

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name _____ Date of Application _____
(print)

D. L. BeLknap Trucking, inc.

3526 Baird Avenue SE ~ Paris, Ohio 44669
Phone 1-800-331-1438 ~ (330) 868-7766 ~ Fax (330) 868-6643

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, non-job related disability, or any other protected group status.

APPLICANT TO COMPLETE

(answer all questions – please print)

Position Applied for _____

Name _____ Social Security No. _____
Last First Middle

List your addresses of residency for the past 3 years.

Current Address _____
Street City

State Zip Code Phone How Long? _____

Previous Addresses _____
Street City State & Zip Code How Long? _____ yr./mo.

Street City State & Zip Code How Long? _____ yr./mo.

Street City State & Zip Code How Long? _____ yr./mo.

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

Date of Birth _____ Can you provide proof of age? _____
(Required for Commercial Drivers)

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? _____ Name of bonding company _____
(Answer only if a job requirement)

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.

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

Employment History

List All Employers for the Last Three Years and Any Employment as a Commercial Vehicle Operator for the Last Ten Years. **Do Not Leave Any Gaps.**

Dates: From: ____/____/____ To: ____/____/____

Current Employer: _____

Address: _____ Phone: _____ Position: _____

Equipment Pulled: _____ No. of Accidents: _____

Rate of Pay: _____ Reason for Leaving: _____

May We Contact Your Present Employer? _____ Yes _____ No Contact : _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? ____ Yes ____ No

Was your job designed as a safety sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No

Dates: From: ____/____/____ To: ____/____/____

Previous Employer: _____

Address: _____ Phone: _____ Position: _____

Equipment Pulled: _____ No. of Accidents: _____

Rate of Pay: _____ Reason for Leaving: _____

May We Contact Your Present Employer? _____ Yes _____ No Contact : _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? ____ Yes ____ No

Was your job designed as a safety sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No

Dates: From: ____/____/____ To: ____/____/____

Previous Employer: _____

Address: _____ Phone: _____ Position: _____

Equipment Pulled: _____ No. of Accidents: _____

Rate of Pay: _____ Reason for Leaving: _____

May We Contact Your Present Employer? _____ Yes _____ No Contact : _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? ____ Yes ____ No

Was your job designed as a safety sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No

Dates: From: ____/____/____ To: ____/____/____

Previous Employer: _____

Address: _____ Phone: _____ Position: _____

Equipment Pulled: _____ No. of Accidents: _____

Rate of Pay: _____ Reason for Leaving: _____

May We Contact Your Present Employer? _____ Yes _____ No Contact : _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? ____ Yes ____ No

Was your job designed as a safety sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No

Dates: From: ____/____/____ To: ____/____/____

Current Employer: _____

Address: _____ Phone: _____ Position: _____

Equipment Pulled: _____ No. of Accidents: _____

Rate of Pay: _____ Reason for Leaving: _____

May We Contact Your Present Employer? _____ Yes _____ No Contact : _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? ____ Yes ____ No

Was your job designed as a safety sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No

Dates: From: ____/____/____ To: ____/____/____

Current Employer: _____

Address: _____ Phone: _____ Position: _____

Equipment Pulled: _____ No. of Accidents: _____

Rate of Pay: _____ Reason for Leaving: _____

May We Contact Your Present Employer? _____ Yes _____ No Contact : _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? ____ Yes ____ No

Was your job designed as a safety sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No

Experience

List All Your Experience in the Operation of Motor Vehicles
(Reefer, Flatbed, 20', 40', 45', Straight Truck etc.)

| <u>Type of Equipment</u> | <u>No. of Years</u> | <u>No. of Miles</u> |
|--------------------------|---------------------|---------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Accidents

List ALL accidents involving a motor vehicle in the past three years. If none, write "NONE".

| <u>Date</u> | <u>Vehicle Type</u> | <u>Accident Type</u> | <u>Chargeable?</u> | <u>No. of Injuries/Fatal</u> |
|-------------|---------------------|----------------------|--------------------|------------------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Traffic Convictions

List all convictions for moving violations in the past three years. If none, write "NONE".

| <u>Date</u> | <u>Charge</u> | <u>Town/State</u> | <u>Vehicle Type</u> |
|-------------|---------------|-------------------|---------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Professional Information

Important Note: List All Licenses Held in the Last Three Years

License No.: _____ State: _____ Social Security No.: _____

License No.: _____ State: _____ Turned In? _____

- 1. Are you currently qualified to drive a commercial motor vehicle? Yes No
- 2. Within the previous 3 years have you violated the alcohol and controlled substance prohibitions under subpart B of 382 FMCSR 49 CFR part 40? Yes No
- 3. Have you ever been convicted of a crime or narcotic offense? Yes No
- 4. Has your license been suspended or revoked in the last five years? Yes No
- 5. Have you ever been discharged for equipment abandonment? Yes No
- 6. Have you ever left the scene of an accident? Yes No

If "Yes" to questions 2 - 6, please explain: _____

It is agreed and understood that D. L. Belknap Trucking, Inc. (DLBT), DLBT's insurance company and/or DLBT's insurance agent may investigate the applicant's background in accordance with 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), the Pre Employment Screening Program of the Federal Motor Carrier Administration, and any other source necessary to obtain required background information.

You are being informed that reports verifying your previous employment, previous drug and alcohol testing results, roadside inspection results and your driving record will be obtained on you for employment purposes, for use in rating and/or underwriting insurance for which DLBT may apply, and any renewal thereof. These reports are required by Sections 382.413, 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. DLBT will investigate the applicant's background to ascertain supplying this information of concern to applicant's record whether same is of record or not and applicant releases DLBT and agencies supplying this information from any and all liabilities on account of furnishing such information. The applicant agrees to furnish such additional information and complete such examination as necessary to complete required files. It is agreed and understood that this application in no way obligates DLBT to employ/lease the applicant and understood that if employed/leased such employment/lease is terminable at will. No company policy or procedure shall be deemed to vest any right with any person to create or guarantee employment/lease for any period of time or to create or contribute in any way toward a legal cause of action against DLBT. In the case of an independent contractor, nothing in the application or agreement shall be used to establish an employee/employer relationship.

I certify that this application was completed by me (applicant) and that all entries on it and information in it true and complete to the best of my knowledge. I understand that intentional falsification of information on this application will be grounds for immediate termination. I certify that I have read and understand the release printed above. I also understand that by signing this application I agree to comply with the hiring criteria printed on the first page of this application. I understand that failure to comply with these criteria will be considered a violation of company work rules and could be grounds for termination.

Signature

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 _____ (“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 _____ (“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