

APPLICATION FOR EMPLOYMENT



Have all driver-applicants complete this form before driving a commercial motor vehicle.

In compliance with Federal and State equal opportunity employment laws, qualified applicants are considered for all positions without regard to race, religion, color, gender, national origin, age, marital status, or non-job related disability. Please complete both sides of this application thoroughly. Attach additional sheets if more room is required for details.

To be completed by Employer:

Motor Carrier:
Address:

To be completed by Applicant: Email:

Applicant's Name:	Date of Application:
Current Address:	Social Security No.:
Length of time at this address:	Date of Birth:
	Telephone No.:

PREVIOUS ADDRESSES FOR LAST THREE YEARS (MOST RECENT FIRST)				
Street	City	State/Zip	How long	Additional Information Attached
				<input type="checkbox"/>

LIST ALL UNEXPIRED LICENSES AND/OR PERMITS			
State	Number	Expiration Date	Additional Information Attached
			<input type="checkbox"/>

LIST THE NATURE AND EXTENT OF YOUR EXPERIENCE OPERATING DIFFERENT TYPES OF MOTOR VEHICLES (E.G. BUSES, TRUCKS & TRAILERS)		
Type	Experience in Years and / or Miles Driven	Additional Information Attached
		<input type="checkbox"/>

LIST ALL MOTOR VEHICLE ACCIDENTS IN WHICH YOU WERE INVOLVED DURING THE LAST THREE YEARS				
DATE	CITY/STATE	NATURE OF ACCIDENT	FATALITIES	INJURIES

Check here to certify that you have had no accidents in the last three years

LIST ALL VIOLATIONS (OTHER THAN PARKING) FOR WHICH YOU WERE CONVICTED OR FORFEITED BOND / COLLATERAL DURING THE LAST THREE YEARS			
DATE	CITY/STATE	CHARGE	PENALTY

Check here to certify that no convictions or bond forfeitures have occurred

DQF 1 - APPLICATION FOR EMPLOYMENT

Retain for 3 years after ceasing duties

APPLICATION FOR EMPLOYMENT

PLEASE DETAIL THE FACTS AND CIRCUMSTANCES OF ANY DENIAL, REVOCATION, OR SUSPENSION OF ANY LICENSE, PERMIT, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE:

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Check here to certify that no such denial, revocation or suspension has occurred

EMPLOYMENT HISTORY

Please complete all information regarding prior employers during the last three years. If you are applying to operate a Commercial Motor Vehicle (GVWR of 10,001 lbs. or more, ability to transport 8 or more people, or any vehicle requiring placarding for hazardous materials), please include complete information regarding prior employers for the last 10 years for whom you operated such vehicles. Please start with your most recent prior employer (Use additional sheets if necessary).

Employer Name:	Employed From: / /	To: / /
Address:	Position:	
	Salary:	
Contact: Phone:	Reason for Leaving:	
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was your position "safety-sensitive" requiring Part 40 drug and alcohol testing? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer Name:	Employed From: / /	To: / /
Address:	Position:	
	Salary:	
Contact: Phone:	Reason for Leaving:	
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was your position "safety-sensitive" requiring Part 40 drug and alcohol testing? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer Name:	Employed From: / /	To: / /
Address:	Position:	
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Contact: Phone:	Reason for Leaving:	
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was your position "safety-sensitive" requiring Part 40 drug and alcohol testing? <input type="checkbox"/> Yes <input type="checkbox"/> No		

OFFICE USE ONLY

<input type="checkbox"/> Applicant Hired	Date:	Start Date:	Authorized by:
<input type="checkbox"/> Rejected for reasons of:			
<input type="checkbox"/> Date of Termination of Employment:		Authorized by:	
<input type="checkbox"/> Dismissed	<input type="checkbox"/> Quit	<input type="checkbox"/> Other:	
Reason:			

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.

Applicant Signature: _____



Date: _____

RECEIPT OF DRIVER'S RIGHTS



Have each driver-applicant sign this form before you accept his/her employment application.

Employers who are regulated by the Federal Motor Carrier Safety Administration (FMCSA) must expressly notify an applicant, who has been employed by a Department of Transportation-regulated employer during the preceding three years, that the applicant has certain rights regarding the investigative information that will be provided by his/her previous employer(s). After providing the driver-applicant with a written copy of these rights, use this form to obtain his/her signature and retain the top copy of this 2-part form. Give the bottom copy to the applicant. By regulation you must inform the driver of his/her rights **before** accepting the driver's application for employment.

DRIVER REVIEW AND RECEIPT

I acknowledge that _____ has provided me with written instructions regarding my rights as defined in **Part 391.23(i)-(j)** of the Federal Motor Carrier Safety Regulations. I have reviewed these materials which include information on the following:

Employer Name

- Right to Review Information** – I have the right to review the information provided by my previous DOT-regulated employer(s).
- Right to Request Corrections** – I have the right to request corrections to information that my previous DOT-regulated employer(s) provides, which I believe contains errors.
- Right to Rebut Information** – I have the right to rebut the information provided by my previous DOT-regulated employer(s).

Driver's Full Name

SIGN HERE

Driver's Signature

Date

SIGN HERE

Supervisor/Authorized Motor Carrier Representative Signature

Date

Employer Keeps Original, Provides Scan or Copy to Applicant

SPH 1 - RECEIPT OF DRIVER'S RIGHTS

Retain for 3 years after the driver leaves your employment

SAFETY PERFORMANCE HISTORY INVESTIGATION



Use ONE form to investigate applicant's Safety Performance History (SPH) for EACH employer within the previous three years. Three forms provided, make copies as necessary.

TO BE COMPLETED BY APPLICANT:

As the applicant, my signature authorizes you, as my previous employer, to release the requested information to Foley Carrier Services, LLC., the service vendor used by my prospective employer,

Applicant's Name: _____ Social Security Number: _____ Client Code: _____

Applicant's Signature: _____ Previous Employer: _____

TO BE COMPLETED BY PREVIOUS EMPLOYER:

FMCSA regulations require this SPH investigation. Please complete the requested information, using additional paper if necessary. If you have no information to report, please indicate so in the appropriate section. Email completed information to: BSS@FoleyServices.com or fax to: (860) 913-2452.

Verification of Employment

Applicant was employed with this company from: ___/___/___ to: ___/___/___
 Position: _____ Position required a Commercial Drivers License? Yes No

Accident Information

No accident information to report (as defined by Part 390.5)
 ___/___/___ _____ _____ _____
 Date of accident City or Town (most near) and State Number of fatalities Number of Injuries

Release of hazardous materials? Yes No (Not including fuel spilled from the fuel tanks of vehicles involved in the accident)

Additional information about the accident: _____

Attach additional sheets if necessary and additional accident information as required pursuant to your internal policies.

Prohibited Drug and Alcohol Testing Information

- Individual was not in a safety-sensitive position subject to the Part 40 regulations while in our employment
- No prohibited drug and/or alcohol conduct to report

If the driver engaged in prohibited drug and/or alcohol conduct, **as defined by Part 40 and/or Part 382 only**, during the previous three years, answer the questions below.

- During the previous three years did the driver:
- Have an alcohol test result with an alcohol concentration of 0.04 or higher? Yes No
 - Have a verified positive drug test result? Yes No
 - Refuse to be tested (this includes receiving a verified adulterated or substituted drug test result)? Yes No
 - Have a violation of any of the other drug and/or alcohol testing prohibitions? Yes No

- If **yes** to any of the above, did the driver:
- Comply with the recommendations prescribed by a Substance Abuse Professional (SAP) pursuant to Part 40, while in your employment? Yes No
 - Successfully complete the return to duty program while in your employment? Yes No

Attach additional documentation, if available, to verify the individual's successful completion of the return to duty process.

Previous Employer Contact Information

Part 391.23 requires a previous employer who is regulated by the Dept. of Transportation to provide a specific contact name when responding to a Safety Performance History Inquiry. The driver may choose to contact you regarding the information you provide.

 Previous Employer Contact Name Title

 Telephone Fax

 Mailing Address



 Signature of Company Official releasing this information Date Released

SPH 2/3/R - SAFETY PERFORMANCE HISTORY INVESTIGATION

Retain for 3 years after the driver leaves your employment

SAFETY PERFORMANCE HISTORY INVESTIGATION



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 Date of accident City or Town (most near) and State Number of fatalities Number of Injuries

Release of hazardous materials? Yes No (Not including fuel spilled from the fuel tanks of vehicles involved in the accident)

Additional information about the accident: _____

Attach additional sheets if necessary and additional accident information as required pursuant to your internal policies.

Prohibited Drug and Alcohol Testing Information

Individual was not in a safety-sensitive position subject to the Part 40 regulations while in our employment
 No prohibited drug and/or alcohol conduct to report

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