



P O Box 727 Evergreen, AL 36401 Phone (251)-226-2611 Fax (251)-578-2360

DRIVER APPLICATION FOR EMPLOYMENT

NAME (First) (Middle) (Last) Social Security #

ADDRESS (Street)(City) (State & Zip Code) How Long

HOME PHONE CELL PHONE

DATE OF BIRTH TODAY'S DATE

PREVIOUS THREE YEARS RESIDENCY

(Street) (City) (State & Zip Code) # Years

(Street) (City) (State & Zip Code) # Years

LICENSE INFORMATION

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE License # Type Expiration Date

In case of Emergency Notify: (Name) (Address) (Phone)

Position Applied For Have you worked for this company before

Names of Relatives in our employ

Email Address:

Are you now employed? If Not, How long since leaving last employment

Referred by Person Newspaper Other

Date of last physical examination Military

Circle Highest grade Completed 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4

Last School Attended (Name) (Address)

Have you ever been convicted of a Felony If yes, Please give explanation on separate sheet of paper.

DRIVING EXPERIENCE

<u>Class of Equipment</u>	<u>Type of Equipment</u>	<u>Dates</u>	<u>Miles</u>
Straight Truck	_____	_____	_____
Tractor/Semi Trailer	_____	_____	_____
Tractor/Two Trailers	_____	_____	_____
Other	_____	_____	_____

List States operated in for last 5 years _____

List Special Training or Courses that will help you as a driver _____

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

<u>DATES</u>	<u>TYPE OF ACCIDENT</u>	<u># FATALITIES</u>	<u># INJURIES</u>
_____	_____	_____	_____
_____	_____	_____	_____

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING)

<u>DATE CONVICTED</u>	<u>VIOLATION</u>	<u>STATE</u>	<u>PENALTY</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- A. Have you ever been denied a license, permit, or driving privilege to operate a motor vehicle? YES _____ NO _____
- B. Has any license, permit, or privilege ever been suspended or revoked? YES _____ NO _____
- C. Have you ever been disqualified subject to Section 391 of the Federal Motor Carrier Safety Regulations? YES _____ NO _____

IF THE ANSWER TO EITHER A, B, OR C IS YES, ATTACH A STATEMENT GIVING DETAILS

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

Is there any reason you might be unable to perform the functions of the job for which you are applying?

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state, and zip code.

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

Applicants should also list any unemployed time between jobs.

If applicant has been self-employed, he/she will need to be prepared to give references, vendors, customers, etc to help verify this self-employment.

EMPLOYMENT HISTORY (continued)

LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____

REASON FOR LEAVING _____

SECOND LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____

REASON FOR LEAVING _____

THIRD LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____

REASON FOR LEAVING _____

FOURTH LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____

REASON FOR LEAVING _____

EMPLOYMENT RECORD (continued)

FIFTH LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____

REASON FOR LEAVING _____

SIXTH LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____

REASON FOR LEAVING _____

SEVENTH LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____

REASON FOR LEAVING _____

EIGHTH LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____

REASON FOR LEAVING _____

PLEASE ATTACH SHEET IF MORE SPACE IS NEEDED

TO BE READ AND SIGNED BY APPLICANT

I have applied for employment with Evergreen Transport, LLC.

It is agreed and understood that any misrepresentation of information given shall be considered an act of dishonesty. It is agreed and understood that Evergreen Transport, LLC or their agents may investigate the applicant's background to ascertain any and all information of concern to applicant's 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 employment file.

It is also agreed and understood that under the Fair Credit Reporting Act, I have been told that this investigation may include an investigating consumer report, including information regarding my character, general reputation, personal reputation, personal characteristics, and mode of living.

I also agree to undergo urinalysis and/or breath alcohol testing to determine if I have controlled substances or other prohibited substances present in my system. I understand that if I test positive for controlled substances, I will be subject to immediate denial of employment and/or termination of employment.

I understand that the information I provide in accordance with FMSCA part 391 will be used to contact previous employers, for the purpose of investigating my safety performance and drug and alcohol history information as required by paragraphs (d) and (3) of 391.23(i) regarding information received as a result of these investigations are as follows:

- The right to review information provided by previous employers;
- The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;
- The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Should I have previous Department of Transportation regulated employment history in the preceding three years and wish to review previous employer-provided investigative information, I understand I must submit a written request to Evergreen Transport, LLC, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. Evergreen Transport, LLC will provide this information within five (5) business days of receiving the written request. If Evergreen Transport, LLC has not yet received the requested information from the previous employer(s), then the five (5) business days deadline will begin when Evergreen Transport, LLC receives the requested safety performance history information. I understand if I don't pick up or receive the requested records within thirty (30) days of Evergreen Transport, LLC making them available, Evergreen Transport, LLC may consider that I am waiving my request to review the records.

By signing below, I hereby voluntarily consent and do hereby authorize Evergreen Transport, LLC to obtain information about me and to consider this information when making decisions regarding my employment at this organization. I understand that I have rights under the FMSCA, including the rights discussed above.

Applicant (printed) _____ Signature _____

Date _____

**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 Evergreen Transport ("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 Evergreen Transport ("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



TRUCKING INDUSTRY:
DOT D/A Disclosure and Authorization

Send to Fax# (800) 257-8069

HireRight Customer:	
Company Name:	<u>Evergreen Transport</u>
Company Contact Name:	_____
Fax #:	<u>(251) 578 - 2360</u>
HireRight Account Code:	<u>QKBFM</u>

PART I – DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES – 49 CFR PART 391.23, DOT DRUG AND ALCOHOL TESTING

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to HireRight for the purpose of HireRight transmitting such records to the HireRight customer listed above. I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous **three (3) years**: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes HireRight with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to HireRight, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous **three (3) years**; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous **three (3) years**.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous **three (3) years**. If necessary, attach additional pages, including the date, your name, social security number and signature.

Previous DOT-Regulated Employer	City	State	Phone Number
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I disclosure and authorization for release as well as the attached FMCSA Notification of Driver Rights and any applicable state law notices; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original.

Print Applicant Name: _____ Social Security #: _____

Applicant Signature: _____ Date: _____