

# DRIVER'S APPLICATION FOR EMPLOYMENT

MCCS DRIVER ID#

**Company** RYBICKI TRUCKING CO., INC.

**Address** 9365 NORTH PARMA ROAD

**City** SPRINGPORT **State** MI **Zip** 49284

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job related medical condition or handicap.

**Date of application** \_\_\_\_\_

Position(s) Applied for OTR DRIVER

**Name** \_\_\_\_\_ **Social Security No.** \_\_\_\_\_  
Last First Middle

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_  
Street City State Zip

**Address For Past 3 Years** } \_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State & Zip Code  
\_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State & Zip Code

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

**Date of Birth** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Can you provide proof of age?** \_\_\_\_\_

Have you worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

## References (Other than family)

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

All driver applicants must provide the following information on all employers during the preceding **10 YEARS.**

Applicants **MUST** give complete address, phone number and contact person for all previous employers.

EMPLOYER			DATE	
NAME			TO	
	MO.	YR.	MO.	YR.
ADDRESS			SAFETY SENSITIVE FUNCTION?	
			CIRCLE YES NO	
CITY			SUBJECT TO PART 40 DRUG&ALCOHOL	
	STATE	ZIP	CIRCLE YES NO	
CONTACT PERSON			REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			TO	
	MO.	YR.	MO.	YR.
ADDRESS			SAFETY SENSITIVE FUNCTION?	
			CIRCLE YES NO	
CITY			SUBJECT TO PART 40 DRUG&ALCOHOL	
	STATE	ZIP	CIRCLE YES NO	
CONTACT PERSON			REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			TO	
	MO.	YR.	MO.	YR.
ADDRESS			SAFETY SENSITIVE FUNCTION?	
			CIRCLE YES NO	
CITY			SUBJECT TO PART 40 DRUG&ALCOHOL	
	STATE	ZIP	CIRCLE YES NO	
CONTACT PERSON			REASON FOR LEAVING	

EMPLOYER			DATE	
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EMPLOYER			DATE	
NAME			TO	
	MO.	YR.	MO.	YR.
ADDRESS			SAFETY SENSITIVE FUNCTION?	
			CIRCLE YES NO	
CITY			SUBJECT TO PART 40 DRUG&ALCOHOL	
	STATE	ZIP	CIRCLE YES NO	
CONTACT PERSON			REASON FOR LEAVING	

EMPLOYER			DATE	
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	MO.	YR.	MO.	YR.
ADDRESS			SAFETY SENSITIVE FUNCTION?	
			CIRCLE YES NO	
CITY			SUBJECT TO PART 40 DRUG&ALCOHOL	
	STATE	ZIP	CIRCLE YES NO	
CONTACT PERSON			REASON FOR LEAVING	

**ACCIDENT RECORD FOR PAST 3 YEARS**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET ETC.)	FATALITIES	INJURIES
LAST ACCIDENT _____			
NEXT PREVIOUS _____			
NEXT PREVIOUS _____			

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

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IN NEEDED)

**EXPERIENCE AND QUALIFICATIONS -- DRIVER**

	STATE	LICENSE NO	CLASS & ENDORSEMENT	EXPIRATION DATE
<b>DRIVER</b>				
<b>LICENSES</b>				

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 THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, etc.)	DATES		APPROX. NO. OF MILES
		FROM	TO	
STRAIGHT TRUCK _____				
TRACTOR AND SEMI-TRAILER _____				
TRACTOR - TWO TRAILERS _____				
OTHER _____				

**LIST ANY POSITIVE SUBSTANCE ABUSE TESTS AND/OR ALCOHOL TESTS** OVER .04 IN THE PREVIOUS (6) MONTHS INDICATING EMPLOYER AND DATE:

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**LIST ANY CRIMINAL FELONY CONVICTIONS** OF RECORDS IN THE PREVIOUS (5) YEARS INDICATING DATE OF CONVICTION:

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**TO BE READ AND SIGNED BY APPLICANT**

**YOUR RIGHTS REGARDING SAFETY PERFORMANCE HISTORY INFORMATION:** The information you provided on this application may be used, and the applicant's prior employers may be contacted, for the purpose of investigating the applicant's safety performance history information. Pursuant to Federal Motor Carrier Safety Regulations 49 CFR Sec. 391.23 (i)(1) you have the following rights with regard to the safety performance history information provided by your previous employers:

**THE RIGHT TO REVIEW SAFETY PERFORMANCE RECORDS:** You have the right to review the records provided by your previous employers. You must make your request to review in writing and submit it to your prospective employer no later than thirty (30) days after employment begins or notification of employment is made. You will be provided with the records within five (5) business days of receipt of your written request. If the prospective employer has not received the records at the time of your request, then the five-day period to provide access will begin on the day the records are received from the previous employer. If you fail to arrange to pick up or receive the requested records within thirty (30) days of when they are first made available to you, then your right to review is considered waived.

**THE RIGHT TO HAVE ERRONEOUS information CORRECTED:** If you believe there is an error in the records, you have the right to have your previous employer correct the error. Send your request for correction to the previous employer that provided the records in question. The previous employer must either correct and forward the record to the prospective employer or notify you within fifteen (15) days of receiving your request that they do not agree the record is in error. If the previous employer corrects and forwards the record as requested, that employer must also retain the corrected information as part of your safety performance history record and provide it to subsequent prospective employers when requests for this information are received.

**THE RIGHT TO REBUT DISPUTED INFORMATION:** If the previous employer does not agree that information in the records provided is in error, you may' rebut the disputed information in writing and send it to the previous employer with instructions to include the rebuttal in your safety performance history file. Within five (5) business days of receiving your rebuttal, the previous employer must; forward a copy of the rebuttal to the prospective employer; append the rebuttal to the your safety performance information and include it as part of the response for any subsequent investigating prospective employers for the duration of the three-year data retention requirement period. You may submit a rebuttal initially without a request for correction, or subsequent to a request for correction.

**THE RIGHT TO REPORT FAILURES TO CORRECT ERRONEOUS INFORMATION:** You may report failures of a previous employer to correct information or include your rebuttal as part of the safety performance information, to the Federal Motor Carrier Safety Administration by following procedures specified at 49 CI<R Section 385.12.

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 authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) 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 understand, also, that I am required to abide by all rules and regulations of the Company, as permitted by Law.

(NOTE: THE DATA ELEMENTS ON THIS EMPLOYMENT APPLICATION ARE NEW REQUIREMENTS UNDER THE FMCSR 49 CFR 391.21(b) and (d). THESE DATA ELEMENTS SHOULD BE COMBINED WITH YOUR EXISTING EMPLOYMENT APPLICATION)

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**APPLICANT HIRED** \_\_\_\_\_ **REJECTED** \_\_\_\_\_

**DATE EMPLOYED** \_\_\_\_\_ **CLASSIFICATION** \_\_\_\_\_

# Background Verification for Pre-employment Drug and Alcohol Tests

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**\*40.25 Must an employer check on the drug and alcohol testing record of employees it is intending to use to perform safety-sensitive duties?**

(a) **Yes**, as an employer, you must, after obtaining an employee's written consent, request the information about the employee listed in paragraph (b) of this section. This requirement applies only to employees seeking to begin performing safety-sensitive duties for you for the first time (i.e., a new hire, an employee transfers into a safety-sensitive position). If the employee refuses to provide this written consent, you must not permit the employee to perform safety-sensitive functions.

(b) You must request the information listed in this paragraph (b) from DOT-regulated employers who have employed the employee during any period during the three years before the date of the employee's application or transfer:

- (1) Alcohol tests with a result of 0.04 or higher alcohol concentration;
  - (2) Verified positive drug tests;
  - (3) Refusals to be tested (including verified adulterated or substituted drug test results);
  - (4) Other violations of DOT agency drug and alcohol testing regulations; and
  - (5) With respect to any employee who violated a DOT drug and alcohol regulation, documentation of the employee's successful completion of DOT return-to-duty requirements (including follow-up tests). If the previous employer does not have information about the return-to-duty process (e.g., an employer who did not hire an employee who tested positive on a pre-employment test), you must seek to obtain this information from the employee.
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Per the regulations stated above I RYBICKI TRUCKING CO., INC. am required to ask the  
**(Employer)**

following questions:

1) Have you ever tested positive, or refused to test, on any Pre-Employment drug or alcohol test administered by a previous 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 (2) years.

\_\_\_\_\_ **YES**                      \_\_\_\_\_ **NO**

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

\_\_\_\_\_ **YES**                      \_\_\_\_\_ **NO**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Company Supervisor Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

# General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse

I, \_\_\_\_\_, hereby provide consent to RYBICKI TRUCKING CO., INC. to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

This consent form is also notification that a limited query will be obtained in accordance with Section 382.703(b)(2) of the Federal Motor Carrier Safety Regulations, at a minimum annually, for continued qualification and employment purposes for as long as you perform safety sensitive functions for this company.

I understand that if the limited query conducted indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent to conduct a limited query of the Clearinghouse, RYBICKI TRUCKING CO., INC. must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

**REQUESTED BY:**

**MOTOR CARRIER COMPLIANCE & SAFETY CO**

**312 W. Drinker St.**

**Dunmore, Pa. 18512**

**(570) 207-1742 Fax: (570) 207-1743**

## REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to **MOTOR CARRIER COMPLIANCE & SAFETY CO** for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability, which may result from furnishing such information.

I am also authorizing you to release the following information to **MOTOR CARRIER COMPLIANCE & SAFETY CO** for investigation purposes as required by Section 391.25 of the Federal Motor Carrier Safety Regulations, at a minimum annually, for as long as I am employed as a driver for RYBICKI TRUCKING CO., INC.. You are released from any liability, which may result from furnishing such information.

Company Name

Applicant's Signature

Date

In accordance with the provisions of Section 604 and 607 of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter (I), of Public Law 104-208), I hereby certify the following:

1. The applicant has authorized in writing the procurement of this report;
2. The applicant has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e. information for employment purposes) and not be used for any other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the applicant will receive a copy of the requested report and the summary of consumer rights as provided by that reporting agency.

I, hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-322, Title XXX, Section 300002(a)).

Dear Sir/Madam:

The following named person has made application with our company for the position of driver. Please furnish the undersigned with the applicant's driving record for the past three years.

Should our company hire the following person, a driving record must be obtained in accordance with Section 391.25 of the Federal Department of Transportation Regulations, at a minimum annually, for as long as this person is a driver for this company. Please furnish the undersigned with the applicant's driving record for the past three years.

NAME OF APPLICANT

SSN

ADDRESS

Number & Street

City

State

Zip Code

DATE OF BIRTH

LICENSE NO.

STATE

REQUESTED BY:

**MOTOR CARRIER COMPLIANCE & SAFETY CO**

**312 W. Drinker St**

**Dunmore, Pa. 18512**

**(570) 207-1742 Fax: (570) 207-1743**