



700 West Resource Dr.
Brooklyn Heights, OH 44131

Note: This application must be completed and signed by the applicant

APPLICATION FOR EMPLOYMENT - Commercial Motor Vehicle Operator

Notice: Your application for employment will be processed as quickly as possible. As part of such processing, we may request from a Consumer Reporting Agency (as such term is defined in Section 603 (f) of Public Law 91-508) a report containing information concerning your character, general reputation, personal characteristics and mode of living. If you so request, in writing, we will send you additional information as to the nature and scope of such a report, if one is in fact requested and received by us.

Name (First)	(Middle)	(Last)	Applying for:
			Full Time Part Time
Street Address			Home Phone: () Cell Phone: () Email:
City	State	Zip Code	Social Security Number:
Are you now employed?			Rate of pay expected:
Position desired:			Date Available:

EDUCATION AND TRAINING

Name of High School	Did you graduate? Yes No	Course or Major
Business, Career or Technical Schools	Did you graduate? Yes No	Course or Major
Other	Did you graduate? Yes No	Course or Major

COLLEGE LEVEL AND ABOVE (Including Junior and Community Colleges)

School and Location	Did you graduate? Yes No	Major/Field of Study:
	Degree received:	
School and Location	Did you graduate? Yes No	Major/Field of Study:
	Degree received:	

List any additional special training that is relevant to the position that you are applying for:

EMPLOYMENT HISTORY
 (The FMCSA requires 10 years previous work history)

List full company name, street address, city, state, zip and phone number with area code

LIST LAST EMPLOYER FIRST: Account for all past employment. Use additional sheets if necessary.

Dates	Former Employer	Type of Business	Your Position	Rate of Pay
From	Name			
To	Address			
Phone No.	City State Zip	Supervisor	Reason for Leaving	

Were you subject to the Federal Motor Carrier Safety Regulations?	Yes	No
Were you subject to alcohol and controlled substance testing as required by 49 CFR part 40?	Yes	No

Dates	Former Employer	Type of Business	Your Position	Rate of Pay
From	Name			
To	Address			
Phone No.	City State Zip	Supervisor	Reason for Leaving	

Were you subject to the Federal Motor Carrier Safety Regulations?	Yes	No
Were you subject to alcohol and controlled substance testing as required by 49 CFR part 40?	Yes	No

Dates	Former Employer	Type of Business	Your Position	Rate of Pay
From	Name			
To	Address			
Phone No.	City State Zip	Supervisor	Reason for Leaving	

Were you subject to the Federal Motor Carrier Safety Regulations?	Yes	No
Were you subject to alcohol and controlled substance testing as required by 49 CFR part 40?	Yes	No

Dates	Former Employer	Type of Business	Your Position	Rate of Pay
From	Name			
To	Address			
Phone No.	City State Zip	Supervisor	Reason for Leaving	

Were you subject to the Federal Motor Carrier Safety Regulations?	Yes	No
Were you subject to alcohol and controlled substance testing as required by 49 CFR part 40?	Yes	No

Dates	Former Employer	Type of Business	Your Position	Rate of Pay
From	Name			
To	Address			
Phone No.	City State Zip	Supervisor	Reason for Leaving	

Were you subject to the Federal Motor Carrier Safety Regulations?	Yes	No
Were you subject to alcohol and controlled substance testing as required by 49 CFR part 40?	Yes	No

EMPLOYMENT HISTORY CONTINUED

Dates	Former Employer	Type of Business	Your Position	Rate of Pay
From	Name			
To	Address			
Phone No.	City State Zip	Supervisor	Reason for Leaving	

Were you subject to the Federal Motor Carrier Safety Regulations?	Yes	No
Were you subject to alcohol and controlled substance testing as required by 49 CFR part 40?	Yes	No

Dates	Former Employer	Type of Business	Your Position	Rate of Pay
From	Name			
To	Address			
Phone No.	City State Zip	Supervisor	Reason for Leaving	

Were you subject to the Federal Motor Carrier Safety Regulations?	Yes	No
Were you subject to alcohol and controlled substance testing as required by 49 CFR part 40?	Yes	No

Dates	Former Employer	Type of Business	Your Position	Rate of Pay
From	Name			
To	Address			
Phone No.	City State Zip	Supervisor	Reason for Leaving	

Were you subject to the Federal Motor Carrier Safety Regulations?	Yes	No
Were you subject to alcohol and controlled substance testing as required by 49 CFR part 40?	Yes	No

Dates	Former Employer	Type of Business	Your Position	Rate of Pay
From	Name			
To	Address			
Phone No.	City State Zip	Supervisor	Reason for Leaving	

Were you subject to the Federal Motor Carrier Safety Regulations?	Yes	No
Were you subject to alcohol and controlled substance testing as required by 49 CFR part 40?	Yes	No

REFERENCES (Not relatives; prefer work related)

Name	Occupation	Phone
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Address

Name	Occupation	Phone
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Address

Name	Occupation	Phone
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Address

Previous Address (If at present address less than 3 years)

Street Address				Length of Residence	
City		State		Zip Code	
Do you presently hold a valid commercial license issued by the state in which you live? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If YES, specify State:		License No.	Date Issued	Expiration Date	Any Restrictions?
CDL class (circle one): A B					
List all other licenses, valid or expired, that have been issued to you					
State	License No.	Date Issued	Expiration Date	Restrictions	
Endorsements (Circle all that apply): HazMat Tanker Doubles/Triples Passenger Other					
Have you ever been convicted of a DUI or refused or failed a drug or alcohol test? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Has your CDL ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If YES, explain:					

TRAFFIC CONVICTIONS (During preceding 3 years)

Name of Court	Location	Date	Charge	Penalty

DRIVING ACCIDENTS (During preceding 3 years)

Date	Type of Vehicle Driven (Personal or Commercial)	Property Damage		Fatality or Personal Injury		Description of Accident
		Yes	No	Yes	No	
Most Recent						
Next Previous						
Next Previous						
How many accidents have you had in the past:		Year:	2 Years:	3 Years:	4 Years:	5 Years:

DRIVING EXPERIENCE

Type of Equipment	Number of years experience	Approx. number of miles
Tractor - Dry Van Trailer		
Tractor - Flatbed		
Tractor - Tanker		
Tractor - Reefer		
Straight Truck - Box		
Straight Truck - Flatbed		
Other		

In what states have you driven regularly?

SAFETY AWARDS - Indicate below any awards you have received for safe driving, and from whom

MILITARY STATUS			
Have you ever served in the U.S. Armed Forces?	Yes	No	Branch of Service: _____
			Dates (From) _____ (To) _____
List any education, experience, or skills obtained in the Armed Forces			
MEDICAL HISTORY			
Are you able to perform all of the duties of the job for which you have applied? Yes No*	If NO, which duties can you not perform?	Can you suggest any accommodations to help you perform the duties? **	
Do you agree to take a physical examination and a drug screening test if required for the job?			Yes No
CRIMINAL CONVICTIONS			
Have you ever been convicted of a crime?		Yes***	No
If YES, explain: (indicate type(s) of offenses(s) involved, and dates(s) of conviction(s), imprisonment, release and rehabilitation):			

* A negative response to this question will not necessarily be a bar to employment.

** It is our policy to offer reasonable accommodation (subject to undue hardship limitations) to any disabled applicant who is otherwise qualified for employment with us.

TO BE READ AND SIGNED BY APPLICANT

- I understand and agree that the employer or its agents may investigate my background and work record, and I release employers and persons named herein from all liability for any damages on account of furnishing such information.
- I understand agree that the information that I have provided in accordance with 391.21(b)(10) may be used, and my previous employers may be contacted, for the purpose of investigating my safety performance history information as required by 391.23 (d) and (e).
- I understand and agree that if I am hired by the company, my employment and compensation can be terminated either at my will or at the will of the company with or without cause and with or without notice at any time; and no representative of the company has the authority to enter into any oral and/or written employment contract for any period of time or to make any agreement contrary to the foregoing; nor will I rely upon any assurances to the contrary from anyone.
- I understand and agree that no express or implied contract of employment exists between the employer and me, nor have any representations been made which indicate or can be construed that an express or implied contract of employment has been promised.

Any false statement submitted herein will be deemed sufficient reason for rejection or termination of my employment, irrespective of time lapsed before discovery. Any misrepresentation of information given shall be considered an act of dishonesty.

This certifies that I have read and understand all of the foregoing. My signature also 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 OF APPLICANT	DATE

APPLICANT DOES NOT WRITE BELOW

Referred By	Date
Interviewed By	Date
Interviewed By	Date
Interviewed By	Date
Customer account assigned to	Job Title
City and state	Rate of Pay
Date actually employed	<input type="checkbox"/> Rejected
Reason	



Authorization and Disclosure

Pursuant to the federal Fair Credit Reporting Act of 1996, Dedicated Transport hereby discloses to all interested parties that a pre-hire/post-offer safety and employment check will be performed on all applicants for employment with Dedicated Transport.

I authorize Dedicated Transport and their agents to obtain any and all information relating to my motor vehicle record, previous employment, criminal record, education and credit history.

In addition, if I am applying as a Commercial Motor Vehicle Operator I additionally authorize Dedicated Transport and their agents to obtain information from previous employers on my alcohol and controlled substance testing history and safety performance history pursuant to Federal Motor Carrier Regulations 382.413 and 391.23(d) and (e).

I agree to hold Dedicated Transport and its agents harmless regarding any information obtained from independent reporting sources. I am aware that these reports are prepared under the guidelines of the Fair Credit Reporting Act (FCRA) and that I may obtain a copy of these reports if I am denied employment based on information contained therein.

I authorize all previous employers and all public record agencies to accept copies of this document as an original authorization and release of all records.

Applicant: Your date of birth is requested for the purpose of performing a criminal search only. It is not intended to be used as a basis for acceptance or rejection of your application for employment.

_____	_____	_____
Last Name	First Name	Middle Name
_____	_____	_____
Birth (maiden) Name	Social Security Number	Date of Birth
_____	_____	
Driver's License Number	Issuing State	
May we contact your current employer?	_____	_____
	Yes	No
_____		_____
Signature		Date



IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In connection with your application for employment with Dedicated Transport, 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 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 Dedicated Transport, 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 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.



Request for Information from Previous Employer

I hereby authorize you to release the following information to Dedicated Transport for purposes of employment investigation. You are released from any and all liability which may result from furnishing such information.

_____ Date

_____ Applicant Signature

Applicant Name _____
SSN _____

Dear Sir/Madam:

The above named individual has made application to this company for a position as _____ and was employed by you as _____ from: _____ to: _____

Employed from _____ to _____ Did he/she drive a motor vehicle for you? Y N

Type of vehicle driven? _____

Reason for leaving your employ: Discharged: Y N Resigned: Y N
Laid off: Y N Military Y N

Safety Performance History Information

Please provide the detail on any DOT-recordable vehicle accidents that this applicant has been involved in during the previous 3-year period:

Accident Date	City	State	Number of Fatalities	Number of Injuries	HazMat Release?	Accident Description
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Any Alcohol Tests of .04 or higher: Y N Dates: _____

Any Positive Drug Tests: Y N Dates: _____

Any Refusal to submit to Drug or Alcohol Tests? Y N Dates: _____

If the answer(s) were yes to any of the above questions, please list the name(s), address(es) and phone number(s) of the treating substance abuse professionals: _____

Confidential Report of Personal Reference

Please indicate your opinion by checking appropriate box:

CHARACTERISTICS	EXCELLENT	GOOD	FAIR	POOR	ANY OTHER REMARKS
Disposition, Tact, Ability to get along with others					
Initiative, Resourcefulness					
Safety Habits					
Job Skill					
Attitude					
Loyalty					

_____ Signature

_____ Title

_____ Date

DRIVER'S RIGHTS UNDER FMCSR 391.23

As a Driver, you are provided with certain rights under the Federal Motor Carrier Safety Regulations in Part 391.23. These rights are:

391.23(i)(1)

- (i) The right to review information provided by previous employers;
- (ii) 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;
- (iii) 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.

391.23(i)(2)

Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, 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. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five business days deadline will begin when the prospective employer receives the requested safety performance history information. If the Driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the Driver to have waived his/her request to review the records.

391.23(i)(1)

Drivers wishing to request correction or erroneous information in records received pursuant to paragraph (i) of this section must send the request for the correction to the previous employer that provided the records to the prospective employer.

391.23(i)(2)

After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer or notify the Driver within 15 days of receiving a Driver's request to correct the data that it does not agree to correct the data. If the previous employer corrects and forwards the data as requested, that employer must also retain the corrected information as part of the Driver's safety performance history record and provide it to subsequent prospective employers when requests for this information are received. If the previous employer corrects the data and forwards it to the prospective motor carrier employer, there is no need to notify the Driver.

391.23(i)(3)

Drivers wishing to rebut information in records received pursuant to paragraph (i) of this section must send the rebuttal to the previous employer with instructions to include the rebuttal in the Driver's safety performance history.

391.23(i)(4)

After October 29, 2004, within five business days of receiving a rebuttal from a Driver, the previous employer must:

- (i) Forward a copy of the rebuttal to the prospective motor carrier employer;
- (ii) Append the rebuttal to the Driver's information in the carrier's appropriate file, to be included as part of the response for any subsequent investigating prospective employers for the duration of the three-year data retention requirement.

391.23(i)(5)

The Driver may submit a rebuttal initially without a request for correction, or subsequent to a request for correction.

391.23(i)(6)

The Driver may report failures of previous employers to correct information or include the Driver's rebuttal as part of the safety performance information, to the FMCSA following procedures specified at Section 386.12.

391.23(k)(1)

The prospective motor carrier employer must use the information described in paragraphs (d) and (e) of this section only as part of deciding whether to hire the Driver.

391.23(k)(2)

The prospective motor carrier employer, its agents and insurers must take all precautions reasonably necessary to protect the records from disclosure to any person not directly involved in deciding whether to hire the Driver. The prospective motor carrier employer may not provide any alcohol or controlled substances information to the prospective motor carrier employer's insurer.

391.23(l)(1)

No action or proceeding for defamation, invasion of privacy, or interference with a contract that is based on the furnishing or use of information in accordance with this section may be brought against:

- (i) A motor carrier investigating the information, described in paragraphs (d) and (e) of this section, of an individual under consideration for employment as a commercial motor vehicle driver,
- (ii) A person who has provided such information; or
- (iii) The agents or insurers of a person described in paragraph (l)(1)(i) or (ii) of this section, except insurers are not granted a limitation on liability for any alcohol and controlled substance information.

391.23(l)(2)

The protections in paragraph (l)(1) of this section do not apply to persons who knowingly furnish false information, or who are not in compliance with the procedures specified for these investigations.

I, the undersigned, have read and understand the above-mentioned rights.

Signature

Date