

Driver's Application for Employment

T-HAUL TANK LINES LLC
2561 N PATTERSON
SPRINGFIELD MISSOURI 65803

Date of Application _____

Applicant Name _____
(Last) (First) (Middle)

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 .

(Answer all questions – please print)

Position(s) applied for _____

Social Security No. _____ - _____ - _____

Phone Number (____) _____ - _____ **Emergency Phone Number** (____) _____ - _____

Age _____ **Date of Birth** ____/____/____
(required for commercial drivers)

D.O.T. Physical Exam Expiration Date ____/____/____

List your address of residency for the past 3 years.

Current Address _____
(Street) (City)

(State) (Zip) **How Long?** _____
(yr. /mo.)

Previous Addresses _____
(Street) (City) (State & Zip) **How Long?** _____
(yr. /mo.)

(Street) (City) (State & Zip) **How Long?** _____
(yr. /mo.)

(Street) (City) (State & Zip) **How Long?** _____
(yr. /mo.)

Have you worked for this company before? ____ Yes ____ No **From** _____ **To** _____

Position _____ **Reason for Leaving?** _____

Education

Please circle the highest grade completed:

Grade / High School: 1 2 3 4 5 6 7 8 9 10 11 12
College: 1 2 3 4 Post Graduate: 1 2 3 4

Employment History

Provide the following information on all employers during the preceding 3 years include any unemployment or self-employment. List complete mailing address, street number, city, state, zip code, phone number and contact person.

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 as necessary.)

Present or Last Employer

Date

Name _____ From ____/____/____ To ____/____/____
Address _____ Position Held _____
City _____ State _____ Zip _____ Reason for leaving _____
Contact Person _____ Phone # _____
Were you subject to the FMCSRs while employed? ____Yes ____No
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ____Yes ____No

Employer

Date

Name _____ From ____/____/____ To ____/____/____
Address _____ Position Held _____
City _____ State _____ Zip _____ Reason for leaving _____
Contact Person _____ Phone # _____
Were you subject to the FMCSRs while employed? ____Yes ____No
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ____Yes ____No

Name _____ From ____/____/____ To ____/____/____
Address _____ Position Held _____
City _____ State _____ Zip _____ Reason for leaving _____
Contact Person _____ Phone # _____
Were you subject to the FMCSRs while employed? ____Yes ____No
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ____Yes ____No

Name _____ From ____/____/____ To ____/____/____
Address _____ Position Held _____
City _____ State _____ Zip _____ Reason for leaving _____
Contact Person _____ Phone # _____
Were you subject to the FMCSRs while employed? ____Yes ____No
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ____Yes ____No

Name _____ From ____/____/____ To ____/____/____
Address _____ Position Held _____
City _____ State _____ Zip _____ Reason for leaving _____
Contact Person _____ Phone # _____
Were you subject to the FMCSRs while employed? ____Yes ____No
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ____Yes ____No

Driving Experience

Class of Equipment	Dates		Approximate Number of Miles (Totals)
	From	To	
<input checked="" type="checkbox"/> Straight Truck	____/____/____	- ____/____/____	_____
___ Tractor and Semi-trailer	____/____/____	- ____/____/____	_____
___ Tractor-two trailers	____/____/____	- ____/____/____	_____
___ Tractor-three trailers (triples)	____/____/____	- ____/____/____	_____
Others	____/____/____	- ____/____/____	_____

List states operated in, for the last five years: _____

List special courses/training completed that will help you as a driver: _____

List any Safe Driving awards you hold and from whom: _____

Accident Record for past three years

Date of Accident	Nature of Accident	Location of Accident	<input checked="" type="checkbox"/> - # fatalities ? #	<input checked="" type="checkbox"/> - # injuries ? #
____/____/____	_____	_____	___	___
____/____/____	_____	_____	___	___
____/____/____	_____	_____	___	___

Traffic Convictions and Forfeitures for the last three years (other than parking violations)

If none, write none

Date of Conviction	Location of Conviction	Charge	Penalty
____/____/____	_____	_____	_____
____/____/____	_____	_____	_____
____/____/____	_____	_____	_____

Drivers' License (List each driver's license held in the past three years)

State	License #	Type	Endorsements	Expiration Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

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

If any yes answered above give details _____

TO BE READ AND SIGNED BY APPLICANT

- It is agreed and understood that any misrepresentation given on this application shall be considered as an act of dishonesty.
- It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to ascertain any and all information of concern to applicants record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.
- I agree to furnish such additional information and complete such examinations as may be required to complete my application.
- It is agreed and understood that this application for qualification in no way obligates the motor carrier to employ or hire the applicant.
- It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.
- It is agreed and understood that In the event of employment, 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 €. 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 employer; 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.
- 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.

Signature _____ Date _____

Request for Check of Driving Record

I hereby authorize you to release the following information to **T-HAUL TANK LINES LLC**
(prospective employer)

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.

Applicant's Signature _____ Date _____

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 9Title 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 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))

(Signature of requester)

(Date)

TO: Company Name _____
Address _____
Attn: _____

_____ The following named person has made application with our company for the position of _____ . In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

_____ The following named person is employed with our company for the position of _____ . In accordance with Section 391.25, Federal Department of Transportation Regulations, please furnish the undersigned with the employee's driving record for the past year.

Applicant Name _____ , _____
(Last) (First) (Middle)

Current Address _____
(Number and street) (City) (State) (Zip)

Previous Address _____
(Number and street) (City) (State) (Zip)

Date of Birth ____/____/____ **Social Security No.** ____ - ____ - ____ **License #** _____

Requested By T-HAUL TANK LINES LLC
2561 N PATTERSON SPRINGFIELD MISSOURI 65803
Requester Name/Title _____

Notice Regarding Background Reports

Pre-Employment Screening Program (PSP) Report Consent

1. In connection with your application for employment with **T-HAUL TANK LINES LLC,**
(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 the 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. The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing. If you agree that the Prospective Employer may obtain such a background reports, please read the following and sign below:

2. I authorize with **T-HAUL TANK LINES LLC,**
(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 consenting to 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 determined regarding my suitability as an employee.

3. 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 am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this date. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

4. Please note: 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 our without violations, appear on the PSP report. State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear and remain, on a PSP report.

I, _____, have read the above **Notice Regarding Background Reports** provided
(applicant's name)
to me by **T-HAUL TANK LINES LLC** and I understand that if I sign this consent form,
(Prospective employer)
T-HAUL TANK LINES LLC may obtain a report of my crash and inspection history. I hereby
(Prospective employer)
authorize **T-HAUL TANK LINES LLC** and its employees, authorize agents, and/or affiliates
(prospective employer)
to obtain the information authorized above.

Applicant's Signature _____

Date _____

Applicant's Name Printed _____

Request for Driver's Safety Performance History from DOT Regulated Previous Employer(s)

T-HAUL TANK LINES LLC _____
2561 N PATTERSON _____
SPRINGFIELD MISSOURI 65803 _____
Phone Number (417) 893 - 2672 _____ Fax Number (_____) _____ - _____
Contact Person _____ Doris Williams _____

Driver to Complete This Section

As a Commercial Motor Vehicle (CMV) Driver, I understand that per the Federal Motor Carrier Safety Regulations (FMCSRs) part 391.21, the following information will be requested from all previous Employers for which I operated a CMV, subject to the FMCSR Parts 390 and/or 40, 382 & 383, **within the past three (3) years**, from date shown below. I also acknowledge that this information will be used in determining my eligibility to be hired, that I have the right to review this information and rebut any errors in these statements from my prior employers, as described in the FMCSR Part 391.23.

I _____, hereby authorize this Company to release all records of
(Applicant's name printed)
employment, including assessments of my job performance, ability and fitness (including dates of any and all alcohol or drug tests, those confirmed results and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of a (SAP/MRO) to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release this company, and its employees, officers' directors, and agents from any and all liability of any type as a result of providing information to the above mentioned person and/or company.

Previous Employer's Company Name _____
Address _____
City _____ State _____ Zip _____
Phone Number (_____) _____ - _____ Fax Number (_____) _____ - _____
Contact Person _____ I worked for this company
From _____ / _____ / _____ To _____ / _____ / _____
Date of Birth _____ / _____ / _____ Social Security No. _____ - _____ - _____ Today's Date _____
(Applicant's Signature)

Section I – Past Employer to Complete >> Drug & Alcohol Information

Please provide the following drug and alcohol information as required by FMCSR Part 391.23 & 40.25.

If no drug and alcohol information is available on the above named applicant check here? No information

1. Any Alcohol test with a result of 0.04 or higher alcohol concentration? Yes No
2. Any verified positive drug test? Yes No
3. Any refusals to be tested? Yes No
(Including verified adulterated or substituted drug test results)
4. Any other violations of DOT agency drug and alcohol testing regulations? Yes No
(Part 382 or Part 40)
5. If this driver did successfully complete a SAP rehabilitation referral and remained in your employ, did he/she have any subsequent violations for: an alcohol test result of 0.04 or greater, a verified positive drug test or a refusal to test Yes No
(including a verified adulterated/substituted drug test result?)
6. If yes to any of the above questions, please provide documentation of successful completion of a SAP evaluation, prescribed treatment and return-to-duty requirement (including follow-up tests) if they remained in your employ.* Yes No

*if this information is not available from the previous employer, you, as a prospective employer, must get this information from the driver/applicant.

Request for information from previous employer/inquires to previous employers Drug & Alcohol

Request for Driver's Safety Performance History from DOT Regulated Previous Employer(s)

Section II – Past Employer to Complete >> Accident Information

Please provide the following information as required by 391.23(d) (1) (2) on any accidents, as defined by 390.5 and/or from your Accident register (FMCSR 391.15) which driver _____

(Applicant's name printed)

was involved within the past three (3) years while under your employment. Previous employers may include additional detailed information on minor accidents/incidents at their discretion.

If there is no accident information on the above named applicant check here? _____ **No information**

Date of Accident	Location of Accident	☑ - # fatalities? #	☑ - # injuries? #	☑ - # Vehicles Towed? #	☑ - # Haz-Mat? #
____/____/____	_____	_____	_____	_____	_____
____/____/____	_____	_____	_____	_____	_____
____/____/____	_____	_____	_____	_____	_____

Section III – Past Employer to Complete >> Work History Information

Please provide the following information on _____, He/She was

(Applicant's name printed)

employed for you as a: _____, From ____/____/____ To ____/____/____.

If employed as a driver, what type of equipment did he/she operate?

- Straight Truck
 Tractor/Trailer
 Doubles
 Triples
 Other, Explain _____

Type of trailer(s) pulled? _____

Was he/she a

- Company Driver
 Independent Contractor
 Independent Contractor Driver
 Other, Explain _____

State Traveled: _____

Commodities transported: _____

While under your employment:

Was he/she bonded? _____ Yes _____ No

Convicted of any traffic violations? _____ Yes _____ No if yes, please list all, including date

and type: _____

License(s) suspended, revoked or denied: _____ Yes _____ No

Reason for leaving? _____

Would you re-hire? _____ Yes _____ No _____ Upon Review

Please explain: _____

Applicant's Signature _____ Date _____

Previous Employer Name Printed _____ Title _____

Previous Employer Signature _____ Date _____