

# APPLICATION FOR AUTHORIZATION TO DRIVE COMPANY DRIVER



**PLAINFIELD TRUCKING, INC.**  
 P.O. Box 306 Plainfield, WI 54966  
 office: 715-335-6375 fax: 715-335-6011

Please print plainly in ink and  
 all blanks must be filled out.

Dear Applicant: Per FMCSR 391.21 (d) Before an application is submitted, the motor carrier shall inform the applicant that the information he/she provides for the employment history may be used, and the applicant's prior employers may be contacted, for the purpose of investigating the applicant's safety performance history information. The prospective employer must also notify the driver in writing of his/her due process rights as specified in § 391.23(i) regarding information received as a result of these investigations. You the applicant have the following rights: (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.

Driver Applicant Printed Name	Driver Applicant Signature	Date
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Date of Application: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Cell Phone # : \_\_\_\_\_ Email: \_\_\_\_\_

Position applied for:  Company Driver

Full Time  Part Time ( specify what days and hours) \_\_\_\_\_

Name: \_\_\_\_\_  

First
Middle
Last
Previous names

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

Street
City
State
Zip
How long?

List previous addresses for past 5 years:

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

Street
City
State
Zip
How long?

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

Street
City
State
Zip
How long?

SSN # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Class \_\_\_\_\_

If you are applying for a job as a commercial truck driver, in case of emergency, who should we contact?

\_\_\_\_\_  

Name
phone number
relationship

\_\_\_\_\_  

Name
phone number
relationship

How many years of commercial driving experience do you have? \_\_\_\_\_

Have you ever failed or refused a pre-employment or random drug/alcohol test given by a company where you never accepted employment?  Yes  No

Have you worked for this company before?  Yes (Dates \_\_\_\_\_)  No

Reason for leaving: \_\_\_\_\_

How did you find out about Plainfield Trucking?  Newspaper  Radio  Social Media

Referral  Other \_\_\_\_\_

# EMPLOYMENT RECORD FOR THE PAST TEN (10) YEARS

Begin with your present or most recent job and work backwards in order, listing your employers for at least 10 years including all full and part-time employment. All times must be accounted for including military service, self-employment and periods of unemployment. Use supplementary sheets if necessary. **WE MUST HAVE TELEPHONE NUMBERS.** Account for any gaps between employers.

Are you presently employed?  Yes  No May we contact your current employer? \_\_\_\_\_

<i>Previous Employer</i> <i>Dates of Employment</i> From: _____  To: _____  _____
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Name \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Position held \_\_\_\_\_ Rate of Pay \_\_\_\_\_  
 Average number of miles each week \_\_\_\_\_ Days out per trip \_\_\_\_\_  
 Equipment Driven \_\_\_ Straight Truck \_\_\_ Cabover \_\_\_ Conventional \_\_\_ Reefer \_\_\_ Van  
 \_\_\_ Dump \_\_\_ Flatbed \_\_\_ Tanker \_\_\_ Autohauler \_\_\_ Doubles \_\_\_ Trailer Length : \_\_\_ Ft.  
 Log book required: \_\_\_ Approx. number of miles driven for this Employer \_\_\_\_\_  
 Reason for leaving: \_\_\_ Quit \_\_\_ Fired \_\_\_ Layoff \_\_\_ Other  
 Explain Circumstances: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?  Yes  No

Was this job a FMCSA safety sensitive function as defined by the DOT subject to alcohol and drug testing?  Yes  No

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 Was this job a FMCSA safety sensitive function as defined by the DOT subject to alcohol and drug testing?  Yes  No

**ACCIDENTS**

Have you been involved in any motor vehicle accidents in past 4 years? If none write "NONE."  
 List all accidents, preventable, non-preventable, regardless of dollar amount or fault in the past 4 years.

Month/Year	Type of Accident	Type of Vehicle	Location City, State	\$ Amount of Damage	Number of Fatalities	Number of Injuries	Were you Ticketed?	Were you at fault?

**CARGO CLAIMS**

Have you had any cargo claims in the past 4 years?  Yes  No If none, write "NONE"  
 List all claims, preventable, non-preventable, regardless of \$ amount or fault in the past 4 years.

Month/Year	Type of Claim	\$ Amount of Claim	Expiration Date	Type of Cargo	Were you charged for the claim?

**EDUCATION**

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 5 6 7 8  
 Check the following that apply: High School Diploma  GED  College Degree  None of these

List any Truck Driving Schools you have attended, dates of completion, and other safety training:

\_\_\_\_\_

\_\_\_\_\_

**Please answer the following questions with a "YES" or "NO"**

1. Are you a U. S. Citizen or otherwise legally authorized to work in this country?  Yes  No
2. Have you ever been convicted of a felony?  Yes  No
3. Is there any reason you might be unable to perform the functions of the job, for which you have applied, ( Truck Driver), ie: but not limited to lifting, loading, unloading, minor maintenance, tarping and securement of loads, fueling and driving?  Yes  No  
If yes, explain: \_\_\_\_\_
4. Have you ever been convicted of driving while intoxicated or driving under the influence of drugs within the last (5 ) five years?  Yes  No
5. Are you familiar with the Federal Motor Carrier Safety Regulations?  Yes  No
6. Have you ever been denied a bond?  Yes  No
7. Have you ever had your driver's license suspended or revoked?  Yes  No
8. Do you drink alcohol?  Yes  No
9. Do you currently use drugs illegally?  Yes  No
10. Do you take any Schedule I substance listed in 21 CFR 1308.11?  Yes  No

**LICENSE INFORMATION ( YOU MUST HAVE A VALID CDL)**

List all licenses held in the past 5 years.

Issuing State	License #	Type	Expiration Date	Restriction	Turned in?

**Please answer the following questions with a "YES" or "NO"**

1. Do you currently hold more than one valid license?  Yes  No
2. Have you ever been denied a license, permit or privilege to operate a motor vehicle?  Yes  No
3. Has any license, permit or privilege ever been suspended or revoked?  Yes  No
4. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations?  Yes  No

If you answered yes to any of the above questions give details:

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# DRIVING RECORD

Have you ever been convicted of any traffic violations in the past 4 years?  Yes  No

List all traffic violations except for parking tickets in the last 4 years. If none write "NONE"

Month/Year	Violation	Type of Vehicle	Location, City, State	Penalty/Fine	Points assessed

***Applicant: read and sign before submitting this application***

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty and reason for non-consideration or subsequent dismissal if hired or denial of authorization to drive. It is also 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 the 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/her furnishing such information. I understand that nothing contained in this application or in the granting of an interview or road test is intended to create an employment contract between this company and myself, for either employment, authorization to drive or for the providing of any benefits. No promises regarding employment or authorization to drive have been made to me, and no such promises exist unless specifically made by Plainfield Trucking, Inc. in writing. It is agreed and understood that if qualified, hired or contract started, I may be on a probationary period during which time I may be disqualified without recourse. I understand employment or authorization to drive with this carrier is on an "at-will" basis that allows me to quit, be fired, or lease agreement revoked at any time with or without notice and with or without cause. 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 of Applicant

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

Hire Date \_\_\_\_\_ Employment Denial Date \_\_\_\_\_ Staff Initials \_\_\_\_\_

# Application for Qualification

## Disclosure Statement

***Applicant: Read and sign before submitting this application.***

By the document \_\_\_\_\_ discloses to you that a consumer report, including an investigative report containing information as to your character, general reputation, personal characteristics, driving record, and mode of living may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment. Should an investigation consumer report be requested you have the right to demand a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act. Please sign below to signify receipt of the forgoing disclosure.

I agree to furnish such additional information that may be necessary and complete such examinations as may be required to complete my application file including but not limited to pre-employment negative urine tests and successful completion of a human performance evaluation including a Department of Transportation physical.

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Applicant's Printed Name

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Applicant's Signature

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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*