

**DRIVER EMPLOYMENT APPLICATION**

Name (first, middle, last)		Hire Date (office use only)	
You must list all previous addresses for 3 years	Address (street, city, state, zip code)		
	Address (street, city, state, zip code)		
Phone Number	Date of Birth	Social Security Number	
Are you legally authorized to work in the U.S.?			Yes    No
Emergency Contact Name		Relation	
Address		Phone Number	
<b>DRIVER LICENSE INFORMATION</b>			
Driver License Number	State	Type	Expiration Date
<b>DRIVER EXPERIENCE</b>			
Type of Equipment	From (Date)	To (Date)	Approx # of Miles
Type of Equipment	From (Date)	To (Date)	Approx # of Miles
<b>REQUIRED QUESTIONS</b>			
Have you ever been denied a license, permit or privilege to operate a motor vehicle?			Yes    No
Has any license, permit or privilege ever been suspended or revoked?			Yes    No
Have you ever been convicted of any criminal act involving the use of a CMV or while driving a CMV?			Yes    No
Have you ever been convicted of any law violation? (Include any plea of "Guilty" or "No Contest" except for minor traffic violation)			Yes    No
If you answered yes to any of the above 4 questions, attach a statement of explanation.			
<b>TICKETS / ACCIDENTS/ ETC.</b>			
<b>Accident Record for Past 3 Years</b>			
Date	Description	# of Injuries / Fatalities	
Date	Description	# of Injuries / Fatalities	
<b>Traffic Convictions &amp; Forfeitures for Past 3 Years</b>			
Date	Location	Charge	Penalty
Date	Location	Charge	Penalty



**EMPLOYMENT RECORD**

Employer	From (M/Y)	To (M/Y)
Address	Phone	Position
Were you subject to the FMCSRs while employed?		Yes No
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR part 40?		Yes No
Employer	From (M/Y)	To (M/Y)
Address	Phone	Position
Were you subject to the FMCSRs while employed?		Yes No
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR part 40?		Yes No
Employer	From (M/Y)	To (M/Y)
Address	Phone	Position
Were you subject to the FMCSRs while employed?		Yes No
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR part 40?		Yes No

**DECLARATION OF EMPLOYMENT STATUS (GAPS IN HISTORY)**

If you were driving a CMV, you must provide complete employment history for the past 10 years. Any gaps in employment longer than 1 month are explained as follows:

Activity During Break	From (M/Y)	To (M/Y)
In Addition, I was not employed by any company or individual		Yes No
Activity During Break	From (M/Y)	To (M/Y)
In Addition, I was not employed by any company or individual		Yes No

For additional blocks needed, please make a copy of this form



**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 interviews may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand information I provide regarding current and/or previous employers may be used, and those employers 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 the 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.

This certifies 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.

Signature	Date
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**FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT**

In accordance with the provisions of Section 604 (b)(2)(A) 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), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. Your employer may obtain this information from Equifax, TransUnion, Experian or other vendors of information services.

Applicant Signature	Date
Print Name	Social Security Number
Employer Witness	



**PSP DRIVER BACKGROUND INVESTIGATION RELEASE**

In connection with your application for employment with **SHUR-WAY MOVING & CARTAGE**, it may obtain one or more reports regarding your credit, driving, and/or criminal background history from a consumer reporting agency and/or other sources. If the Prospective Employer uses any information it obtains from a background report in a decision to not hire you or make any other adverse employment decision regarding you, the Prospective Employer will provide you 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 a background report, the Prospective Employer will notify you that the action has been taken and that the background report was the reason for the action. The Prospective Employer cannot obtain background reports from the consumer reporting agencies or other sources regarding you unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize **SHUR-WAY MOVING & CARTAGE** to contact any organization or individual that I have listed on my employment application or resume or mentioned in job interviews and obtain from them any relevant information about my job qualifications, including my experience, skills, and abilities. 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, as well as any reference-related information about me held or known by my former employers, supervisors, and co-workers. In addition, I consent to the release of any information about my education, experience, abilities, or work-related characteristics or traits held or known by other organizations or individuals, including school and educational institutions, professional or business associates, and friends and acquaintances that Prospective Employer might contact in the course of conducting a reference check or background investigation of my suitability for employment.

I understand and acknowledge that the release of information can involve my qualifications, performance, credentials, or other characteristics or factors affecting my suitability for employment with Prospective Employer. Specifically, I am authorizing the release of any information about my performance, experience, capability, attitude, specific events, or other work-related characteristics that currently are in the possession of the requested organizations or their managers or representatives.

In exchange for Prospective Employer's consideration of my employment application, I agree not to file or pursue any complaints, claims, or legal actions of any kind against any organization or individual that provides work-related information about me to Prospective Employer or its agents in accordance with the terms and intent of this release. I also agree not to file or pursue any complaints, claims, or legal actions against Prospective Employer or any of its employees, representatives, or agents arising out of their efforts to obtain work-related information about me.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer and/or any entity it retains to obtain such background reports and may obtain reports of my credit, driving, and/or criminal background history in addition to information regarding my background, references, education, specific events, and past employment.

I hereby authorize Prospective Employer and its employees, agents, and its affiliates to obtain the information authorized above.

Print Name	Signature	Date
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