

APPLICATION INSTRUCTIONS

Instructions on how to apply, how the process works, and what to expect once you have filled out your D.O.T. Long form application, signed the releases, and either faxed back your application or have emailed your application back to us.

*There are two ways you can send your application back to us. You can either fax your application to 1-877-285-1905 or you can email your application back to us at Mike@EDPCareers.net either method is fine. So you can send it back to us either way.

1-877-285-1905 is the fax number to send it back to us!
Mike@EDPCareers.net is the email address you can send it back to us!

* First you will need to print out the application, fill it out by hand, and either fax it back or email it back. Or you can type on the application, print it out, sign the pages, and then either fax it back or email it back to us. You can fill out a majority of the application by typing on it. But keep in mind, you will need to sign it also. So you will need to print it out to sign it, unless you have an online method you can use. This must be your signature though. A computer generated signature will not work. Your previous employers will not recognize this as your signature and will not verify your previous employment.

* If you do not have access to a computer, printer, fax machine, etc. The Employment office and Library will let you access your email, print the application, help you fill it out, and fax it for free. If you do not have access to an Employment office or Library. Then FedEx, UPS Store, Kinko's, MailCo, etc. Those places are only a few dollars. Or just ask a random business or truck stop if you can use their printer or fax. This is what you will have to do to be considered for this position. You will have to fill out the long form DOT application. If for some reason you are not able to open the application, some older computers do not have adobe reader. This is what your computer may be missing to open the application. This is a free download and once you have downloaded Adobe reader. Then you can open the application. Just go to www.get.adobe.com/reader .

* Once you fill out your application and fax or email it back to us. We will call you for an interview within 48-72hrs. We will either do an interview over the phone or at the terminal. If you are on the road or away from home then we will just do a phone interview. If you are available, then we will just do an interview at the terminal. We have terminals in every state and also run out of our customer locations. We do have a location close to where you live. If you were in an area to see our advertisement, then you live within our hiring area.

* We understand that you have many questions about our company and the position. We also understand that spouses and family may have questions about the position also. Please understand that we try to get thru many applications and interviews daily. So please wait to call in after you get your application faxed back to us. We know we have an aggressive program and a highly desirable truck driving job. This is why we have sent you everything in writing before you even take the time to fill out the long form application. We feel this is an appreciated courtesy to send you the job in writing first. The job that you seen online, at the employment office, our website, or any other place you seen our advertisement for the driving job is still open and available. IF we have emailed you this invitation to fill out our long form application, this means that we are interested in talking with you further.

* So after you get your application faxed back. Please take the time to write down any questions that you have, your spouse has, or your family may have. We will go over all of those questions during your interview. That will be the appropriate time to go over everything then. During your interview, we will get more in depth about our company, the position, benefits, and your possible career with our company.

* Anything that you want to fax back with your application is fine. If you have a TWIC, Long form Physical, medical card, CDL, Awards, Certificates, letters of recommendation, or anything you would like to share with us. Feel free to send it in with your application. We will be looking for your faxed back application and will talk to you soon.

APPLICATION FOR EMPLOYMENT

Recruiter: Mike Clark
Office Toll Free: 1-877-600-8153
Fax: 1-877-285-1905

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Position you are applying for? _____ Start date? _____
Full Name _____ SSN: _____
Home Phone: _____ Cell Phone: _____
Best time to contact you? _____ Email address _____
(Required)
Date of Birth: _____ CDL License# _____ Exp. Date _____ State _____
Address _____ City _____ St _____ Zip _____
How long have you lived at this address? _____
If less than 3 years at current address, what is your previous address?
Address _____ City _____ St _____ Zip _____
How long at that address? _____

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HAZMAT? Yes / No What other endorsements do you have? _____
Do you have a TWIC card? Yes / No TWIC Card Expiration date? _____
D.O.T. Physical Expiration Date? _____ Were you ever in the military? Y | N
If yes, Branch, Rank, and Discharge date? _____
Did you attend a truck driving school? Y / N School Name _____
School City _____ State _____ Date Graduated? _____
Did you attend a College or secondary school? Y / N School Name _____
City _____ State _____ Major _____ Year completed/ended _____
Amount of Over the Road/Regional experience in the last 3 years? _____
Amount of Local driving experience in the last 3 years? _____
Amount of Tractor-Trailer experience (lifetime/career total) _____

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MUST GO BACK A FULL 10 YEARS ON WORK HISTORY! List all jobs for the last 10 years. Driving or non-driving ATTACH AN ADDITIONAL PAGE IF NECESSARY! MUST LIST ALL EMPLOYMENT FOR THE LAST 10 YEARS!!

If typing the application place XXXX over the selections that require to be circled.

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#1 Most Recent Employer: _____ Phone# _____
Address _____ City, State, ZIP: _____
Dates of employment: From: _____ To: _____ Are you still there? Y | N
Type of Equipment (circle all that apply): VAN | Reefer | Flat | Other _____ Driver: Y | N
What was this position primarily? Over the Road | Regional | Local | Other _____
What states did you run? _____
Reason for leaving? _____ Were you terminated? Y | N

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If typing the application place XXXX over the selections that require to be circled

#2 Previous Employer: _____ Phone # _____
Address _____ City, State, ZIP: _____
Dates of employment: From: _____ To: _____
Type of Equipment (circle all that apply): VAN | Reefer | Flat | Other _____ Driver: Y | N
What was this position primarily? Over the Road | Regional | Local | Other _____
What states did you run? _____
Reason for leaving? _____ Were you terminated? Y | N

If typing the application place XXXX over the selections that require to be circled

#3 Previous Employer: _____ Phone # _____
Address _____ City, State, ZIP: _____
Dates of employment: From: _____ To: _____
Type of Equipment (circle all that apply): VAN | Reefer | Flat | Other _____ Driver: Y | N
What was this position primarily? Over the Road | Regional | Local | Other _____
What states did you run? _____
Reason for leaving? _____ Were you terminated? Y | N

If typing the application place XXXX over the selections that require to be circled

#4 Previous Employer: _____ Phone # _____
Address _____ City, State, ZIP: _____
Dates of employment: From: _____ To: _____
Type of Equipment (circle all that apply): VAN | Reefer | Flat | Other _____ Driver: Y | N
What was this position primarily? Over the Road | Regional | Local | Other _____
What states did you run? _____
Reason for leaving? _____ Were you terminated? Y | N

If typing the application place XXXX over the selections that require to be circled

#5 Previous Employer: _____ Phone # _____
Address _____ City, State, ZIP: _____
Dates of employment: From: _____ To: _____
Type of Equipment (circle all that apply): VAN | Reefer | Flat | Other _____ Driver: Y | N
What was this position primarily? Over the Road | Regional | Local | Other _____
What states did you run? _____
Reason for leaving? _____ Were you terminated? Y | N

If typing the application place XXXX over the selections that require to be circled

#6 Previous Employer: _____ Phone # _____
Address _____ City, State, ZIP: _____
Dates of employment: From: _____ To: _____
Type of Equipment (circle all that apply): VAN | Reefer | Flat | Other _____ Driver: Y | N
What was this position primarily? Over the Road | Regional | Local | Other _____
What states did you run? _____
Reason for leaving? _____ Were you terminated? Y | N

If typing the application place XXXX over the selections that require to be circled

#7 Previous Employer: _____ Phone # _____
Address _____ City, State, ZIP: _____
Dates of employment: From: _____ To: _____
Type of Equipment (circle all that apply): VAN | Reefer | Flat | Other _____ Driver: Y | N
What was this position primarily? Over the Road | Regional | Local | Other _____
What states did you run? _____
Reason for leaving? _____ Were you terminated? Y | N

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Have you ever failed a DOT drug test? _____ If yes, please list date and Company? _____

LIST ANYTHING THAT MAY BE ON YOUR DRIVING RECORD, CSA REPORT, OR DAC REPORT

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List all tickets in the **LAST 5 YEARS** Please list what the ticket was for, the date of the ticket, speed of the ticket, and what state the ticket was in: *(List any moving violation. Speeding and non-speeding. Any moving violation.)*

Ticket 1: Offense: _____ Speed _____ State _____ Date _____
Ticket 2: Offense: _____ Speed _____ State _____ Date _____
Ticket 3: Offense: _____ Speed _____ State _____ Date _____
Ticket 4: Offense: _____ Speed _____ State _____ Date _____
Ticket 5: Offense: _____ Speed _____ State _____ Date _____

Have you **ever** been convicted of a DWI, DUI, or OWI? Y | N If yes, how many? _____
If Yes, please list state and date. _____

List all accidents and incidents that are on your MVR, CSA, DAC, or USIS in the **last 3 years**.
Please list date, state, and what happened.

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Do you have any past convictions or **any misdemeanor or felony offense**? If yes please explain all charges, date, and convictions of misdemeanor and felony convictions. **(This will not disqualify you. But failure to list a known criminal charge, from your past, could!)**

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Emergency Contact Name: _____ Relationship _____
Address _____ City, State _____
Phone Number: _____

Professional / Personal References:

Ref #1 Name: _____ Address _____
City, State _____ Phone Number: _____
Relationship _____

Ref #2 Name: _____ Address _____
City, State _____ Phone Number: _____
Relationship _____

Date _____ Applicant Signature x _____

Initial here if we may pull your Motor Vehicle Record _____



**TRUCKING INDUSTRY:
DOT D/A Disclosure and Authorization**

HireRight Customer:	
Company Name:	_____
Company Contact Name:	_____
Fax #:	(____) _____ - _____
HireRight Account Code:	_____

**PART I - DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR
EMPLOYMENT PURPOSES - 49 CFR PART 391.23, DOT DRUG AND ALCOHOL TESTING**

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to HireRight for the purpose of HireRight transmitting such records to the HireRight customer listed above. I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous three (3) years: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusal to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes HireRight with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to HireRight, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous three (3) years; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous three (3) years.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous three (3) years. If necessary, attach additional pages, including the date, your name, social security number and signature.

Previous DOT-Regulated Employer	City	State	Phone Number
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I disclosure and authorization for release as well as the attached FMCSA Notification of Driver Rights and any applicable state law notices; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original.

Print Applicant Name: _____ Social Security #: _____

Applicant 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.