

SERVICE CONTRACT TRUCK DRIVER'S APPLICATION

Company: **B H Transfer Co.**
 Address: **P.O. Box 151**
 City: **Sandersville** State: **GA** Zip: **31082**

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, veteran status, disability, or any other protected group status.

Applicant Name _____ Date of Application _____
 (print)

Address _____
 City State Zip

Phone _____ Date of Birth _____ SSN _____

Address for the past 3 years _____

Is there any reason you might be unable to perform the essential functions of a truck driver? _____

Do you have the legal right to work in the United States? _____

Have you ever been convicted of a felony? _____

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment—all circumstances will be considered.

Would you be willing to take a physical examination? _____

EDUCATION HISTORY

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

Accident Record for past 3 years or more (attach sheet if more space is needed)

DRIVING HISTORY

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

Traffic Convictions / Forfeitures for the past 3 years (other than parking)

LOCATION	DATE	CHARGE	PENALTY

(attach sheet if more space is needed)

All drivers in interstate commerce must provide the following information on all employers/contracting motor carriers during the preceding three (3) years. Persons to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional seven (7) years information.

NOTE: List employers/contracting motor carriers in reverse order starting with the most recent. Add another sheet as necessary.

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER		REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER		REASON FOR LEAVING
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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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, 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 more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

EXPERIENCE AND QUALIFICATIONS — DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

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, GIVE DETAILS _____

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT)	DATES		APPROX. NO.OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR / SEMI-TRAILER				
TRACTOR - TWO TRAILERS				
OTHER				

TO BE READ AND SIGNED BY APPLICANT

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.

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 safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- 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.

Signature _____ Date _____

SIDE 1

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) _____

 First, MI., Last Social Security Number _____

_____ hereby authorize: _____
 _____ Date of Birth _____

Previous Employer _____ Email _____

Street _____ Telephone _____
 City, State, Zip _____ Fax No. _____

to release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____
 (date of employment application)

To _____

Prospective Employer _____

Attention _____ Telephone _____

Street _____

City, State, Zip _____

In compliance with §40.25(g) and 391 .23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.
 Prospective employer's confidential fax number _____
 Prospective employer's confidential email address _____

_____ Applicant's Signature _____ Date _____

This information is being requested in compliance with §40.25 and §39.123.

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY

The applicant named above was employed by us. YES NO

Employed as _____ from (m/y) _____ to (m/y) _____

1. Did he/she drive motor vehicle for you? Yes No If yes, what type? Straight Truck Tractor-Semitrailer Bus
 Cargo Tank Doubles/Triples Other (Specify) _____

2. Reason for leaving your employ: Discharged Resignation Lay Off Military Duty

If there is no safety performance history to report, check here sign below and return

ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15[b]) that involved the applicant in the 3 years prior to the application date shown above, or check here if there is no accident register data for this driver

Date	Location	No. of Injuries	No. of Fatalities	HazMat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

Any other remarks: _____

Signature: _____

Title: _____

Date: _____

SIDE 2

SECTION 3	TO BE COMPLETED BY PREVIOUS EMPLOYER	
DRUG AND ALCOHOL HISTORY		
If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here <input type="checkbox"/> fill in the dates of employment from _____ to _____, complete bottom of Section 3, sign, and return.		
Driver was subject to Department of Transportation testing requirements from _____ to _____.	YES	NO
1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration	<input type="checkbox"/>	<input type="checkbox"/>
2. Has the person tested positive or adulterated or substituted a test specimen for controlled substances?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has this person committed other violations of Subpart B of Part 382, or Part 40?	<input type="checkbox"/>	<input type="checkbox"/>
5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form.	<input type="checkbox"/>	<input type="checkbox"/>
6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?	<input type="checkbox"/>	<input type="checkbox"/>
In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on side 1.		
Name: _____		
Company: _____		
Street: _____		
City, State, Zip: _____		Telephone _____
Section 3 Completed by (Signature): _____		Date _____

SECTION 4a:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
This form was (check one) <input type="checkbox"/> Faxed to previous employer <input type="checkbox"/> Mailed <input type="checkbox"/> Emailed <input type="checkbox"/> Other _____	
By: _____ Date: _____	

SECTION 4b:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
Complete below when information is obtained.	
Information received from: _____	
Recorded by: _____ Method: <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Telephone	
Date: _____ <input type="checkbox"/> Other _____	

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SIDE 1 SECTION 1: Prospective Employee

- Sign and date
- Submit to the Prospective Employer

SIDE 1 SECTION 2: Previous Employer

- Complete the information required in this section
- Sign and date
- Turn form over to complete SIDE 2 SECTION 3

SIDE 2 SECTION 3: Previous Employer

- Complete the information required in this section
- Sign and date
- Return to Prospective Employer

SIDE 2 SECTION 4a: Prospective Employer

- Complete the information required in this section
- Send to Previous Employer

SIDE 2 SECTION 4b: Prospective Employer

- Record receipt of the information
- Retain the form

BH-850-F

IMPORTANT NOTICE REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In connection with your application for employment or service contract with B-H Transfer Co (“Prospective Motor Carrier”), it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). If B-H Transfer Co uses any information it obtains from FMCSA in a decision to not hire you, contract with you or to make any other adverse decision regarding working you, B-H Transfer Co 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, B-H Transfer Co will notify you that the action has been taken and that the action was based in part or in whole on this report. B-H Transfer Co cannot obtain background reports from FMCSA unless you consent in writing. If you agree that B-H Transfer Co may obtain such background reports, please read the following and sign below:

I authorize B-H Transfer Co 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 consenting to 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 B-H Transfer Co to make a determination regarding my suitability as an employee or contract driver.

I further understand that neither B-H Transfer Co 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 am challenging 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 have read the above Notice Regarding Background Reports provided to me by B-H Transfer Co and I understand that if I sign this consent form, B-H Transfer Co may obtain a report of my crash and inspection history. I hereby authorize B-H Transfer Co and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____ Signature _____

Name (Please Print) _____

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