



## Employment History

All driver applicants must provide information on all employers during the preceding 10 years. List complete mailing address, street number, city, state, zip code, and phone number.

List employers in reverse order starting with the most recent employer first. **Applicant must have no less than 3 years reflected.** Use additional sheets if necessary.

Are you now employed?  Yes  No

If not, how long since leaving last employment? \_\_\_\_\_

### Most Recent/Current Employer

Name:	Dates: _____ to _____
Address:	(mo/yr) (mo/yr)
City: State: Zip:	Position Held:
Phone Number:	Did your job require a CDL? Y or N
Contact Person:	Subject to FMCSRs? Y or N
Last Wage:	Subject to DOT Drug & Alcohol Testing? Y or N
Reason For Leaving:	

### Previous Employer

Name:	Dates: _____ to _____
Address:	(mo/yr) (mo/yr)
City: State: Zip:	Position Held:
Phone Number:	Did your job require a CDL? Y or N
Contact Person:	Subject to FMCSRs? Y or N
Last Wage:	Subject to DOT Drug & Alcohol Testing? Y or N
Reason For Leaving:	

### Previous Employer

Name:	Dates: _____ to _____
Address:	(mo/yr) (mo/yr)
City: State: Zip:	Position Held:
Phone Number:	Did your job require a CDL? Y or N
Contact Person:	Subject to FMCSRs? Y or N
Last Wage:	Subject to DOT Drug & Alcohol Testing? Y or N
Reason For Leaving:	

### Previous Employer

Name:	Dates: _____ to _____
Address:	(mo/yr) (mo/yr)
City: State: Zip:	Position Held:
Phone Number:	Did your job require a CDL? Y or N
Contact Person:	Subject to FMCSRs? Y or N
Last Wage:	Subject to DOT Drug & Alcohol Testing? Y or N
Reason For Leaving:	

## Experience and Qualifications

**Driver's license information:**

State	License No	Class	Expiration date
Endorsements:			

**Accident record for past 3 years or more (attach sheet if more space is needed):**

Dates	Nature of accident (head-on, rear end, etc.)	Fatalities? Y/N	Injuries? Y/N	Hazmat Spill? Y/N

**Traffic convictions and forfeitures of bond or collateral for previous 3 years, not including parking violations:**

Location	Date	Charge	Penalty

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?  Yes  No

Have you ever had any license, permit, or privilege be suspended or revoked?  Yes  No

If you answered yes to either of the above questions, please give details:

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Do you have experience with operating the following types of vehicles:

- |                   |                              |                             |          |                              |                             |
|-------------------|------------------------------|-----------------------------|----------|------------------------------|-----------------------------|
| Straight truck?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Tank?    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Tractor trailer?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Flatbed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Motorcoach / Bus? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Van?     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

List states operated in for last five years: \_\_\_\_\_

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Experience & Qualifications: Use this space to provide information such as endorsements, awards, certificates, schools attended, and any other information that may assist us in making an informed decision. \_\_\_\_\_

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**TO BE READ AND SIGNED BY APPLICANT**

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.

I authorize you to make such investigations and inquiries of my personal, employment, or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only after an offer of employment has been extended and it is deemed necessary.)

I hereby release employers, schools, health care providers, and other persons from all liability in responding to inquiries and releasing information in connection with my application, including All Pro Freight Systems, Inc and its agents.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Date \_\_\_\_\_

Applicant name (please print) \_\_\_\_\_

Applicant signature \_\_\_\_\_

**REQUEST FOR CHECK OF DRIVING RECORD**

I hereby authorize you to release the following information to ALL PRO FREIGHT SYSTEMS INC for the purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. I hereby release employers, schools, health care providers, and other persons from all liability in responding to inquiries and releasing information in connection with my application, including All Pro Freight Systems, Inc and its agents.

Date \_\_\_\_\_

Applicant name (please print) \_\_\_\_\_

Applicant signature \_\_\_\_\_

**DISCLOSURE UNDER  
FAIR CREDIT REPORTING ACT  
AND  
CONSENT TO PROCUREMENT OF  
CONSUMER REPORT**

The undersigned hereby authorizes Jackson, Dieken & Associates to obtain copies of consumer reports, including a motor vehicle report, pertaining to me for use in rating and/or underwriting insurance. I understand that in obtaining such consumer reports, a consumer reporting agency may be used, and I do hereby authorize such use.

In accordance with the provisions of Sections 604 and 607 of the Fair Credit Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I of Public Law 104-208). I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The information requested below will be used for "permissible purpose" (e.g. information for Employment purposes) and will be used for no other purpose;
3. The information being obtained will not be used in violation of any federal or equal opportunity law or Regulation.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle reports under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-322, Title XXX, Section 300002(a)).

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date of Birth: _____
License #: _____
License State: _____

Submitted by: \_\_\_\_\_

Named Insured: \_\_\_\_\_

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

**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 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*