



Driver's Application For Employment

OFFICE USE ONLY
Drug Test ___/___/___
Physical ___/___/___
Back Eval ___/___/___
Road Test ___/___/___

Personal Information

Last		First		MI	
Street Address		City		State	Zip Code
Date of Birth:		Social Security Number:	Home Phone:	Cell Phone:	Email

Previous 3 Years Residency (most recent first):

Street Address	City	State	Zip Code	How long?
Street Address	City	State	Zip Code	How long?
Street Address	City	State	Zip Code	How long?

Are you entitled to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	How did you hear about this position?
What position are you applying for?		Are you able to obtain a TWIC Card? <input type="checkbox"/> Yes <input type="checkbox"/> No

Date Available to Start Work:	Work Availability:
Have you worked for this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, please indicate when and position held:
Do you have any relative employed by this company? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, please state names:

Driver's License History

Section 383.21 FMSCR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below

State	License No.	Type	Expiration Date

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates	Approximate No. of Total Miles
Straight Truck		From _____ To _____	
Tractor and Semi-Trailer		From _____ To _____	
Twin Trailers		From _____ To _____	
Other		From _____ To _____	

Accident Record for Past 3 Years or More (Attach sheet if more space is needed)

Dates	Nature of Accident (Head-on, Rear-end, Upset, etc.)	Number of Fatalities	Injuries

Traffic Convictions and Forfeitures for the Past 3 Years (Other than parking violations)

Date Conviction	Violation	Location	Penalty/Fine \$ Amount (forfeited bond, collateral and/or points)

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? ☐ Yes ☐ No
If yes, explain: _____
- B. Has any license, permit or privilege ever been suspended or revoked? ☐ Yes ☐ No
If yes, explain: _____
- C. Have you ever been disqualified for violations of any Federal Motor Carrier Safety Regulation? ☐ Yes ☐ No
If yes, explain: _____

Employment Record

The U.S. Department of Transportation requires that driver applicants that desire to drive in interstate/intrastate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (Total of 10 years employment record) 391.21(b) (10)(11)

Name and Address of Company	From		To		Reason for Leaving	Name of Supervisor
	Month	Year	Month	Year		
	Describe the work you did:					
Telephone:						

Were you subject to the Federal Motor Carrier Safety Regulations (FMSCRs) 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 requirement of 49 CFR Part 40? ☐ Yes ☐ No

Name and Address of Company	From		To		Reason for Leaving	Name of Supervisor
	Month	Year	Month	Year		
	Describe the work you did:					
Telephone:						

Were you subject to the Federal Motor Carrier Safety Regulations (FMSCRs) 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 requirement of 49 CFR Part 40? ☐ Yes ☐ No

Name and Address of Company	From		To		Reason for Leaving	Name of Supervisor
	Month	Year	Month	Year		
	Describe the work you did:					
Telephone:						

Were you subject to the Federal Motor Carrier Safety Regulations (FMSCRs) 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 requirement of 49 CFR Part 40? ☐ Yes ☐ No

Name and Address of Company	From		To		Reason for Leaving	Name of Supervisor
	Month	Year	Month	Year		
	Describe the work you did:					
Telephone:						

Were you subject to the Federal Motor Carrier Safety Regulations (FMSCRs) 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 requirement of 49 CFR Part 40? ☐ Yes ☐ No

Name and Address of Company	From		To		Reason for Leaving	Name of Supervisor
	Month	Year	Month	Year		
	Describe the work you did:					
Telephone:						

Were you subject to the Federal Motor Carrier Safety Regulations (FMSCRs) 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 requirement of 49 CFR Part 40? ☐ Yes ☐ No

Name and Address of Company	From		To		Reason for Leaving	Name of Supervisor
	Month	Year	Month	Year		
	Describe the work you did:					
Telephone:						

Were you subject to the Federal Motor Carrier Safety Regulations (FMSCRs) 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 requirement of 49 CFR Part 40? ☐ Yes ☐ No

Name and Address of Company	From		To		Reason for Leaving	Name of Supervisor
	Month	Year	Month	Year		
	Describe the work you did:					
Telephone:						

Were you subject to the Federal Motor Carrier Safety Regulations (FMSCRs) 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 requirement of 49 CFR Part 40? ☐ Yes ☐ No

Other Experience and Qualifications

- A. Date of last Department of Transportation prescribed physical examination: _____
- B. List state(S) operated in during the last five (5) years: _____
- C. Show any other trucking, transportation or other experience that may help in your work for this company: _____
- D. List courses and training other than shown elsewhere on this application that will help you as a driver: _____

Education

	Name/Location	Last Year Complete	Degree	Major or Emphasis
High School		9 10 11 12		
College/University		1 2 3 4		
Trade School				
Other				

TO BE READ AND SIGNED BY APPLICANT

I authorize you, T & T Trucking, to make such investigations and inquiries of my personal, employment, financial or medical history and other related matter as may be necessary in arriving at an employment decision. (Generally inquiries regarding medical history will be made only if and after the conditional offer of employment has been extended.) I hereby release employer, 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 that I am required to abide by all rules and regulations of T & T Trucking.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my performance and safety history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- A. Review information provided by previous employer;
- B. Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective
- C. Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Date

Applicant's Signature

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.

Date

Applicant's Signature

COMPLETED APPLICATION MUST BE RETURNED TO DRIVER COMPLIANCE FOR REVIEW ALONG WITH COPIES OF THE FOLLOWING ITEMS:
(YOUR APPLICATION WILL NOT BE PROCESSED WITHOUT ITEMS LISTED BELOW)

1. COPY OF DRIVER'S LICENSE
2. COPY OF MEDICAL CERTIFICATE
3. COPY OF LONG FORM MEDICAL
4. COPY OF SOCIAL SECURITY CARD
5. COPY OF DMV PRINTOUT INCLUDING LAST 10 YEARS (must be less than 30 days old)

RETURN REQUESTED DOCUMENTS TO:

T & T Trucking
11396 N Highway 99
Lodi, CA 95240



To Applicant: PLEASE PRINT

Previous Employer: _____

Address: _____

Telephone: () _____ - _____ Fax: () _____ - _____

Applicants name: _____ states that he/she was employed by you as a
_____ From _____ to _____ (if dates are incorrect, please provide correct dates).

RELEASE AND CONSENT: I HEREBY AUTHORIZE MY CURRENT & PREVIOUS EMPLOYERS TO FURNISH TO
T&T TRUCKING, INC. THE INFORMATION REQUESTED BELOW, AS PER CFR TITLE 49, PART 382, AND 49 CFR
PART 40. SPECIFICALLY ALCOHOL & CONTROLLED SUBSTANCE TESTING RECORDS INCLUDING PRE-
PLACEMENT TESTING, POST ACCIDENT & RANDOM TESTING. I ALSO AUTHORIZE YOU TO RELEASE
INFORMATION REGARDING MY DRIVING HISTORY & BACKGROUND.

Signature _____ Date ____/____/____ Telephone () _____
Social Security No. _____ - _____ - _____ CA Driver's License _____

NOTE: BOTTOM PART IS FOR PREVIOUS EMPLOYER USE ONLY.

TO FORMER EMPLOYER: Please give the following information about this applicant. It will be held in strict confidence.

	YES	NO
HAS THIS PERSON EVER TESTED POSITIVE FOR A CONTROLLED SUBSTANCE?	<input type="checkbox"/>	<input type="checkbox"/>
HAS THIS PERSON EVER HAD AN ALCOHOL TEST WITH A RESULT OF 0.04 BAC OR HIGHER?	<input type="checkbox"/>	<input type="checkbox"/>
HAS THIS PERSON EVER REFUSED A REQUIRED TEST FOR DRUGS OR ALCOHOL?	<input type="checkbox"/>	<input type="checkbox"/>
HAS THIS PERSON EVER VIOLATED ANY OTHER DOT DRUG OR ALCOHOL REGULATION?	<input type="checkbox"/>	<input type="checkbox"/>
HAVE YOU RECEIVED INFORMATION FROM ANY PREVIOUS EMPLOYERS THAT THIS PERSON HAS VIOLATED ANY DRUG OR ALCOHOL REGULATIONS?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please furnish the substance abuse professional's name, address, and telephone number for future references.

Correct dates employed from _____ to _____ Position: _____

Has this person had any accidents in the last 3 yrs? _____ How many preventable? _____

Reason for leaving? _____

A.) Quality of work _____ B.) Cooperation with others _____ C.) Safety habits _____
D.) Driving skills _____ E.) Attendance record _____ F.) Reliable _____

Comments: _____

Signature _____ Title: _____
Previous employer representative Date: ____/____/____

**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL
ACCOUNT HOLDERS**

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

In connection with your application for employment with **T&T Trucking Inc** ("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 and sign below:

I authorize **T&T Trucking Inc** ("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.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 2/11/2016