

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tanker, Flat, Reefer, etc)	Dates		Approximate Total Miles
		From	To	
Straight Truck Tractor/Trailer Doubles/Triples Bus				

ACCIDENT REVIEW FOR THE PAST 3 YEARS (attach separate sheet if more space is needed)

Nature of Accident (Head-on, Rear-End, Overturn, Backing, etc)	Fatalities	Injuries	Date
Next Previous			
Next Previous			

TRAFFIC CONVICTIONS and FORFEITURES for the past 3 years other than parking violations

Location	Date	Charge	Penalty

EMPLOYMENT HISTORY (10 YEARS)

Company: _____ Supervisor's Name: _____

Address: _____ Phone: _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reason for Leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed with this previous employer?

YES NO

Was this position designated as a safety sensitive function in any DOT regulated mode and were you subject to alcohol and controlled substance testing as requirements required by 49 CFR Part 40? YES NO

(10 Year History Continued) Driver's Name: _____

Company: _____ Supervisor's Name: _____

Address: _____ Phone: _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reason for Leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed with this previous employer?

YES NO

Was this position designated as a safety sensitive function in any DOT regulated mode and were you subject to alcohol and controlled substance testing as requirements required by 49 CFR Part 40? YES NO

Company: _____ Supervisor's Name: _____

Address: _____ Phone: _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reason for Leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed with this previous employer?

YES NO

Was this position designated as a safety sensitive function in any DOT regulated mode and were you subject to alcohol and controlled substance testing as requirements required by 49 CFR Part 40? YES NO

Company: _____ Supervisor's Name: _____

Address: _____ Phone: _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reason for Leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed with this previous employer?

YES NO

Was this position designated as a safety sensitive function in any DOT regulated mode and were you subject to alcohol and controlled substance testing as requirements required by 49 CFR Part 40? YES NO

(10 Year History Continued) Driver's Name: _____

Company: _____ Supervisor's Name: _____

Address: _____ Phone: _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reason for Leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed with this previous employer?

YES NO

Was this position designated as a safety sensitive function in any DOT regulated mode and were you subject to alcohol and controlled substance testing as requirements required by 49 CFR Part 40? YES NO

Company: _____ Supervisor's Name: _____

Address: _____ Phone: _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reason for Leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed with this previous employer?

YES NO

Was this position designated as a safety sensitive function in any DOT regulated mode and were you subject to alcohol and controlled substance testing as requirements required by 49 CFR Part 40? YES NO

Company: _____ Supervisor's Name: _____

Address: _____ Phone: _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reason for Leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed with this previous employer?

YES NO

Was this position designated as a safety sensitive function in any DOT regulated mode and were you subject to alcohol and controlled substance testing as requirements required by 49 CFR Part 40? YES NO

Company: _____ Supervisor's Name: _____

Address: _____ Phone: _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reason for Leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed with this previous employer?

YES NO

Was this position designated as a safety sensitive function in any DOT regulated mode and were you subject to alcohol and controlled substance testing as requirements required by 49 CFR Part 40? YES NO

I have been informed by this company that the previous employment information I have given for the preceding three (3) years with FMCSA regulated entities will be investigated by contacting my previous employers for the purpose of obtaining my safety performance history as required by paragraphs (d) and (e) of 391.23.

This company has advised me, during the application process, that I have the following due process rights regarding information received from previous employers as a result of these investigations conducted on my safety performance history. In accordance with 391.23(i) I have been advised that I have the right to review information provided by previous employers to re-send the corrected information to the prospective employer; I have the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and I cannot agree on the accuracy of the information. I have been informed that my previous Department of Transportation regulated employment history in the previous three (3) years can be reviewed by me by submitting a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. This company has advised me that within five (5) business days after receiving my request or within five (5) business days of receiving the information they will supply the information to me. This company has advised me that if I have not arranged to pick up or receive the requested records within thirty (30) days of making them available, this company may consider I have waived the request to review the records. All information obtained is to be used in the decision making for employment with this company.

It has been recommend to me to read 49 CFR Part 391.23 to be more aware of the procedures motor carriers are required to use the obtain/review my safety performance history with previous DOT regulated motor carriers.

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.

Date

Applicant Must Read and Sign

Application Signature

DISCLOSURE TO CONSUMER

Generations Transport

As part of our hiring background and investigation process, we may obtain, where permitted, one or more reports and other information about you, including your background, employment history, academic and/or professional credentials, military service, credit history, and driving history. The information gathered also may involve a criminal history and/or alcohol or drug use history, if any. An investigative consumer report may include information about your character, general reputation, personal characteristics and mode of living that may be obtained by interviews with individuals with whom you are acquainted or who may have knowledge concerning any such items of information. This also may include contacts of all listed prior employers to verify your employment history. In addition, if your employment falls under the federal Department of Transportation (“DOT”) and the Federal Motor Carrier Safety Administration (“FMCSA”), including 49 CFR § 391.23, the report could include your driving, safety inspection and performance history from the FMCSA.

Under the provisions of the Fair Credit Reporting Act (“FCRA”), 15 U.S.C. § 1681 et seq.; FMCSA regulations in the Federal Code of Regulations, including 49 CFR § 40.329; and certain state laws, before we can seek such reports, where permitted, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You also are entitled to a copy of that document entitled, Rights Under the Fair Credit Reporting Act.

Notice to California Applicants. Under California law, the reports ordered about you for employment purposes within the State of California are defined as “investigative consumer reports.” These reports may contain information on your character, general reputation, personal characteristics and mode of living. Under California Civil Code § 1786.22, you may view the report(s) maintained at iiX during normal business hours. You also may obtain a copy by submitting proper identification and paying the cost of duplication by appearing at iiX in person, by mail, or by telephone. iiX is required to have personnel available to explain the report(s) and to explain any coded information. If you appear in person, you may be accompanied by a person of your choice, if s/he furnishes proper identification.

AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION

Under the Fair Credit Reporting Act (“FCRA”), 15 U.S.C. § 1681 et seq., the regulations applicable to the federal Department of Transportation’s Federal Motor Carriers Safety Administration, including 49 CFR § 40.329, the Americans with Disabilities Act and all other applicable federal, state, and local laws, I hereby authorize and permit Generations Transport to obtain information, where permitted, pertaining to my employment records, driving history records, driving performance and safety history, criminal history, credit history, civil records, workers’ compensation (post-offer only), alcohol and drug testing, verification of my academic and/or professional credentials, and information and/or copies of documents from any military service records.

I understand that an “investigative consumer report” may result that could include information as to my character, general reputation, personal characteristics, and mode of living that may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information. I specifically authorize the release of information by my former employees for the purpose satisfying driver qualification regulations.

DOT Drivers, I understand that Title 49 of the Federal Code of Regulations, § 391.23, requires that my prospective employer and/or its agent(s) may contact all former employers of a driver within the last three years under the regulation of the Department of Transportation. Information such as dates of employment, position, accident history, as well as information pertaining to my drug and alcohol testing history, may be requested from each employer in accordance with Section 391.23 and 49 CFR 40.25.

By signing below, I consent to and authorize the gathering of this information by my prospective employer and those whom my prospective employer has engaged to request and obtain this information including from former employers and/or from or through iiX. I hereby release and hold harmless any person, firm, or entity, including iiX, that discloses matters in accordance with this authorization from liability that might otherwise result from the request for use of and/or disclosure of any or all of the information discussed above. This information may be obtained in whole or in part by iiX or its agents.

I understand and acknowledge that this release of information may assist my prospective employer to make a determination regarding my suitability as an employee. I further understand that under the FCRA, I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification. I agree that a copy of this authorization has the same effect as an original. Where permitted, this authorization shall remain in effect over the course of my employment and reports may be ordered periodically during the course of my employment.

Applicant's Full Name _____
Signature

(Print clearly) _____

Date _____