

APPLICATION FOR EMPLOYMENT

In compliance with Federal and State equal employment opportunities laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

Instructions:

- Please read each question, this application must be completed in its entirety and signed to be considered for employment.
- If a question does not apply to you, leave field blank or answer NO or NA (Not Applicable).
- Falsification of any information can or will void this application.

CHECK APPROPRIATE BOXES

Position Applying For: CDL Driver Non-CDL Driver Operator Sales Warehouse

Work Status Applying: Full Time Part Time

Location: (If applicable) _____

Previously Employed with Company: Yes No If yes, give dates: _____

If employed in a full time position by this company, would you be working a part time job with any other company?

Yes No If yes, Explain: _____

Full Name: _____

SSN: _____ - _____ - _____ **Date of Birth:** _____

Home Phone Number: _____ **Cell Phone Number:** _____

Email Address: _____@_____._____

Only U.S. citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Upon applying for employment you have documentation verifying you legal right to work in the U.S. & your identity? Yes No

RESIDENCY FOR THE PAST (3) YEARS

Current Address: _____ City: _____ State: _____ Zip: _____

How Long: _____ Months _____ Years **(Stop, here if you have resided at this address for 3 years or more)**

Previous Address: _____ City: _____ State: _____ Zip: _____

How Long: _____ Months _____ Years

Previous Address: _____ City: _____ State: _____ Zip: _____

How Long: _____ Months _____ Years

EMERGENCY CONTACT INFORMATION

In the event of an accident and or emergency please provide a contact person with a phone number:

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

MEDICAL CARD INFORMATION

Do you possess a valid US Department of Transportation Medical Certificate Card? Yes No Expiration Date: _____

As a commercial motor vehicle operator, you are required to perform:

- Repetitive bending
- Stooping
- Pulling
- Squatting
- Lifting
- Cranking motions
- Endure long periods of sitting

Do you have the capacity to perform these functions as well as, comply with the requirements of commercial motor vehicle operators, as stated in the FMCSA regulations?

Yes No If No, list restrictions: _____

DRIVERS LICENSE INFORMATION

Driver's license #: _____ State: _____ Type: _____ Expiration Date: _____

Endorsements: Hazmat Double/Triple Tanker

Charged or Convicted of DWI / DUI in previous 10 years? Yes No

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: _____

Do you have a pending charge or past conviction for driving while intoxicated? Yes No

If yes, explain: _____

ACCIDENT RECORD FOR PREVIOUS 3 YEARS - (Copy of **accident report**, if citation issued or shown being at fault)

DATE	NATURE OF ACCIDENT	FATALITIES	INJURIES

DRIVING EXPERIENCE

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

Traffic Convictions and Forfeitures for the past 3 years: - (Other than Parking Violations) **If none, enter none below**

Location	Date	Charge	Penalty (Points)

CRIMINAL INFORMATION - (A conviction will not necessarily disqualify you from employment.)

Do you have a pending charge or past conviction for possession of a controlled substance? Yes No

If yes, Explain: _____

Do you have a pending charge or conviction for any misdemeanor or felony offense? Yes No

If yes, Explain: _____

U.S. Military Service: Yes No If yes, what branch of service? _____

Beginning Date of Active Service: Month _____ Year _____

End Date: Month _____ Year _____

Date of Discharge from Military Service: Month _____ Year _____

EMPLOYMENT HISTORY FOR THE PAST (10) YEARS – ALL FORMER JOBS

****** Hire Dates And Ending Dates Must Be Listed For Each Employer In Order For Application To Be Processed ******

- List All Gaps in employment including the following, if dates are with in the past “10 Years”:
 - * SELF EMPLOYMENT
 - * UNEMPLOYMENT
 - * MILITARY SERVICE
- If You, Do Not Have “10 Years” of CDL Employment History, You Must List Your Non-CDL Employment With Dates.

Are you currently employed?

Yes, When will we be able to contact your current employer? _____

No, how long has it been since you last worked? _____

Current Employer Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Start Date: (Month and Year must be entered) Month: _____ Year: _____ End Date: Month: _____ Year: _____

Position Held / Job Performed: _____ Reason for Leaving: _____

- Between these two employers were you Self Employed or Unemployed: Yes No Dates: _____ to _____

Last Employer Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Start Date: (Month and Year must be entered) Month: _____ Year: _____ End Date: Month: _____ Year: _____

Position Held / Job Performed: _____ Reason for Leaving: _____

- Between these two employers were you Self Employed or Unemployed: Yes No Dates: _____ to _____

Second Employer Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Start Date: (Month and Year must be entered) Month: _____ Year: _____ End Date: Month: _____ Year: _____

Position Held / Job Performed: _____ Reason for Leaving: _____

- Between these two employers were you Self Employed or Unemployed: Yes No Dates: _____ to _____

Third Employer Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Start Date: (Month and Year must be entered) Month: _____ Year: _____ End Date: Month: _____ Year: _____

Position Held / Job Performed: _____ Reason for Leaving: _____

- Between these two employers were you Self Employed or Unemployed: Yes No Dates: _____ to _____

Fourth Employer Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Start Date: (Month and Year must be entered) Month: _____ Year: _____ End Date: Month: _____ Year: _____

Position Held / Job Performed: _____ Reason for Leaving: _____

- Between these two employers were you Self Employed or Unemployed: Yes No Dates: _____ to _____

Fifth Employer Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Start Date: (Month and Year must be entered) Month: _____ Year: _____ End Date: Month: _____ Year: _____

Position Held / Job Performed: _____ Reason for Leaving: _____

- Between these two employers were you Self Employed or Unemployed: Yes No Dates: _____ to _____

Sixth Employer Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Start Date: (Month and Year must be entered) Month: _____ Year: _____ End Date: Month: _____ Year: _____

Position Held / Job Performed: _____ Reason for Leaving: _____

- Between these two employers were you Self Employed or Unemployed: Yes No Dates: _____ to _____

Seventh Employer Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Start Date: (Month and Year must be entered) Month: _____ Year: _____ End Date: Month: _____ Year: _____

Position Held / Job Performed: _____ Reason for Leaving: _____

- Between these two employers were you Self Employed or Unemployed: Yes No Dates: _____ to _____

Eighth Employer Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Start Date: (Month and Year must be entered) Month: _____ Year: _____ End Date: Month: _____ Year: _____

Position Held / Job Performed: _____ Reason for Leaving: _____

- Between these two employers were you Self Employed or Unemployed: Yes No Dates: _____ to _____

Ninth Employer Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Start Date: (Month and Year must be entered) Month: _____ Year: _____ End Date: Month: _____ Year: _____

Position Held / Job Performed: _____ Reason for Leaving: _____

- Between these two employers were you Self Employed or Unemployed: Yes No Dates: _____ to _____

Tenth Employer Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Start Date: (Month and Year must be entered) Month: _____ Year: _____ End Date: Month: _____ Year: _____

Position Held / Job Performed: _____ Reason for Leaving: _____

Application Addendum

Federal Motor Carrier Safety Regulations 40.25 (1), the employer must ask the employee whether he or she has tested positive or refused to test on any per-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.

In the previous three (3) years have you:

- 1. Violated the Alcohol and Control Substance prohibitions under sub-part B of 49CFR Part 40? Yes No
- 2. Failed to undertake or complete a rehabilitation program prescribed by a SAP pursuant to 49 CFR382.605? Yes No N/A

Check all that apply:

- I had an alcohol test of 0.04 or higher Yes No N/A
- I had a Verified Positive Drug Test Yes No N/A
- I refused to test (Including verified adulterated or substituted drug test result) Yes No N/A

Rights

Pursuant to 49CFR, part 391.23(1), 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 this 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 inquires 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: _____

This application will be considered active for **Thirty (30) days**. If you have not been contacted within thirty days and wish to receive further consideration for employment, you must complete a new application form.

Process Record:

Applicant Hired: _____ Rejected: _____ Date Employed: _____

Termination of Employment:

Date Terminated: _____ Dismissed: _____ Voluntarily Quit: _____



704 W Broad ST
 Elizabethtown NC 28337
 Office: 910-247-6026
 Fax: 910-247-6028
 www.cm-safetyconsulting.com

SAFETY PERFORMANCE HISTORY RECORDS REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

Previous Employer: _____ Address: _____

Phone Number: _____ Fax Number: _____ Email: _____

I, Hereby authorize you, to release and forward the information requested within this document for the purposes of investigation to C&M Safety Consulting concerning my Accident History, Alcohol and Controlled Substances Testing records within the previous 3 years from (date of employment application). This form is being requested in compliance with §40.25 and §391.23. In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensure confidentiality, such as fax, email, or letter.

Print Name: _____
 First Name MI Last

Last 4 digits of SSN: _____ Date of Birth: _____

Applicant's Signature: _____ Date: _____

****Applicant: Do Not complete anything below this line****

The individual named above has applied to _____, for a commercial driver position and states that he/she was employed by your company. We thank you for your time in completing, in confidence, the information requested below.

Please return form via confidential fax to **910-247-6028** Attention: C&M Safety Application Administrator, or return form to all listed confidential emails: teresa@cm-safetyconsulting.com , tammy@cm-safetyconsulting.com , chandace@cm-safetyconsulting.com

The applicant named above was employed by us. Yes No

He/She was employed as _____ From: Month _____ Year _____ To: Month _____ Year _____

1. Did he/she drive a motor vehicle for you? Yes No Straight Truck Tractor-Semi Trailer Bus Cargo Tank
 Doubles/Triples Other _____

2. Reason for separation: Discharged Resignation Lay Off Military Duty Eligible for re-hire: Yes No

3. Check here , if there are not any safety performance history to report, sign below and return

ACCIDENT HISTORY: Complete the following, if any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above.

Check here , if there were no accident register date for this Driver:

	Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies, insurers or retained under internal company policies: _____

Additional Comments: _____



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Previous Employer: _____ Address: _____

Phone Number: _____ Fax Number: _____ Email: _____

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Print Name: _____
 First Name MI Last

Last 4 digits of SSN: _____ Date of Birth: _____

Applicant's Signature: _____ Date: _____

****Applicant: Do Not complete anything below this line****

The individual named above has applied to _____, for a commercial driver position and states that he/she was employed by your company. We thank you for your time in completing, in confidence, the information requested below.

Please return form via confidential fax to **910-247-6028** Attention: C&M Safety Application Administrator, or return form to all listed confidential emails: teresa@cm-safetyconsulting.com , tammy@cm-safetyconsulting.com , chandace@cm-safetyconsulting.com

The applicant named above was employed by us. Yes No

He/She was employed as _____ From: Month _____ Year _____ To: Month _____ Year _____

1. Did he/she drive a motor vehicle for you? Yes No Straight Truck Tractor-Semi Trailer Bus Cargo Tank
 Doubles/Triples Other _____

2. Reason for separation: Discharged Resignation Lay Off Military Duty Eligible for re-hire: Yes No

3. Check here , if there are not any safety performance history to report, sign below and return

ACCIDENT HISTORY: Complete the following, if any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above.

Check here , if there were no accident register date for this Driver:

	Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies, insurers or retained under internal company policies: _____

Additional Comments: _____

Hours-of-Service Record for First Time or Intermittent Drivers

Instructions:

When using a driver for the first time or intermittently, a signed statement must be obtained, giving the total time on duty (driving and on duty) during the immediate preceding 7 days and the time at which the driver was last relieved from duty prior to beginning work.

Printed Name: _____

Day	Total Time on Duty
1	
2	
3	
4	
5	
6	
7 (last Day)	

Total Hours: _____

I hereby certify that the information contained heron is true to the best of my knowledge and belief, and that my last period of release from duty was: _____ on _____

Signature of Applicant: _____ **Date:** _____

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7 (last Day)	

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I hereby certify that the information contained heron is true to the best of my knowledge and belief, and that my last period of release from duty was: _____ on _____

Signature of Applicant: _____ **Date:** _____

DISCLOSURE AND AUTHORIZATION FORM

As part of the employment process, _____, will obtain a driving record, consumer report and/or investigative consumer report (commonly known as background report), which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, driving history, or mode of living.

Authorization for Driving Record and/or Background Reports

During the application process and at any time during the tenure of my employment with the Company, I hereby authorize _____, to procure a consumer report (known as an investigative consumer report) which I understand may include but are not limited to: social security number verification's, address history, credit reports and history, criminal records and history, public court records, driving records, accident history, worker's compensation claims, bankruptcy filings, educational history verification's (e.g. dates of attendance, degrees obtained), employment history verification's (e.g. dates of employment, salary information, reasons for termination, etc.), personal and professional referenced checks, professional licensing and certification checks, drug/alcohol testing results, and drug/alcohol history in violation of law and/or company policy, and other information bearing on your character, general reputation, personal characteristics, mode of living and credit standing.

This information may be obtained from private and public record sources, including, as appropriate; government agencies and courthouses, educational institutions, former employers, personal interviews with sources such as neighbors, friends and associates, and other information sources.

If the company should obtain information bearing on your credit worthiness, credit standing or credit capacity for reasons other than as required by law, then the company will use such credit information to evaluate whether you would present an unacceptable risk or theft or other dishonest behavior in the job for which you are being evaluated.

I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

Applicant/Employee Name: _____ Social Security Number: _____

Applicant/Employee Signature: _____ Date of Birth: _____

Date: _____

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As part of the employment process, _____, will obtain a driving record, consumer report and/or investigative consumer report (commonly known as background report), which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, driving history, or mode of living.

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During the application process and at any time during the tenure of my employment with the Company, I hereby authorize _____, to procure a consumer report (known as an investigative consumer report) which I understand may include but are not limited to: social security number verification's, address history, credit reports and history, criminal records and history, public court records, driving records, accident history, worker's compensation claims, bankruptcy filings, educational history verification's (e.g. dates of attendance, degrees obtained), employment history verification's (e.g. dates of employment, salary information, reasons for termination, etc.), personal and professional referenced checks, professional licensing and certification checks, drug/alcohol testing results, and drug/alcohol history in violation of law and/or company policy, and other information bearing on your character, general reputation, personal characteristics, mode of living and credit standing.

This information may be obtained from private and public record sources, including, as appropriate; government agencies and courthouses, educational institutions, former employers, personal interviews with sources such as neighbors, friends and associates, and other information sources.

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Applicant/Employee Name: _____ Social Security Number: _____

Applicant/Employee Signature: _____ Date of Birth: _____

Date: _____

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 49C.F.R. 383.5.

LAST UPDATED 12/22/2015

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

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Name (Please Print)

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NOTICE: The prospective employment concept referenced in this form contemplates the definition of “employee” contained at 49C.F.R. 383.5.

LAST UPDATED 12/22/2015

Pre-Employment Urinalysis Consent Form

I understand that as required by the Federal Motor Carrier Safety Regulations, Title 49 Code of Federal Regulations, Section 382.103, all driver/applicants of this company must be tested for controlled substances as a precondition for employment.

I consent to the urine sample collection and testing for controlled substances.

I understand that a positive test result for controlled substances will render me unqualified to operate a commercial motor vehicle.

- The medical review officer will maintain the results of my test.
- Negative and positive results will be reported to the company.
- If the results are positive, the controlled substance will be identified.
- The results will not be released to any other parties without my written authorization.

DOT Required Split Sample Testing

Notice to Drivers:

As of August 15, 1994 Federal Regulations require all DOT drug Tests to be collected in accordance with split sample procedures.

With this change the driver has the right to have the second bottle tested at a different NIDA approved lab should the initial test to be confirmed positive. The driver will have 72 hours after a test is confirmed positive to request the second bottle be tested.

Should you request that the second bottle be tested; you will assume the cost of any subsequent testing. Should subsequent testing results report back as negative we will reimburse you for the cost of the testing.

Due to the additional expense of transporting the sample to another NIDA approved lab, and requirement that the confirmation be done by expensive Gas Chromatography, the testing of the second bottle will cost \$225.00.

I have read the above and understand the conditions. I understand that I will be responsible for the cost of any subsequent testing Charges. I hereby agree to comply with them.

Printed Name of Applicant: _____

Signature of Applicant: _____

Date: _____

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Printed Name of Applicant: _____

Signature of Applicant: _____

Date: _____

CERTIFICATE OF VIOLATIONS & ANNUAL REVIEW

Driver's Name: _____

CDL# _____ State: _____

1. CERTIFICATE OF VIOLATIONS (49 CFR 391.27)

As required under 49 DFR 391.27, I certify that the following is a true and complete list of traffic violations (**other than parking violations**) for which I have been convicted or forfeited bond or collateral during the past twelve months.

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no violations are listed above, I certify by entering NONE above, that I have not been convicted or forfeited bond or collateral as a result of any violation required to be listed during the past twelve months.

Driver's Signature: _____ **Date:** _____

Motor Carrier's Name: _____

Motor Carrier's Address: _____

2. ANNUAL REVIEW AND EVALUATION OF DRIVER'S RECORD (49 CFR 391.25)

In accordance with 49 CFR 391.25, all information pertinent to the above driver's safety of operations, including the list of violations furnished by him/her in accordance with 49 CFR 391.27 has been reviewed for the past twelve months.

No action required, continue qualification Action taken (see below) Not qualified, remove from service

Action Taken: _____

Reviewed by: _____ Title: _____ Date: _____

CERTIFICATE OF VIOLATIONS & ANNUAL REVIEW

Driver's Name: _____

CDL# _____ State: _____

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DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no violations are listed above, I certify by entering NONE above, that I have not been convicted or forfeited bond or collateral as a result of any violation required to be listed during the past twelve months.

Driver's Signature: _____ **Date:** _____

Motor Carrier's Name: _____

Motor Carrier's Address: _____

2. ANNUAL REVIEW AND EVALUATION OF DRIVER'S RECORD (49 CFR 391.25)

In accordance with 49 CFR 391.25, all information pertinent to the above driver's safety of operations, including the list of violations furnished by him/her in accordance with 49 CFR 391.27 has been reviewed for the past twelve months.

No action required, continue qualification Action taken (see below) Not qualified, remove from service

Action Taken: _____

Reviewed by: _____ Title: _____ Date: _____

APPLICATION FOR EMPLOYMENT

In compliance with Federal and State equal employment opportunities laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

Instructions:

- Please read each question, this application must be completed in its entirety and signed to be considered for employment.
- If a question does not apply to you, leave field blank or answer NO or NA (Not Applicable).
- Falsification of any information can or will void this application.

CHECK APPROPRIATE BOXES

Position Applying For: CDL Driver Non-CDL Driver Operator Sales Warehouse

Work Status Applying: Full Time Part Time

Location: (If applicable) _____

Previously Employed with Company: Yes No If yes, give dates: _____

If employed in a full time position by this company, would you be working a part time job with any other company?

Yes No If yes, Explain: _____

Full Name: _____

SSN: _____ - _____ - _____ **Date of Birth:** _____

Home Phone Number: _____ **Cell Phone Number:** _____

Email Address: _____@_____._____

Only U.S. citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Upon applying for employment you have documentation verifying you legal right to work in the U.S. & your identity? Yes No

RESIDENCY FOR THE PAST (3) YEARS

Current Address: _____ City: _____ State: _____ Zip: _____

How Long: _____ Months _____ Years (**Stop**, here if you have resided at this address for 3 years or more)

Previous Address: _____ City: _____ State: _____ Zip: _____

How Long: _____ Months _____ Years

Previous Address: _____ City: _____ State: _____ Zip: _____

How Long: _____ Months _____ Years

EMERGENCY CONTACT INFORMATION

In the event of an accident and or emergency please provide a contact person with a phone number:

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____



704 W Broad ST
 Elizabethtown NC 28337
 Office: 910-247-6026
 Fax: 910-247-6028
 www.cm-safetyconsulting.com

SAFETY PERFORMANCE HISTORY RECORDS REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

Previous Employer: _____ Address: _____

Phone Number: _____ Fax Number: _____ Email: _____

I, Hereby authorize you, to release and forward the information requested within this document for the purposes of investigation to C&M Safety Consulting concerning my Accident History, Alcohol and Controlled Substances Testing records within the previous 3 years from (date of employment application). This form is being requested in compliance with §40.25 and §391.23. In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensure confidentially, such as fax, email, or letter.

Print Name: _____
 First Name MI Last

Last 4 digits of SSN: _____ Date of Birth: _____

Applicant's Signature: _____ Date: _____

****Applicant: Do Not complete anything below this line****

The individual named above has applied to _____, for a commercial driver position and states that he/she was employed by your company. We thank you for your time in completing, in confidence, the information requested below.

Please return form via confidential fax to **910-247-6028** Attention: C&M Safety Application Administrator, or return form to all listed confidential emails: teresa@cm-safetyconsulting.com , tammy@cm-safetyconsulting.com , chandace@cm-safetyconsulting.com

The applicant named above was employed by us. Yes No

He/She was employed as _____ From: Month _____ Year _____ To: Month _____ Year _____

1. Did he/she drive a motor vehicle for you? Yes No Straight Truck Tractor-Semi Trailer Bus Cargo Tank
 Doubles/Triples Other _____

2. Reason for separation: Discharged Resignation Lay Off Military Duty Eligible for re-hire: Yes No

3. Check here , if there are not any safety performance history to report, sign below and return

ACCIDENT HISTORY: Complete the following, if any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above.

Check here , if there were no accident register date for this Driver:

	Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies, insurers or retained under internal company policies: _____

Additional Comments: _____

CERTIFICATE OF VIOLATIONS & ANNUAL REVIEW

Driver's Name: _____

CDL# _____ State: _____

1. CERTIFICATE OF VIOLATIONS (49 CFR 391.27)

As required under 49 DFR 391.27, I certify that the following is a true and complete list of traffic violations (**other than parking violations**) for which I have been convicted or forfeited bond or collateral during the past twelve months.

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no violations are listed above, I certify by entering NONE above, that I have not been convicted or forfeited bond or collateral as a result of any violation required to be listed during the past twelve months.

Driver's Signature: _____ **Date:** _____

Motor Carrier's Name: _____

Motor Carrier's Address: _____

2. ANNUAL REVIEW AND EVALUATION OF DRIVER'S RECORD (49 CFR 391.25)

In accordance with 49 CFR 391.25, all information pertinent to the above driver's safety of operations, including the list of violations furnished by him/her in accordance with 49 CFR 391.27 has been reviewed for the past twelve months.

No action required, continue qualification Action taken (see below) Not qualified, remove from service

Action Taken: _____

Reviewed by: _____ Title: _____ Date: _____

Hours-of-Service Record for First Time or Intermittent Drivers

Instructions:

When using a driver for the first time or intermittently, a signed statement must be obtained, giving the total time on duty (driving and on duty) during the immediate preceding 7 days and the time at which the driver was last relieved from duty prior to beginning work.

Printed Name: _____

Day	Total Time on Duty
1	
2	
3	
4	
5	
6	
7 (last Day)	

Total Hours: _____

I hereby certify that the information contained heron is true to the best of my knowledge and belief, and that my last period of release from duty was: _____ on _____

Signature of Applicant: _____ Date: _____

Pre-Employment Urinalysis Consent Form

I understand that as required by the Federal Motor Carrier Safety Regulations, Title 49 Code of Federal Regulations, Section 382.103, all driver/applicants of this company must be tested for controlled substances as a precondition for employment.

I consent to the urine sample collection and testing for controlled substances.

I understand that a positive test result for controlled substances will render me unqualified to operate a commercial motor vehicle.

- The medical review officer will maintain the results of my test.
- Negative and positive results will be reported to the company.
- If the results are positive, the controlled substance will be identified.
- The results will not be released to any other parties without my written authorization.

DOT Required Split Sample Testing

Notice to Drivers:

As of August 15, 1994 Federal Regulations require all DOT drug Tests to be collected in accordance with split sample procedures.

With this change the driver has the right to have the second bottle tested at a different NIDA approved lab should the initial test to be confirmed positive. The driver will have 72 hours after a test is confirmed positive to request the second bottle be tested.

Should you request that the second bottle be tested; you will assume the cost of any subsequent testing. Should subsequent testing results report back as negative we will reimburse you for the cost of the testing.

Due to the additional expense of transporting the sample to another NIDA approved lab, and requirement that the confirmation be done by expensive Gas Chromatography, the testing of the second bottle will cost \$225.00.

I have read the above and understand the conditions. I understand that I will be responsible for the cost of any subsequent testing Charges. I hereby agree to comply with them.

Printed Name of Applicant: _____

Signature of Applicant: _____

Date: _____

DISCLOSURE AND AUTHORIZATION FORM

As part of the employment process, _____, will obtain a driving record, consumer report and/or investigative consumer report (commonly known as background report), which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, driving history, or mode of living.

Authorization for Driving Record and/or Background Reports

During the application process and at any time during the tenure of my employment with the Company, I hereby authorize _____, to procure a consumer report (known as an investigative consumer report) which I understand may include but are not limited to: social security number verification's, address history, credit reports and history, criminal records and history, public court records, driving records, accident history, worker's compensation claims, bankruptcy filings, educational history verification's (e.g. dates of attendance, degrees obtained), employment history verification's (e.g. dates of employment, salary information, reasons for termination, etc.), personal and professional referenced checks, professional licensing and certification checks, drug/alcohol testing results, and drug/alcohol history in violation of law and/or company policy, and other information bearing on your character, general reputation, personal characteristics, mode of living and credit standing.

This information may be obtained from private and public record sources, including, as appropriate; government agencies and courthouses, educational institutions, former employers, personal interviews with sources such as neighbors, friends and associates, and other information sources.

If the company should obtain information bearing on your credit worthiness, credit standing or credit capacity for reasons other than as required by law, then the company will use such credit information to evaluate whether you would present an unacceptable risk or theft or other dishonest behavior in the job for which you are being evaluated.

I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

Applicant/Employee Name: _____ Social Security Number: _____

Applicant/Employee Signature: _____ Date of Birth: _____

Date: _____

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 49C.F.R. 383.5.

LAST UPDATED 12/22/2015