



CORPORATE OFFICE

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OHIO OFFICE

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Zanesville Oh, 43701
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DRIVER QUALIFICATION FILE INSTRUCTIONS: FILLING OUT THE PAPERWORK CORRECTLY

DRIVER: ONLY FILL IN THE INFORMATION THAT IS **HIGHLIGHTED** ON EVERY FORM IN THIS FILE. WHEN FILLING IN THE DRIVER APPLICATION, YOU MUST PROVIDE TEN YEARS OF PREVIOUS EMPLOYER INFORMATION.

COMPANY SUPERVISOR: SOMEONE THAT HAS BEEN DESIGNATED AS A COMPANY REPRESENTATIVE FROM YOUR COMPANY, I.E., MANAGER, SUPERVISOR, MUST SIGN THE FAIR CREDIT STATEMENT, DRIVER RECEIPT, AND COMPLETE THE EMPLOYER PORTION OF THE I-9 FORM BEFORE THIS FILE IS RETURNED TO MOTOR CARRIER COMPLIANCE & SAFETY CO. FOR COMPLETION.

DRIVER'S ROAD TEST: THIS MUST BE ADMINISTERED TO A PROSPECTIVE DRIVER BY A CURRENT QUALIFIED CDL DRIVER FROM YOUR COMPANY. THE FORM MUST BE SIGNED BY THE PERSON WHO GAVE THE ROAD TEST BEFORE THE FILE IS RETURNED TO MOTOR CARRIER COMPLIANCE & SAFETY CO. FOR COMPLETION.

DRIVER'S

MCCS DRIVER ID#

APPLICATION FOR EMPLOYMENT

Company _____

Address _____

City _____ **State** _____ **Zip** _____

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job related medical condition or handicap.

Date of application _____

Position(s) Applied for _____

Name _____ **Social Security No.** _____
Last First Middle

Address _____
Street City
State Zip **Phone** _____

ADDRESS FOR PAST THREE YEARS } _____ How Long? _____
Street City State & Zip Code
_____ How Long? _____
Street City State & Zip Code

Do you have the legal right to work in the United States? _____

Date of Birth _____ / _____ / _____ **Can you provide proof of age?** _____

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

References

(Other than family)

Name: _____ **Relationship:** _____

Address: _____ **Phone:** _____

Name: _____ **Relationship:** _____

Address: _____ **Phone:** _____

Name: _____ **Relationship:** _____

Address: _____ **Phone:** _____

All driver applicants must provide the following information on all employers during the preceding **10 YEARS**.
 Applicants **MUST** give complete address, phone number and contact person for all previous employers.

EMPLOYER			DATE	
NAME			FROM	TO
			MO. YR.	MO. YR.
ADDRESS			SAFETY SENSITIVE FUNCTION?	
			CIRCLE YES NO	
CITY	STATE	ZIP	SUBJECT TO PART 40 DRUG&ALCOHOL	
			CIRCLE YES NO	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM	TO
			MO. YR.	MO. YR.
ADDRESS			SAFETY SENSITIVE FUNCTION?	
			CIRCLE YES NO	
CITY	STATE	ZIP	SUBJECT TO PART 40 DRUG&ALCOHOL	
			CIRCLE YES NO	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM	TO
			MO. YR.	MO. YR.
ADDRESS			SAFETY SENSITIVE FUNCTION?	
			CIRCLE YES NO	
CITY	STATE	ZIP	SUBJECT TO PART 40 DRUG&ALCOHOL	
			CIRCLE YES NO	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM	TO
			MO. YR.	MO. YR.
ADDRESS			SAFETY SENSITIVE FUNCTION?	
			CIRCLE YES NO	
CITY	STATE	ZIP	SUBJECT TO PART 40 DRUG&ALCOHOL	
			CIRCLE YES NO	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM	TO
			MO. YR.	MO. YR.
ADDRESS			SAFETY SENSITIVE FUNCTION?	
			CIRCLE YES NO	
CITY	STATE	ZIP	SUBJECT TO PART 40 DRUG&ALCOHOL	
			CIRCLE YES NO	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM	TO
			MO. YR.	MO. YR.
ADDRESS			SAFETY SENSITIVE FUNCTION?	
			CIRCLE YES NO	
CITY	STATE	ZIP	SUBJECT TO PART 40 DRUG&ALCOHOL	
			CIRCLE YES NO	

ACCIDENT RECORD FOR PAST 3 YEARS

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET ETC.)	FATALITIES	INJURIES
LAST ACCIDENT _____			
NEXT PREVIOUS _____			
NEXT PREVIOUS _____			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IN NEEDED)

EXPERIENCE AND QUALIFICATIONS -- DRIVER

	STATE	LICENSE NO.	CLASS & ENDORSEMENT	EXPIRATION DATE
DRIVER				
LICENSES				

- A. **Have you ever been denied a license, permit or privilege to operate a motor vehicle?** YES _____ NO _____
- B. **Has any license, permit or privilege ever been suspended or revoked?** YES _____ NO _____

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, etc.)	DATES		APPROX. NO. OF MILES
		FROM	TO	
STRAIGHT TRUCK _____				
TRACTOR AND SEMI-TRAILER _____				
TRACTOR - TWO TRAILERS _____				
OTHER _____				

LIST ANY POSITIVE SUBSTANCE ABUSE TESTS AND/OR ALCOHOL TESTS OVER .04 IN THE PREVIOUS (6) MONTHS INDICATING EMPLOYER AND DATE:

LIST ANY CRIMINAL FELONY CONVICTIONS OF RECORDS IN THE PREVIOUS (5) YEARS INDICATING DATE OF CONVICTION:

TO BE READ AND SIGNED BY APPLICANT

YOUR RIGHTS REGARDING SAFETY PERFORMANCE HISTORY INFORMATION: The information you provided on this application may be used, and the applicant's prior employers may be contacted, for the purpose of investigating the applicant's safety performance history information. Pursuant to Federal Motor Carrier Safety Regulations 49 CFR Sec. 391.23 (i) (I) you have the following rights with regard to the safety performance history information provided by your previous employers:

THE RIGHT TO REVIEW SAFETY PERFORMANCE RECORDS: You have the right to review the records provided by your previous employers. You must make your request to review in writing and submit it to your prospective employer no later than thirty (30) days after employment begins or notification of employment is made. You will be provided with the records within five (5) business days of receipt of your written request. If the prospective employer has not received the records at the time of your request, then the five-day period to provide access will begin on the day the records are received from the previous employer. If you fail to arrange to pick up or receive the requested records within thirty (30) days of when they are first made available to you, then your right to review is considered waived.

THE RIGHT TO HAVE ERRONEOUS INFORMATION CORRECTED: If you believe there is an error in the records, you have the right to have your previous employer correct the error. Send your request for correction to the previous employer that provided the records in question. The previous employer must either correct and forward the record to the prospective employer or notify you within fifteen (15) days of receiving your request that they do not agree the record is in error. If the previous employer corrects and forwards the record as requested, that employer must also retain the corrected information as part of your safety performance history record and provide it to subsequent prospective employers when requests for this information are received.

THE RIGHT TO REBUT DISPUTED INFORMATION: If the previous employer does not agree that information in the records provided is in error, you may rebut the disputed information in writing and send it to the previous employer with instructions to include the rebuttal in your safety performance history file. Within five (5) business days of receiving your rebuttal, the previous employer must; forward a copy of the rebuttal to the prospective employer; append the rebuttal to the your safety performance information and include it as part of the response for any subsequent investigating prospective employers for the duration of the three-year data retention requirement period. You may submit a rebuttal initially without a request for correction, or subsequent to a request for correction.

THE RIGHT TO REPORT FAILURES TO CORRECT ERRONEOUS INFORMATION: You may report failures of a previous employer to correct information or include your rebuttal as part of the safety performance information, to the Federal Motor Carrier Safety Administration by following procedures specified at 49 CFR Section 385.12.

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, financial 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 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 inquiries and releasing information in connection 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, as permitted by Law.

(NOTE: THE DATA ELEMENTS ON THIS EMPLOYMENT APPLICATION ARE NEW REQUIREMENTS UNDER THE FMCSR 49 CFR 391.21(b) and (d). THESE DATA ELEMENTS SHOULD BE COMBINED WITH YOUR EXISTING EMPLOYMENT APPLICATION)

Applicant Signature _____ **Date** _____

APPLICANT HIRED _____ **REJECTED** _____

DATE EMPLOYED _____ **CLASSIFICATION** _____

EMPLOYMENT PURPOSES

The undersigned hereby authorizes the

William Dauch Concrete Inc.,
Name of Employer

or its insurance agency Insurance Partners Agency, Inc., or its
assigns,

to obtain copies of consumer reports, including a motor vehicle report, pertaining
to me for employment purposes, and for use in rating and/or underwriting
insurance for which the above named employer may apply, and any renewal
thereof. I understand that in obtaining such consumer reports, a consumer
reporting agency may be used, and I do hereby authorize such use.

Date: _____ Signed: _____

Printed Name

State Licensed in	
State Drivers License Number	
Date of Birth	
Social Security Number	
Married/Single	

EMPLOYMENT PURPOSES

The undersigned hereby authorizes the

Seven D Trucking Inc.,
Name of Employer

or its insurance agency Insurance Partners Agency, Inc., or its assigns,

to obtain copies of consumer reports, including a motor vehicle report, pertaining to me for employment purposes, and for use in rating and/or underwriting insurance for which the above named employer may apply, and any renewal thereof. I understand that in obtaining such consumer reports, a consumer reporting agency may be used, and I do hereby authorize such use.

Date: _____ Signed: _____

Printed Name

State Licensed in	
State Drivers License Number	
Date of Birth	
Social Security Number	
Married/Single	

Background Verification for Pre-employment Drug and Alcohol Tests

***40.25 - Must an employer check on the drug and alcohol testing record of employees it is intending to use to perform safety-sensitive duties?**

(a) **Yes**, as an employer, you must, after obtaining an employee's written consent, request the information about the employee listed in paragraph (b) of this section. This requirement applies only to employees seeking to begin performing safety-sensitive duties for you for the first time (i.e., a new hire, an employee transfers into a safety-sensitive position). If the employee refuses to provide this written consent, you must not permit the employee to perform safety-sensitive functions.

(b) You must request the information listed in this paragraph (b) from DOT-regulated employers who have employed the employee during any period during the three years before the date of the employee's application or transfer:

- (1) Alcohol tests with a result of 0.04 or higher alcohol concentration;
- (2) Verified positive drug tests;
- (3) Refusals to be tested (including verified adulterated or substituted drug test results);
- (4) Other violations of DOT agency drug and alcohol testing regulations; and
- (5) With respect to any employee who violated a DOT drug and alcohol regulation, documentation of the employee's successful completion of DOT return-to-duty requirements (including follow-up tests). If the previous employer does not have information about the return-to-duty process (e.g., an employer who did not hire an employee who tested positive on a pre-employment test), you must seek to obtain this information from the employee.

Per the regulations stated above I, _____, am required to ask the

(Employer)

following questions:

1) Have you ever tested positive, or refused to test, on any Pre-Employment drug or alcohol test administered by a previous employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past (2) years.

_____ **YES** _____ **NO**

2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

_____ **YES** _____ **NO**

Signature _____

Date _____

Company Supervisor Signature _____

Date _____