



## Driving Experience

EQUIPMENT TYPE (Van, Tank, Flat, Etc.)	DATES		TOTAL APPROX. MILEAGE
	FROM	TO	

All Accidents, Last 3 Years (If none, write "NONE") Use backside of sheet if more room is needed.

DATE	NATURE OF ACCIDENT (HEAD ON, REAR-END, UPSET, ETC.)	Number of Fatalities	Number of Injuries	Chemical Spill? YES OR NO

Traffic Convictions and Forfeitures for the Past 3 Years. (Other than parking violations) Use back of sheet if needed.

DATE Month/Year	VIOLATION	STATE OF VIOLATION	PENALTY (Forfeited Bond, Collateral and/or Points)	Commercial Vehicle?

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES \_\_\_\_\_ NO \_\_\_\_\_  
If "YES," Which state of issuance, and Explain:

\_\_\_\_\_

B. Has any license, permit or privilege ever been suspended or revoked? YES \_\_\_\_\_ NO \_\_\_\_\_  
If "YES," Which state of issuance, and Explain:

\_\_\_\_\_

C. Have you ever had a DOT Violation? YES \_\_\_\_\_ NO \_\_\_\_\_  
If "YES," Explain in full detail each instance:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Employment History

Applicants that desire to drive in intrastate/interstate commerce MUST PROVIDE detailed information for the last 3 years PLUS the company name, position held, and dates for all employment up to 10 years. (Section 383.35)

1.) EMPLOYER NAME: \_\_\_\_\_  
COMPLETE MAILING ADDRESS: \_\_\_\_\_  
PHONE NUMBER: ( \_\_\_\_\_ ) \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_  
POSITION HELD: \_\_\_\_\_ Date: \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_

Were you subject to the FMCS Regulations during this period? YES \_\_\_\_\_ NO \_\_\_\_\_

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? YES \_\_\_\_\_ NO \_\_\_\_\_

Reason for Leaving:

\_\_\_\_\_  
\_\_\_\_\_

2.) EMPLOYER NAME: \_\_\_\_\_  
COMPLETE MAILING ADDRESS: \_\_\_\_\_  
PHONE NUMBER: ( \_\_\_\_\_ ) \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_  
POSITION HELD: \_\_\_\_\_ Date: \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_

Were you subject to the FMCS Regulations during this period? YES \_\_\_\_\_ NO \_\_\_\_\_

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? YES \_\_\_\_\_ NO \_\_\_\_\_

Reason for Leaving:

\_\_\_\_\_  
\_\_\_\_\_

3.) EMPLOYER NAME: \_\_\_\_\_  
COMPLETE MAILING ADDRESS: \_\_\_\_\_  
PHONE NUMBER: ( \_\_\_\_\_ ) \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_  
POSITION HELD: \_\_\_\_\_ Date: \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_

Were you subject to the FMCS Regulations during this period? YES \_\_\_\_\_ NO \_\_\_\_\_

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? YES \_\_\_\_\_ NO \_\_\_\_\_

Reason for Leaving:

\_\_\_\_\_  
\_\_\_\_\_

4.) EMPLOYER NAME: \_\_\_\_\_  
COMPLETE MAILING ADDRESS: \_\_\_\_\_  
PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_  
POSITION HELD: \_\_\_\_\_ Date: \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_

Were you subject to the FMCS Regulations during this period? YES \_\_\_\_\_ NO \_\_\_\_\_

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? YES \_\_\_\_\_ NO \_\_\_\_\_

Reason for Leaving:

\_\_\_\_\_  
\_\_\_\_\_

5.) EMPLOYER NAME: \_\_\_\_\_  
COMPLETE MAILING ADDRESS: \_\_\_\_\_  
PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_  
POSITION HELD: \_\_\_\_\_ Date: \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_

Were you subject to the FMCS Regulations during this period? YES \_\_\_\_\_ NO \_\_\_\_\_

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? YES \_\_\_\_\_ NO \_\_\_\_\_

Reason for Leaving:

\_\_\_\_\_  
\_\_\_\_\_

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MO/YR) AND REASON:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For driver applicants of commercial motor vehicles that require a Commercial Driver License (CDL) the applicant must disclose their controlled substance and alcohol status per the requirements of 49 CFR part 40.25 (j).**

## Military Service

Are you a veteran? YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES," Please list discharge status: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Dates of Service: \_\_\_\_\_ to \_\_\_\_\_

Highest Rank Achieved: \_\_\_\_\_ Job Description: \_\_\_\_\_

Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgement to a felony? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

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

Driver employees 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 thirty (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 (5) business day 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 their request to review the records.

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### To Be Read and Signed by Applicant

I authorize you to make sure investigations and inquiries to 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 that I have the right to:

- Review information provided by current/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."

\_\_\_\_\_  
Date

\_\_\_\_\_  
APPLICANT'S SIGNATURE

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

\_\_\_\_\_  
Date

\_\_\_\_\_  
APPLICANT'S SIGNATURE

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

**DISCLOSURE AND AUTHORIZATION REGARDING BACKGROUND  
INVESTIGATION FOR EMPLOYMENT PURPOSES**

**Disclosure**

Taylor Team Relocation LLC (the "Company") may request from a consumer reporting agency and for employment-related purposes, a "consumer report(s)" (commonly known as "background reports") containing background information about you in connection with your employment, or application for employment, or engagement for services (including independent contractor or volunteer assignments, as applicable).

HireRight, LLC ("HireRight") will prepare or assemble the background reports for the Company. HireRight is located and can be contacted at 3349 Michelson Drive, Suite 150, Irvine, CA 92612, (800) 400-2761, [www.hireright.com](http://www.hireright.com).

The background report(s) may contain information concerning your character, general reputation, personal characteristics, mode of living, or credit standing. The types of background information that may be obtained include, but are not limited to: criminal history; litigation history; motor vehicle record and accident history; social security number verification; address and alias history; credit history; verification of your education, employment and earnings history; professional licensing; credential and certification checks; drug/alcohol testing results and history; military service; and other information.

**Authorization**

I hereby authorize Company to obtain the consumer reports described above about me.

Applicant Name \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Suggested Format: "Release of Information Form -- 49 CFR Part 40 Drug and Alcohol Testing"**

**Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:**

Employee Printed or Typed Name: \_\_\_\_\_

Employee SS or ID Number: \_\_\_\_\_

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in *Section I-B*, to the employer listed in *Section I-A*. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in *Section II-A* by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I-A.**

New Employer Name: TTR Shipping

Address: 4945 Scarlet Lane, Unit #9  
Stow, OH 44224

Phone #: (888) 333 - 6865 Fax #: (866) 384 - 9316

Designated Employer Representative: Missy Orzechowski

**I-B.**

Previous Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_

Designated Employer Representative (if known): \_\_\_\_\_

**Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:**

**II-A.** In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing ~

- |   |                        |
|---|------------------------|
| 1. Did the employee have alcohol tests with a result of 0.04 or higher?                                   | YES ___ NO ___         |
| 2. Did the employee have verified positive drug tests?  | YES ___ NO ___         |
| 3. Did the employee refuse to be tested?  | YES ___ NO ___         |
| 4. Did the employee have other violations of DOT agency drug and alcohol testing regulations?             | YES ___ NO ___         |
| 5. Did a previous employer report a drug and alcohol rule violation to you?                               | YES ___ NO ___         |
| 6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? | N/A ___ YES ___ NO ___ |

*NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).*

**II-B.**

Name of person providing information in *Section II-A*: \_\_\_\_\_

Title: \_\_\_\_\_

Phone #: \_\_\_\_\_

Date: \_\_\_\_\_





## PERMISSION TO OBTAIN DRIVING RECORD

I understand that as a normal part of the hiring process the driving records of all prospective employees are reviewed. In addition, I understand that my driving record is subject to future, periodic reviews. By completing and signing this form I give permission to *TTR Shipping* and its insurance agent to obtain and review a copy of my driver license (MVR)/Criminal background record both now and in the future.

Please print:

\_\_\_\_\_  
First Name

\_\_\_\_\_  
MI

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Driver License Number

\_\_\_\_\_  
State

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's License expires

\_\_\_\_\_  
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 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.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

*LAST UPDATED 12/22/2015*