



Reliable Carriers, Inc.
 PO Box 288, Manchester, TN 37349-0288
 Phone: 931-728-9995 or 800-476-8816
 Fax: 931-728-9993
 Email: will@reliablecarriersontime.net
info@reliablecarriersontime.net

Employment Application for Commercial Driver

Applicant Information

The purpose of this application is to determine whether or not the applicant is qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and the Company name above.

Please answer all questions as accurately as possible. Please do not leave any item blank. If an item does not pertain to you or the answer is "No" or "None", please write "N/A", "No", or "None".

Check One: Contractor _____ Driver _____

Full Name: _____ Date: _____
LastFirstM.I.

Address: _____
Street AddressApartment/Unit #

CityStateZIP Code

Previous Addresses from Past 2 Years:

Address: _____ Years: _____

Address : _____ Years: _____

Phone: _____ Cell: _____

Age: _____ Date of Birth: _____ Social Security Number: _____

*The Age Discrimination Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone: _____

Date Available: _____ CDL Exp. Date: _____ Physical Exam Exp. Date: _____

Position Applied for: OTR Driver Hybrid Driver(both local and OTR) Local Driver

How many miles per week do you prefer? _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____



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Have you ever been convicted of a felony? YES NO

If yes, explain:

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO
 Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO
 Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO
 Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____
 Company: _____ Phone: _____
 Address: _____

Full Name: _____ Relationship: _____
 Company: _____ Phone: _____
 Address: _____

Full Name: _____ Relationship: _____
 Company: _____ Phone: _____
 Address: _____

Previous Employment

Company: _____ Phone: _____
 Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO



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Previous Employment continued from page 2

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO



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Previous Employment continued from page 3

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.
 If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: _____ Date: _____

Driving Experience

DRIVING EXPERIENCE

Class of Equipment	Dates		Approximate # of Miles (Total)
	From	To	
STRAIGHT TRUCK			
TRACTOR AND SEMI-TRAILER			
TRACTORTWO TRAILERS			
OTHER			

List states operated in for the last 5 years: _____

List special courses/training completed (PTD/DDC, Haz Mat. etc.): _____

List any Safe Driving Awards you hold and from whom: _____



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Accident Report for past 3 years (attach sheet if more space is needed)

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

Traffic Convictions and Forfeitures for past 3 years (other than parking violations)

Date	Location	Charge	Penalty

Driver's License (list each driver's license held in the past 3 years)

State	License#	Type	Endorsements	Expiration Date

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes ___ No ___
 Has any license, permit, or privilege ever been suspended or revoked? Yes ___ No ___
 Have you ever tested positive or refused a DOT drug & alcohol pre-employment test within the past 2 years from an employer who did not hire you? Yes ___ No ___
 Have you ever been convicted of a felony? Yes ___ No ___
 Do you have a physical condition that would prevent you from lifting 50 lbs. or more? Yes ___ No ___
 Explain: _____

Additional Driving Qualifications

How many years of tractor/trailer experience do you have? _____
 Can you prove your work experience? Yes ___ No ___
 Has your driver license EVER been suspended, revoked, or restricted? Yes ___ No ___

I currently hold a commercial driver's license: Yes ___ No ___ Which state? _____

License number: _____

List any endorsements to your CDL: _____

Check the make of tractor(s) driven:

___ IHC/Navistar ___ Ford ___ Other: _____
 ___ Kenworth ___ Volvo
 ___ Freightliner ___ Peterbilt



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Check the type of transmission(s) familiar with:

- 4 x 4 (16 speed) 5 speed Fuller 913 (13 speed)
- 10speed RT910 5 speed main-3 speed aux
- Fuller 12513 (13 speed) 6 speed Automatic
- Triplex(15 speed) 9 speed

Check the type of trailer(s) pulled:

- Regular Van Reefer Livestock
- Grain Hopper Drop Deck
- Liquid Grain Tanker Flatbed Bulk Tanker
- Other: _____

Check the type of commodities transported:

- LTL Freight Livestock Haz Mat
- Lumber Grain Reefer Products
- Petroleum Heavy Equip. Feed
- Other: _____

Check states operated in:

- AL ___ AZ ___ AR ___ CA ___ CO ___ CT ___ DE ___ FL ___ GA ___ ID ___ IL ___ IN ___ IA ___ KS ___ KY ___ LA ___
- ME ___ MD ___ MA ___ MI ___ MN ___ MS ___ MO ___ MT ___ NE ___ NV ___ NH ___ NJ ___ NM ___ NY ___ NC ___
- ND ___ OH ___ OK ___ OR ___ PA ___ RI ___ SC ___ SD ___ TN ___ TX ___ UT ___ VT ___ VA ___ WA ___ WV ___ WI ___
- WY ___ Canada: Alberta ___ B.C. ___ Ontario ___ Quebec ___ Mant. ___

List MOST RECENT motor carriers driven for:

- Company: _____ City, State: _____ How Long: _____
- Company: _____ City, State: _____ How Long: _____
- Company: _____ City, State: _____ How Long: _____



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List ALL accidents, incidents, and traffic violations for the past 3 years:

Mo./Yr. _____ Location: _____ Type/Circumstance: _____

Mo./Yr. _____ Location: _____ Type/Circumstance: _____

Mo./Yr. _____ Location: _____ Type/Circumstance: _____

TO BE READ AND SIGNED BY APPLICANT

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty. It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my application file.

It is agreed and understood that this application for qualification in no way obligates the motor carrier to employ or hire the applicant.

It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.

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

Thank you for considering



Please enter any additional remarks, explanations, etc. about your qualifications below:



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Confidential: Previous Employer Release Form

Applicant to only sign and date below The rest of this form for office use only.

To: _____ Date: _____

I hereby authorize this company to release all records of employment, including assessments of my job performance, ability, and fitness (including dates of any and all drug and alcohol tests, confirmed results, and/or refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of SAP/MRO) to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release this company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing the following information to the below mentioned person and/or company.

**Applicant signature: _____ Date: _____

Dear Personnel Manager:

The person named herein has applied to this company for employment in a safety-sensitive position. Your firm is listed by the applicant as a past employer. Will you kindly reply to this inquiry respecting this applicant? Please note the waiver above has released your company from all liability. Please provide as much factual information as possible. You may reply by fax listed above/below, by mail above, or by email below. Please send your response to the attention of:

Will Day: Director of Safety and Human Resources
 Email: will@reliablecarriersontime.net Phone: 931-728-9995
 Fax: 931-728-9993

Company Rep: _____

We appreciate your timely cooperation!

Name of Applicant: _____

Social Security Number: ____/____/____ Job Applying For: _____

Did applicant work for you as a _____ from ____/____ to ____/____? Yes ___ No ___

Company Driver? ___ Owner Operator? ___ Other? _____

Type of tractor operated: _____

Type of equipment operated: _____

Accidents? Yes ___ No ___ If yes, explain: _____



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Confidential: Previous Employer Release Form continued

Traffic violations? Yes ___ No ___ If yes, explain: _____

Reason for leaving company: Resigned with notice ___ Resigned with no notice ___ Quit under dispatch ___
 Terminated/Disqualified ___

Would you re-employ this person? Yes ___ No ___

*****INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION, PRECEDING 2 YEARS:**

Alcohol tests with a result of 0.04% or greater? Yes ___ No ___

Verified positive controlled substances test results? Yes ___ No ___

Refusals to be tested? Yes ___ No ___

Have you received information from a previous employer that this individual violated DOT drug/alcohol regulations?
 Yes ___ No ___

Rehab completed under direction of SAP/MRO? Yes ___ No ___

Additional comments with regards to this employee:

Name of person completing inquiry: _____

Signature: _____ Date: _____

Company: _____ Title: _____

1st Request _____ 2nd Request _____ 3rd Request _____

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

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**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 on 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