

APPLICATION FOR EMPLOYMENT

BUMPUS TRUCKING, INC
491 JONESBORO RD
WASHINGTON C H, OHIO 43160

APPLICANTS ARE CONSIDERED WITHOUT REGARD TO RACE, CREED, COLOR, SEX, RELIGION, AGE OR NATIONAL ORIGIN OR DISABILITY.

DATE _____

NAME _____
(First) (Middle) (Last)

PHONE _____ SOC. SEC. NO. _____ (licensing purposes)

CELL _____ E-MAIL ADDRESS _____ (optional)

ADDRESS _____ HOW LONG _____
(Street) (City) (Years)

(County) (State) (Zip)

PREVIOUS ADDRESS _____ HOW LONG _____
(Years)

DATE OF BIRTH _____ (for licensing purposes only)

HAVE YOU WORKED FOR THIS COMPANY BEFORE? ☐ YES ☐ NO DATE _____

TO BE READ AND SIGNED BY APPLICANT

It is agreed and understood that any misrepresentation of information given above shall be considered an act of dishonesty.

It is agreed and understood that the employer or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons herein from all liability for any damages on account of his furnishing such information.

The applicant agrees to furnish such additional information and complete examinations as may be required to complete the employment file.

It is agreed and understood that this application for employment in no way obligates the employer to employ the applicant.

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 understand this application is not a contract, express or implied, between myself, and employer, nor shall it be construed to create such a contract. I also understand that if employed, my employment is for no definite period of time and may be terminated, with or without cause or notice, at any time for any reason, by either party. I further understand that I shall not rely upon the information contained in this application or upon any representations made to me to my detriment. No representative has authority to enter into an agreement with me that is contrary to the foregoing.

Prospective Employee: _____ Date: _____

EMPLOYMENT INVESTIGATION HISTORY PROFILE
(Past 10 Years)

Last Employer Name _____ Phone # _____

Address _____

Position Held _____ From _____ To _____ Rate of Pay _____

1 Were you subject to the Federal Motor Carrier Safety Regulations: Yes _____ No _____

2. Was the job designated as a "Safety Sensitive Function" in any DOT-Regulated mode subject to Drug and Alcohol testing requirements by 49 CFR Part 40: Yes _____ No _____

Reason for Leaving: _____

Trailer Experience: Vans _____ Flats _____ Dumps _____ Bulk _____

Tractor Experience: Tractor _____ Straight Truck _____ Combination Vehicle _____ Other _____

List Accidents: 1. _____ 2. _____ None ☐

Prior Employer Name _____ Phone # _____

Address _____

Position Held _____ From _____ To _____ Rate of Pay _____

1 Were you subject to the Federal Motor Carrier Safety Regulations: Yes _____ No _____

2. Was the job designated as a "Safety Sensitive Function" in any DOT-Regulated mode subject to Drug and Alcohol testing requirements by 49 CFR Part 40: Yes _____ No _____

Reason for Leaving: _____

Trailer Experience: Vans _____ Flats _____ Dumps _____ Bulk _____

Tractor Experience: Tractor _____ Straight Truck _____ Combination Vehicle _____ Other _____

List Accidents: 1. _____ 2. _____ None ☐

Prior Employer Name _____ Phone # _____

Address _____

Position Held _____ From _____ To _____ Rate of Pay _____

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2. Was the job designated as a "Safety Sensitive Function" in any DOT-Regulated mode subject to Drug and Alcohol testing requirements by 49 CFR Part 40: Yes _____ No _____

Reason for Leaving: _____

Trailer Experience: Vans _____ Flats _____ Dumps _____ Bulk _____

Tractor Experience: Tractor _____ Straight Truck _____ Combination Vehicle _____ Other _____

List Accidents: 1. _____ 2. _____ None ☐

Prior Employer Name _____ Phone # _____

Address _____

Position Held _____ From _____ To _____ Rate of Pay _____

1 Were you subject to the Federal Motor Carrier Safety Regulations: Yes _____ No _____

2. Was the job designated as a "Safety Sensitive Function" in any DOT-Regulated mode subject to Drug and Alcohol testing requirements by 49 CFR Part 40: Yes _____ No _____

Reason for Leaving: _____

Trailer Experience: Vans _____ Flats _____ Dumps _____ Bulk _____

Tractor Experience: Tractor _____ Straight Truck _____ Combination Vehicle _____ Other _____

List Accidents: 1. _____ 2. _____ None ☐

Prior Employer Name _____ Phone # _____

Address _____

Position Held _____ From _____ To _____ Rate of Pay _____

1 Were you subject to the Federal Motor Carrier Safety Regulations: Yes _____ No _____

2. Was the job designated as a "Safety Sensitive Function" in any DOT-Regulated mode subject to Drug and Alcohol testing requirements by 49 CFR Part 40: Yes _____ No _____

Reason for Leaving: _____

Trailer Experience: Vans _____ Flats _____ Dumps _____ Bulk _____

Tractor Experience: Tractor _____ Straight Truck _____ Combination Vehicle _____ Other _____

List Accidents: 1. _____ 2. _____ None ☐

Prior Employer Name _____ Phone # _____

Address _____

Position Held _____ From _____ To _____ Rate of Pay _____

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2. Was the job designated as a "Safety Sensitive Function" in any DOT-Regulated mode subject to Drug and Alcohol testing requirements by 49 CFR Part 40: Yes _____ No _____

Reason for Leaving: _____

Trailer Experience: Vans _____ Flats _____ Dumps _____ Bulk _____

Tractor Experience: Tractor _____ Straight Truck _____ Combination Vehicle _____ Other _____

List Accidents: 1. _____ 2. _____ None ☐

EXPERIENCE AND QUALIFICATIONS – DRIVER

CURRENT DRIVER LICENSES:

STATE	LICENSE NO.	TYPE	EXPIRATION DATE
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PREVIOUS DRIVER LICENSES:

STATE	LICENSE NO.	TYPE	EXPIRATION DATE
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A. Have you ever been denied a license permit or privilege to operate a motor vehicle? ☐ Yes ☐ No

B. Has any license permit or privilege ever been suspended or revoked? ☐ Yes ☐ No

(If you answered yes to either A or B) Please explain: _____

Traffic convictions for the past three (3) years (other than parking violations):

Location: _____

Date: _____

Offense: _____

CRIMINAL CONVICTION

(Have You)

A. Ever been convicted of a felony? ☐ Yes ☐ No

B. Ever been convicted of a misdemeanor?
(other than traffic violations) ☐ Yes ☐ No

C. Ever been convicted of a D.U.I. ? ☐ Yes ☐ No

D. Ever been convicted of use of drugs? ☐ Yes ☐ No

If you answer yes to A,B,C, or D
please complete:

Location: _____

Offense: _____

Date: _____

NOTE: A Criminal conviction is not necessarily an absolute bar to employment.
You may explain the circumstances if you wish: _____

MILITARY STATUS

Have you served in the last 10 years? ☐ Yes ☐ No

Branch: _____ From: _____ To: _____

You are hereby given written notification of your rights in regard to Safety Performance History Information.

- A. The right to review information provided by previous employers.
- B. The right to have errors in the information corrected by the previous employer, and for that previous employer to re-send the corrected information to the prospective employer.
- C. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

PLEASE SEND BACK TO:

TPS / Bumpus Trucking, Inc
6725 W Central Ave
STE M, PMB364
Toledo, OH 43617
Phone # 419-829-2101
Fax # 419-829-0970

1st Request _____ FAX
2nd Request _____ FAX
3rd Request _____ FAX

Emailed _____
Called _____

SAFETY PERFORMANCE HISTORY RECORDS REQUEST FROM

Name _____ Social Security # _____

Date _____ Signature _____

Previous Employer _____

Contact Name _____

Mailing Address _____ Phone # _____

City, State, Zip _____ Fax # _____

On _____, I hereby authorize you to release the following information to Transportation Payroll Services for purposes of background investigation as required under the Federal Motor Carrier Regulations, and any information concerning my employment background.

The above individual has made application to this company for a position as a _____

And states that you employed him/her as a _____

From _____ (Month, Year) to _____ (Month, Year)

Please provide exact dates of employment: From _____ To _____

Type of Equipment: Tractor Trailer _____ Straight Truck _____ Trailer Type _____

Accident History: If none check here _____

Reason for Separation: Quit _____ Discharged _____ Lay Off _____

Print Name: _____

Date: _____

Signature: _____

Title: _____

HireRight DAC Services Authorization Total Applicant Screening to Release Information

In connection with my application for employment (including contract for services) with you, I understand that consumer reports which may contain public record information may be requested from HireRight DAC Services, Tulsa, Oklahoma. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. 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 HireRight DAC concerning previous driving record requests made by others from such state agencies, and state provided driving records.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY HIRERIGHT DAC TO FURNISH THE ABOVE MENTIONED INFORMATION.

I have the right to make a request to HireRight DAC, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which HireRight DAC has previously furnished within the two year period preceding my request. I hereby consent to your obtaining the above information from HireRight DAC, and I agree that such information which HireRight DAC has or obtains, and my employment history with you if I am hired, will be supplied by HireRight DAC to other companies which subscribe to HireRight DAC services.

I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

In connection with my application for employment (including contract for services) with TPS Inc., I hereby fully release and discharge you and HireRight DAC Services, their respective affiliates, subsidiaries, directors, officers, employees, agents and attorneys thereof, and each of them, and any individual, organization, entity, agency, or other source providing information to above named employer and/or HireRight DAC Services from all claims and damages arising out of or relating to any investigation of my background for employment purposes.

I have been provided a copy of the summary of the rights of the consumer pursuant to Fair Credit Reporting Act (FCRA), and have also been provided a disclosure that an investigative consumer report will be sought pursuant to FCRA. I hereby authorize and give my consent to the above company for the procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

I authorize the release of information regarding work related injuries, including first reports of injury and both pending and closed workers' comp claim cases on file with the State Department of Workers' Compensation, to HireRight DAC Services, an agent for TPS Inc.

This information may include, but should not be limited to case, claim or identification number, date of injury, source of injury, type of injury, nature of injury, location of injury, employer involved in the claim, compensation and medical dollars paid and status.

For purposes of gathering this information, I agree to supply the following information:

Date of Birth _____

Male ()

Female ()

Print Name

Social Security No.

Applicant's Signature

Date

PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past three years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until the employee documents successful completion of the return-to-duty process. (See Sec. 40.25(B)(5) and (e))

Company Name: _____

Street: _____

City: _____

State ZIP: _____

Prospective Employee Name: _____ ID Number: _____
(PRINT)

The prospective employee is required by Sec. 40.25(j) to respond to the following questions.

1) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check one: ☐ Yes ☐ No

2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one: ☐ Yes ☐ No

Prospective Employee Name: _____ Date: _____
(SIGNATURE)

Witnessed By: _____ Date: _____
(SIGNATURE)