

HD Transportation
521 North Clark Blvd.
Clarksville, IN 47129
800-775-0007

DRIVER'S APPLICATION FOR EMPLOYMENT

In compliance with Federal and State equal employment opportunity laws, HD Transportation. considers qualified applicants for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Date: / /

Position(s) Applied for: _____			
Name: _____		Social Security No.: _____	
Last	First	Middle	
Address: _____		City: _____	
State: _____		Zip Code: _____	Phone No. w/Area Code: _____
Email	Address: _____		Cell No. w/ Area Code: _____

ADDRESS FOR PAST THREE YEARS

Street	City	State & Zip	How Long?
Street	City	State & Zip	How Long?

Do you have the legal right to work in the United States? _____			
Date of Birth: / /		Can you provide proof of age? _____	
(Required for truck drivers)			
Have you worked for this company before? _____		If yes, Where? _____	
Dates: From	_____ To	_____	Rate of Pay: _____
Position: _____			
Reason for leaving: _____			
Are you now employed? _____		If no, how long since leaving last employment? _____	
Who referred you? _____		Rate of pay expected: _____	

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Is there any reason you might not be able to perform the functions of the job for which you have applied? _____

If yes, Explain if you wish: _____

During the past two years, while under DOT regulations, have you ever tested positive for illegal drugs? _____

During the past two years, while under DOT regulations, have you ever refused to be tested for illegal drugs? _____

HD Transportation, LLC

EMPLOYMENT HISTORY

INSTRUCTIONS:

Applicants must provide **10** years of employment history.

List employers in reverse order starting with the most recent. Please request another sheet if necessary.

Account for gaps in employment.

Employer	Dates: From	To
Address		
City	State	Zip Code
Supervisor	Phone ()	
Position Held	Salary / Wage	
Reason for leaving		
Full or part-time (circle one)		

Employer	Dates: From	To
Address		
City	State	Zip Code
Supervisor	Phone ()	
Position Held	Salary / Wage	
Reason for leaving		
Full or part-time (circle one)		

Employer	Dates: From	To
Address		
City	State	Zip Code
Supervisor	Phone ()	
Position Held	Salary / Wage	
Reason for leaving		
Full or part-time (circle one)		

Employer	Dates: From	To
Address		
City	State	Zip Code
Supervisor	Phone ()	
Position Held	Salary / Wage	
Reason for leaving		
Full or part-time (circle one)		

Employer	Dates: From	To
Address		
City	State	Zip Code
Supervisor	Phone ()	
Position Held	Salary / Wage	
Reason for leaving		
Full or part-time (circle one)		

HD Transportation, LLC

ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE (Attach sheet if more space is needed.)

DATES	NATURE OF ACCIDENT	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 is needed.)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

LAST SCHOOL ATTENDED:

(Name) (City)

EXPERIENCE AND QUALIFICATIONS - DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

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 (circle one)		DATES		APPROX. NO. OF MILES
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND FLATBED				
TRACTOR AND VAN				
OTHER				

FLATBED EXPERIENCE: *Circle which applies to you.*

Minimum 6 months within last year. yes / no

3 or more years experience with flatbeds. yes/no

Hauling steel coils: _____ years experience

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND WHO FROM? _____

DO YOU HAVE A DOUBLES ENDORSEMENT? YES / NO

DO YOU HAVE A HAZ-MAT ENDORSEMENT? YES / NO

HAVE YOU BEEN TRAINED IN HAZARDOUS MATERIALS? YES / NO

ARE YOU TAKING ANY PRESCRIPTION MEDICATIONS? YES/NO

IF YES, PLEASE EXPLAIN:

Have you ever served in the US armed forces?	YES / NO	Dates of Service:	From _____	To _____
If yes, In what branch did you serve? _____				
Highest Rank Achieved: _____	Rank at Discharge: _____	Type of Discharge: _____		
If other than honorable discharge, explain: _____				
Have you ever been rejected from the military?	YES / NO	If Yes, explain: _____		
Have you ever been court martialed, or received non-judicial punishment? YES / NO				

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 medial 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 given.) I AUTHORIZE YOU TO CONTACT MY PRESENT EMPLOYER (if applicable). I hereby release employers, schools, health care providers, and other persons from any and 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 may result in discharge. I understand that I am required to abide by all rules and regulations of HD Transportation.

Date: _____

HIRED: YES / NO	DATE:	SUPERVISOR
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Date: _____ Date: _____

Supervisor Signature: _____

HD Transportation, LLC

Request for Check of Driving Record

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I hereby authorize you to release the following information to HD Transportation, LLC for the purpose of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

Applicant's Signature

Date

- |||||
1. In accordance with the provisions of Section 604 and Section 607 of the Fair Credit Reporting Act, Public Law No. 91-508, I hereby certify that the information requested below will be used for a "permissible purpose" as defined in the Act; and that the information received will be used for no other purpose.
 2. I further certify that if the applicant named below is denied employment based upon the information received, I will identify the source of the report in accordance with Section 615(a) of the Fair Credit Reporting Act.

Signature of Company Requester

Date

|||||

The following named person has made application with our company for a driving position. As in accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

NAME OF APPLICANT _____

ADDRESS _____

FORMER ADDRESS _____

DATE OF BIRTH _____

SOCIAL SECURITY # _____

LICENSE # _____

STATE _____

Requested By

Printed Name

Signature

Title

HD Transportation, LLC

Request Reference or Information from Previous Employer

I authorize you to release the following information to HD Transportation for investigating my work, controlled substance, and driving record. You are released from all liability for furnishing this information.

Applicant Signature

Date

FOR OFFICE USE ONLY

Former Employer: _____

Address: _____

Phone #: _____ Contact: _____

Employee Name: _____ Social Security #: _____

Employment Dates: _____ to _____ Wages: _____

Position Held: _____ Equipment Driven: _____

Any accidents / tickets in the past 3 years? _____

If yes, describe: _____

	Excellent	Good	Fair	Poor
Safety Habits				
Work Ethic				
Attitude				

DRUGS / ALCOHOL (FMCSR Part 382.413)

1. POSITIVE controlled substance result in the past 3 years? YES / NO
2. Refusal to test in the past 3 years? YES / NO
3. BAT result 0.04 or greater in the past 3 years? YES / NO
4. Has this person committed other violations of DOT agency drug and alcohol testing regulations? YES / NO
5. 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? YES / NO
(Please send documentation back with this form, if applicable). (§ 40.25)

Reason for Leaving: Resigned _____ Dismissed _____ Lack of Work _____

If "dismissed," please provide details: _____

Is this individual eligible for re-hire? _____

Additional Comments: _____

Signature: _____ Title: _____ Date: _____

HD Transportation, LLC

FMCSA Pre-Employment Screening Authorization

REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

In connection with your application for employment with HD Transportation, LLC ("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.

Please continue to the next page for Authorization.

HD Transportation, LLC

AUTHORIZATION

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

1. I authorize HD Transportation 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.

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 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.

4. 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 the Prospective Employer and I understand that if I sign this Disclosure and Authorization, the Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize HD Transportation ("Prospective Employer") and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____ Signature _____

Name (Please Print) _____ SS# _____

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 49 C.F.R. 383.5.

LAST UPDATED 12/22/2015
