

Application for NON-CDL Driver

Please be sure to complete all questions and sections of the following documents

MINIMUM DRIVER QUALIFICATION INFORMATION

Company _____
Address _____
City _____ State _____ Zip Code _____

Instructions to Driver

Please answer all questions. If the answer to any question is "No" or "None", do not leave the item blank, but write "No" or "None".

Date _____ Position applying for **NON CDL DRIVER**
Name _____
(First) (Middle) (Last)
Phone Number (____) _____ Emergency Phone Number (____) _____
Age* _____ Date of Birth _____ Social Security Number _____ - _____ - _____

**The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.*

Current & Three Years Previous Addresses:

From _____ To _____

From _____ To _____

From _____ To _____

From _____ To _____

Have you worked for this company before? Yes No
If yes, give dates: From _____ To _____
Reason for leaving? _____

Education History

Please circle the highest grade completed:
Grade School: 1 2 3 4 5 6 7 8 9 10 11 12
College: 1 2 3 4 Post-Graduate: 1 2 3 4

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(3)

Driving Experience

Class of Equipment	Dates		Approximate Number of Miles (Total)
	From	To	
Straight Truck			
Tractor and Semi-trailer			
Tractor-two trailers			
Tractor-three trailers (triples)			
Other			

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

List special courses/training competed (PTD/DDC, Haz Mat, etc.): _____

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

Accident Record for past three years (attach sheet if more space is needed)

Date of Accident	Nature of Accidents (Head on, rear end, upset, etc.)	Location of Accident	# of Fatalities	# of People Injured

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

Date	Location	Charge	Penalty

Driver's 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 (as described in the job description)? YES NO
- Have you ever asserted a personal injury claim or workers compensation claim? YES NO
If so, please describe each injury and/or incident, which gave rise to each such claim and state the final disposition of each claim. If any doctor, court or administrative agency has assigned you an impairment or disability rating, state each rating and identify the court or administrative assigning same.
- Have you ever been arrested or otherwise charged with any traffic offense (including moving violations and DUIs), misdemeanor or felony? If so, identify each and every arrest and/or charge and state the final disposition of each such charge? YES NO
- Have you ever tested positive for a controlled substance? YES NO

If you answered yes to any, please give details on next page under remarks.

To Be Read and Signed by Applicant

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.

It is agreed and understood that the motor carrier on his 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.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agreed to furnish such additional information and complete such examinations as may be required to complete my application file.

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.

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.

Applicant Signature _____ **Date** _____

Remarks _____

The applicant named below is being considered for employment as a DRIVER with our company.

The applicant has listed you or your organization as a former employer. In accordance with the release signed by the applicant below, please provide the information requested.

Best Regards,

Name of Applicant: _____

Name of Former Employer: _____

APPLICANT'S AUTHORIZATION

I hereby authorize the above individual, company or institution to furnish (Company) with any information it may have concerning me which is on record or otherwise, and do hereby release the above individual, company or institution and all individuals connected therewith, including (company), from any and all liability whatsoever that might otherwise be incurred in furnishing such information.

SIGNATURE OF APPLICANT

RECORD OF EMPLOYMENT

Date(s) of Employment: _____

Position(s) Held: _____

Type of Vehicle Driven: pick-up truck _____ cargo van _____ box/straight truck _____

Accidents: YES or NO -- if yes -- description/date: _____

Reason Employment Ended: _____

Please rate the applicant in each of the following areas:

Job Skill	Excellent	Good	Average	Below Avg.	Poor
Initiative	Excellent	Good	Average	Below Avg.	Poor
Attendance	Excellent	Good	Average	Below Avg.	Poor
Conduct	Excellent	Good	Average	Below Avg.	Poor

Would you rehire the applicant? ___ Yes ___ No

Signature

Title

Date

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ADR Account No. LX 342

**ADR – American Driving Records and all agencies acting on behalf of
American Driving Records, Inc.**

Disclosure and Release Form

In connection with my application for employment (including contract for services) with Land Air Express Inc, I understand that motor vehicle reports, which may contain public and private record information, may be requested from ADR. These reports may include but are not limited to the following types of information: name, address, social security number, date of birth, driver license or I.D. number, and driver record. I also understand that the information included in such reports will be taken into consideration in deciding whether to offer me employment.

I authorize, without reservation, any party or agency contacted by ADR to furnish the above-mentioned information.

I understand that:

- ADR obtains all driver and vehicle information directly from the various state Department of Vehicles (or a corresponding agency) and does not maintain it's own database of driver and vehicle information.
- ADR acts only as a courier and has no control over any of the information that a state discloses in my driver record or vehicle record.
- If there is something inaccurate on my driver or vehicle report, I must contact the DMV directly to have the information corrected or updated.

I hereby authorize procurement of motor vehicle records. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure motor vehicle records at any time during my employment (or contract) period.

State Licensed In: _____

Print Name: _____

Driver's License No. _____

Date of Birth _____

SSH _____

Applicant's 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 _____ ("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

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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

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**CONSENT TO PERFORM CRIMINAL HISTORY/BACKGROUND CHECK
IN COMPLIANCE WITH THE FCRA (FAIR CREDIT REPORTING ACT)**

Last Name	First Name	Middle Name or Initial
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Maiden or other name(s) used in any and all other records of birth or records of residence.

* Address	Apartment or #
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City	County	State	Zip
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** Date of Birth	Social Security Number	**Gender	**Race
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***AS SHOWN ON THE ORIGINAL APPLICATION**
****TO BE USED FOR CRIMINAL HISTORY CHECKS ONLY AND NOT A PART OF THE PERSONNEL FILE.**

I, _____, am an applicant for employment / volunteerism with _____ company and have been advised that as a part of the application process, the company conducts a criminal history background report that may include, but are not limited to, employment and education verifications, personal references; personal interviews; my personal credit history; and driving record. I do hereby consent to the company use of any information provided during the application process in performing the background report. The company has informed me that I have the right to review and challenge any negative information that would adversely impact a decision to offer employment / volunteerism. In addition, I have been informed that I will have a reasonable opportunity to clear up any mistaken information reported within a reasonable time frame established within the sole discretion of the company. Under the fair Credit Reporting Act, I have been advised that upon request I will be provided the name, address and telephone number of the reporting agency as well as the nature, substance and source of all information.

The following are my responses to questions about my criminal history (if any).

1. YES NO Have you ever been convicted or plead guilty before a court for any federal, state or municipal criminal offense? (exclude minor traffic misdemeanors).
 If yes, please provide details below.

State: _____ County: _____ Date of Offense: ____ / ____ / ____

Details of conviction: _____

2. YES NO Have you ever received deferred adjudication or similar disposition for any federal, state or municipal offense?
 If yes, please provide details below.

State: _____ County: _____ Date of Offense: _____

Details of offense: _____

3. YES NO Have you ever received probation or community supervision for any federal, state or municipal offense? If yes, please provide details below.

State: _____ County: _____ Date of Offense: _____

Details of supervision: _____

4. YES NO Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? If yes, please provide details below.

Country: _____ City: _____ Date of Offense: _____

Details of conviction: _____

5. YES NO As of the date of this consent form, do you have any pending charges against you? If yes, please provide details below.

State: _____ County: _____ Date of Arrest _____

Details of pending charges: _____

THIS SECTION IS TO BE USED TO LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE HIGH SCHOOL GRADUATION OR AGE 18.

CITY/TOWN	COUNTY	STATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS CONSENT FORM IS TRUE, CORRECT AND COMPLETE. IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE. I UNDERSTAND THAT GROUNDS FOR CANCELING OF ANY AND ALL OFFERS OF EMPLOYMENT/VOLUNTEERISM WILL EXIST AND MAY BE USED AT THE DISCRETION OF THE COMPANY.

Signed this _____ day of _____, 20 _____

APPLICANT (PRINT NAME) _____

APPLICANT'S SIGNATURE _____

PLEASE PROVIDE A COPY OF YOUR DRIVER'S LICENSE
AND SS CARD

IF YOU WERE NOT BORN IN THE U.S. PLEASE PROVIDE
ONE OF THE FOLLOWING AS WELL

U.S. PASSPORT

BIRTH CERTIFICATE

PERMANENT RESIDENT CARD