

EMPLOYMENT APPLICATION

This application will help the below-named Motor Carrier determine whether or not this particular applicant qualifies to operate the motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Rules and Regulations and our Company.

Company AMAZING TRUCKING & LOGISTICS, INC
Address 6432 Joliet Road
City Countryside **State** IL **Zip** 60525

INSTRUCTIONS

Please answer ALL questions. Do not leave anything blank. Use "No", "None", or "Not Applicable" for anything that applies. Be as detailed as possible.

Date: _____

Position applying for (check one):

- Company Driver**
- Owner Operator**
- Owner Operator's Driver**
- Other:** _____

Name: _____
First Middle Last

Phone Number: _____
Alternate Phone Number: _____

Age: _____ **Date of Birth:** _____ **SSN:** _____

Physical Exam/Medical Card Expiration Date: _____

Current and Previous Addresses (go back three (3) years):

	From:	To:
	From:	To:
	From:	To:
	From:	To:

Have you ever worked for this company before: YES NO

If YES give dates: From _____ To: _____

Reason for Leaving: _____

EDUCATION AND EMPLOYMENT HISTORY

Circle the highest grade completed:

Grade School	1	2	3	4	5	6	7	8	9	10	11	12
College	1	2	3	4								
Post Graduate	1	2	3	4								

Give a COMPLETE record of ALL employment for the past ten (10) years, including any unemployment or self-employment, and all commercial driving experience for the past ten (10) years.

Mo/Yr	Mo/Yr	Present or Last Employer	
From _____	To _____	Name: _____	
Position: _____		Address: _____	
Equipment Used: _____		Street	City State/Zip
Reason for Leaving: _____		Phone: _____	
Were you subject to the FMCSRs while employed here?		YES	NO
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?		YES	NO

Mo/Yr	Mo/Yr	Present or Last Employer	
From _____	To _____	Name: _____	
Position: _____		Address: _____	
Equipment Used: _____		Street	City State/Zip
Reason for Leaving: _____		Phone: _____	
Were you subject to the FMCSRs* while employed here?		YES	NO
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?		YES	NO

Mo/Yr	Mo/Yr	Present or Last Employer	
From _____	To _____	Name: _____	
Position: _____		Address: _____	
Equipment Used: _____		Street	City State/Zip
Reason for Leaving: _____		Phone: _____	
Were you subject to the FMCSRs* while employed here?		YES	NO
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?		YES	NO

Mo/Yr	Mo/Yr	Present or Last Employer	
From _____	To _____	Name: _____	
Position: _____		Address: _____	
Equipment Used: _____		Street	City State/Zip
Reason for Leaving: _____		Phone: _____	
Were you subject to the FMCSRs* while employed here?		YES	NO
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?		YES	NO

Mo/Yr Mo/Yr Present or Last Employer
 From _____ To _____ Name: _____
 Position: _____ Address: _____
 Equipment Used: _____ Street _____ City _____ State/Zip _____
 Reason for Leaving: _____ Phone: _____
 Were you subject to the FMCSRs* while employed here? YES NO
 Was your job designated as a safety-sensitive function in any
 DOT-Regulated mode subject to the drug and alcohol testing
 requirements of 49 CFR Part 40? YES NO

Mo/Yr Mo/Yr Present or Last Employer
 From _____ To _____ Name: _____
 Position: _____ Address: _____
 Equipment Used: _____ Street _____ City _____ State/Zip _____
 Reason for Leaving: _____ Phone: _____
 Were you subject to the FMCSRs* while employed here? YES NO
 Was your job designated as a safety-sensitive function in any
 DOT-Regulated mode subject to the drug and alcohol testing
 requirements of 49 CFR Part 40? YES NO

Mo/Yr Mo/Yr Present or Last Employer
 From _____ To _____ Name: _____
 Position: _____ Address: _____
 Equipment Used: _____ Street _____ City _____ State/Zip _____
 Reason for Leaving: _____ Phone: _____
 Were you subject to the FMCSRs* while employed here? YES NO
 Was your job designated as a safety-sensitive function in any
 DOT-Regulated mode subject to the drug and alcohol testing
 requirements of 49 CFR Part 40? YES NO

Mo/Yr Mo/Yr Present or Last Employer
 From _____ To _____ Name: _____
 Position: _____ Address: _____
 Equipment Used: _____ Street _____ City _____ State/Zip _____
 Reason for Leaving: _____ Phone: _____
 Were you subject to the FMCSRs* while employed here? YES NO
 Was your job designated as a safety-sensitive function in any
 DOT-Regulated mode subject to the drug and alcohol testing
 requirements of 49 CFR Part 40? YES NO

Mo/Yr Mo/Yr Present or Last Employer
 From _____ To _____ Name: _____
 Position: _____ Address: _____
 Equipment Used: _____ Street _____ City _____ State/Zip _____
 Reason for Leaving: _____ Phone: _____
 Were you subject to the FMCSRs* while employed here? YES NO
 Was your job designated as a safety-sensitive function in any
 DOT-Regulated mode subject to the drug and alcohol testing
 requirements of 49 CFR Part 40? YES NO

* The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: 1) has a GVWR or weighs 10,001 pounds or more; 2) is designed or used to transport nine or more passengers; 3) is of any size, used to transport hazardous materials in a quantity requiring placarding.

DRIVING EXPERIENCE

Class of Equipment	Dates From-To	Approx. Number of Miles Driven
Straight Truck	_____	_____
Tractor & Semi Trailer	_____	_____
Tractor-Two Trailers	_____	_____
Tractor-Three Trailers	_____	_____
Other	_____	_____

List ALL states operated in (go back five (5) years): _____

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

List any safe driving awards you hold and from whom: _____

Accident Record for past three (3) years:

Date of Accident	Type of Accident	Location	# of Fatalities	# of Injured
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Traffic Convictions and Forfeitures for the last three (3) years (except parking violations):

Date	Location	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Driver's License (list each license held in the past three (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

Is there any reason you might be unable to perform the functions of the job for which you have applied? YES NO

Have you ever been convicted of a felony? YES NO

Please give details if answered YES in any of the above questions: _____

PERSONAL REFERENCES

List three (3) persons for references, other than family members, **who have knowledge of your safety habits:**

1) Name: _____
Address: _____
Phone: _____

2) Name: _____
Address: _____
Phone: _____

3) Name: _____
Address: _____
Phone: _____

UNDERSTANDING THE APPLICATION

To Be Read And Signed By The 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 of record or not, and applicant releases employers and persons named herein from all liabilities 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 Employment Application 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's Signature

Date

Remarks (for office use only)

DISCLOSURE AND AUTHORIZATION

In connection with my application for employment (or contract for services) with you, I understand that consumer reports which may contain public record information may be requested. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information concerning previous driving record requests made by others from such state agencies, and state provided driving records.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the source of information; and the recipients of any reports on me, which have been previously furnished within the two-year period preceding my request. I hereby consent to your obtaining the above information, and I agree that such information which may be obtained, and my employment history with you if I am hired, may be supplied to other companies.

I hereby authorize procurement of consumer report(s) if hired (or contracted); this authorization shall remain on file and shall serve as an ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

Applicant Name, Please Print

Applicant Social Security Number

Applicant's Signature

Date

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

1. 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.

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:

2. 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 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.

3. 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 DataQs system to the appropriate State for adjudication.

4. Please note: 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 FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

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 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 provided in paragraphs 1-4 of this document to obtain a prospective Applicant’s consent. The language must be used in whole, exactly as provided. **The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.**

AMAZING TRUCKING & LOGISTICS, INC.

Previous Employment Inquiry and Background Authorization

From: Amazing Trucking & Logistics, Inc. 6432 Joliet Road Countryside, IL 60525 Tel: 773 459 2331 Fax: 773 337 1113	To: Previous Employer Company: _____ Street: _____ City/State/Zip: _____ Fax: _____
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Personnel Manager: The person named below has made application to the above named firm for a Safety clearance. Your firm is listed by the applicant as a past employer. Please reply to this inquiry regarding the applicant. Under the Federal Motor carrier regulations, section 391.23, prospective and previous employers of commercial motor vehicle operators have 30 days in which to complete employment history and safety performance verification.

Please fax or mail back to us the completed verification form as soon as you can.

I hereby authorize you to release all information concerning my employment including oral and written assessments of my job performance, ability and fitness, to each and every company (or their authorized agents) which may request it and related information in connection with my application for safety clearance with mentioned company. In addition, I authorize the release of all information in reference to drug and alcohol inquiries in accordance with the DOT regulations, vehicle accidents or violations, including information you may have from previous employers in reference to the same.

Applicant's Name: _____ SSN: _____
 Applicant's Signature: _____ Date: _____

This person has applied for a position with our company as: _____

Previous Employer: _____ Date: _____
 Applicant's Name: _____ SSN: _____
 Dates employed, From: _____ To: _____
 What type of work did the applicant perform: _____
 What class of commercial motor vehicle did applicant operate? A _____ B _____ C _____ N/A _____
 What type of driving duties did the applicant perform? LTL _____ OTR _____ Intermodal _____ Other, explain _____
 Number of DOT recordable accidents: _____ Non-DOT: _____ Number of Violations: _____
 Would you consider this person's performance to be: average _____ above average _____
 Reason for Leaving? Resigned _____ Discharged _____ Laid Off _____

Drug and Alcohol Information

If driver was NOT subject to Department of Transportation testing requirements while employed by this employer, please check here _____, sign below and return.

Under Department of Transportation testing requirements:	YES	NO
- Has the person had an alcohol test with a result of 0.04 or higher alcohol concentration?	_____	_____
- Has this person had a verified positive drug test?	_____	_____
- Has this person refused to be tested?	_____	_____
- Has this person committed other violations of DOT agency drug and alcohol testing regulations?	_____	_____
- If this person has violated a DOT drug and alcohol regulation, do you have documentation of the employee's successful completion of DOT return-to-duty requirements, including follow-up tests? Please send this documentation if applicable.	_____	_____

In answering these questions, include any drug or alcohol testing information obtained from previous employers under Sec. 40.25 or other applicable DOT agency regulations.

Name: _____
 Company: _____
 Street: _____
 City, State, Zip: _____

Information supplied by: _____ Date: _____
 Title: _____
 This form was: mailed: _____ faxed: _____
 Recorded by: _____ Title: _____