

Chancellor Trucking

13197 HWY 513 | Enterprise, MS 39330
Phone: (601) 840-3658

DRIVER EMPLOYMENT

APPLICATION

An Equal Opportunity Employer

COMPLETE IN FULL OR IT WILL NOT BE CONSIDERED.

APPLICANT INFORMATION

FIRST NAME		MIDDLE NAME		LAST NAME	
PHONE		EMAIL			
DATE OF BIRTH		SOCIAL SECURITY #			
DATE OF APPLICATION		ADDRESS		DATE AVAILABLE FOR WORK	

Do you have legal right to work in the United States?

☐ YES ☐ NO

PREVIOUS THREE YEARS RESIDENCY

Attach additional sheet if more space is needed

	STREET	CITY	STATE	ZIP CODE	# OF YEARS AT ADDRESS
CURRENT					
MAILING					
PREVIOUS					
PREVIOUS					
PREVIOUS					

EMERGENCY CONTACTS

NAME:	ADDRESS:	CELLPHONE:	OTHER:	RELATIONSHIP:
NAME:	ADDRESS:	CELLPHONE:	OTHER:	RELATIONSHIP:

**LICENSE
INFORMATION**

No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed.

STATE	LICENSE #	TYPE/CLASS	ENDORSEMENTS	EXPIRATION DATE
PREVIOUSLY HELD LICENSES				

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROX # OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR & 2 TRAILERS				
TRACTOR & TANKER				
OTHER				

**ACCIDENT RECORD FOR THE PAST
3 YEARS**

Attach additional sheet if more space is needed. Check this box if none ☐

DATES (List most recent first)	NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.)	# FATALITIES	# INJURIES	CHEMICAL SPILLS (Y/N)

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

Attach additional sheet if more space is needed. Check this box if none ☐

DATE CONVICTED (Month/Year)	VIOLATION	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral and/or points)

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?

☐ YES ☐ NO

If yes,

explain _____.

Has any license, permit, or privilege ever been suspended or revoked?

☐ YES ☐ NO

If yes,

explain _____.

EMPLOYMENT HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. *In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.*

Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

CURRENT (MOST RECENT) EMPLOYER					
NAME				PHONE	
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					
<p>While employed here, were you subject to the Federal Motor Carrier Safety Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>					

SECOND (MOST RECENT) EMPLOYER

NAME					PHONE		
ADDRESS							
POSITION HELD				FROM MO/YR			TO MO/YR
REASON FOR LEAVING						SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)							
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?							<input type="checkbox"/> YES <input type="checkbox"/> NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?							<input type="checkbox"/> YES <input type="checkbox"/> NO

THIRD (MOST RECENT) EMPLOYER

NAME					PHONE		
ADDRESS							
POSITION HELD				FROM MO/YR			TO MO/YR
REASON FOR LEAVING						SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)							
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?							<input type="checkbox"/> YES <input type="checkbox"/> NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?							<input type="checkbox"/> YES <input type="checkbox"/> NO

EDUCATION

SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRADUATE Y N		DETAILS
High School				<input type="checkbox"/>	<input type="checkbox"/>	
College				<input type="checkbox"/>	<input type="checkbox"/>	
Other				<input type="checkbox"/>	<input type="checkbox"/>	

**OTHER
QUALIFICATIONS**

Please list any other qualifications that you have and which you believe should be considered _____

**TO BE READ AND SIGNED BY
APPLICANT**

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. 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 also understand that I am required to abide by all rules and regulations of the Company.

I understand that the information I provide regarding my current and/or prior 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. I understand that I have the right to:

- Review information provided by current/prior employers.
- Have errors in the information corrected by previous employers, and for those previous employers to resend 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.

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

Applicant Signature		Date	
Applicant Name (printed)			

CERTIFICATE OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER REQUIREMENTS

The requirements of Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle with a GVWR of 26,001 lbs. or more, can transport (16) or more people, or transports hazardous materials that require placarding.

The requirements of Part 391 apply to every driver who operates in interstate commerce and operates a vehicle with a GVWR of 10,001 lbs. or more, can transport (9) or more people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS

Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain regulations that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

1. Must Possess Only One License:

You, as a commercial motor vehicle driver, may not possess more than one motor vehicle operator's license.

If you have more than one license, keep the license from your state of residence and return the additional licenses to the states that issued them. Destroying a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stole, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by the state.

2. Notifications of License, Suspension, Revocation, or Cancellation:

Section 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the next business day of any revocation or suspension of your driver's license. In addition, Section 383.31

Requires that any time you violate a state or local traffic law (other than parking violation), you must report it within 30 days to : 1. Your employing motor carrier, and 2. The state that issued you license (if the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be writing.

The following license is the only one I will possess:

Driver's License No. _____ State: _____ Expiration: _____

I hereby certify that I have read and agree to the above stated requirements.

Driver's Name (printed): _____

Driver's Signature: _____ Date: _____

AUTHORIZATION

I, _____, hereby authorize
(Driver's Name Printed)

(Name of Employer/ Motor Carrier)

To conduct limited annual queries of the FMCSA's Drug & Alcohol Clearinghouse, to determine if a Clearinghouse record exists for me. This consent is valid from the date shown below until my employment with the above-named municipality ceases or until I am no longer subject to the drug and alcohol testing rules in 49 CFR part 382 for the above-named municipality.

I understand that if any full and/or limited query reveals that the Clearinghouse contains information about me, I must grant electronic consent within 24 hours, via the Clearinghouse website, for the employer/motor carrier to obtain my full Clearinghouse record. Refusal to provide such consent will result in my removal from safety-sensitive duties.

Driver Signature: _____

Driver License Number: _____

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 JOEY CHANCELOR TRUCKING ("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 JOEY CHANCELOR TRUCKING ("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 2/11/2016



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Mobile Phone Restriction Rule For Chancelor Class-A CDL Drivers

Overview and Background

A new FMCSA rule restricts the use of all hand-held mobile devices by drivers of commercial motor vehicles (CMVs). This rulemaking restricts a CMV driver from holding a mobile device to make a call, or dialing by pressing more than a single button. CMV drivers who use a mobile phone while driving can only use a hands-free phone located in close proximity.

Research commissioned by FMCSA shows that the odds of being involved in a safety-critical event (e.g., crash, near-crash, unintentional lane deviation) are 6 times greater for CMV drivers who engage in dialing a mobile phone while driving than for those who do not. Dialing drivers took their eyes off the forward roadway for an average of 3.8 seconds. At 55 mph (or 80.7 feet per second), this equates to a driver traveling 306 feet, the approximate length of a football field, without looking at the roadway!

What is the definition of using a mobile telephone?

- o The use of a hand-held mobile telephone means:
 - Using at least one hand to hold a mobile phone to make a call;
 - Dialing a mobile phone by pressing more than a single button; or
 - Reaching for a mobile phone in a manner that requires a driver to maneuver so that he or she is no longer in a seated driving position, restrained by a seat belt.

What does this rule mean to drivers and carriers?

- Fines and Penalties — Using a hand-held mobile phone while driving a CMV can result in driver disqualification. Penalties can be up to \$2,750 for drivers and up to \$11,000 for employers who allow or require drivers to use a hand-held communications device while driving.
- Disqualification - Multiple violations of the prohibition of using a hand-held mobile phone while driving a CMV can result in a driver disqualification by FMCSA and/or TERMINATION OF EMPLOYMENT from Chancelor Trucking.



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- What are the risks? - Using a hand-held mobile phone is risky because it requires the driver to reach for and dial the phone to make a call. Reaching for a phone out of the driver's immediate area is risky as well as dialing because these actions take the driver's eyes off the roadway.
- The rule applies to drivers operating a commercial motor vehicle on a roadway, including moving forward or temporarily stationary because of traffic, traffic control devices, or other momentary delays.
- A mounted phone is acceptable as long as it is mounted close to the driver.
- Impact on Safety Measurement System (SMS) Results — Violations negatively impact SMS results, and they carry the maximum severity weight.

Compliance

- Make sure the mobile telephone is within close enough proximity that it is operable while the driver is restrained by properly installed and adjusted seat belts.
- Use an earpiece or the speaker phone function.
- Use voice-activated dialing.
- Use the hands-free feature. To comply, a driver must have his or her mobile telephone located where he or she is able to initiate, answer, or terminate a call by touching a single button. The driver must be in the seated driving position and properly restrained by a seat belt. Drivers are not in compliance if they unsafely reach for a mobile phone, even if they intend to use the hands-free function.

I have read and understand the Mobile Phone Restriction Rule for Chancellor Class-A CDL Drivers.

Name: _____ Date: _____



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How do you hear about Joey Chancelor Trucking?

Radio _____

Social Media _____

Friend _____

Employee _____

Name of Employee _____

Other _____



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Subject: Cameras

As you can see, we have installed new cameras in all of the trucks. Just as the ones before, they are both front facing and rear facing. These cameras have been calibrated for optimal clarity for recording purposes. They **are not** to be tampered with, for any reason. These cameras are installed for your safety and protection as well as the companies.

If we find that you have tampered with them, disciplinary action will follow, up to and including termination of employment.

Employee signature: _____

Date: _____