

Core Trucking Driver Guidelines

Do you have a current Valid U.S. CDL A license? Yes or No

Do you have a current valid DOT Medical card? Yes or No

Are you the minimum 23 years of age or older? Yes or No

Have you had a DUI/DWI in the last five years? Yes or No

Have you ever tested positive on a drug or alcohol test? Yes or No

Do you have a minimum of 2 years commercial in similar equipment?
Military experience is acceptable. Yes or No

Have you done intermodal Containers before? Yes or No

How many years? _____

If so, what company were you moving intermodal Containers for? _____
Driving experience outside the US is not acceptable.

Do you have any moving violations in the last 12 Months? Yes or No

Examples:

- Speeding conviction over 10 mph over posted limits in
- No More than two total moving violations in the three years

Major Violations listed as disqualified for hire

- Driving under the influence (DWI/DUI)
- Driving with suspended license
- Any Drug charges
- Filing false reports of theft
- Leaving the scene of an accident
- Vehicular homicide or other felony offenses



Integrity | Respect | Ethics

Driver Qualifications

1. Driver must be minimum 25 years old and be able to read, write and speak the English language sufficiently to converse with the general public, to understand highway traffic signs and symbols in the English language, to respond to official inquiries, make entries on reports and records.
2. Must successfully submit to and pass with a negative result, a D.O.T. mandated Substance Abuse test.
3. Must have a valid class A-CDL driver's license. Preferably with Hazardous Materials endorsements, or agree to obtain same within 45 days
4. Must have a minimum of three (3) years of verifiable truck driving experience in this or a related field of truck driving,
5. Prior experience references will be reviewed carefully.
6. Must have Class A truck that will meet the DOT & Texas inspection Criteria. Apportion plates are preferred but not required.
7. Is physically qualified to drive a commercial motor vehicle in accordance with the qualifications and examinations requirements set forth in part 391.41 and 382.301 of the Federal Motor Carrier Safety Association regulations.
8. Must have an acceptable MVR. No more than (2) moving violations or one (1) accident in the last 3 years. **NO DUI OR SUPENDED LICENSE** in the last (3) three years.
9. Must successfully complete a driving road test in accordance with 391.31 or be qualified in accordance with 391.33 as printed in the FMCSA regulations.
10. Must hold a valid Transportation Workers Identification Credential (TWIC) card.

DRIVING EXPERIENCE FOR PAST 10 YEARS
(Be sure to include contact name, phone, & fax!)

Last workplace: _____ Supervisor: _____

From: ___/___/___ To: ___/___/___ Position: _____ Reason for leaving: _____
Month/Year Month/Year

Address _____ Phone: _____
Street City State/Zip

Fax Number: _____

Were you subject to FMCSRs* while working here? Yes No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Previous workplace: _____ Supervisor: _____

From: ___/___/___ To: ___/___/___ Position: _____ Reason for leaving: _____
Month/Year Month/Year

Address _____ Phone: _____
Street City State/Zip

Fax Number: _____

Were you subject to FMCSRs* while working here? Yes No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Previous workplace: _____ Supervisor: _____

From: ___/___/___ To: ___/___/___ Position: _____ Reason for leaving: _____
Month/Year Month/Year

Address _____ Phone: _____
Street City State/Zip

Fax Number: _____

Were you subject to FMCSRs* while working here? Yes No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Previous workplace: _____ Supervisor: _____

From: ___/___/___ To: ___/___/___ Position: _____ Reason for leaving: _____
Month/Year Month/Year

Address _____ Phone: _____
Street City State/Zip

Fax Number: _____

Were you subject to FMCSRs* while working here? Yes No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

**The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weighs 10,001 pounds or more, (2) is designed or used to transport nine or more passengers or (3) is of any size used to transport hazardous materials in a quantity requiring placarding.*

Are you physically capable of performing the essential functions of truck driving and trailer unloading?

Yes No

Subject:

EQUIPMENT OPERATED	DATE FROM	DATE TO	Approximate Miles per Year
Straight Truck			
Tractor and Chassis/Container			
Tractor and Van			
Tractor-two trailers			
Tractor-three trailers (triples)			
Other			

List courses and training or Safe Driving Awards other than shown elsewhere in this application: _____

List special equipment you can work/own (straps, chains) _____

Have you worked for Core Trucking before? Yes No When? From ___/___/___ to ___/___/___

Reason for leaving _____

Are you leased now? _____ If not, how long since leaving last job? _____

ACCIDENT & VIOLATION EXPERIENCE

List all accidents within past three years:

	Date	Type of Accident or Ticket	Fatality?	Injury?
Last Accident				
Previous Accident				
Previous Accident				

List all moving violations within past three years:

Last Ticket				
Previous Ticket				
Previous Ticket				

Tractor Information: I certify that I own the following truck or am the authorized business agent for same.

Year _____ Color _____ Registered Weight _____

Make _____ VIN# _____ FHWA Exp. _____

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. In the event of lease, I understand that false or misleading information given in my application or interview(s) may result in lease termination. I understand, also, that I am required to abide by all rules and regulations of CORE TRUCKING, as permitted by law.

Signature _____ Date _____

AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION

Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1861 et. seq., the Americans with Disabilities Act and all applicable federal, state and local laws, I hereby authorize and permit **CORE TRUCKING** to obtain an investigative report which may include the following:

1. My employment records;
2. Records concerning any driving, criminal history, civil record, workers' compensation (post-offer only) and drug testing;
3. In accordance with the Department of Transportation Motor Carrier Safety Regulations, Section 382.413, information concerning alcohol and controlled substances for the past 3 years;
4. Verification of my academic and/or professional credentials; and information and/or copies of documents from any military service records.

I understand that the above items, which constitute an investigative report, may include information as to my character, general reputation, personal characteristics, and mode of living which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information.

I agree that a copy of the authorization has the same effect as the original.

I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as **CORE TRUCKING** from liability that might otherwise result from the request for use of and/or disclosure of any or all the foregoing information.

I understand and acknowledge that under provision of the Fair Credit Reporting Act, I may request a copy of any "consumer report" from the consumer reporting agency that compiled the report, after I have provided proper identification.

I hereby authorize **CORE TRUCKING** to obtain an investigative report as set forth above, as part of its investigation of my lease application.

Print Name

Signature

Date

IMPORTANT DISCLOSURE
REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

In connection with your application for employment with Core Trucking Company of Texas (“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 page and acknowledge your consent in the signatory blocks provided:

I, _____ authorize Core Trucking Company of Texas (“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.

LAST UPDATED 12/22/2015

Request for Driver's Safety Performance History Information from DOT Regulated Previous Employer(s)

SECTION I (Driver, please sign & enter SSN, DOB and today's date. DO NOT COMPLETE SECTIONS II thru IV)

Carrier Name: CORE TRUCKING CO. OF TEXAS

Contact Person: Lucy Jones

Address: PO BOX 701

City, State, Zip: LA PORTE, TX. 77572

Phone #: (281-470-7575) **Email:** Lucia.jones@coreoftx.com

As a Commercial Motor Vehicle (CMV) Driver, I understand that per, the Federal Motor Carrier Safety Regulations (FMCSRs) Part 391.21, the following information will be requested from all previous employers for which I operated a CMV, subject to the FMCSR Parts 390 and/or 40, 382 & 383, **within the past three years**, from date shown below. I also acknowledge that this information will be used in determining my eligibility to be hired, that I have the right to review this information and rebut any errors in these statements from my prior employers, as described in the FMCSR Part 391.23. I _____, hereby authorize this company to release all records of employment, including assessments of my job performance, ability and fitness, including dates of any and all alcohol or drug tests. Those confirmed results and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of (SAP/MRO) to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release this company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing information to the above-mentioned person and/or company.

Applicant's Signature Social Security Number D.O.B. Today's Date

SECTION II – Past Employer to Complete >> DRUG & ALCOHOL INFORMATION

Previous Employer: _____ Contact Person: _____

Mailing Address: _____ City, State, Zip: _____

Telephone Number: _____ Fax Number: _____

Dates employed or leased by this company: ____/____/____ to ____/____/____

Please provide the following drug and alcohol information as required by FMCSR Part 391.23 & 40.25.
If no drug and alcohol information is available on above-named applicant check here.

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Any alcohol test with a result of 0.04 or higher alcohol concentration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Any verified positive drug test? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Any refusals to be tested (including verified adulterated or substituted drug test results)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Any other violations of DOT agency drug and alcohol testing regulations (Part 382 or Part 40)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If this driver did successfully complete a SAP rehabilitation referral and remained in your employ, did he/she have any subsequent violations for: an alcohol test result of 0.04 or greater, a verified positive drug test or a refusal to test (including a verified adulterated/substituted drug test result)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. If yes to any of the above questions, please provide documentation of successful completion of a SAP evaluation, prescribed treatment and return-to-duty requirements (including follow-up tests) if they remained in your employ. | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION III – Past Employer to Complete >> ACCIDENT INFORMATION

Please provide the following information as required by 391.23(d) (1) (2) on any accidents, as defined by 390.5 and/or from your Accident Register (FMCSR 391.15) which the above-named driver/applicant was involved within the past three years while under your employment. Previous employers may include additional detailed information on minor accidents/incidents at their discretion.

If there is no accident information for this driver, please check here.

Date	Location (please give city/town or closest and state)	Any Vehicles Towed?	HazMat. Spill?	Number of Fatalities?	Number of Injuries?

SECTION IV- Past Employer to Complete >> WORK HISTORY INFORMATION

Please provide the following information on the above-name driver/applicant;

He/She was employed for you as a: _____ from ___/___/___ to ___/___/___

If employed as a driver, what type of equipment did he/she operate?

Straight Trucks Tractor/Trailer Doubles Triples Other

Explain: _____

Type of trailer(s) pulled: _____

Was he /she a: Company Driver? Yes No

Contractor? Yes No

Contractor's Driver? Yes No

Other? Yes No

General area traveled: _____ Commodities transported: _____

While under your employment was he/she:

a. Bonded: Yes No

b. Convicted of any traffic violations: Yes No

If yes, please list all, including date and type: _____

c. License(s) suspended, revoked or denied: Yes No

If yes, please explain: _____

Reason for leaving: _____

Would you re-employ this person: Yes No Upon Review

Please explain: _____

Additional Comments: _____

Previous Employer Representative Supplying Information:

Print Name Title

Signature Date



RELEASE OF CDL HOLDER'S REPORTED POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST RESULTS



Use this form to obtain the CDL holder's reported positive alcohol or controlled substance test results information.

This form should ONLY be used if you wish to inquire whether or not a prospective driver (CDL Holder) has had a positive alcohol or controlled substance test result reported to the Texas Department of Public Safety in compliance with state law.

**THIS FORM IS NOT REQUIRED FOR REPORTING A POSITIVE
ALCOHOL OR CONTROLLED SUBSTANCE TEST.**

1. This form must be completed in full and include the driver's original signature.
(Electronic signatures will not be accepted)

2. Deliver, mail, Email or FAX the completed form to:

**Texas Department of Public Safety
Motor Carrier Bureau, MSC #0521
6200 Guadalupe, Building P
Austin, Texas 78752-4019 / Facsimile: 512-424-5310
Email: MCB.VPR@dps.texas.gov**

Check here if CDL Holder is requesting results on self

Print Name of CDL Holder	Phone Number

Print full Address, City, State and Zip Code of CDL Holder	Social Security #

Driver License Number of CDL Holder State Date of Birth

authorize release of any and all of CDL holder's reported positive alcohol or controlled substance test results reported under Texas state law to

Print Motor Carrier's Name	Phone Number

1200 McCabe Road, La Porte TX 77571
Print full Address, City, State and Zip Code of Motor Carrier

Signature of Driver	Date
X	

If you wish to request and receive this information by electronic mail, submit a completed and notarized Electronic Mail Verification Form (MCS-32), available at the following web address:
<http://www.dps.texas.gov.htm>