

ACS Trucking, Inc.  
4886 Redman Rd.  
Clayton, Wa. 99110

Applying for:

**Solo** \_\_\_\_\_

Team with

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

First Middle

Former Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Birth Date:     /     /

Home Phone: ( ) - Contact Phone ( ) -

Current Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Past Address if less than 3 years at present: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Regions driven in: ☐NW ☐SW ☐NE ☐SE ☐Midwest ☐Canada

Have you ever been convicted of/or have a pending felony? ☐ Yes ☐ No If yes, when? \_\_\_\_\_

Have you ever been convicted of or have a pending DWI/DUI? ☐ Yes ☐ No If yes, when? \_\_\_\_\_

Have you tested positive or refused to test for alcohol/controlled substances in the last 3 years?

Have you tested positive or refused to test on a pre-employment alcohol/controlled substances in the last 3 years?

☐ Yes      ☐ No      If yes, when? \_\_\_\_\_

Are you authorized to work in the United States under federal law? ☐ Yes ☐ No

Are you able to pass a two year DOT physical? ☐ Yes ☐ No

Has your license ever been denied, revoked or suspended? ☐ Yes ☐ No If yes, when? \_\_\_\_\_

(Please explain any denial, revocation or suspension in the Traffic Violations area)

How were you referred to ACS Trucking? \_\_\_\_\_ Driver? ☐ Yes ☐ No

Name? \_\_\_\_\_

Have you ever ☐ worked / applied ☐ with us before? ☐ Yes ☐ No If yes, when? \_\_\_\_\_

List all unexpired licenses you currently hold:

State	License Number	Class	Endorsements	Expiration Date
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\_\_\_\_\_ / /

2. \_\_\_\_\_

3. \_\_\_\_\_

Date	State	Type of Violation (i.e. speeding - 10 miles over)	Points or Penalty
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Handwriting practice lines with the letter 'I' written on the first line of each set.

Date	Vehicle	Nature of Accident	Non Preventable Or Preventable	Injuries	Fatalities	Amount
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f f \_\_\_\_\_  
 f f \_\_\_\_\_  
 f f \_\_\_\_\_

## Experience/Education

Months of Over-the-Road Experience in the last five years \_\_\_\_\_

Driving school attended (if less than 12 months of experience): \_\_\_\_\_

Driving school phone # (\_\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

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

## Employment History

In compliance with CFR 49 parts 391.21 (b)(11) a complete record of employment for the past ten years is necessary for your application to be processed. Please list your present employer first. All periods of time must be accounted for during this ten-year period, including military service, self-employment, non-driving positions and periods of unemployment. Provide complete address and phone numbers, including area codes and zip codes.

From: \_\_\_\_\_ To: \_\_\_\_\_ Company Name: \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_ Street Address: \_\_\_\_\_  
Position: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Type of Equipment Operated: \_\_\_\_\_ Ending Pay: \_\_\_\_\_  
Were you subject to FMCSR's? ☐ Yes ☐ No Was your job designated as a Safety Sensitive Function? ☐ Yes ☐ No  
Reason For Leaving: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Company Name: \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_ Street Address: \_\_\_\_\_  
Position: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Type of Equipment Operated: \_\_\_\_\_ Ending Pay: \_\_\_\_\_  
Were you subject to FMCSR's? ☐ Yes ☐ No Was your job designated as a Safety Sensitive Function? ☐ Yes ☐ No  
Reason For Leaving: \_\_\_\_\_

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Phone: (\_\_\_\_\_) \_\_\_\_\_ Street Address: \_\_\_\_\_  
Position: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Type of Equipment Operated: \_\_\_\_\_ Ending Pay: \_\_\_\_\_  
Were you subject to FMCSR's? ☐ Yes ☐ No Was your job designated as a Safety Sensitive Function? ☐ Yes ☐ No  
Reason For Leaving: \_\_\_\_\_

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Phone: (\_\_\_\_\_) \_\_\_\_\_ Street Address: \_\_\_\_\_  
Position: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Type of Equipment Operated: \_\_\_\_\_ Ending Pay: \_\_\_\_\_  
Were you subject to FMCSR's? ☐ Yes ☐ No Was your job designated as a Safety Sensitive Function? ☐ Yes ☐ No  
Reason For Leaving: \_\_\_\_\_

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Position: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
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Phone: (\_\_\_\_\_) \_\_\_\_\_ Street Address: \_\_\_\_\_  
Position: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Type of Equipment Operated: \_\_\_\_\_ Ending Pay: \_\_\_\_\_  
Were you subject to FMCSR's? ☐ Yes ☐ No Was your job designated as a Safety Sensitive Function? ☐ Yes ☐ No  
Reason For Leaving: \_\_\_\_\_



## Employment History Continued

From: \_\_\_\_\_ To: \_\_\_\_\_ Company Name: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Street Address: \_\_\_\_\_  
Position: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Type of Equipment Operated: \_\_\_\_\_ Ending Pay: \_\_\_\_\_  
Were you subject to FMCSR's? ☐ Yes ☐ No Was your job designated as a Safety Sensitive Function? ☐ Yes ☐ No  
Reason For Leaving: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Company Name: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Street Address: \_\_\_\_\_  
Position: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Type of Equipment Operated: \_\_\_\_\_ Ending Pay: \_\_\_\_\_  
Were you subject to FMCSR's? ☐ Yes ☐ No Was your job designated as a Safety Sensitive Function? ☐ Yes ☐ No  
Reason For Leaving: \_\_\_\_\_

In case of emergency:

_____ Name	_____ Relationship	_____ City, State	(____)_____ Phone Number
_____ Name	_____ Relationship	_____ City, State	(____)_____ Phone Number

We appreciate your interest in ACS Trucking, Inc.

I hereby certify that all information on this application was completed by me and is true and complete to the best of my knowledge. I understand that any omission or misrepresentation is "falsification" and may result in refusal of or separation from employment. I hereby authorize ACS Trucking, Inc. to do a complete background investigation in accordance with state and federal laws. I authorize release of any information, including all information related to my alcohol and controlled substance testing and training records as required by the Federal Highway Administration (FHWA) 49 CFR Parts 391 or 382, by any past or current employers. I hereby release all such persons from any liability or damages. I consent to the procurement and use of any consumer reports, including reports from B S I Services, Inc., deemed necessary by ACS Trucking, Inc. in their consideration of my employment. I understand it is my right to review and contest any information received from my previous employers.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

/srd 10/04

We are an Equal Employment Opportunity Employer. No question is asked for the purpose of excluding any applicant due to race, creed, color, national origin, religion, age, sex, handicap or disability, veteran status, or any other class of individuals protected by law. This application will be current for only three months. If you have not heard from ACS Trucking, Inc. and still wish to be considered for employment at the end of the three months, you must fill out a new application.

# ACS Trucking

## DISCLOSURE AND AUTHORIZATION REGARDING PROCUREMENT OF BACKGROUND REPORTS

It is recognized and understood that the Fair Credit Reporting Act provides that anyone "who knowingly and willfully obtains information on a consumer from a consumer reporting agency under false pretenses" shall be fined not more than \$2,500 or imprisoned not more than a year, or both.

### ACS Trucking:

In connection with my application for employment (including contract for services), I understand that investigative background inquiries are to be made on me which may include consumer credit, criminal convictions, motor vehicle, and other reports. These reports may include information as to my character, work habits, performance, education and experience along with reasons for termination of employment from previous employers. Further, I understand that you will be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences. If I include a current employer for verification, I may jeopardize my position within that company. Please exclude my current employer ☐ yes ☐ no

I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from any liability and responsibility for doing so. I hereby consent to obtaining the above information from BACKGROUND SOURCE INT'L and/or any of their licensed agents. This authorization and consent shall be valid in original, fax or copy form. I further authorize ongoing procurement of the above mentioned reports at any time during my employment (or contract) and have received a copy of the Consumer Reports Notification regarding pulling of such consumer reports.

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

Please PRINT clearly: Position applied for: \_\_\_\_\_

Name: \_\_\_\_\_ Maiden / AKA: \_\_\_\_\_  
First Middle Last

Soc. Sec. #: \_\_\_\_\_ \*Sex: \_\_\_\_\_ \*Race: \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ How long: \_\_\_\_\_ to \_\_\_\_\_

Previous Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ How long: \_\_\_\_\_ to \_\_\_\_\_

### Motor Vehicle Report

Name as it appears: \_\_\_\_\_ License #: \_\_\_\_\_ State held: \_\_\_\_\_

\*Responses to these are completely voluntary. You need not respond to have your application considered. However, without this information, we may be unable to distinguish you from another in the event we discover adverse information during our background investigation. 03/06/01

Prior Empl \_\_\_\_\_ Social Sec Search \_\_\_\_\_ MVR \_\_\_\_\_ Crim \_\_\_\_\_ Other \_\_\_\_\_



## Background Source Intl

P.O. BOX 2760 COEUR D'ALENE ID 83816 PHONE:1-866-769-7281 FAX:1-208-769-7282

### CONSENT AND RELEASE FOR RESULTS OF CONTROLLED SUBSTANCE, EVIDENTIAL ALCOHOL TESTING AND REFUSAL TO TEST REPORTS

Please Print:

I, \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_, hereby give consent and authorize for the below listed employers to disclose to Background Source Intl, and ACS Trucking the results of my controlled substance, evidential alcohol testing, and/or any refusal to submit to tests as mandated by 49 CFR Part 40 of the DOT regulations. I further agree to hold harmless the previous employers listed below, Background Source Intl, ACS Trucking also any agents, representatives, directors or volunteers of the above mentioned for any damages, loss of employment, and any negative outcome that may result from such disclosures.  
List previous employers in which a valid Commercial Drivers License was required to perform safety-sensitive functions for a period three years prior to date of application.

Previous Employer: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Dates of Employment: From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Previous Employer: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Dates of Employment: From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Previous Employer: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Dates of Employment: From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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City: \_\_\_\_\_ State: \_\_\_\_\_  
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City: \_\_\_\_\_ State: \_\_\_\_\_  
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City: \_\_\_\_\_ State: \_\_\_\_\_  
Dates of Employment: From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Designated Employer Representative: \_\_\_\_\_  
Designated Employer Representative: ACS Trucking via Background Source Intl