

Application for Driving Position

The Civil Rights Act of 1964 prohibits discrimination because of race, religion, sex, or national origin. PL 90-202 prohibits discrimination because of age. The Americans with Disabilities Act prohibits discrimination on the basis of non-job related disability.

NOTE:

Read each question and then complete all portions of this proposal in your own handwriting and in ink (please print legibly). Applications that are incomplete, inaccurate, false, or filled out in pencil may be rejected. Falsification of any information will result in immediate termination.

Date of Application: ____/____/____

Name: _____ Social Security Number: _____

Address: _____

City _____ State _____ Zip Code _____

Phone Number (____) _____ Date of Birth ____/____/____

List your residency for the past 3 years:

Previous Address: _____ How Long: _____

City _____ State _____ Zip Code _____

Previous Address: _____ How Long: _____

City _____ State _____ Zip Code _____

Previous Address: _____ How Long: _____

City _____ State _____ Zip Code _____

Do you possess a valid US Department of Transportation medical examination certificate card? _____ Expiration Date _____

Do you possess a valid Port Authority Identification Card? Yes _____ No _____ Expiration Date _____

IN THE EVENT OF AN ACCIDENT OR EMERGENCY, WHOM SHOULD WE NOTIFY?

Name _____ Relationship _____ Telephone _____

(ATTACH A SEPARATE SHEET IF MORE SPACE IS NEEDED)

Driver's License Information

State	Driver's License #	Type	Expiration Date

Accident Record For Past 3 Years: If None, Write None.

Dates	Nature of Accident	Fatalities	Injuries

Driving Experience

Class of Equipment	Type of Equipment	Date From:	Date To:	Approximate Number of Miles
Straight Truck				
Tractor and Semi-Trailer				
Tractor w/Doubles or Triples				
Other				

Traffic Convictions and Forfeitures for the Past 3 Years (Other Than Parking Violations)

Location	Date	Charge	Penalty

Please List Employment for Last 10 Years*(Attach a Separate Sheet if More Space is Needed)***Last Employer:** Name: _____

Address _____ Phone _____

Was this position under FMCSA regulations? **Yes** ___ **No** ___ Fax _____Were you in an ACTIVE drug and alcohol testing program? **Yes** ___ **No** ___

Position Held _____ From _____ To _____ Salary _____

Reason for Leaving _____

Second Employer: Name: _____

Address _____ Phone _____

Was this position under FMCSA regulations? **Yes** ___ **No** ___ Fax _____Were you in an ACTIVE drug and alcohol testing program? **Yes** ___ **No** ___

Position Held _____ From _____ To _____ Salary _____

Reason for Leaving _____

Third Employer: Name: _____

Address _____ Phone _____

Was this position under FMCSA regulations? **Yes** ___ **No** ___ Fax _____Were you in an ACTIVE drug and alcohol testing program? **Yes** ___ **No** ___

Position Held _____ From _____ To _____ Salary _____

Reason for Leaving _____

Fourth Employer: Name: _____

Address _____ Phone _____

Was this position under FMCSA regulations? **Yes** ___ **No** ___ Fax _____Were you in an ACTIVE drug and alcohol testing program? **Yes** ___ **No** ___

Position Held _____ From _____ To _____ Salary _____

Reason for Leaving _____

Fifth Employer: Name: _____

Address _____ Phone _____

Was this position under FMCSA regulations? **Yes** ___ **No** ___ Fax _____Were you in an ACTIVE drug and alcohol testing program? **Yes** ___ **No** ___

Position Held _____ From _____ To _____ Salary _____

Reason for Leaving _____

Sixth Employer: Name: _____

Address _____ Phone _____

Was this position under FMCSA regulations? **Yes** ___ **No** ___ Fax _____Were you in an ACTIVE drug and alcohol testing program? **Yes** ___ **No** ___

Position Held _____ From _____ To _____ Salary _____

Reason for Leaving _____

Have you ever had any type of motor vehicle license suspended or revoked, or ever been denied a license, permit of privilege to operate a motor vehicle?

Yes ___ No ___ *If yes, explain* _____

A. Do you have a pending charge or past conviction for driving while intoxicated?

Yes ___ No ___ *If yes, explain* _____

B. Do you have a pending charge or past conviction for possession of a controlled substance?

Yes ___ No ___ *If yes, explain* _____

C. Have you ever been refused auto liability insurance?

Yes ___ No ___ *If yes, explain* _____

D. Do you have a pending charge or conviction for any misdemeanor or felony offense?

Yes _____ No _____ *If yes, explain* _____

Application Addendum

Federal Motor Carrier Safety Regulations §40.25 (j) The employer must 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.

Have you tested positive, or refused to test, on any pre-employment drug test or have you tested .02 or greater, or refused to test, on any pre-employment alcohol test during the past two years?

Yes _____ No _____

Rights

Pursuant to 49CFR, part 391.23 (j), you have the following rights regarding investigative information

1. The right to review information provided by previous employers.
2. The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer.
3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

TO BE READ AND SIGNED BY APPLICANT

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize you to make such investigations and inquire of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquires regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connections with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

Applicants Signature

Date

**IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS
FROM THE PSP Online Service**

In connection with your application for employment with TFX INCORPORATED (“Prospective Employer”), it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). 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 to you a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon 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. 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:

I authorize TFX INCORPORATED (“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 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.

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 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 DataOs system to the appropriate State for adjudication.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer 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 NICT solely for use as an example of template content. NICT assumes no legal liability or responsibility for the accuracy, completeness or currency of the information disclosed in this example. The intent of the template example is to illustrate for a monthly account holder an example of a driver consent form related to PSP, but all monthly account holders and third party information providers should consult their own legal counsel with respect to the proper format and content of this notice.