

DRIVER APPLICATION

Elliott Transport System Inc.

4101 32nd Ave S
 Moorhead, MN 56560
 P: 218.236.9220 F: 218.236.9364

Name _____ Social Security Number _____

Address _____ Date of Birth _____

City, State _____ Telephone _____

Position applying for: _____ Cell phone _____

Email Address: _____

Residence (last three years)

Street Address _____ City _____ State _____ Months/Years ____ / ____

Street Address _____ City _____ State _____ Months/Years ____ / ____

Street Address _____ City _____ State _____ Months/Years ____ / ____

EXPERIENCE AND QUALIFICATIONS

Driver Licenses	State	License Number	Type	Expiration Date

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (dump, tank, flat, etc.)	Dates		Approx. No. of Miles (Total)
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Tractor – Two Trailers				
Other				

PAST EMPLOYMENT INFORMATION (Include all employers for the past three years and any employment that required driving for the past 10 years. If more space is needed, please attach a separate sheet)

Employer	Dates Employed	Work Performed
Address	Hourly Rate/Salary	
Telephone	Supervisor	
Job Title	Reason for Leaving	
While employed by this employer, were you subject to the Federal Motor Carrier Safety Regulations? Yes No	Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? Yes No	

Employer	Dates Employed	Work Performed
Address	Hourly Rate/Salary	
Telephone	Supervisor	
Job Title	Reason for Leaving	
While employed by this employer, were you subject to the Federal Motor Carrier Safety Regulations? Yes No	Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? Yes No	

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Telephone	Supervisor	
Job Title	Reason for Leaving	
While employed by this employer, were you subject to the Federal Motor Carrier Safety Regulations? Yes No	Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? Yes No	

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Address	Hourly Rate/Salary	
Telephone	Supervisor	
Job Title	Reason for Leaving	
While employed by this employer, were you subject to the Federal Motor Carrier Safety Regulations? Yes No	Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? Yes No	

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Address	Hourly Rate/Salary	
Telephone	Supervisor	
Job Title	Reason for Leaving	
While employed by this employer, were you subject to the Federal Motor Carrier Safety Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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TRAFFIC CONVICTIONS AND FORFEITURES for the past three years

Location	Date	Charge	Penalty

No Traffic Convictions or Forfeitures in the past three years (Please initial in box)

Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES ____ No ____

If yes, provide details: _____

Has any license, permit or privilege ever been suspended or revoked? YES ____ No ____

If yes, provide details: _____

Have you ever tested positive or refused to be tested on a Pre-Employment Drug Screen for an employer that you did not go to work for? YES ____ No ____

If yes, give date and name of employer: _____

ACCIDENT RECORD for the past three years

Date	Nature of Accident (head on, rear end, etc.)	Fatalities/Injuries/Property Damage

No Accidents in the past three years (Please initial in box)

TO BE READ AND SIGNED BY APPLICANT

I understand that a copy of my Motor Vehicle Record and the information in this application, including past employment information, will be used and that prior employers will be contacted for purposes of investigating my safety performance history information as required by paragraphs (d) and (e) of Part 391.23 of the Federal Motor Carrier Safety Regulations.

I also understand that I have the following rights regarding the investigative information that will be provided to Elliott Transport System Inc.: 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 Elliott Transport System Inc.; 3) the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and I cannot agree on the accuracy of the information.

In order to review previous employer-provided investigative information I must submit a written request to Elliott Transport System Inc., which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. Elliott Transport System Inc. will provide this information to me within five business days of receiving my written request. If Elliott Transport System Inc. has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when Elliott Transport System Inc. receives the requested safety performance history information. If I have not arranged to pick up or receive the requested records within thirty (30) days of Elliott Transport System Inc. making them available, Elliott Transport System Inc. may consider me to have waived my request to review the records.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal. This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Date

Applicant's Signature

PAST EMPLOYMENT VERIFICATION

This section is to be filled out by the driver.

Fill out a separate form for each employer for the past three years.

Previous Employer _____

Address _____ Telephone _____

City _____ State _____ Zip _____ Fax _____

Employee's Name _____ Social Security # _____

Position or Job Held _____ Dates of Employment _____ to _____

I hereby authorize all previous employers to release records of my employment, including assessment of my job performance, commercial driving, accidents, general work ability/fitness and drug & alcohol history to Elliott Transport System Inc.. I hereby release this company from any and all liability as a result of providing the requested information to Elliott Transport System Inc.

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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 Act of 1996 (Title II, Subtitle D, Chapter I, 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.

Driver's Signature

Date

Print Name

Social Security Number

Driver's License Information

Driver's License #

Issuing State

Expiration Date of License

Date of Birth

**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 Elliott Transport Systems, 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 Elliott Transport Systems, 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