD/EXPERIENCE
LICENSE**

List **all** drivers licenses/permits held in past five (5) years

STATE	LICENSE NUMBER	TYPE and ENDORSEMENTS	EXPIRATION DATE

Is your current license a CDL? ___ Yes ___ No State _____ Hazardous Material Endorsements? ___ Yes ___ No

TRAFFIC CONVICTIONS/SUSPENSIONS

List **all car, truck, etc.** moving traffic convictions and suspensions for the past five (5) years (**if none, write none**)

DATE	LOCATION (STATE)	CHARGE	IF SPEEDING, MPH OVER LIMIT	PENALTY

ACCIDENT RECORD

List all accidents with truck, car, etc. for past five (5) years, including preventable and non-preventable. (**if none, write none**)

Date	Type of Vehicle	Nature of Accident (head on, rear-end, upset, etc.)	Preventable Or Non-Preventable	Fatalities	Injuries	Amount of Property Damage
				Yes No	Yes No	
				Yes No	Yes No	
				Yes No	Yes No	
				Yes No	Yes No	
				Yes No	Yes No	

NATURE AND EXTENT OF EXPERIENCE

Type	Trailer Length	Dates		Approx. Number of Miles	States Operated
		From	To		
Tractor with Flatbed					
Tractor with Van					
Tractor with Reefer					
Tractor with Tank					
Straight Truck					
Other (Specify)					

- A Has any license, permit of privilege ever been revoked or suspended? Yes _____ No _____
- B Have you ever been arrested and/or convicted for driving under the influence of alcohol or drugs or have a current charge pending?
Yes _____ No _____
- C Have you ever been convicted for possession, sale, or use of a narcotic drug, amphetamine, or derivative thereof, or have a current charge pending? Yes _____ No _____
- D Have you ever been convicted of a felony and/or misdemeanor? Yes _____ No _____
- E Have you ever been refused a security bond? Yes _____ No _____

If the answer to any question is yes, state details, circumstances and dates:

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of **FWCC, Incorporated** and all federal, state and local laws.

Date

Applicant's Signature

PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

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))

(Rev. 7/03)

Prospective Employee Name: _____ ID Number: _____
(Print)

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

- 1) 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 during the past two years?

Check one: Yes No

- 2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one: Yes No

I certify that the information provided on this document is true and correct.

Prospective Employee Signature: _____ Date: _____

Witnessed By: _____ Date: _____
(Signature)

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to **FWCC, Incorporated** for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information

Name of Applicant/Driver _____
(First) (Middle) (Last) (Suffix)

Address _____
(Number and Street) (City) (State) (Zip Code)

Former Address _____
(Number and Street) (City) (State) (Zip Code)

Date of Birth _____ SSN _____ License NO. _____
(State)

(Applicant Signature) (Date)

The above named person has made application with our company for the position of **DRIVER**. In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicants driving record for the past three years.

In accordance with the provisions of Sections 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 following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in any violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-322, Title XXX, Section 300002(a)).

Requested By

(Signature of Requester)

(Date)

FWCC, Incorporated
P.O. Box 863
Muldrow, OK 74948-0863

Codie Farmer
Safety/Recruiting Director

MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS/ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (Section 391-27). Drivers who have provided information required by Section 383-31 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he/she shall also certify (Section 391.27).

COMPLETED BY DRIVER-CERTIFICATION OF VIOLATIONS

Name of Driver: (print)	Social Security Number	Date of Employment
Home Terminal Muldrow, OK	Drivers License NO	State EXP Date

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

(If you have no violations, check the following box- NONE)

Date	Offense	Location	Type of Vehicle

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

Date _____ Driver Signature _____

COMPLETED BY MOTOR CARRIER-ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one):

- Meets minimum requirements for safe driving Is disqualified to driver a motor vehicle pursuant to Section 391.15
- Does not adequately meet satisfactory safe driving performance

Action taken with driver: _____

Reviewed By: _____

Signature <u>Codie Farmer</u>	Date <u>Safety</u>
Printed Name	Title

FWCC, Incorporated PO BOX 863, Muldrow, OK 74948

Carrier Name and Address

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 _____ (“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 _____ (“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.

LAST UPDATED 12/22/2015

Motor Vehicles Driver's

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operated in intrastate, interstate, or foreign commerce and operated a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placards.

The requirements in Part 391 apply to every driver who operated in interstate commerce and operated a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placards.

DRIVER REQUIREMENTS: Parts 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, 1967. They are as follows:

1. **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.
If you have more than one license, keep the license from your state of residence and return the additional licenses to the states that issued them. Destroying a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stole, or destroyed, close your record by notifying the state of issuance that you no longer want to be licenses by that state.
2. **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15(b) (2) 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 violate 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 the state must be in writing.

The following license is the only one I will possess:

Drivers License No. _____ State _____ Exp. Date _____

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

Driver's Name (printed): _____

Drivers Signature: _____ Date _____

Notes: _____



FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

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), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382-413, 391.23, and 391.25 of Federal Motor Carrier Safety Regulations.

Applicant's Signature

Date

Print Name

Social Security Number



1022 E. Shawntel Smith Blvd/PO Box 863
 Muldrow, OK 74948-0863
 (800) 343-0441
 (918) 427-7725 FAX

Company Name: _____
 Company Address: _____
 Phone #: _____
 Fax #: _____

The person described below is applying for a position as a truck driver. The U.S. Department of Transportation Part 391 of the Federal Motor Carrier Safety Regulation (FMCSR) requires that we obtain verification of previous employment before offering the position to this individual. Additionally, Part 382 of the FMCSR requires that we obtain information with the applicant's consent about any alcohol tests with a result of .04 or greater or any positive controlled substance test results within the preceding three years. Thank you for assisting us in complying with these requirements.

***** WAIVER *****

I hereby authorize you to release information concerning my employment, including oral assessment of my job performance, results of any Drug/Alcohol Results, ability and fitness to reach and every company (or authorized agent), which may request information in connection with my application for employment. I hereby release you from any and all liability as the result of providing the above-required information.

Driver's Signature: X _____ Date: _____
 Applicant Name (Last, First, MI) _____ Social Security No. _____ Date of Birth _____

1. Actual Dates of Employment from: _____ To: _____

2. Position: OTR _____ Regional _____ Local _____ Equip. Used: Dry Van _____ Reefer _____ Flat Bed _____ Tanker _____

3. Job Performance: Sat _____ Comments: _____
 Unsat _____ _____ Complaints _____ Cargo Loss _____ Safety Record _____ No Show _____
 _____ Service Failures _____ Personal Contact Requested _____
 _____ Other Explain: _____

4. Accidents:
 Number of Preventable: _____ Comments: _____
 Date of Accident: _____ Location: _____ Number of Injuries _____ Number of Fatalities _____
 Hazmat involved Yes _____ No _____

Number of Non-preventable: _____ Comments: _____
 Date of Accident: _____ Location: _____ Number of Injuries _____ Number of Fatalities _____
 Hazmat involved Yes _____ No _____

5. Reason for Leaving: Discharged: _____ Resigned/Quit: _____

6. Eligible for Rehire? Yes _____ No _____ Upon Review _____
 Comments: _____

Documentation of Testing Information

In compliance with alcohol and drug prohibitions under subpart B of part 382 or 49 C.F.R. Part 40, please fax the following information regarding DOT tests conducted within the last three years by you or other employers covered by DOT for the applicant listed above. As part of this request, the driver applicant has provided consent as evidenced by the above Notification of Release (Waiver) information.

Has the applicant tested positive in the past three years for a controlled substance?	Yes	No
Has the applicant tested greater than .04-breath alcohol concentration in the past three years?	Yes	No
Has the applicant refused any drug or alcohol test in the past three years?	Yes	No
Has this person violated Subpart B of 382, or Part 40?	Yes	No
Have you received information from a previous employer that this person violated DOT Drug or alcohol regulations?	Yes	No

If yes to any of the following please provide the Substance Abuse Professional name, company, address and telephone number:

If you employed this driver after a positive test and rehabilitation with a Substance Abuse Professional did he or she ever fail a drug or alcohol screen or refuse to test after rehabilitation with a substance abuse professional? Yes No

This form was completed by: SIGNATURE /NAME: _____

COMPANY: _____ TITLE _____ DATE: _____

This Form was: Faxed _____ Mailed _____ Emailed _____ Phone/Personal Interview _____

NOTE: Failure to furnish information as required by 49 CFR 382-413 and 40.25 will result in the above individual being removed from any CDL driving position. You are required to release this information immediately per 49 CFR 382.405(f) and 40.25(h). Fines and penalties for not releasing this information is found un 49 CFR 382.507 under 49 USC 521(b). We reserve the right to notify the US DOT Federal Motor Carrier Safety Administration in the even the above information is not received.



1022 E. Shawntel Smith Blvd/PO Box 863
 Muldrow, OK 74948-0863
 (800) 343-0441
 (918) 427-7725 FAX

Company Name: _____
 Company Address: _____
 Phone #: _____
 Fax #: _____

The person described below is applying for a position as a truck driver. The U.S. Department of Transportation Part 391 of the Federal Motor Carrier Safety Regulation (FMCSR) requires that we obtain verification of previous employment before offering the position to this individual. Additionally, Part 382 of the FMCSR requires that we obtain information with the applicant's consent about any alcohol tests with a result of .04 or greater or any positive controlled substance test results within the preceding three years. Thank you for assisting us in complying with these requirements.

***** WAIVER *****

I hereby authorize you to release information concerning my employment, including oral assessment of my job performance, results of any Drug/Alcohol Results, ability and fitness to reach and every company (or authorized agent), which may request information in connection with my application for employment. I hereby release you from any and all liability as the result of providing the above-required information.

Driver's Signature: X _____ Date: _____
 Applicant Name (Last, First, MI) _____ Social Security No. _____ Date of Birth _____

1. **Actual Dates of Employment from:** _____ **To:** _____
 2. **Position:** OTR _____ Regional _____ Local _____ Equip. Used: Dry Van _____ Reefer _____ Flat Bed _____ Tanker _____
 3. **Job Performance:** Sat _____ Comments: _____
 Unsat _____ _____ Complaints _____ Cargo Loss _____ Safety Record _____ No Show _____
 _____ Service Failures _____ Personal Contact Requested _____
 _____ Other Explain: _____
 4. **Accidents:**
Number of Preventable: _____ **Comments:** _____
 Date of Accident: _____ Location: _____ Number of Injuries _____ Number of Fatalities _____
 Hazmat involved Yes _____ No _____
Number of Non-preventable: _____ **Comments:** _____
 Date of Accident: _____ Location: _____ Number of Injuries _____ Number of Fatalities _____
 Hazmat involved Yes _____ No _____
 5. **Reason for Leaving:** Discharged: _____ Resigned/Quit: _____
 6. **Eligible for Rehire?** Yes _____ No _____ Upon Review _____
 Comments: _____

Documentation of Testing Information

In compliance with alcohol and drug prohibitions under subpart B of part 382 or 49 C.F.R. Part 40, please fax the following information regarding DOT tests conducted within the last three years by you or other employers covered by DOT for the applicant listed above. As part of this request, the driver applicant has provided consent as evidenced by the above Notification of Release (Waiver) information.

Has the applicant tested positive in the past three years for a controlled substance?	Yes	No
Has the applicant tested greater than .04-breath alcohol concentration in the past three years?	Yes	No
Has the applicant refused any drug or alcohol test in the past three years?	Yes	No
Has this person violated Subpart B of 382, or Part 40?	Yes	No
Have you received information from a previous employer that this person violated DOT Drug or alcohol regulations?	Yes	No

If yes to any of the following please provide the Substance Abuse Professional name, company, address and telephone number: _____

If you employed this driver after a positive test and rehabilitation with a Substance Abuse Professional did he or she ever fail a drug or alcohol screen or refuse to test after rehabilitation with a substance abuse professional? Yes No

This form was completed by: SIGNATURE /NAME: _____

COMPANY: _____ TITLE _____ DATE: _____

This Form was: Faxed _____ Mailed _____ Emailed _____ Phone/Personal Interview _____

NOTE: Failure to furnish information as required by 49 CFR 382-413 and 40.25 will result in the above individual being removed from any CDL driving position. You are required to release this information immediately per 49 CFR 382.405(f) and 40.25(h). Fines and penalties for not releasing this information is found un 49 CFR 382.507 under 49 USC 521(b). We reserve the right to notify the US DOT Federal Motor Carrier Safety Administration in the even the above information is not received.