

APPLICATION How much CDL-A OTR Experience do you have? \_\_\_ mo - yrs **CO / O-OP** \_\_\_\_\_  
 Compliance to Federal, State, & EEO laws, qualified applicants 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

**PRINT: Full Name**

Name \_\_\_\_\_ **DOB** \_\_\_\_\_ **Soc Security #** \_\_\_\_\_

Phone # \_\_\_\_\_ / \_\_\_\_\_ **Cell** \_\_\_\_\_ / \_\_\_\_\_ **E-Mail** \_\_\_\_\_

List current address & last 3 yrs.

Street \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_ How Long \_\_\_ Y M  
 Street \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_ How Long \_\_\_ Y M

**CDL A License #** \_\_\_\_\_ **ST** \_\_\_\_\_ **ENDSMT** \_\_\_\_\_ **HAZ** \_\_\_ **TANKER** \_\_\_ **Expires:** \_\_\_\_\_

What States have you had a drivers License In: \_\_\_\_\_

**Prior 60 months: List ALL Warnings, Tickets, Accidents, Incidents, & DOT Inspections Past 60 mo:**

**If 0 write None** # Warnings \_\_\_ # Tickets \_\_\_ # Accidents \_\_\_ # Incidents \_\_\_ #DOT Insp. \_\_\_ #Pending \_\_\_

*Date City - State Type - Describe Injury - Fatality Charge - Penalty Vehicle Type Open /Closed /Pending*

May we contact current employer? Yes  No

**Include 10 Yrs Work History.** No Gaps. Add extra . Include Self employ, Non Working Time, Orientation Attended.

**Current- From \_\_\_ To \_\_\_ Co.** \_\_\_\_\_ **Phone:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Contact** \_\_\_\_\_

Why you left or, looking to leave? \_\_\_\_\_ **Address** \_\_\_\_\_ **City/State/Zip** \_\_\_\_\_

**Position** \_\_\_\_\_ **OTR- Local - Solo - Team** **Wage** \_\_\_ cpm / hr **Require FDOT safety sensitive job, subject to drug-alcohol test?** **Y N**

**Equip Driven :** \_\_\_ TT 18 wheel Strt Trk other \_\_\_ **Automatic - Manual Shift** **Accidents- Incidents?** **No** Yes, Explain: \_\_\_\_\_

**Type Trailer Pulled:** 48' Van 53' Van Dump Bed Trl Refer Flat Other \_\_\_ **Cargo Hauled** \_\_\_\_\_ **Travel Area** \_\_\_\_\_

-- No Work - Unemployed: **From** \_\_\_ **To** \_\_\_ **What did you do during this time?** \_\_\_\_\_

**2<sup>nd</sup> From \_\_\_ To \_\_\_ Co.** \_\_\_\_\_ **Phone:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Contact** \_\_\_\_\_

Why you left ? \_\_\_\_\_ **Address** \_\_\_\_\_ **City/State/Zip** \_\_\_\_\_

**Position** \_\_\_\_\_ **OTR- Local - Solo - Team** **Wage** \_\_\_ cpm / hr **Require FDOT safety sensitive job, subject to drug-alcohol test?** **Y N**

**Equip Driven :** \_\_\_ TT 18 wheel Strt Trk other \_\_\_ **Automatic - Manual Shift** **Accidents Incidents?** **No** Yes, Explain \_\_\_\_\_

**Type Trailer Pulled :** 48' Van 53' Van Dump Bed Trl Refer Flat Other \_\_\_ **Cargo Hauled** \_\_\_\_\_ **Travel Area** \_\_\_\_\_

-- No Work - Unemployed: **From** \_\_\_ **To** \_\_\_ **What did you do during this time?** \_\_\_\_\_

Is there any reason you might be unable to perform functions of the job which you have applied? If Yes, Explain: \_\_\_\_\_  Yes  No

Have you ever tested positive or refused to test on any Drug or Alcohol test? If Yes, Explain: \_\_\_\_\_  Yes  No

Have you ever had a violation for any DOT or Non-DOT Drug, Alcohol, or Substance policies or rules? If Yes, Explain: \_\_\_\_\_  Yes  No

Are you lawfully in the United States & eligible for work? - - - - -  Yes  No

Can you obtain required Haz-Mat & passport to travel 48 States & Canada to service customer areas, as needed?  Yes  No

Have you ever had an Arrest, Felony or Misdemeanor Charge other than a traffic violation? If Yes, Give date & Explain \_\_\_\_\_  Yes  No

**States driven in as an OTR Class A CDL Driver in the last 5 yrs:** \_\_\_\_\_

**Check all that you have experience with :** Vans 48 \_\_\_ 53 \_\_\_ Refer \_\_\_ Flats \_\_\_ Other \_\_\_ Strt Trk \_\_\_ Semi-Trt \_\_\_ **Transmission:** Automatic \_\_\_ Manual \_\_\_

**Circle Highest School Education Completed:** 5 6 7 8 9 10 11 12 **GED** \_\_\_ **Diploma** \_\_\_ 1 2 3 4 **Degree** \_\_\_ **Other** \_\_\_\_\_

**CDL School Name** \_\_\_\_\_ **Date Completed** \_\_\_\_\_ **Military Branch** \_\_\_\_\_ **Dates** \_\_\_ **To** \_\_\_ **Discharge Date** \_\_\_\_\_ **Type** \_\_\_\_\_

Have you ever been discharged, or requested to resign from a position? **No**  **Yes**  If Yes, Explain: \_\_\_\_\_

This application was completed by me, all entries contained are true & complete to the best of my knowledge & ability. I do understand & misstatements or omissions of information in this application, or interview may result in a process stop / dismissal.

**Date:** \_\_\_\_\_

**Signature** \_\_\_\_\_

**GENERAL: Have you ever? If Yes, List All Details Dates, Location & Current Status:**

- Yes  No  1. Been denied a license, permit or privilege to operate a motor vehicle? \_\_\_\_\_
- Yes  No  2. Had a license, permit, or privilege suspended, revoked or put on hold? \_\_\_\_\_
- Yes  No  3. Been arrested, or convicted of any alcohol, DUI-DWI, or impairment related offenses? \_\_\_\_\_
- Yes  No  4. Been arrested, or convicted of possession, sale, use of any drugs, alcohol, or controlled substance? \_\_\_\_\_
- Yes  No  5. Had an arrest, charge, or conviction of a misdemeanor or felony? \_\_\_\_\_
- Yes  No  6. Been given a sentence, probation, served time, or a reduced sentence for any arrest, or charges? \_\_\_\_\_
- Yes  No  7. Are you required to have a Travel Permit? Date Travel Permit required to update with Probation Office? \_\_\_\_\_
- Yes  No  8. Does Travel Permit Expire? \_\_\_\_\_ List name & contact information of Probation Office: \_\_\_\_\_
- Yes  No  9. Had citations, arrest/charges, convictions, of any kind put on hold, forfeited bond/collateral, or pending? \_\_\_\_\_
- Yes  No  10. Had citations, arrest/charges, convictions expunged, or not showing on your record? \_\_\_\_\_
- Yes  No  11. Had DOT Inspections that resulted in a fine, arrest, charge, conviction? \_\_\_\_\_
- Yes  No  12. Had DOT Inspections that have been expunged, or not showing on your record? \_\_\_\_\_
- Yes  No  13. Had DOT Inspections that are currently pending for any reason? \_\_\_\_\_
- Yes  No  14. Tested positive, or failed any drug, or alcohol test in the past three yrs? \_\_\_\_\_
- Yes  No  15. Tested positive, refused a test on a pre-hire Drug -Alcohol test administered, which you applied, but did not obtain / take employment or contract during the past three yrs? \_\_\_\_\_

- Yes  No  16. Had a Drug-Alcohol Test currently pending, or pending final results, or a follow-up required with a Dr. or SAP? \_\_\_\_\_
- Yes  No  17. If you answered Yes to 12, 13, 14 above, can you provide proof you completed all DOT return to duty requirements? \_\_\_\_\_
- Yes  No  18. Been known or used other names, other than the name listed on this application? \_\_\_\_\_
- Yes  No  19. Have you ever violated a DOT or NON-DOT Company Policy regarding Drug, Alcohol, or Substance policies? \_\_\_\_\_
- Yes  No  20. Have you ever been released, or not called back for work due to a violation of company policy? \_\_\_\_\_
- Yes  No  21. Is there any reason your CDL may be pending a possible suspension, revocation, or placed on hold? \_\_\_\_\_

**CAN YOU DO THE FOLLOWING?**

**If you answered no, explain:**

- Yes  No  22. Drive a manual transmission 18 wheel truck? \_\_\_\_\_
- Yes  No  23. Get in & out of a semi-truck & tractor trailer. \_\_\_\_\_
- Yes  No  24. Apply enough force to open & close semi-tractor & trailer doors? \_\_\_\_\_
- Yes  No  25. Complete Safety Check & get under / around unit to inspect brakes & equipment? \_\_\_\_\_
- Yes  No  26. Raise & lower trailer dollies when empty & under a load? \_\_\_\_\_
- Yes  No  27. Unload & load cargo on / in the trailer? \_\_\_\_\_
- Yes  No  28. Apply pressure to release 5th wheel pin & slide trailer tandem lever to release? \_\_\_\_\_
- Yes  No  29. Repeatedly lift & carry cargo weighing up to 70 lbs. per item? \_\_\_\_\_
- Yes  No  30. Sit stationary in a driver's seat for long periods as per FDOT? \_\_\_\_\_
- Yes  No  31. Be on duty the maximum hours allowed by D.O.T. Service Regulations? \_\_\_\_\_
- Yes  No  32. Comply to Company, State, & Federal DOT Regulations & travel ALL areas to service our accounts / customers? \_\_\_\_\_

Give 2 Reference Names & Contact Info: 1. \_\_\_\_\_ 2. \_\_\_\_\_

List two additional contacts & numbers to reach you in case of **Emergency**. Do not list the same contacts as listed above.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

This application was completed by me & all entries contained are true & complete to the best of my knowledge & ability. I do understand & misstatements or omissions of information in this application, or interview may result in a process stop / dismissal.

Date: \_\_\_\_\_

Signature \_\_\_\_\_

**Part I - DISCLOSURE & AUTHORIZATION RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES- 49 CFR PART 391.23 DOT DRUG & ALCOHOL TEST** In accordance of DOT Regulation 49 CFR Part 391.23 I hereby authorize release of my DOT - regulated drug & alcohol testing records by the DOT-regulated employer(s) listed below to USIS for the purpose of USIS transmitting such records to USIS customer above. I understand & that information, documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous three (3) yrs: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated & or substituted tests); (iv) other violations of DOT drug & alcohol testing - 49 CFR 382 Subpart B; (v) information obtained from previous employers of a drug & alcohol rule violation; & (vi) any documentation of completion of the return-to-duty process following a rule violation. If any company listed below furnishes USIS with information concerning items (i) through (vi) above, I also authorize such company to furnish the following to USIS, if applicable: (i) dates of my negative drug & / or alcohol tests & / or test with results below 0.04 during the previous three (3) yrs; & (ii) the name & phone number of any substance abuse professional who contacted me during the previous three (3) yrs. List all DOT-regulated employer(s) you have applied with or worked for in a safety-sensitive function during the previous three (3) yrs. If necessary, attach additional pages, including the date, your name, social security number & signature. Previous DOT - Regulated Employer City State Phone Number

By signing below, I certify that: (i) all information provided herein is complete & accurate; (ii) I have read & fully understand & this Part I disclosure & authorization for release; (iii) prior to signing I was given an opportunity to ask questions & to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily & with the knowledge that the info obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand & I may review this document with legal counsel prior to signing; & (vi) facsimile or photographic copies of this authorization are as valid as an original. Authorization Release

Signature: x Applicant Print Name: \_\_\_\_\_ Social Security # \_\_\_\_\_ Date \_\_\_\_\_ Authorization Release \_\_\_\_\_

**DOT DRUG / ALCOHOL DISCLOSURE AUTHORIZATION - EMPLOYMENT PURPOSE PART II CONSUMER REPORT & INVESTIGATIVE CONSUMER REPORT DISCLOSURE FOR EMPLOYMENT PURPOSES** In connection with your employment or application for employment (including contract for services) & in accordance with applicable laws, USIS may obtain or assemble consumer reports & investigate consumer reports (collectively, "Reports") which may include info about you related to: previous employment (including employers, date of employment, salary info, reasons for termination, etc.) accident history, academic history, verification of references & other info supplied by applicant, professional credentials, drug / alcohol use in violation of law & or co policy, driving record, workers' compensation claims, credit history, creditworthiness, credit capacity, bankruptcy, filings, criminal history records, info about your character, general reputation, personal characteristics & mode of living (collectively, "Information"). Info may be obtained from government agencies, educational institutions, USIS clients, personal references, personal interviews & other info suppliers (collectively, "Suppliers"). Upon providing proper ID & complying with any applicable legal requirements, you have the right to request the nature & substance of all info in USIS'S files pertaining to you at the time of your request, including but not limited to: (i) whether any Reports have been provided by USIS to other parties; (ii) ID of any Suppliers utilized by USIS in complying such Reports & (iii) ID of any recipients of Reports furnished by USIS within the two (2) year period preceding your request. USIS-HireRight may be contacted by mail at P.O. Box 33181, Tulsa, Oklahoma, 74153, or by phone at 800-381-0645. Check if you are applying for employment in California & or you are a California resident & in either case, you wish to receive a copy of your credit report or investigate consumer report if one is obtained or assembled by USIS. Pursuant to the California Civil Code, you may view the file maintained on you by USIS during normal business hours by obtaining a copy of this file by submitting proper identification & paying applicable costs for such file, if required by law, by contacting USIS in person or by mail. USIS is required to have personnel available to explain your file to you & must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification. Check if you are applying for employment in Oklahoma & or you are an Oklahoma resident & in either case, you wish to receive a copy of your consumer report if one is obtained or assembled by USIS. Check if you are applying for employment in Minnesota & / or you are a Minnesota resident & in either case, you wish to receive a copy of your consumer report if one is obtained or assembled by USIS.

**PART II - AUTHORIZATION FOR RELEASE OF INFORMATION (FOR EMPLOYMENT PURPOSES)** I hereby authorize USIS Hire Right to receive info & disclose such information to its customers for the purpose of making a determination as to my eligibility for employment, promotion, retention or other lawful purpose. If hired or contracted, I authorize USIS & the USIS HireRight customer named above ("Customer") to retain this document on file to act as ongoing authorization for the procurement & possession of Reports at any time during my employment or contract period. I fully release USIS & Suppliers from all claims of damages related to the investigation of my background & provision of info as set forth in this disclosure & authorization. I agree that info of my background & provision of information as set forth in this disclosure & authorization. I agree that information in USIS'S possession any of my employment history with Customer if I am hired, may be supplied by USIS to other USIS HireRight customers for legally permissible purposes, provided such information will not include the Drug & Alcohol info set forth in Part I above, unless I have given a separate specific consent for USIS to share such information. By signing below, I certify that: (i) all information provided herein is complete & accurate; (ii) I have read & fully understand & this Part II disclosure & authorization for release; (iii) prior to signing I was given an opportunity to ask questions & to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily & with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand & I may review this document with legal counsel prior to signing; (vi) I authorize USIS & any person or entity contacted by USIS to furnish the above mentioned information; & (vii) facsimile or photographic copies of this authorization are as valid as an original. NOTE - THIS AUTHORIZATION DOES NOT APPLY TO DRUG & ALCOHOL INFO ADDRESSED IN PART I. Applicant Print Name: \_\_\_\_\_ Soc Sec # \_\_\_\_\_ Date \_\_\_\_\_ Authorization - Release \_\_\_\_\_

Signature: x DOT DRUG / ALCOHOL DISCLOSURE / AUTHORIZATION TRUCKING INDUSTRY - EMPLOYMENT PURPOSE

**PSP 12/12 Mandatory Use for all monthly account holders. Important Notice Regarding Background Reports From the PSP Online Service. P S P - Pre Placement Screening Program - FMCSA 1(a) In connection with your application for employment with NATIONWIDE EXPRESS, INC. , it may obtain one or more reports regarding your driving, & 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 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. The prospective employer cannot obtain background reports from FMCSA unless you consent in writing. If you agree that the prospective employer may obtain such background reports, please read the following and sign below: 2. I AUTHORIZE NATIONWIDE EXPRESS, INC. Prospective / Employer to access the FMCSA pre-employment screening program (PSP) system to seek information regarding my commercial driving 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 the prospective / employer to make a determination regarding my suitability as an employee. 3. 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 <http://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 Data-Qs system to the appropriate State for adjudication. 4. Please note: 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 FMCSAR violations that have been adjudicated by a court of law will also appear and remain on a PSP report.**

I have read the above Notice Regarding Background Reports provided to me by Prospective / Employer Nationwide Express, Inc. and I understand that if I sign this consent form, Prospective / Employer Nationwide Express may obtain a report of my crash and inspection history. I hereby authorize Prospective/ Employer Nationwide Express and its employees, authorized agents and or affiliates to obtain the information authorized above.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Print Name \_\_\_\_\_

**EMPLOYMENT HISTORY - INFORMATION | , Print-Name \_\_\_\_\_ Social Security \_\_\_\_\_**

I am providing information to be considered for a driver position & authorize without reserve, for Nationwide Express, to conduct background checks in accordance to state & federal laws & do authorize you to give Nationwide Express, Inc information requested. I authorize & release all prospective employers, agents - employers, USIS, MRO-SAP, accounts, schools, current, or former from liability & consent to procurement & use of any report, authorizing any company or agents to release info related to consumer reports which may contain, but not limited to & or including information on pre-employment, pre-work, orientation, pre-application, pre-training, history of work, training, application, DOT medical, skills, ability, history, credit, work-comp, bankruptcy, criminal, alcohol-controlled substance test, including prohibition violations of alcohol-controlled substances by the FDOT to include 49 CFR, Parts 40, 382.405, 382.413, 390.5, 391, 391.23, 391.89, of the FDOTMCSR by past or current employers, or contractor reps. to each & every co., or authorized agents which may request such info in connection with my application for DOT qualification, all information concerning records of employment, including assessments of job performance, ability, & fitness. You are released from liability, which may result from giving such information; I understand & the information in this form will be used & that prior employers will be contacted for purposes of investigation. I authorize release of info related to my alcohol & controlled substance testing & training records, by any former employers or its subsidiaries in their consideration of a work agreement & hold them harmless of liability from release of said info. I understand t& I have a right to review info provided by previous employers, have errors corrected by previous employers & request they be reviewed & resubmitted to Nationwide Express & or have a rebuttal statement attached to erroneous info if my previous employer & I cannot agree on the accuracy of the info. I understand & I must request past employer info obtained by Nationwide Express in writing within 30-days of employment or a denial. Request to review & to resubmit must be in writing. I agree to familiarize myself with such materials as to abide by all present & future rules, policies, or procedures of the FDOT & the Co. & agree to provide service to all accounts, including assistance of load/un, counting, securing & moving of material & must pass DOT & pre-hire guidelines including, but not limited to drug-alcohol, physical & road test & agree to follow, submit to, & pass all FDOT rules & company policies. If agreement is reached, I understand & that false/misleading info given in application, paperwork, or interview(s) may result in dismissal. I also agree that my working/ service agreement with the Company should be construed according to the laws of the State of (Tennessee). This certifies that this application was completed by me & that all entries on it are true & complete to the best of my ability. I understand & agree to Drug & Alcohol Testing as per FDOT rules & regulations & Nationwide Company policies. I certify that I will follow procedures as outlined & provide a specimen to the collector; that will not be adulterated in any manner. I agree to having the MVR - background history & any additional documents pulled & inquiries made by the company & or any appointed agent/s as needed as per the FDOT, Company , company policies, & - or the insurance company as deemed necessary for reviews, audits, annual reviews, inspections, clearance, & or appropriate business inquiries for such reviews. I consent to the procurement & use of any consumer reports including reports from DAC-HireRight & other sources deemed necessary by Nationwide Express, Inc. as instructed by the FDOT in their consideration of my employment. I understand & it is my right to review & contest any information received. I understand & that any omission or misrepresentation is "falsification" & may result in refusal of or separation from employment of consideration for employment & do authorize Nationwide Express to do a complete background investigation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_