



1320 S. Virginia Rd., Crystal Lake, IL 60014  
PH: 847.658.4342 FX: 847.658.5210

## **DRIVER'S APPLICATION FOR EMPLOYMENT INSTRUCTIONS**

- Complete this application in its entirety
- Sign all documents
- Return the application with a copy of your CDL Medical Card
- You may submit your application in person,
- By fax to: 847-658-5210, or by certified mail to:

Sunset Cartage, Inc.  
1320 S. Virginia Road  
Crystal Lake, IL 60014  
Attn: Driver Recruitment

- Or email your completed application to:  
[Application@gosunset.com](mailto:Application@gosunset.com)



1320 S. Virginia Rd., Crystal Lake, IL 60014  
 PH: 847.658.4342 FX: 847.658.5210

## DRIVER'S APPLICATION FOR EMPLOYMENT

In compliance with Federal and State Equal Opportunity Laws, qualified applicants are considered for all positions regardless of race, color, religion, sex, national origin, age, marital status, Veteran status, non-job related disability, or other protected group status.

### TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries to 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 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 to interview(s) may result in discharge. I also understand 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 49CFR 391.23(e). I understand that I have the right to:

- Review information provided by previous employers.
- Have errors in the information corrected by employers and for those previous employers to resubmit the corrected information to the prospective employer.
- Have a rebuttal statement attached to the alleged erroneous information, if previous employer(s) and I cannot agree on the accuracy of the information.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

### ↓ FOR COMPANY USE ONLY ↓

#### PROCESS RECORD

APPLICANT HIRED	YES / NO	APPLICANT REJECTED	YES / NO	DATE EMPLOYED	
DIVISION			POSITION		

#### TERMINATION OF EMPLOYMENT

DATE TERMINATED		DIVISION RELEASED FROM			
DISMISSED	YES / NO	VOLUNTARILY QUIT	YES / NO	OTHER	
TERMINATION REPORT ON FILE?	YES / NO	SUPERVISOR			





**APPLICANT TO COMPLETE**

(ANSWER ALL QUESTIONS - PLEASE PRINT CLEARLY)

Position Applied For:			
Name (Last, First, Middle)		Social Security No.	

RESIDENCY PAST THREE (3) YEARS				
CURRENT ADDRESS				
Street	City	State	Zip Code	Phone
PREVIOUS ADDRESS				
Street	City	State	Zip Code	Phone
PREVIOUS ADDRESS				
Street	City	State	Zip Code	Phone
PREVIOUS ADDRESS				
Street	City	State	Zip Code	Phone

Do you have the legal right to work in the United States of America? \_\_\_\_\_

Your date of birth: \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_

Have you worked for this company before? \_\_\_\_\_ "If yes, provide the following information"

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_ Position: \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Are you employed now? \_\_\_\_\_ If not, how long since your last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected? \_\_\_\_\_

Have you ever been bonded? \_\_\_\_\_ Name of bonding company: \_\_\_\_\_

Is there any reason you might be unable to perform the functions of the job for which you applied? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Email address: \_\_\_\_\_



**EMPLOYMENT HISTORY**

All driver applicants to drive interstate commerce must provide the following information on all employers during the preceding three (3) years. List the complete mailing address, to include street number, city, state, and mailing zip code.

Applicants to drive a commercial motor vehicle (CMV) in intra-or-interstate commerce shall additionally provide previous seven (7) years information on those employers for whom the applicant operated a CMV

EMPLOYER			EMPLOYMENT DATES FROM / TO	
			FROM:	TO:
Name:			Position:	
Address:			Salary / Wage:	
City:	State:	Zip:	Reason for leaving:	
Contact Person:			Phone Number:	
Where you subject to the FMCSR while employed?				
Was your job designated as a SAFETY-SENSITIVE function in any D.O.T. regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?				

**EMPLOYMENT HISTORY**

EMPLOYER			EMPLOYMENT DATES FROM / TO	
			FROM:	TO:
Name:			Position:	
Address:			Salary / Wage:	
City:	State:	Zip:	Reason for leaving:	
Contact Person:			Phone Number:	
Where you subject to the FMCSR while employed?				
Was your job designated as a SAFETY-SENSITIVE function in any D.O.T. regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?				

**EMPLOYMENT HISTORY**

EMPLOYER			EMPLOYMENT DATES FROM / TO	
			FROM:	TO:
Name:			Position:	
Address:			Salary / Wage:	
City:	State:	Zip:	Reason for leaving:	
Contact Person:			Phone Number:	
Where you subject to the FMCSR while employed?				
Was your job designated as a SAFETY-SENSITIVE function in any D.O.T. regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?				



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EMPLOYER			EMPLOYMENT DATES FROM / TO	
			<b>FROM:</b>	<b>TO:</b>
Name:			Position:	
Address:			Salary / Wage:	
City:	State:	Zip:	Reason for leaving:	
Contact Person:			Phone Number:	
Where you subject to the FMCSR while employed?				
Was your job designated as a SAFETY-SENSITIVE function in any D.O.T. regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?				

**EMPLOYMENT HISTORY**

EMPLOYER			EMPLOYMENT DATES FROM / TO	
			<b>FROM:</b>	<b>TO:</b>
Name:			Position:	
Address:			Salary / Wage:	
City:	State:	Zip:	Reason for leaving:	
Contact Person:			Phone Number:	
Where you subject to the FMCSR while employed?				
Was your job designated as a SAFETY-SENSITIVE function in any D.O.T. regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?				

**EMPLOYMENT HISTORY**

EMPLOYER			EMPLOYMENT DATES FROM / TO	
			<b>FROM:</b>	<b>TO:</b>
Name:			Position:	
Address:			Salary / Wage:	
City:	State:	Zip:	Reason for leaving:	
Contact Person:			Phone Number:	
Where you subject to the FMCSR while employed?				
Was your job designated as a SAFETY-SENSITIVE function in any D.O.T. regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?				

\*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), 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 more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.



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**ACCIDENT RECORD PAST THREE (3) YEARS**

Dates	Nature of Accident (Head-on, Rear end, Intersection)	Fatality	Injury	Hazmat

**TRAFFIC VIOLATIONS AND CONVICTIONS PAST THREE (3) YEARS**

Location	Date	Offense / Charge	Penalty

**DRIVER QUALIFICATIONS AND EXPERIENCE (CDL / DL / Permit / past three (3) years)**

State	License No.	Class	Endorsements	Expiration Date

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?

Has any license permit, or driving privilege, ever been suspended or revoked?

If your answer to the aforementioned is yes, please describe and give details below:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List states you have operated in past five (5) years (abbreviate)→

“List any other qualifications, experience, training, that may help you in working for this company”  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EDUCATION (choose highest levels completed)**

Grade School:	High School:	College:	Trade:	(list study)
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**“TO BE READ AND SIGNED BY APPLICANT”**

This certifies that this application and its contents provided herein was completed by me, and all information provided is true and complete in its entirety to the best of my knowledge.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**SIDE 1****SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

**RECIPIENT EMPLOYER:** The individual identified in SECTION 1 below has indicated that you employ(ed) or use(d) him/her within the last 3 years in a position that involved the operation of a commercial motor vehicle and/or that was subject to U.S. Department of Transportation (DOT)-regulated drug and alcohol testing.

In accordance with 49 CFR §§40.25 and 391.23, we are hereby requesting that you supply us with the Safety Performance History of this individual. **Under DOT rule §391.23(g), you must respond to this inquiry within 30 days of receipt.**

Please complete SECTIONS 2 through 4 (as applicable) and return to the prospective employer shown in SECTION 1.

**APPLICANT:** Complete SECTION 1 and submit to prospective employer.

**PROSPECTIVE EMPLOYER:** Complete SECTION 5a and send form to current/previous employer. Upon receipt of completed form, complete SECTION 5b and retain.

<b>SECTION 1:</b>	<b>TO BE COMPLETED BY PROSPECTIVE EMPLOYEE</b>	
I, (Print Name)	First, M.I., Last _____	Social Security Number _____
	hereby authorize:	Date of Birth _____
Previous Employer:	_____	Email: _____
Street:	_____	
City, State, Zip:	_____	Telephone: _____
		Fax No.: _____
to release and forward the information requested by section 4 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____ . (date of employment application)		
To:		
Prospective Employer:	Sunset Cartage, Inc. _____	
Attention:	Ola Sakowska _____	Telephone: 847-857-9934 _____
Street:	1320 S. Virginia Rd. _____	
City, State, Zip:	Crystal Lake, IL 60014 _____	
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: (847) 658-5210 _____		
Prospective employer's confidential email address: _____		
_____	Applicant's Signature	_____
		Date

<b>SECTION 2:</b>	<b>TO BE COMPLETED BY PREVIOUS EMPLOYER</b>	
<b>EMPLOYMENT VERIFICATION</b>		
The applicant named above was or is employed or used by us. Yes <input type="checkbox"/> No <input type="checkbox"/>		
Employed as (job title) _____ from (m/y) _____ to (m/y) _____		
Did he/she drive a motor vehicle for you? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type? Straight Truck <input type="checkbox"/> Tractor-Semitrailer <input type="checkbox"/> Bus <input type="checkbox"/>		
Cargo Tank <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Other (Specify) _____		
Completed by: _____		
Company: _____		
Street: _____		
City, State, Zip: _____ Telephone: _____		
Signature: _____ Date: _____		
If there is no safety performance history to report, check here <input type="checkbox"/> and return. Otherwise, complete Sections 3 and 4 on SIDE 2 before returning.		

**SECTION 3: TO BE COMPLETED BY PREVIOUS EMPLOYER**

**ACCIDENT HISTORY**

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 on SIDE 1 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 commercial motor vehicle accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION 4: TO BE COMPLETED BY PREVIOUS EMPLOYER**

**DRUG AND ALCOHOL HISTORY**

If applicant was **not** subject to DOT testing requirements under 49 CFR Part 40 while employed by you, please check here  and return. Applicant was subject to DOT testing requirements from \_\_\_\_\_ to \_\_\_\_\_.

In answering these questions, include any required DOT drug or alcohol testing information you obtained from other employers in the 3 years prior to the application date shown on SIDE 1.

Within the past 3 years from the application date shown on SIDE 1:

	YES	NO	
1. Has this person violated any of the drug and/or alcohol prohibitions under 49 CFR Part 40 or Subpart B of Part 382, including:	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>• An alcohol test with a result of 0.04 or higher alcohol concentration.</li> <li>• A controlled substances test result of positive, adulterated, or substituted.</li> <li>• A refusal to submit to a random, post-accident, reasonable-suspicion, or follow-up controlled substances or alcohol test.</li> <li>• Alcohol use while performing or within 4 hours before performing safety-sensitive functions.</li> <li>• Alcohol use after an accident, in violation of §382.303.</li> <li>• Controlled substances use while on duty, except as allowed under §382.213.</li> </ul>			<b>N/A</b>
2. If this person violated a DOT drug and/or alcohol prohibition, did he/she fail to begin or complete a rehabilitation program prescribed by a Substance Abuse Professional (SAP)? If rehabilitation was required but you do not know if he/she began or completed such a program, check here <input type="checkbox"/> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. If this person successfully completed a SAP's rehabilitation referral and remained in your employ, did he/she subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refusal to be tested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION 5a: TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

This form was (check one)  Faxed to previous employer  Mailed  Emailed  Other \_\_\_\_\_

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

Subsequent attempts to contact previous employer (§391.23(c)(1)): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION 5b: TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

Complete below when information is obtained.

Information received from: \_\_\_\_\_

Recorded by: \_\_\_\_\_ Method:  Fax  Mail  Email  Telephone

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





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**DRIVER'S APPLICATION FOR EMPLOYMENT**

**REQUEST FOR CHECK OF DRIVING RECORD**

I hereby authorize you to release the following information to Sunset Cartage INC, for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability, which may result from furnishing such information.

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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In accordance with the provisions of Sections 604 and 607 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 1 of Public Law 104-208), I hereby certify the following:

- 1 The consumer (applicant) has authorized in writing the procurement of this report;
- 2 The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
- 3 The information requested below will be used for "permissible purpose" (i.e. information for employment purposes) and will be used for no other purpose;
- 4 The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
- 5 Before taking an adverse action based in whole or in part on the report, the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer-reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-322, Title XXX, Section 300002(a)).

\_\_\_\_\_  
Signature of requester (Sunset Cartage, Inc.) Date: \_\_\_\_\_

TO:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following named person has made application with our company for the position DRIVER  
In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

The following named person is employed with our company in the position of \_\_\_\_\_  
In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

Name of applicant/Driver: \_\_\_\_\_

Address: \_\_\_\_\_

Former Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ License No: \_\_\_\_\_

State of Issue: \_\_\_\_\_

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**Requested By:**

Name: \_\_\_\_\_

Title: DOT Compliance Manager

Form DR07



**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 Reform Act of 1996 (Title II, Subtitle D, Chapter 1, 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. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

<b>APPLICANT SIGNATURE</b>	<b>DATE</b>
<b>PRINTED NAME</b>	<b>I.D. / DL NUMBER AND STATE</b>



**EMPLOYEE DRIVING RECORD ABSTRACT CONSENT FORM**

I hereby authorize and give consent to prospective employer **Sunset Cartage, Inc.** to conduct an inquiry, and obtain my Driving Record Abstract from the Office of the Secretary Of State of Illinois Driver Services Department. I understand that the abstract is needed for business purposes pertaining to my potential employment with **Sunset Cartage, Inc.** and is in compliance with the annual inquiry and review of driving record pursuant to FMCSR§391.25.

<b>APPLICANT SIGNATURE</b>	<b>DATE</b>
<b>PRINTED NAME</b>	<b>I.D. / DL NUMBER AND STATE</b>



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## Certification of Compliance with Driver License Requirement

**Motor Carrier Instructions:** The requirements on part 383 apply to every driver who operates in intrastate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transport hazardous materials that require placarding.

The requirements in part 391 apply to every driver who operates in intrastate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transport hazardous materials that require placarding.

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**Driver Requirements:** Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

- 1) **Possess Only One License:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.  
If you have more than one license keep the license from your state of residence and return the additional licenses to the state's that issued them. **DESTROYING** a license does not close the record! in the state that issued it you must notify the state if a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed! by that state.
  
- 2) **Notification of License Suspension, Revocation or Cancellation:**  
Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) Your employing motor carrier, and 2) the state that issued your license (If the violation occurs in a state other than the one which issued your license).! The notification to both the employer and the state must be in writing.

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The following license is the only one I will possess:

Drivers License No. \_\_\_\_\_ State: \_\_\_\_\_ Exp Date: \_\_\_\_\_

**Driver Certification:** I certify that I have read and understood the above requirements

Drivers Name (Printed): \_\_\_\_\_

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



## Applicant Consent Form

### **General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse**

I, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ hereby provide consent to Sunset Cartage Inc. to conduct a full pre-employment query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse. I understand that such a query is a predication of my employment with Sunset Cartage Inc. and that if I refuse to consent to such query, a successful query cannot be conducted resulting in my not being able to perform a safety sensitive function.

\_\_\_\_\_  
Perspective Applicant Signature

\_\_\_\_\_  
Date



**DRIVER'S APPLICATION FOR EMPLOYMENT**

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**PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL  
AND DRUG TEST STATEMENT**

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Sec. 40.25 (j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (See Sec. 40.25(b)(5) and (e))

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Company Name: **Sunset Cartage, Inc.**

Street: 1320 S. Virginia Road

City: Crystal Lake

State, Zip: IL 60014

Prospective Employee Name: \_\_\_\_\_  
(Print)

The prospective employee is required by Sec. 40.25(j) to respond to the following questions:

1) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check one: \_\_\_YES\_\_\_NO

2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one: \_\_\_YES\_\_\_NO

Prospective Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed by Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**DRIVER'S APPLICATION FOR EMPLOYMENT**

**PRE-EMPLOYMENT URINALYSIS NOTIFICATION**

The Federal Motor Carrier Safety Regulations, Section 382.301 Pre-Employment Testing Requirements

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Sec. 382.301 Pre-Employment Testing Requirements

- a.) A Motor Carrier shall require a driver applicant who the motor carrier intends to hire or use to be tested for the use of controlled substances as a pre-qualification condition.
  
  - b.) A driver applicant shall submit to controlled substance testing as a pre-qualification condition.
- 

As a condition of my employment, I agree to the urine sample collection and controlled substance testing.

I understand a positive test for controlled substances based on the Urinalysis Test will medically disqualify me from the operation of a commercial motor vehicle for the company.

The Medical Review Officer will maintain the results of the Urinalysis Test. Negative and positive results will be reported to the company.

My written authorization is required for the Urinalysis Test results to be given to other parties.

I have read and understand the above conditions for Pre-Employment Urinalysis Notification.

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Driver Applicant Name (Type or Print)

Prospective Employee Signature: \_\_\_\_\_

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

Witnessed by Signature: \_\_\_\_\_

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



**Motor Carrier's  
MEDICAL EXAMINER'S NATIONAL REGISTRY VERIFICATION**

MOTOR CARRIER INSTRUCTIONS: The requirement to include verification of the medical examiner's National Registry listing in the driver's qualification file was published in the *Federal Register* April 20, 2012. Beginning May 21, 2014, motor carriers must verify that the medical examiner who signed the driver's medical card is listed on the National Registry. This requirement is prescribed in §391.23 and §391.51.

§391.23 Investigation and inquiries. (m)(1) The motor carrier must obtain an original or copy of the medical examiner's certificate issued in accordance with §391.43, and any medical variance on which the certification is based, and, beginning on or after May 21, 2014, verify the driver was certified by a medical examiner listed on the National Registry of Certified Medical Examiners as of the date of issuance of the medical examiner's certificate, and place the records in the driver qualification file, before allowing the driver to operate a CMV. (§391.23(m)(1))

§391.51 General requirements for driver qualification files. (b)(9) A note relating to verification of medical examiner listing on the National Registry of Certified Medical Examiners required by §391.23(m). (§391.51(b)(9))

MOTOR CARRIER VERIFICATION: The following medical examiner has been verified as being listed on the National Registry of Certified Medical Examiners as of the date of issuance of the medical examiner's certificate for the named driver.

DRIVER NAME	I.D. I DL Numb	STATE

MEDICAL EXAMINER	NATIONAL REGISTRY NUMBER

VERIFIED BY:	DIVISION I TITLE	DATE



DRIVERS EMERGENCY CONTACT INFORMATION

DRIVER NAME (Print Clearly):	
Primary Contact:	
Address:	
City, State, Zip:	
Home Phone:	
Cell Phone:	
Work Phone:	
E-Mail Address:	
Relationship:	

DRIVER NAME(Print Clearly):	
Secondary Contact:	
Address:	
City, State, Zip:	
Home Phone:	
Cell Phone:	
Work Phone:	
E-Mail Address:	
Relationship:	



***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.

## Medical Communications Authorization

I unconditionally authorize all medical doctors, licensed physicians, medical practitioners, surgeons, doctors of osteopathy, chiropractors, any medical related facilities, insurance companies, other organizations, corporations, institutions, or persons that have any records, knowledge or information, including my mental or physical health, history, conditions or welfare, to supply all such information to my employer and its insurers, including Third Coast Underwriters, Accident Fund Insurance Company of America, their third party claims administrators, attorneys, consultants, nurses and vendors which may participate in the evaluation and recruitment of information to determine my entitlement to benefits under any workers compensation or occupational disease acts, or in the coordination of medical or vocational rehabilitation. This authorization includes, but is not limited to, the furnishing and delivery of reproduced or photographic copies of notes, reports, records, intake form and films.

I expressly authorize any treating physician or other medical care provider to communicate orally or in writing with the above described entities regarding my past, present and further care and treatment, and to nay other issues including but not limited to my diagnosis, prognosis, the causal connection of any injury or condition of ill being to my employment, treatment plan, nature and extent of injury, and my ability to work. I hereby waive any doctor-patient privilege resulting from any consultation, examination, or treatment with or by you, and any relevant regulations under the Health Insurance Portability and Accountably Act. In addition, any treating physician of medical provider is authorized to review and discuss any additional records, films or information provided to them.

I understand that the persons, organizations or above referenced entities that I am authorizing to share and communicate my information to may not condition treatment, payment, enrollment in a health plan or eligibility for health care benefits based on my decision to sign this authorization. I know that federal law may not protect my information once it is disclosed, and that my information may be shared with someone else after it is disclosed. I understand that any communications of actions made prior to the revocation of this authorization will not be impacted by a revocation.

A photocopy of this authorization shall be as valid as the original. This release will remain valid for the duration of my worker's compensation or occupational disease claim, unless expressly rescinded in writing. I understand that after signing this authorization, I will be provided with a copy of it.

I have read and understand the information contained in this medical and communication release.

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Print Name: \_\_\_\_\_

## ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Review the driver's motor vehicle record, annual Certification of Violations, and other information described in 49 CFR 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

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DRIVER NAME: LAST, FIRST, MI

SOCIAL SECURITY NUMBER

DATE OF EMPLOYMENT

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DRIVER'S LICENSE NUMBER

STATE

EXPIRATION DATE

I have reviewed the driving record of the above named driver in accordance with 49 CFR 391.25 and find that he/she (check one):

- Meets minimum requirements for safe driving
- Is disqualified to drive a motor vehicle pursuant to Section 391.15

Actions taken with driver:

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MOTOR CARRIER NAME

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REVIEWER PRINTED NAME

REVIEWER SIGNATURE

TITLE

DATE OF REVIEW