

# PSS TRUCKING INC

2473 EL FRESCO DRIVE  
 BAY POINT CA 94565  
 Phone # 925-726-6269

## **DRIVER QUALIFICATION APPLICATION**

This application must be completed in Ink in applicant's own handwriting & will not be considered unless complete

Applicant's Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Maiden Name of former Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Applicant's Date of birth \_\_\_\_\_ Present Address Street \_\_\_\_\_

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

How long there: Months \_\_\_\_\_ Years \_\_\_\_\_ Home Phone \_\_\_\_\_ Work phone \_\_\_\_\_

In case of emergency notify: Name \_\_\_\_\_ Address \_\_\_\_\_

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

Are you authorized to work in the United States  Yes  No

If you are a resident alien, Please give your alien Number from your Resident Alien Card, Form I-551 : \_\_\_\_\_

List any address that you have maintained during the past 3 years other than your present address

Sr #	Street Address	City	County	State	Zip Code	To	From
1							
2							
3							

Driver Qualification status applied

Deriver for a contractor \_\_\_\_\_  Owner Operator Own Truck \_\_\_\_\_

### ***PLEASE READ CAREFULLY***

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle .....  Yes  No
2. Has your motor vehicle operator's license, permit or privilege ever been suspended or revoked .....  Yes  No
3. Have your ever been disqualified form driving a motor vehicle under the D.O.T regulations .....  Yes  No
4. Have your ever been convicted or have charges pending for driving under the influence of alcohol or drugs .....  Yes  No
5. Have your ever been convicted or have charges pending for possession, sale or use of narcotic drugs amphetamines or a derivative .....  Yes  No
6. Have you ever been convicted or have charges pending of a serious traffic violation such as careless or reckless driving or willful reckless driving ect. ....  Yes  No
7. Have you with in the five 5 years preceding the date of the application:
  1. Undergone an alcohol test in which a concentration of 0.04 or greater has been indicated .....  Yes  No
  2. Undergone a controlled substance test in which a positive result has been verified .....  Yes  No
  3. Refused to undergo either an alcohol or controlled substance test .....  Yes  No
8. Have you ever been convicted or have charges pending for a felony or misdemeanor .....  Yes  No

IF YOU ANSWERED " YES" TO ANY OF THESE QUESTIONS PLEASE PROVIDE DETAILS ON A SEPARATE SHEET ON PAPER

# 5 YEARS EMPLOYMENT RECORD

Begin with your present or most recent job and work backward in order, listing all your employees for the last 5 years including all full and part time employment. Must be accounted for including military service, self-employment, and periods of unemployment. Use supplementary sheet if necessary.

## Current / Most Recent Employer.

Month Day Year Month Day Year

From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Company Name \_\_\_\_\_

Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

Type of equipment Driven \_\_\_\_\_ Position Held \_\_\_\_\_ Compensation \_\_\_\_\_

Type of Business \_\_\_\_\_ Reason for leaving \_\_\_\_\_ Areas in which you drove \_\_\_\_\_

Were you required to comply with FMCSR regulation while working for this employer?  Yes  No

Were you required to perform safety sensitive function in any DOT Regulated mode (Such as driving) subject to DOT alcohol and controlled substance testing?  Yes  No

## Current / Most Recent Employer.

Month Day Year Month Day Year

From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Company Name \_\_\_\_\_

Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

Type of equipment Driven \_\_\_\_\_ Position Held \_\_\_\_\_ Compensation \_\_\_\_\_

Type of Business \_\_\_\_\_ Reason for leaving \_\_\_\_\_ Areas in which you drove \_\_\_\_\_

Were you required to comply with FMCSR regulation while working for this employer?  Yes  No

Were you required to perform safety sensitive function in any DOT Regulated mode (Such as driving) subject to DOT alcohol and controlled substance testing?  Yes  No

## Current / Most Recent Employer.

Month Day Year Month Day Year

From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Company Name \_\_\_\_\_

Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

Type of equipment Driven \_\_\_\_\_ Position Held \_\_\_\_\_ Compensation \_\_\_\_\_

Type of Business \_\_\_\_\_ Reason for leaving \_\_\_\_\_ Areas in which you drove \_\_\_\_\_

Were you required to comply with FMCSR regulation while working for this employer?  Yes  No

Were you required to perform safety sensitive function in any DOT Regulated mode (Such as driving) subject to DOT alcohol and controlled substance testing?  Yes  No

## Current / Most Recent Employer.

Month Day Year Month Day Year

From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Company Name \_\_\_\_\_

Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

Type of equipment Driven \_\_\_\_\_ Position Held \_\_\_\_\_ Compensation \_\_\_\_\_

Type of Business \_\_\_\_\_ Reason for leaving \_\_\_\_\_ Areas in which you drove \_\_\_\_\_

Were you required to comply with FMCSR regulation while working for this employer?  Yes  No

Were you required to perform safety sensitive function in any DOT Regulated mode (Such as driving) subject to DOT alcohol and controlled substance testing?  Yes  No



# Applicant's Statement

I hereby acknowledge that the information provided herein may be used, and my prior employers may be contacted for the purpose of investigating my background I hereby authorize **PSS TRUCKING INC.** hereinafter the "company" to investigate all statements in this application and to secure any necessary information from any of my prior employer, or other source identified herein AS Required by 49 CFR.I hereby release the company and any of my prior employers or other sources identified herein from any an all liability arising from their giving or receiving information about me my driving record and employment history. I hare by authorize any law enforcement agency or court of record to furnish the company information concerning my motor vehicle records or any felony or misdemeanors of which I have been convicted or have charges pending.

I understand that any false or misleading statements in this application will be sufficient cause for rejection of my application if the company has not already qualified me as a driver and for immediate disqualification if it has qualified me as driver. Any damage done by driver fault will be deducted Full from his Pay check or if we filling a claim through insurance than minimum deductible twenty five hundred each Transaction or occurrence. If this application is for qualification as a company driver. I further agree that if I am employed as a company driver. Any false, misleading or incomplete statement of the information requested in this application will be sufficient ground for discharge from employment as a company driver. I agree to furnish additional information as requested by the company and complete any examinations as may be required to complete my driver qualification file. Driver want to provide a 30-day written notice to company before he want to stop working as driver. In addition, employment contract, the terms and conditions of your agreement require a prior 30-day notice. Without doing so company will charge minimum of Ten thousand dollars or more to driver Without doing his Job properly. This fine will cover cost of loss for company was done by driver faults.

## **DISCLOSURE**

In connection with my application for driver qualification, I understand that consumer reports may be requested from hire right and / or other sources. These reports may include the following types of information: Names and dates or previous employers, reason for termination of employment, work experience, accidents, academic history, professional credentials and drugs/alcohol use. I further understand that such reports may contain public record information concerning my driving record, workers compensation claims credit, bankruptcy proceedings, criminal records, etc. From federal state and other agencies, which maintain such records; as well as information from us/s concerning previous driving record requests made by others from such state agencies and state provided driving records.

**I AUTHORIZE, WITHOUT RESERVATION, HIRE RIGHT, AND ANY PARTY OR AGENCY CONTACTED BY USIS AS WELL AS ANY PARTY OR AGENCY CONTACTED BY PSS TRUCKING INC. TO FURNISH THE ABOVE-MENTIONED INFORMATION.**

I have the right to make a request to Hire Right and / or **PSS TRUCKING INC.** upon proper identification, to request to review information provided by previous employers, to have errors in that information corrected and/ or to provide a rebuttal statement. I have the right to make a request to Hire-Right and or **PSS TRUCKING INC** .Upon proper identification to request the nature and substance of all information in this fields on me at the time of my request, including the sources of information and the recipients of any reports on me that Hire Right ahs previously furnished within two-year period proceeding my request. Hire-Right may be contacted by mail.

Hire-Right is authorized to disclose all information obtained to the requesting entity for the purpose of making a determination as to my eligibility for employment, promotion or any other lawful purpose. I agree that such information which Hire Right has or obtains and my employment history if I am hired or contracted, may be supplied by Hire Right to other companies that subscribe to Hire-Right. If hired or contracted, this authorization shall remain on file and shall serve as ongoing authorization for the procurement of consumer reports at any time during my employment or contract period.

### **Notice to California applicants ONLY**

Under California law the consumer reports we order on you for employment purposes with in the state of California are defined as investigative consumer reports. Theses reports may contain information on you character, general reputation, personal characteristics and mode of living. Under section 1786.22 of the California Civil Code, you may view the file maintained on you by Hire-Right during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services by appearing at Hire-Right in person, by mail or by telephone. The agency is required to have personnel available to explain your to explain your file to you and the agency must explain to you any coded information appearing in you file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

I request to receive a free copy of any investigative consumer report ordered on me by checking this box (California Applicants Only).

By signing below, I certify that I have read and fully understand this release that prior to signing I was given an opportunity to ask questions and o have those questions answered to my satisfaction and that I executed this release voluntarily an with the knowledge that the information being released could affect my being hired or contracted my employment or my eligibility for promotion

By signing below 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

**I HEREBY ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE PRECEDING STATEMENT.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

# PSS TRUCKING INC

## TO BE COMPLETED BY APPLICANT ONLY

Name: .....

Address:

.....  
.....  
.....

Not required

Date of Birth: .....

Social Security #: .....

### *Truck's Detail*

<i>Unit #</i>	<i>Tag #</i>	<i>Vehicle Make/ Year</i>	<i>VIN#</i>	<i>Tire Size</i>	<i>Gross Weight</i>

### *Trailer's Detail*

<i>Unit #</i>	<i>Tag #</i>	<i>Vehicle Make/ Year</i>	<i>VIN#</i>	<i>Tire Size</i>	<i>Gross Weight</i>

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**Please attached the following document with the application**

1. Driving License
2. Medical Card
3. S.S.N Card
4. Driving Record
5. Drug Test