

If your above address is less than 3 years old continue listing them below to cover the previous 3 year period:

1. Street _____ Dates: From _____ To _____
 City _____ State _____ Zip _____
2. Street _____ Dates: From _____ To _____
 City _____ State _____ Zip _____
3. Street _____ Dates: From _____ To _____
 City _____ State _____ Zip _____

DRIVER'S LICENSE INFORMATION:

All licenses held within the last 3 years

- State _____ Number _____ Expiration Date _____
- State _____ Number _____ Expiration Date _____
- State _____ Number _____ Expiration Date _____

EDUCATION:

High School: _____ Dates: _____ to _____

City: _____ State _____ Did you graduate? Yes No

College/Trade School: _____ Dates: _____ to _____

City: _____ State _____ Did you graduate? Yes No

EXPERIENCE:

Type of vehicle driven	Dates	Approximate Mileage Driven
	-TO-	

All Accidents, last 3 years: (If none, write NONE)

Date	Describe	Fatalities	Injuries

List all Traffic Violations Convictions, last 3 years: (If none, write NONE)

Date	Violation	State	Commercial Vehicle (Indicate Yes or No)

Have you ever had any driver license denied, suspended, revoked or canceled by any issuing state agency?

Yes No

If yes; state of issuance; explanation: _____

EMPLOYMENT HISTORY, LAST 10 YEARS (383.35)

Account for gaps between employers:(If owner/operator, list carriers leased to)

1. Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____

City, State, Zip code: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: _____

2. Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____

City, State, Zip code: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: _____

3. Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____

City, State, Zip code: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: _____

4. Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____

City, State, Zip code: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: _____

5. Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____ City,
State, Zip code: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: _____

6. Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____ City,
State, Zip code: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: _____

7. Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____ City,
State, Zip code: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period?

Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?

Yes No

Reason for Leaving: _____

8. Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____ City,
State, Zip code: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period?

Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?

Yes No

Reason for Leaving: _____

****Use backside of sheet for additional employers****

APPLICANT RELEASE & DRUG SCREEN AUTHORIZATION

Please read each statement and **initial to signify your acceptance.**

I understand that any offer of employment by McCarthy Tire Service is contingent upon screening of my work, school, criminal record, and personal references. Criminal records may be verified by the State Police or FBI. Conviction of a crime will not necessarily be a bar to employment. Factors such as age at the time of the offense, type of offense, remoteness of the offense in time, and rehabilitation will be taken into account in determining effect on suitability for employment.

I understand that in accepting this application, McCarthy Tire Service is in no way obligated to provide me with employment and that I am not obligated to accept employment if offered. Nor does McCarthy Tire Service's receipt of this application imply employment.

I understand that McCarthy Tire Service is an "at will" employer and does not guarantee employment for any specific length of time, regardless of quality of work. Therefore, I agree, if hired, my employment may be terminated by McCarthy Tire Service or me at any time, with or without notice or cause. I also understand that no representative, other than McCarthy Tire Service's president, is authorized to agree to employ me for any definite or specific period of time and that the president may do so only in writing, which is signed by him or her. If statements to the contrary have been made to me, in connection with my application for employment, those statements are incorrect _____ and not binding to McCarthy Tire Service.

I certify that I have fully, honestly, and accurately completed the application in its entirety. All statements made by me on this application are true, correct, and complete to the best of my knowledge. I have not withheld anything whatsoever that would, if disclosed, affect this application unfavorably. I fully understand that any misrepresentation or omission in any part of this application or in any subsequent written documents that I am required to provide or complete in the course of employment with McCarthy Tire Service may result in cancellation of this application and, if I am already employed, may result in termination of my employment at McCarthy Tire Service.

I hereby release McCarthy Tire Service from any liability in making any inquiries or requests to verify the information contained in this application, and/or my suitability for employment and further release McCarthy Tire Service for relying on any information received.

I understand that any offer of employment is conditioned on the completion of pre-employment tests, including drug testing, and possibly a physical exam. If at any time I would like to review the **Drug Free Workplace Policy**, I may do so by contacting the Human Resource Department. I understand that a satisfactory drug test is a condition of employment with McCarthy Tire Service.

In consideration of employment, I agree that if I accept employment with McCarthy Tire Service, I will, as a pre-condition of such employment, produce authentic documents as required by establishing my identity and work authorization.

I hereby acknowledge that I have read the above statements and fully understand the terms thereof. I authorize and consent to a drug screen as a condition of employment.

Print Name: _____

Date: _____

Signature: _____

Human Resources: _____

AUTHORIZATION TO OBTAIN MOTOR VEHICLE RECORD

The undersigned does hereby acknowledge and certify as follows:

1. Certifies that the undersigned is an employee, or has applied to become an employee of the below named employer in a position which involves the operation of a motor vehicle and the undersigned gives his or her consent to the release of their driving record (MVR) for review by McCarthy Tire Service.
2. That the undersigned authorizes his or her driving record to be periodically obtained and reviewed for the purpose of initial and continued employment.
3. That all information presented in this form is true and correct. The undersigned makes this certification and affirmation under penalty of perjury and understands that knowingly making a false statement or representation on this form is a criminal violation.

Name of Employee/potential employee: _____
Print name as it appears on driver's license

License Number: _____ State: _____

Date of Birth: ____ / ____ / ____

Signature of Applicant: _____ Date: _____

Employer Name: _____ Employer Signature: _____

GENERAL CONSENT FOR LIMITED QUERIES OF
THE FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION (FMCSA)
DRUG AND ALCOHOL CLEARINGHOUSE

I, _____, hereby provide consent for McCarthy Tire Service to conduct a limited query of the FMCSA Commercial Driver's License Drug and alcohol Clearinghouse to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

Terms of consent:

1. The driver is consenting to multiple limited queries, which of those queries can be conducted over the duration of employment;
2. The scope of these limited queries can be unlimited over the duration of employment.

Please read and **initial to signify your acceptance**

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

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

I hereby acknowledge that I have read the above statements and fully understand the terms thereof. I authorize and consent to limited queries of the federal motor carrier safety administration.

Employee Name Printed

Signature

Date