DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name						Date of	f Application		
(print)	Company	INTRA CITY D	ISPATCH						
	Address	1450 E LAKE	TON AVE						
	City MU	JSKEGON		State	MI	Zip	49442		
	positions with	with Federal and Sta out regard to race, col ny other protected gro	te equal employment oppo or, religion, sex, national oup status.	ortunity la origin, ag	ws, qualified e, marital sta	applicants a	are considered for all status, non- ob related	d	
		T	O BE READ AND S	IGNEI	BY APP	LICANT			
will be contact (e). I understa • Review info • Have errors corrected in	ed, for the pund I have the primation proving the information to	rpose of investigating right to: ided by previous ation corrected by the prospective ending the prospective ending receive end	y previous employers	mance	those prev	required by	y 49 CFR 391236	(d) and	
1	racy of the int		neged erroneous mio	manon	, it the pre	vious emp	noyer(s) and I van	mot ugico	43
Signature						Dat	e		
	kanggunatan kelangan kengan kelangan kelangan kelangan kelangan kelangan kelangan kelangan kelangan kelangan k		FOR CO	MPAN	Y USE				
			PROCE	SS REC	ORD		december of the second		1
APPLICANT HIR	RED				REJECTI	ED			
DATE EMPLOYE	-				-	MPLOYED			
DEPARTMENT					CLASSIF	FICATION			
(IF REJECTED, S	SUMMARY REPO	RT OF REASONS SHO	OULD BE PLACED IN FILE)		_				
SIGNATURE OF	INTERVIEWIN	G OFFICER							
	and the second								
			TERMINATION	OF EM	PLOYME	T			
DATE TERMINA	TED			_ DEPA	RTMENT R	ELEASED	FROM		
DISMISSED _		v	OLUNTARILY QUIT			O7	THER		
TERMINATION I	REPORT PLACE	ED IN FILE		su	PERVISOR				
This form is made av	railable with the un	derstanding that J. J. Ke	ller & Associates, Inc. o is not	engaged i	n rendering leg	gal, accounting	s, or other professional s	services.	

APPLICANT TO COMPLETE

(answer all questions - please print)

Position(s) Applied	for		Casial Casurity No.			
Name Social Security No						
Last	of residence for the next 2 ve		uie			
Current Address	of residency for the past 3 ye	a15.				
Current Address	Street		City			
		Phon	e	How Long?		
	State	Zip Code			уг./то	
Previous			See & Zin Code	How Long?	· · · /ma	
Addresses	Street	City	State & Zip Code	** * 0	yr./mo	
	Street	City	State & Zip Code	How Long? _	yr./mo.	
	Succi	on,	State & Esp code	How Long?	junio	
	Street	City	State & Zip Code		yr./mo	
Do you have the less	gal right to work in the United	States?				
Date of Birth	sai right to work in the office	Can you provide j	proof of age?			
(Required for Comme	rical Drivers)	Out you provide y				
Have you worked for	or this company before?	Where?				
Dates: From	То	Rate of Pay	Pcs	ition		
Reason for leaving						
Are you now emplo	yed? If not, he	ow long since leaving last employr	nent?			
Who referred you?			Rate of pay expect	ed		
Have you ever been	bonded?		Name of bonding of	company		
(Answer only if a job re	equirement)					
Applicants to years' information	ears. List complete mailing drive a commercial motor on those employers for wh	EMPLOYMENT HIS e commerce must provide the for g address, street number, city, so vehicle* in intrastate or interstat om the applicant operated such ing with the most recent. Add a	allowing information on all emptate, and zip code. the commerce shall also provide vehicle.	_		
		EMPLOYER		-		
NAME	·	LIVII LO I ER		DATE		
					YR.	
ADDRESS			-	POSITION HELD		
CITY	ST	TATE ZIP		S/LARY/WAGE		
CONTACT PERSON		PHONE NU	MBER	REASON FOR LEAVING	-	
	T TO THE FMCSRs† WHILE E		□ NO			
WAS YOUR JOB DES	GIGNATED AS A SAFETY-SEN	SITIVE FUNCTION IN ANY DOT-R				

EMPLOYMENT HISTORY (continued)

EMPLOYER PARTION TO YR MO YR YR	EMPLOYER	DATE
ADDRESS CITY STATE ZUP SLANYWAGE CONTACT PERSON PHONE NUMBER NO PHONE NUMBER REASON FOR LEAVING WERE YOU SUBJECT TO THE FMCSRst WHILE EMPLOYED? YES NO PHONE NUMBER NAME EMPLOYER PHONE NUMBER NAME REASON FOR LEAVING EMPLOYER PHONE NUMBER NAME REASON FOR LEAVING EMPLOYER PHONE NUMBER REASON PRICE PRIC	NAME.	
CITY STATE ZIP STAYOUR STAYOUR STAYOUR STAYOUR STAYOUR STAYOUR SUBJECT TO THE FMCSR4 WHILE EMPLOYED? YES NO SUBJECT TO THE FMCSR4 WHILE EMPLOYED? STATE ZIP STAYOUR STAYOUR STAYOUR SUBJECT TO THE DRUG STAYOUR STAYOUR STAYOUR STAYOUR SUBJECT TO THE DRUG STAYOUR STAYOUR STAYOUR SUBJECT TO THE DRUG STAYOUR STAYOUR STAYOUR SUBJECT TO THE DRUG STAYOUR STAYOUR STAYOUR STAYOUR SUBJECT TO THE DRUG STAYOUR STAYOUR STAYOUR SUBJECT TO THE DRUG STAYOUR STAYOUR STAYOUR SUBJECT TO THE DRUG STAYOUR STAYOUR SUBJECT TO THE FMCSR4 WHILE EMPLOYED? STATE ZIP STAYOUR STAYOUR STAYOUR STAYOUR SUBJECT TO THE FMCSR4 WHILE EMPLOYED? STATE ZIP STAYOUR STAYOUR SUBJECT TO THE DRUG STAYOUR ST		
CONTACT PERSON PHONE NUMBER REASON FOR LEAVING WERE YOU SUBJECT TO THE PMCSR4* WHILE EMPLOYED? YES NO WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT 10 THE DRUG REMPLOYER DATE EMPLOYER PHONE NUMBER FINAN PRITON HELD FRATION HELD FRATIO		S/ LARY/WAGE
WERE YOU SUBJECT TO THE FMCSRst WHILE EMPLOYED? WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG EMPLOYER PART OF SENSON PHONE NUMBER EMPLOYER ADDRESS CITY STATE ZIP SLARYWAGE CONTACT PERSON EMPLOYER EMPLOYER PHONE NUMBER EMPLOYER AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? EMPLOYER ADDRESS CITY STATE ZIP SLARYWAGE PLONTACT PERSON EMPLOYER EMPLOYER AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? EMPLOYER BASEN FOR LEAVING EMPLOYER BASEN FOR LEAVING BASEN FOR LEAVING TO ALTE FROM TO ALLOW SLARYWAGE PASTION RELD SLARYWAGE CONTACT PERSON EMPLOYER BASEN FOR LEAVING BASEN FOR LEAVING TO ALLOW SLARYWAGE CONTACT PERSON EMPLOYER BASEN FOR LEAVING BASEN FOR LEAVING TO ALLOW FROM TO ALLOW FROM TO ALLOW FROM TO ALLOW FROM TO ALLOW AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? EMPLOYER BASEN FOR LEAVING BASEN FOR LEAVING BASEN FOR LEAVING TO ALLOW FROM THE		REASON FOR LEAVING
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG PART NAME		
NAME ADDRESS STATE ZIP SULAKY/WAGE CONTACT PERSON PHONE NUMBER REASON FOR LEAVING WERE YOU SUBJECT TO THE FMCSRst WHILE EMPLOYED? EMPLOYER ADDRESS BY STATE ZIP SULAKY/WAGE REASON FOR LEAVING REMPLOYER DATE FOM TO YES NO DATE FOM TO YES TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? PHONE NUMBER REASON FOR LEAVING PHONE NUMBER REASON FOR LEAVING TO THE DRUG THE THE THE THE THE THE THE TH	WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUI	BJECT 10 THE DRUG
ADDRESS CITY STATE ZIP SLARYWAGE EMPLOYER DATE EMPLOYER DATE EMPLOYER DATE EMPLOYER DATE EMPLOYER DATE EMPLOYER DATE EASON FOR LEAVING EMPLOYER DATE FROM TO YEAR ON	EMPLOYER	DATE
ADDRESS CITY STATE ZIP SLARYWAGE CONTACT PERSON PHONE NUMBER REASON FOR LEAVING WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? YES NO MAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG BMPLOYER DATE EMPLOYER PASSON FOR LEAVING BEASON FOR LEAVING EMPLOYER PASSON FOR LEAVING EMPLOYER PASSON FOR LEAVING EMPLOYER PASSON FOR LEAVING EMPLOYER PASSON FOR LEAVING EMPLOYER DATE FROM TO YES AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES NO EMPLOYER PASSON FOR LEAVING	NAME	
CITY STATE ZIP SUARYWAGE CONTACT PERSON PHONE NUMBER REASON FOR LEAVING WERE YOU SUBJECT TO THE FMCSRst WHILE EMPLOYED? YES NO MAND AUCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES NO EMPLOYER DATE EMPLOYER DATE EMPLOYER PASTHON HELD EMPLOYER PASTHON HELD FROM TO NO YES PASTHON HELD EACH OF THE PMCSRst WHILE EMPLOYED? YES NO DATE FROM TO NO YES CITY STATE ZIP SLARYWAGE EMPLOYER REASON FOR LEAVING EMPLOYER PASTHON HELD SLARYWAGE CONTACT PERSON PHONE NUMBER REASON FOR LEAVING EMPLOYER NO EMPLOYER DATE FROM TO YES AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES NO DATE FROM TO YES THE DATE FROM TO YES AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES NO MAND YES NO POSTHON HELD SLARYWAGE FROM TO YES TO THE DRUG DATE FROM YE NO TO THE DRUG TO THE DRUG PASTHON HELD SLARYWAGE FROM TO YES TO THE DRUG DATE FROM YES TO THE DRUG TO THE DRUG TO THE DRUG PASTHON HELD SLARYWAGE DATE FROM YES NO TO THE DRUG TO THE		
CONTACT PERSON PHONE NUMBER REASON FOR LEAVING WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? 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? EMPLOYER DATE FROM NO. YR. MO. YR. NO. YR.		S.\LARY/WAGE
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? 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? EMPLOYER DATE FROM TO YEAR ON YE		REASON FOR LEAVING
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? EMPLOYER DATE FROM NO. YR N	THE GIVEN BEAUTIFUL AND ADDRESS OF THE SECOND BEAUTIFUL AND ADDRES	
NAME ADDRESS STATE ZIP SALARY/WAGE CONTACT PERSON PHONE NUMBER REASON FOR LEAVING WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG NAME EMPLOYER DATE NAME SALARY/WAGE TO DATE POSITION HELD SALARY/WAGE TO DATE POSITION HELD SALARY/WAGE TO DATE AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? POSITION HELD TO DATE TO DAT	WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUR	SJECT TO THE DRUG
ADDRESS CITY STATE ZIP SALARYWAGE CONTACT PERSON PHONE NUMBER WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? 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 EMPLOYER EMPLOYER DATE THE DATE THE DATE THE DRUG TO THE DRUG THE DRUG THE DRUG THE DRUG TO THE DRUG	EMPLOYER	DATE
ADDRESS CITY STATE ZIP SULARY/WAGE CONTACT PERSON PHONE NUMBER WERE YOU SUBJECT TO THE FMCSRst WHILE EMPLOYED? 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 EMPLOYER EMPLOYER EMPLOYER CONTACT PERSON PHONE NUMBER EMPLOYER TO DATE PART 40? PART 40? PROPER NO SALARY/WAGE CONTACT PERSON PHONE NUMBER EMPLOYER DATE PRACTICAL TO THE FMCSRst WHILE EMPLOYED? PREGULATED MODE SUBJECT TO THE DRUG MAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG MAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG MAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG EMPLOYER AME FROM TO WERE YOUR SUBJECT TO THE DRUG TO THE DRUG TO THE DRUG FROM TO WERE YOUR YES NO TO THE DRUG TO THE DRUG TO THE DRUG PROMING TO THE PROMING TO THE PROMING TO THE DRUG T	NAME	FROM TO
PHONE NUMBER REASON FOR LEAVING PHONE NUMBER REASON FOR LEAVING	ADDRESS	
PHONE NUMBER REASON FOR LEAVING WERE YOU SUBJECT TO THE FMCSRst WHILE EMPLOYED? WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT. O THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? PAME EMPLOYER EMPLOYER DATE FROM TO YR. TO	CITY STATE 71B	S ALARY/WAGE
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? 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? PONTACT PERSON EMPLOYER DATE DATE PROM TO NO. YR. MO. YR. TO. YR. YR. TO. YR. TO	CONTACT PEDCON	REASON FOR LEAVING
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG EMPLOYER DATE FROM TO YR. MO. YR. MO. YR. ADDRESS TITY STATE ZIP FROM TO YR. CONTACT PERSON PHONE NUMBER FROM TO YR. SALARY/WAGE REASON FOR LEAVING WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG MALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES NO EMPLOYER DATE AME DDRESS TY STATE ZIP DATE AME DORESS FROM TO YR. MO. YR. DATE AME DORESS POSITION HELD TO YES NO PHONE NUMBER REASON FOR LEAVING TO YR. MO. YR. MO. YR. MO. YR. MO. YR. MO. YR. POSITION HELD TO THE DRUG TO		
NAME ADDRESS TITY STATE ZIP SALARY/WAGE CONTACT PERSON PHONE NUMBER REASON FOR LEAVING VERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? NO AAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG NO ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? EMPLOYER AME DDRESS TY STATE ZIP SALARY/WAGE DATE FROM TO MO. YR. POSITION HELD TO MO. YR. AMO. YR. POSITION HELD SALARY/WAGE DATE FROM TO MO. YR. POSITION HELD REASON FOR LEAVING	WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUB	JECT TO THE DRUG
ADDRESS TO NO. YR. MO. YR. MO	EMPLOYER	DATE
ADDRESS CITY STATE ZIP SALARY/WAGE CONTACT PERSON PHONE NUMBER VERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? YES NO VAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG ND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES NO EMPLOYER AME AME DOTES TY STATE ZIP STATE ZIP STATE ZIP STATE ZIP STATE STATE ZIP STATE STATE ZIP STATE STATE REASON FOR LEAVING REASON FOR LEAVING REASON FOR LEAVING	NAME	
CONTACT PERSON PHONE NUMBER REASON FOR LEAVING	ADDRESS	
CONTACT PERSON PHONE NUMBER REASON FOR LEAVING	CITY STATE ZID	SALARY/WAGE
VERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? VAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG ND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? EMPLOYER DATE AME DDRESS TY STATE ZIP DNTACT PERSON PHONE NUMBER REASON FOR LEAVING REASON FOR LEAVING	ONTA OT DEDOOM	
VAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG ND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? EMPLOYER DATE AME DDRESS TY STATE ZIP DNTACT PERSON PHONE NUMBER REASON FOR LEAVING ERRE YOU SUBJECT TO THE FMCSRst WHILE EMPLOYED?	VERE YOU SUBJECT TO THE EMOSP + WHILE THE PROPERTY OF THE PROP	TO SOUTH OF THE STATE OF THE ST
AME DATE FROM TO NO. YR. MO. YR. DDRESS TY STATE ZIP DNTACT PERSON PHONE NUMBER REASON FOR LEAVING ERE YOU SUBJECT TO THE FMCSRst WHILE EMPLOYED 2	VAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJ	ECT TO THE DRUG
AME DDRESS DDRESS POSITION HELD TY STATE ZIP DNTACT PERSON PHONE NUMBER REASON FOR LEAVING ERE YOU SUBJECT TO THE FMCSRst WHILE FMPLOYED?	EMPLOYER	DATE
DDRESS TY STATE ZIP DNTACT PERSON PHONE NUMBER REASON FOR LEAVING ERE YOU SUBJECT TO THE FMCSRst WHILE EMPLOYED 2.	AME	
STATE ZIP SALARY/WAGE ONTACT PERSON PHONE NUMBER REASON FOR LEAVING ERE YOU SUBJECT TO THE FMCSRst WHILE EMPLOYED?	DDRESS	NO. YR. MO. YR.
ONTACT PERSON PHONE NUMBER REASON FOR LEAVING ERE YOU SUBJECT TO THE FMCSRst WHILE EMPLOYED?	TY STATE ZIP	
ERE YOU SUBJECT TO THE FMCSRst WHILE EMPLOYEDS	NTACT PERSON	
	ERE YOU SUBJECT TO THE FMCSRst WHILE FMPLOYED?	
	AS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECTED ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? TO ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? TO ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? TO ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? TO ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?	O. TO THE DRUG

^{*} Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

[†] The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or raors, (2) is designed or used to transport 8 or more passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RI	ECORD FOR I	PAST 3 YEARS OR				JRE SPACE IS NE	EDED) IF NO	NE, WRITE	TONE	************
	D. 177	aur.			CCIDENT	C) FA	TALITIES	INJ JRIJ	FC	HAZARDOUS MATERIAL SPILI
	DATE	S (HEA	D-ON, RE	AK-EN	D, UPSET, ET	C.) FA	IALITIES	INC CMI		WATERIAL STILL
LAST ACCIDEN	JT									
NEXT PREVIOU	JS									
NEXT PREVIOU										
	NVICTIONS A	ND FORFEITURE	S FOR THI	E PAST	3 YEARS (OT	THER THAN PAR	KING VIOLATI	IONS) IF NC	NE, WRIT	E
NONE	LOCATI	ON		D/	ATE	CH	ARGE		PE	NALTY
	LOCALI			Di	112		IIIOD			
			-							
			-+							
						E SPACE IS NEE				
	T T			RIENCI	1	IFICATIONS - D			- T	
Driver	STATE	LICENS	E NO.		CLASS	EN	DORSEMENT((S)	- E)	CPIRATION DATE
licenses or permits held	-							-		
in the past										
3 years										
A. Have you ever	been denied a lic	ense, permit, or privile	ge to operate	a motor	vehicle?		Y	ES		NO
		lege ever been suspend		d?			Y	ES	1	NO
IF THE ANSW	ER TO EITHER	A OR B IS YES, GIVE	DETAILS		-					
DDIVING EVE	EDIENCE CH	ECK YES OR NO								
DIG VIAG EXI	ERIENCE CH	ECK 1ES OK NO		Т						
CLAS	S OF EQUIPM	TENT		CIRC	I E TVPF OF	EQUIPMENT	FROM(M/Y)	TES	APPRO	OX. NO. OF MILES
				Cinc	DL TITE OF	EQUITMENT	PROM(M/1)	TO(WIT)		(TOTAL)
STRAIGHT TRU		☐ YES ☐ NO		(VAN,	TANK,FLAT,DI	JMP,REFER)	ļ	 		
TRACTOR AND	SEMI-TRAILER	□ YES □ NO	-	(VAN,	TANK,FLAT,DU	JMP,REFER)				
TRACTOR - TW	O TRAILERS	☐ YES ☐ NO		(VAN,TANK,FLAT,DUMP,REFER)					-	-
TRACTOR - TH	REE TRAILERS	☐ YES ☐ NO		(VAN,	TANK,FLAT,DU	JMP,REFER)				
MOTORCOACH	- SCHOOL BUS	□YES □NO	More than 8 passengers		-	-				
MOTORCOACH	- SCHOOL BUS	□YES □NO	More than 15					 		
OTHER			passengers				<u> </u>			
				<u></u>				<u></u>		
LIST STATES OP	ERATED IN FO	R THE LAST FIVE YE	ARS:						-	
SHOW SPECIAL	COURSES OR T	RAINING THAT WIL	LUELDYO	71 40 4 7	NAME OF THE PARTY					
		S DO YOU HOLD AN			OKIVEK:					
	dvino Awald	S DO TOU HOLD AN			-				-	
CHOW AND TOU	aunia mp					FICATIONS - OT				
SHOW ANT IKU	CKING, IRANS	PORTATION OR OTH	ER EXPER	IENCE T	HAT MAY HEL	P IN YOUR WORK	FOR THIS COMP	PANY		

LIST COURSES A	ND TRAINING	OTHER THAN SHOW	N ELSEWI	IERE IN	THIS APPLICA	TION				
LIST SPECIAL EC	UIPMENT OR T	ECHNICAL MATERI	ALS YOU	'AN WO	PK WITH (OT)	ED THAN THOSE				
				110	w. wiin (OIF	ER IMAN THOSE	TEREADY SHOW	VN)		
ND OF E					EDUCA	TION	77			
TIRCLE HIGHEST AST SCHOOL AT		LETED: 1 2 3 4 :	5 6 7 8		HIGH	SCHOOL: 1 2 3	4 (COLLEGE: 1	2 3 4	
CCHOOLA	TENDED	(NAME)				(CITY, STATE	3)			
This certifies	hat this am-1	ination	TO BE	REAL	AND SIGN	ED BY APPLIC	CANT			
complete to th	e hest of m	ication was comp	pleted by	me, ar	nd that all er	ntries on it and i	information in	n it are true	and	
pioto to til	o ocsi of my	Miowiedge.								
ignature:							D .			
							Date:			

PAGE 4 691 (Rev. 6/15)

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 rej	ports 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 cata 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 authorizatio 1.

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.

sign and Disclosure and Authorization, Prospective	round Reports provided to me by Prospective Employer and I understand that if I e Employer may obtain a report of my crash and inspection history. I hereby, authorized agents, and/or affiliates to obtain the information authorized above.
Date:	
	Signature
	Name (Please Print)
NOTICE: The prospective employment concept ref C.F.R. 383.5.	ferenced in this form contemplates the definition of 'employee' contained at 49
LAST UPDATED 2/11/2016	