

How much CDL- A Experience do you have? OTR ___ Yr(s)/Mo(s) Local ___ Yr(s)/Mo(s)

Compliance with Federal, State, & EEO laws: qualified applicants are considered without regard to race, color, sex, religion, nationality, age, marital status, military - veteran status, disability, or other projected group status.

How did you hear of us? Paper Driver Sign Internet Worked w/NAWE Other _____
 If referred by a driver, please provide employee name: _____

Name (first, middle, last) _____ DOB _____ Soc Security # _____

Phone # _____ / _____ Cell # _____ / _____ E-Mail _____

List your current address & address for last 3 yrs (if needed, add another sheet):

Street _____ City _____ ST _____ Zip _____ How Long ___ Yr(s)/Mo(s)

Street _____ City _____ ST _____ Zip _____ How Long ___ Yr(s)/Mo(s)

Street _____ City _____ ST _____ Zip _____ How Long ___ Yr(s)/Mo(s)

License # _____ ST _____ Endorsements: X H N P T Expires: _____

Driving experience					
Class of Equipment	Type of Equipment (Van, Tanker, End dump etc.)	Manual	Automatic	Experience: Years/Months	Companies where work was performed
Tractor & Semi Trailer <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Straight Truck <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Ottawa <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Dump Truck <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Other <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		

Accident record for the five years preceding date of application				
(Must provide Police Report and a detailed statement for any accidents listed)				
(If needed, add another sheet)				
Date:	Type of Accident (Sideswipe, rollover, rear-end, etc.)	Location (city and state)	Fatality	Injury
			Yes <input type="checkbox"/> No <input type="checkbox"/> #	Yes <input type="checkbox"/> No <input type="checkbox"/> #
			Yes <input type="checkbox"/> No <input type="checkbox"/> #	Yes <input type="checkbox"/> No <input type="checkbox"/> #
			Yes <input type="checkbox"/> No <input type="checkbox"/> #	Yes <input type="checkbox"/> No <input type="checkbox"/> #
			Yes <input type="checkbox"/> No <input type="checkbox"/> #	Yes <input type="checkbox"/> No <input type="checkbox"/> #

List all citations received for the three years preceding date of application		
Date	Violation cited (Speeding, following too close, etc.)	Location (city and state)

Highest grade level completed: 8 9 10 11 12 GED Diploma Degree Other _____

CDL School Name _____ Date Completed _____

Military Branch _____ Date of service _____ to _____ Discharge Type _____

Date: _____ Initial _____

Work History

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) requires that all applicants wishing to drive a commercial must list all employment for the previous 10 years. (If needed, add another sheet)

May we contact your current employer prior to hiring? Yes No

Previous employer _____ Address: _____
Phone: _____ Contact _____

Reason for leaving _____

Position held _____ from: _____ to: _____

Area traveled: _____

While employed here, was this position designated as a safety sensitive function subject to drug and alcohol testing as required by 49 CFR, Part 40? Yes No

Previous employer _____ Address: _____
Phone: _____ Contact _____

Reason for leaving _____

Position held _____ from: _____ to: _____

Area traveled: _____

While employed here, was this position designated as a safety sensitive function subject to drug and alcohol testing as required by 49 CFR, Part 40? Yes No

Previous employer _____ Address: _____
Phone: _____ Contact _____

Reason for leaving _____

Position held _____ from: _____ to: _____

Area traveled: _____

While employed here, was this position designated as a safety sensitive function subject to drug and alcohol testing as required by 49 CFR, Part 40? Yes No

Previous employer _____ Address: _____
Phone: _____ Contact _____

Reason for leaving _____

Position held _____ from: _____ to: _____

Area traveled: _____

While employed here, was this position designated as a safety sensitive function subject to drug and alcohol testing as required by 49 CFR, Part 40? Yes No

Previous employer _____ Address: _____
Phone: _____ Contact _____

Reason for leaving _____

Position held _____ from: _____ to: _____

Area traveled: _____

While employed here, was this position designated as a safety sensitive function subject to drug and alcohol testing as required by 49 CFR, Part 40? Yes No

Previous employer _____ Address: _____
Phone: _____ Contact _____

Reason for leaving _____

Position held _____ from: _____ to: _____

Area traveled: _____

While employed here, was this position designated as a safety sensitive function, subject to drug and alcohol testing as required by 49 CFR, Part 40? Yes No

Date: _____ Initial _____

GENERAL:

Please Note Details, Dates, Location and Current Status for any questions answered "yes":

- Yes No Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____
- Yes No Have you ever had a license, permit or privilege suspended, revoked or put on hold? _____
- Yes No Have you ever had an arrest or conviction for a misdemeanor or felony? _____
- Yes No Have you ever been given probation or served time for any convictions? _____
- Yes No Are you required to have a travel permit? _____
- Yes No Have you ever had a DOT Inspection that resulted in a fine? _____
- Yes No Do you have any traffic and/or criminal charges that are currently pending for any reason? _____
- Yes No Have you ever tested positive or refused to be tested on any Drug and /or Alcohol test given? _____
- Yes No Do you have any Drug and/or Alcohol tests that are currently pending final results? _____
- Yes No Have you ever been known by or used other names (other than the name listed on this application)? _____
- Yes No Have you ever been released or not called back for work due to a violation of company policy? _____

CAN YOU DO THE FOLLOWING? Please explain any "no" answers:

- Yes No Drive a manual transmission 18 wheel truck? _____
- Yes No Get in and out of a tractor and semi trailer? _____
- Yes No Apply enough force to open and close tractor & trailer doors? _____
- Yes No Complete a safety check and get under / around unit to inspect brakes and equipment? _____
- Yes No Raise and lower trailer dollies when empty & under a load? _____
- Yes No Apply pressure to release 5th wheel pin and slide trailer tandem lever to release? _____
- Yes No Repeatedly lift and carry cargo weighing up to 70 lbs. per item? _____
- Yes No Be on duty the maximum hours allowed by D.O.T. Service Regulations? _____
- Yes No Comply with Company, State and Federal DOT Regulations? _____

- Yes No Is there any reason you might be unable to perform functions of the job which you have applied? If Yes, Explain: _____
- Yes No Are you lawfully in the United States and eligible for work? _____

Give two References

Names and contact information:

- 1. _____ 2. _____

List two additional contacts and numbers to reach you in case of Emergency. Please do not list the same contacts given above.

- 1. _____ 2. _____

I certify that I completed this application and all statements on this application are true and complete to the best of my knowledge. I understand that falsification of this application may result in my not being considered for employment. Falsification discovered after employment will result in termination. .

Date: _____ Signature _____

Authorization Consumer Report

Fair Credit Reporting Act Disclosure statement

In accordance with the Fair Credit Reporting Act as amended by the consumer credit reporting act of 1996, I have been informed that Nationwide Express Inc. will procure the following reports: CDLIS+, Social Security validation, national Sex offender registry, national criminal background (may include traffic violations), open warrant list, wanted list, MVR, employment history and drug and alcohol history. Nationwide Express Inc. has advised the subject that an investigative consumer report will be made, including information as to the applicant's character, general reputation, personal characteristics and mode of living.

I understand that I have the right to request, in writing, information pertaining to the nature and scope of the Inquiry and a written summary of my rights under the Fair Credit Reporting Act pursuant to 16 USC section 1681(c).

I hereby authorize the company to obtain this information and release and hold harmless any person, firm or entity that discloses such information in accordance with this authorization. This authorization shall remain on file and shall serve as ongoing authorization for the company to procure a motor vehicle report (MVR) and a criminal Check which is defined as a consumer report at any time during my employment period. Any copy of this Authorization shall have the same authority as the original.

Date: _____ Print Name: _____

Signature _____

Applicants Authorization Release To Obtain Previous Employment - Drug and Alcohol History:

I authorize Nationwide Express Inc. or agents to request and obtain information pursuant to CFR 49 Part 391.23. I authorize those companies to provide to Nationwide Express, Inc. or agents the following information concerning my history of drug and alcohol test (to include pre-employment testing) and work history. All alcohol tests with a result of 0.04 or higher, verified positive drug tests, refusals to be tested (including verified adulterated or substituted results), other violations of DOT drug and alcohol testing regulations, information obtained from previous employers of a drug and alcohol rule violation(s) and documents, if any, of completion of a return to duty process following a rule violation, for the previous 3 years. I authorize the (company /school) listed to release reasons for termination of employment, work experience history, accidents, academic info, professional credentials and other information requested. I have carefully read and fully understand this authorization to release info as requested.

Print Full Name: _____ Signature: _____ SS # _____ - _____ - _____ Date: _____
(Applicant does not fill out below this point)

Previous/Current Employer: _____ Attention: _____

Phone _____ Fax _____

Employed From _____ to _____ Position Held _____ Company Driver O/OP

Reason for leaving: Resigned with 2 week notice Resigned without 2 week notice discharged other / explain: _____

Eligible for Rehire: Yes No Upon Review

Was this position designated as a safety sensitive function, subject to drug and alcohol testing as required by 49 CFR, Part 40? Yes No

Driving experience					
Class of Equipment	Type of Equipment (Van, Tanker, End-dump, flat bed, roll-off etc.)	Manual	Auto- Matic	Commodities Hauled (Steel coil, FAK, Chemicals, scrap, etc.)	Hazardous Materials
Tractor & Semi Trailer <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Straight Truck <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Ottawa <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Dump Truck <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Other <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

States Operated In: _____ Est. Weekly Miles: _____

Accident Record						
Date:	Type of Accident (Sideswipe, rollover, rear-end, etc.)	Location (city and state)	Fatality	Injury	DOT reportable	Preventable
			Yes <input type="checkbox"/> No <input type="checkbox"/> #	Yes <input type="checkbox"/> No <input type="checkbox"/> #	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/> #	Yes <input type="checkbox"/> No <input type="checkbox"/> #	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/> #	Yes <input type="checkbox"/> No <input type="checkbox"/> #	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/> #	Yes <input type="checkbox"/> No <input type="checkbox"/> #	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

DRUG and ALCOHOL Information

- Did the employee have alcohol tests with a result of 0.04 or higher? Yes No
- Did the employee have verified positive drug tests? Yes No
- Did the employee refuse to be tested? Yes No
- Did the employee have other violations of DOT agency drug and alcohol testing regulations? Yes No
- Did a previous employer report a drug and alcohol rule violation to you? Yes No
- If you answered "Yes" to any of the above items, did the employee complete the return to duty process? Yes No

Signature: _____ Title _____ Phone (____) _____

Return: FAX 931-680-5916 call: 931-680-2411 e-mail: tarnold@nationwide-express.com

IMPORTANT DISCLOSURE
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In connection with your application for employment with Nationwide Express 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 Nationwide Express 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.

Last updated 12/22/2015