

DriveLine

INTERNATIONAL, INC.

PRE-APPLICATION QUESTIONNAIRE

Full Name		Date		Age	
Address					
City		State		Phone	

How many Years of Tractor/Trailer experience? ___ Years ___ Months

Can you provide your previous work experience? Yes No

Has your driver's license **EVER** been suspended, revoked, or restricted? Yes No

If **YES**, explain: _____

Check the make of tractor(s) driven:

(Circle)

IHC/Navistar _____	Cab Over _____	Conventional _____
Kenworth _____	Cab Over _____	Conventional _____
Freightliner _____	Cab Over _____	Conventional _____
Peterbilt _____	Cab Over _____	Conventional _____
Ford _____	Cab Over _____	Conventional _____
Other _____	Cab Over _____	Conventional _____

Check the type of transmission(s) familiar with:

4x4 (16 Speed) _____ 5 Speed _____ 6 Speed _____ 9 Speed _____
 10 Speed _____ RT910 _____ Fuller 913 (13 Speed) _____
 Fuller 12513 (13 Speed) _____ 5 Speed Main – 3 Speed aux _____
 Triplex (15 speed) _____ Other _____

Check the type of trailer(s) pulled:

Regular Van _____	Reefer Van _____	Flat Bed _____	Drop Deck _____
Grain _____	Hopper _____	Livestock _____	Bulk Tanker _____
Liquid bulk tanker _____	Other _____		

Check the commodities transported

LTL Freight		Livestock		Suspended Meat		Reefer Products	
Dairy Products		Grain		Feed		Steel	
Lumber		Heavy Equipment		Sand/Gravel		Household Goods	
Petroleum		Hazard Material		Other			

Check States operated in:

AL		AZ		AR		CA		CO		CT	
DE		FL		GA		ID		IL		IN	
IA		KA		KY		LA		ME		MD	
MA		MI		MN		MS		MO		MT	
NB		NV		NH		NJ		NM		NY	
NC		ND		OH		OK		OR		PA	
RI		SC		SD		TN		TX		UT	
VT		VA		WA		WV		WI		WY	

List Motor Carriers driven for:

Carrier Name	City, State	Company Driver	Owner Operator	How Long

List ALL Accidents and/or traffic violations for past 3 years:

Mo/YR	Location	Type/Circumstances	Car	Truck

Application for Qualification



INTERNATIONAL, INC.

P.O Box 720477 McAllen Texas 78504

The purpose of this application is to determine whether or not the applicant is qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and the Company named above.

Instructions to Applicant

Please answer all questions. If the answer to any question is “NO” or “NONE” do not leave the item blank, but write “NO” or “NONE”. This is important

*The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

Date _____ Check One: Contractor Driver

Name _____
(First) (Middle) (Last)

Phone Number (_____) _____ Emergency Phone Number (_____) _____

Mobile/Cell Phone Number (_____) _____ Social Security# _____

*Age _____ Date of Birth _____ Physical Exam Expiration Date _____

Current & Three Years Previous Addresses

Address	From	To

Education and Employment History

Please Circle the highest grade completed: Grade School: 1 2 3 4 5 6 7 8 9 10 11 12
 College 1 2 3 4 Post-Graduate 1 2 3 4

Give a **Complete Record** of all employment for the past three years, including any employment of self-employment, and all commercial driving experience for the past 10 years

Mo/Yr	Mo/Yr	Present or Last Employer
From _____	To _____	Name: _____
Position Held _____	Address: _____	
Reason for Leaving _____	Phone (_____) _____	<small>(Street) (City) (State/Zip)</small>

From _____ Mo/Yr	To _____ Mo/Yr	Name: _____	Present or Last Employer
Position Held _____	Address: _____	(Street) (City) (State/Zip)	
Reason for Leaving _____	Phone (_____) _____		

From _____ Mo/Yr	To _____ Mo/Yr	Name: _____	Present or Last Employer
Position Held _____	Address: _____	(Street) (City) (State/Zip)	
Reason for Leaving _____	Phone (_____) _____		

From _____ Mo/Yr	To _____ Mo/Yr	Name: _____	Present or Last Employer
Position Held _____	Address: _____	(Street) (City) (State/Zip)	
Reason for Leaving _____	Phone (_____) _____		

From _____ Mo/Yr	To _____ Mo/Yr	Name: _____	Present or Last Employer
Position Held _____	Address: _____	(Street) (City) (State/Zip)	
Reason for Leaving _____	Phone (_____) _____		

From _____ Mo/Yr	To _____ Mo/Yr	Name: _____	Present or Last Employer
Position Held _____	Address: _____	(Street) (City) (State/Zip)	
Reason for Leaving _____	Phone (_____) _____		

From _____ Mo/Yr	To _____ Mo/Yr	Name: _____	Present or Last Employer
Position Held _____	Address: _____	(Street) (City) (State/Zip)	
Reason for Leaving _____	Phone (_____) _____		

From _____ Mo/Yr	To _____ Mo/Yr	Name: _____	Present or Last Employer
Position Held _____	Address: _____	(Street) (City) (State/Zip)	
Reason for Leaving _____	Phone (_____) _____		

Driving Experience

Class of Equipment	Dates		Approximate Number of Miles (Total)
	From	To	

List states operated in for the last five years: _____

List special courses/training completed (PTD/DDC,Hazmat, ect.) _____

List any Safe Driving Awards you hold and from who: _____

Accident Record for past three years (attach sheet if more space is needed)

Date of Accident	Nature of Accident (Head on, rear end, upset, ect.)	Location of Accident	# of Fatalities?	# of Injured?

Traffic Convictions and Forfeitures for the last three years (Other than parking violations)

Date	Location	Charge	Penalty

Drivers License (list each drivers license held in the past three years)

State	License Number	Type	Endorsements	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 ___
 - C. Have you ever tested positive or refused a DOT drug or alcohol pre-employment
 Test within the past two years from an employer who did not hire you?YES ___ NO ___
 - D. Have you ever been convicted of a felony?..... YES ___ NO ___
- If the answer to A,B,C,or D is "YES", give details _____

Personal References

List three persons for references, other than family members, who have knowledge of your safety habits.

Name: _____ Address _____ Phone _____

Name: _____ Address _____ Phone _____

Name: _____ Address _____ Phone _____

To Be Read and Signed by Applicant

It is agreed and understood that any misrepresentation given on this application for qualifications shall be considered an act of dishonesty.

I give the motor carrier and its agents or representatives the right to investigate all references and to secure additional information about my employment background. I hereby release from all liability for damages the motor carrier and its agents or representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

I agree to furnish such additional information and complete such examinations as my be required to complete my employment file.

I agree and understood that this application for qualifications in no way obligates the motor carrier to employ me.

It is agreed and understood that if qualified to operate motor carrier equipment, I may be on a probationary period, during which I may be disqualified without recourse.

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.

(Applicants Signature)

(Date)

Remarks (for office use only)

APPLICANT'S STATEMENT (PLEASE READ)

In connection with my employment/application with DriveLine International, Inc., I fully understand that this release acknowledges that this company may, after an offer of employment is made to me, or at any time while I am employed, conduct a public record/research report containing information for verification of prior employment, academic achievement, medical and financial history, use of a motor vehicle, general background and personal character. This release shall not be limited in its scope or purpose.

I authorize and request all persons, schools, businesses, corporations, courts, law enforcement, health care providers, armed forces, employment commissions and government agencies to release said information without restriction or qualifications. I authorize a Photostat of this release to be considered as effective and valid as the original. All results will be proprietary and kept confidential, and will not be provided to any parties other than this company or its legal representatives. I am aware that I have the right to request the nature and scope of the results as reported from DriveLine International, Inc.; it's affiliates and subsidiaries. I voluntarily waive all recourse and release the requested parties from liability for complying with this request/release. I understand that no employee, officer or agent of the company other than the President of the company, my bind it by printed statements contrary to the above.

I agree that I will submit to a physical, urinalysis or other examinations requested by the company at any time prior to or subsequent to my employment. I authorize any medical provider or drug screening company to provide my employer with such information as reasonably requested, subsequent to an offer of employment.

I further understand that my employment is for no fixed time and may be discontinued with or without cause or notice by the company or myself. I understand that no employee, officer or agent of the company may bind it by oral or printed statements, including handbooks, benefit books or bulletins, contrary to the above.

I also understand that no firearms, alcohol or drugs are permitted on company premises and that either being under the influence of illicit drugs or alcohol or having identifiable traces of them in my system during working hours is strictly prohibited. If a doctor prescribes medication that will impair my ability to work, I am required to so notify management in writing of the specific medical problem and the exact drug that has been prescribed.

I authorize the company to supply my employment record in whole or part and in confidence to any employer, insurance agency, or other part with a legal and proper interest, and I hereby release the company from any liability and agree to hold harmless any employee of the company who furnishes such information.

I will abide by the safety rules of this Company.

I authorize my employer to deduct from my wages any monies due of which I have been notified. Deductions may be for, but not limited to, insurance premiums, pension and savings plans, losses, advances, damages, uniforms, towing, accidents, citations, or accouterments.

I have carefully read the information on this form and realize that I had the opportunity to ask questions about it. I declare that the answers to the questions on my employment application are correct and that any misstatement of fact or omission will be cause for dismissal or rejection.

(Applicant's Signature)

(Date)

(Applicant's Printed Name)

DriveLine

INTERNATIONAL, INC.

Fair credit reporting act disclosure statement

In accordance with the provisions of Section 604(b)(2)(A) of the **Fair Credit Reporting 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), you are being informed that a consumer report may be obtained on you for employment purposes.

I acknowledge the receipt of the above disclosure and authorize the above-named company to obtain a consumer report on me for employment purposes. This authorization is ongoing in the event such a report is needed in the future.

(Applicant's Signature)

(Date)

(Print Name)

(S.S. #)

INQUIRY TO PAST EMPLOYERS

DriveLine International Inc.
P.O. Box 720477
McAllen Texas. 78504
Phone: (956) 787-7979
Fax: (956) 782-0808

To: _____

Mr./Mrs./Ms. _____ (SS# _____) has made an application to this company for the position of **Over-The-Road Truck Driver** and states that he/she was employed by you as a _____ from _____ to _____.

I hereby authorize DriveLine International Inc. to investigate my background, prior work history, including any and all results from drug and alcohol testing (screening) in accordance with regulations of the Federal Highway Administration (FHWA)., title 49, sections 3820405, 382.413, 383.35, and 391.27 without restriction and release parties from liability for complying with this request/release.

(Applicants Signature)

(Date)

Dates of Employment: _____ to _____

Specify equipment operated: _____

Type of Operation: **Intrastate Interstate Local Other** _____

Reason for Leaving: _____ Would you re-employ? _____

Was this person's general conduct satisfactory? _____

Late pick-ups or delivery? _____ Cooperative with dispatch and customers? _____

Was this individual involved in any accidents while in your employment? **Yes No**

If Yes, how may? _____ Chargeable _____ Non-Chargeable _____

Comments/Details:

Any on the job injuries? _____

Has this person ever tested positive for a controlled substance in the last three years?..... _____

Has this person ever tested positive for alcohol with BAC of .04 or higher in the last three years?..... _____

Has this person ever refused a required test for controlled substances or alcohol testing regulations of another DOT agency (e.g. as applicable, RSPA, FTA, FAA, FMSCA, FRA, Coast Guard)? _____

If yes to any of the three questions above, please provide the Substance Abuse Professional's information for further reference:

Name: _____ Address: _____

_____ Phone (_____) _____

Information provided by: _____
(Company Representative) (Title) (Date)

****Please fax completed response to (956) 782-0808****

() Interview via phone _____ () Mailed _____ () Faxed _____

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



Send to Fax # (800) 267-4093 (Manual Service)

Send to Fax # (800) 257-8069 (Database Retrieval)

USIS Customer:	
Company Name:	_____
Company Contact Name:	_____
Fax #: (_____) _____ - _____	
USIS Customer #: _____	Sub-account: _____

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 USIS for the purpose of USIS transmitting such records to the USIS 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) refusals 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 USIS with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to USIS, 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; (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: _____

PART II – CONSUMER REPORT AND INVESTIGATIVE CONSUMER REPORT DISCLOSURE
(FOR EMPLOYMENT PURPOSES)

In connection with your employment or application for employment (including contract for services) and in accordance with applicable laws, USIS may obtain or assemble consumer reports and/or investigative consumer reports (collectively, "Reports") which may include information about you related to: previous employment (including employers, dates of employment, salary information, reasons for termination, etc.), accident history, academic history, verification of references and other information supplied by applicant, professional credentials, drug/alcohol use in violation of law and/or company policy, driving record, workers' compensation claims, credit history, creditworthiness, credit capacity, bankruptcy filings, criminal history records, information about your character, general reputation, personal characteristics and mode of living (collectively, "Information"). Information may be obtained from government agencies, educational institutions, USIS clients, personal references, personal interviews and other Information suppliers (collectively, "Suppliers").

Upon providing proper identification and complying with any applicable legal requirements, you have the right to request the nature and substance of all Information in USIS's files pertaining to you at the time of your request, including but not limited to: (i) whether any Reports have been provided by USIS to other parties; (ii) identification of any Suppliers utilized by USIS in compiling such Reports; and (iii) identification of any recipients of Reports furnished by USIS within the **two (2) year** period preceding your request. USIS may be contacted by mail at P.O. Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800) 381-0645.

- ← Check this box if you are applying for employment in **California** and/or you are a California resident and, in either case, you wish to receive a copy of your **credit report or investigative consumer report** if one is obtained or assembled by USIS. Pursuant to the California Civil Code, you may view the file maintained on you by USIS during normal business hours. You may also obtain a copy of this file by submitting proper identification and paying applicable costs for such file, if required by law, by contacting USIS in person or by mail. USIS is required to have personnel available to explain your file to you and must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.
- ← Check this box if you are applying for employment in **Oklahoma** and/or you are an Oklahoma resident and, in either case, you wish to receive a copy of your **consumer report** if one is obtained or assembled by USIS.
- ← Check this box if you are applying for employment in **Minnesota** and/or you are a Minnesota resident and, in either case, you wish to receive a copy of your **consumer report** if one is obtained or assembled by USIS.

PART II – AUTHORIZATION FOR RELEASE OF INFORMATION (FOR EMPLOYMENT PURPOSES)

I hereby authorize USIS to receive Information and disclose such Information to its customers for the purpose of making a determination as to my eligibility for employment, promotion, retention or other lawful purpose. If hired or contracted, I authorize USIS and the USIS customer named above ("Customer") to retain this document on file to act as ongoing authorization for the procurement and possession of Reports at any time during my employment or contract period. I fully release USIS and Suppliers from all claims of damages related to the investigation of my background and provision of Information as set forth in this disclosure and authorization. I agree that Information in USIS's possession and my employment history with Customer if I am hired, may be supplied by USIS to other USIS customers for legally permissible purposes; provided, such Information will not include the Drug and Alcohol information set forth in Part I above, unless I have given a separate specific consent for USIS to share such Information.

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part II disclosure and authorization for release; (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; (vi) I authorize USIS and any person or entity contacted by USIS to furnish the above-mentioned Information; and (vii) facsimile or photographic copies of this authorization are as valid as an original.

NOTE - THIS AUTHORIZATION DOES NOT APPLY TO DRUG & ALCOHOL INFO. ADDRESSED IN PART I.

Print Applicant Name: _____ Social Security #: _____

Applicant Signature: _____ Date: _____

MANDATORY USE FOR ALL MONTHLY ACCOUNT HOLDERS

IMPORTANT NOTICE

REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

1. In connection with your application for employment with _____ (“Prospective Employer”), it 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 a driver’s written or electronic consent prior to accessing the driver’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 driver’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.**