

Pages 1-3 of the application must be filled out in its entirety.

They must go back 10 years on employer history. (this is a FMSCA requirement)

If something does not apply to them, they can write in N/A

On page 4 and 5 of the application they need to only fill out and sign what I have circled. Nothing else...I use these to make copies if they have multiple employers.

Page 5 is a release form for me to pull the safety stats of the driver, they need to sign where I have circled on page 7.

Page 8 needs filled out in its entirety so I can run MVR

# APPLICATION FOR EMPLOYMENT

# QUALIFICATION

COMPANY: A & A EXPRESS, LLC. PO BOX 594, HENDERSON, TN 38340 731-256-2389

NAME \_\_\_\_\_  
(FIRST) (MI) (LAST) (MAIDEN)

ADDRESS \_\_\_\_\_  
(STREET) (CITY) (STATE & ZIP CODE)

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

SCHOOL: HIGHEST GRADE COMPLETED \_\_\_\_\_ COLLEGE \_\_\_\_\_ TRADE SCHOOL \_\_\_\_\_

HOME PHONE (\_\_\_\_) \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_

**PREVIOUS THREE YEARS RESIDENCY (IF DIFFERENT FROM ABOVE)**

\_\_\_\_\_  
(STREET) (CITY) (STATE & ZIP CODE) #YEARS

**LICENSE INFORMATION**

**DRIVER REQUIREMENTS.** PARTS 383 & 391 of the FMCSRs contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

- POSSESS ONLY ON LICENSE:** you, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.  
 If you have more than one license, keep the license from your state of residence and return the additional licenses to the states that issued them. DESTROYING a license does not close te record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by that state.
- NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15(b)(2) and 383.33 of the FMCSRs require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (if the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

**I certify that I have not had more than one motor vehicle license at a time.**

**List all driver's license held for the past three years.**

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	YEARS OF EXPERIENCE
STRAIGHT TRUCK		
TRACTOR AND SEMI-TRAILER		
TRACTOR -TWO TRAILERS		
OTHER		

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS	
				YES	NO
				YES	NO

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

This section is in compliance with Parts §391.27 and §391.51(b)(6) of the FMCSRs.

I certify that the following is a true and complete list of traffic violation (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 3 years. If no violations are listed below, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 3 years.

DATE CONVICTED (month/year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, collateral and/or points)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

I certify that the following is a true and complete list of violations on my safety record (other than listed above) for which I have received a violation or a warning violation during the past 2 years. For Example: hours of service violations, unsafe driving violations, drug and alcohol violations, etc. If no violations are listed below, I certify that I have not received any in the last 2 years.

DATE VIOLATION OCCURRED (month/year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (Out of Service, Warning, Citation, etc.)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

A. Have you ever been denied a license permit or privilege to operate a motor vehicle? YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, explain \_\_\_\_\_

B. Has any license, permit or privilege ever been suspended or revoked? YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, explain \_\_\_\_\_

**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 9Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the FMCSRs.

\_\_\_\_\_  
Signature Date

**TENNESSEE DRUG FREE WORKPLACE**

A & A Express, LLC. Is committed to a Drug-Free Workplace. After two months of employment all job applicants and employees are subject to drug testing at any time. By signing below, you certify that you have read and understand that you will be subject to drug testing at any time.

\_\_\_\_\_  
Signature Date

**EMPLOYMENT RECORD \*\*\*MUST GO BACK 10 YEARS PER DOT REGULATIONS**

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous 3 years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record). Attach sheet if more space is need. \*\*\*Must list the complete mailing address: street number, name, city, state, and zip code. Any gaps in employment and/or unemployment must be explained. Include dates (month/year) and reason.

**MOST RECENT EMPLOYER: NAME** \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_ **PHONE** \_\_\_\_\_  
**POSITION HELD** \_\_\_\_\_ **FROM** \_\_\_\_\_ **TO** \_\_\_\_\_ **SALARY** \_\_\_\_\_  
**REASONS FOR LEAVING** \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No  
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to  
Alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

**PREVIOUS EMPLOYER: NAME** \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_ **PHONE** \_\_\_\_\_  
**POSITION HELD** \_\_\_\_\_ **FROM** \_\_\_\_\_ **TO** \_\_\_\_\_ **SALARY** \_\_\_\_\_  
**REASONS FOR LEAVING** \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No  
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to  
Alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

**PREVIOUS EMPLOYER: NAME** \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_ **PHONE** \_\_\_\_\_  
**POSITION HELD** \_\_\_\_\_ **FROM** \_\_\_\_\_ **TO** \_\_\_\_\_ **SALARY** \_\_\_\_\_  
**REASONS FOR LEAVING** \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No  
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to  
Alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

**PREVIOUS EMPLOYER: NAME** \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_ **PHONE** \_\_\_\_\_  
**POSITION HELD** \_\_\_\_\_ **FROM** \_\_\_\_\_ **TO** \_\_\_\_\_ **SALARY** \_\_\_\_\_  
**REASONS FOR LEAVING** \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No  
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to  
Alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

**TO BE READ AND SIGNED BY APPLICANT**

I authorize you to make investigations & inquiries to my personal, employment, financial or medical history & other related matters as may be necessary in arriving at an employment decision. Generally, inquiries regarding medical history will be made only if & after a conditional offer of employment has been extended. I hereby release employers, schools, health care providers & 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 & regulations of the Company. "I understand that information I provide regarding current and/or previous employers may be used, & those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49CFR391.23(d)&(e). I understand that I have the right to: review information provided by current/ previous employers; have errors in the information corrected by previous employers & for those previous employers to re-send the corrected information to the prospective employer; and Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) & I can't agree on the accuracy of the information."

This also certifies that I completed this application, & that all entries on it & information in it are true & complete to the best of my knowledge.

\_\_\_\_\_  
APPLICANT'S SIGNATURE DATE

INQUIRY TO PAST EMPLOYERS

QUALIFICATION

FROM- Prospective Employer
Company: A & A Express, LLC.
Contact: Susan Davidson
Address: P.O. Box 594
Henderson, TN 38340
Phone: 731-256-2389 ext. 10
Fax : 731-256-2394

TO - Previous Employer
Company:
Contact:
Address:
Phone:
Fax:

Personnel Manager: The person named below has applied to this company for employment. Your firm is listed by the applicant as a past employer. Kindly reply to this inquiry respecting this applicant. As you will note from the waiver stated below, the applicant has waived any claim of liability against your company (and its agents) for information submitted in response to this inquiry. Please fax this form to the fax number listed above.

Name of Applicant: SSN #: Job Applied For: DRIVER

This applicant lists date of employment with your firm from: to: Correct? Yes No
If dates are not correct, please list the correct ones: to

What kind(s) of work did he/she do? (If Driver, list type of vehicle)

Number of recordable accidents; number of accidents in which applicant was ticketed;
Number of accidents in which the applicant was at fault (please Explain);
Date of each accident:

To your knowledge, was this person's chauffeur/ operator's license suspended while in your employ?
If so, please explain:

Is there anything in the applicant's history that suggested he/she may not be trusted to handle company funds?

Did the applicant pose either repeated and or severe disciplinary problems? Yes No
If so, please explain

Why did this employee leave your company? Resigned Discharged Laid Off

Would you re-employ this person? Yes No Please explain:

Remarks:

By: Date:
(Signature of Person Supplying Information)

WAIVER

Former Employer Name Date

I hereby authorize you to release all information concerning my employment including oral assessments of my job performance, ability, and fitness, to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release you from any and all liability of any type as a result of providing the above mentioned information to the above mentioned person.

Applicant's signature Witness's signature

Release of Information Form -49CFRPart 40  
Drug & Alcohol Testing"

QUALIFICATION

Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:

Employee Printed or Typed Name: \_\_\_\_\_

Employee SS or ID Number: \_\_\_\_\_

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in Section I-B, to A & A Express, LLC, the employer listed in Section I-A. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in Section II-A by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: \_\_\_\_\_

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

New Employer Name: A & A EXPRESS, LLC.  
 Address: P.O. Box 594  
 Henderson, TN 38340  
 Phone #: (731) 256-2389 ext. 10 Fax #: (731) 256-2394  
 Designated Employer Representative: Susan Davidson

Previous Employer Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Address: \_\_\_\_\_

Designated Employer Representative (if known): \_\_\_\_\_

Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:

II-A. In the three years prior to the date of the employee's signature (in Section I), for DOT-regulated testing~

- Did the employee have alcohol tests with a result of 0.04 or higher? Yes \_\_\_\_\_ No \_\_\_\_\_
- Did the employee have verified positive drug tests? Yes \_\_\_\_\_ No \_\_\_\_\_
- Did the employee refuse to be tested? Yes \_\_\_\_\_ No \_\_\_\_\_
- Did the employee have other violations of DOT agency drug and alcohol testing regulations? Yes \_\_\_\_\_ No \_\_\_\_\_
- Did a previous employer report a drug and alcohol rule violation to you? Yes \_\_\_\_\_ No \_\_\_\_\_
- If you answer "yes" to any of the above items, did the employee complete the return-to-duty process? N/A \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

II-B.  
Name of person providing information in Section II-A: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

**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 AFA EXPRESS 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.

**AUTHORIZATION**

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

I authorize AFA EXPRESS LLC ("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

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.

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



# AUTHORIZATION TO OBTAIN MOTOR VEHICLE REPORT

# QUALIFICATION

In connection with my suitability for employment with A & A Express, LLC. ("Company"), I authorize Company to request a consumer report on me for employment purposes from HireRight, Inc. Such reports will consist of information issued from the state department of motor vehicles and will reveal my motor vehicle/ driving records. I understand that my driving records may reveal information as to my character, general reputation, personal characteristics, and/ or mode of living.

I authorize any person, business entity or governmental agency that may have information relevant to the above to disclose the same to Company and HireRight, Inc. I authorize Company to share such information only with parties in interest who have a "need to know" such information to protect them and their employees. HireRight, Inc. does not sell or otherwise provide any of the information found in its background investigations to any party other than the Company.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any consumer report of which I am the subject upon my written request to HireRight, Inc. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681 et. seq. I agree that this authorization shall remain valid for the duration of my employment with Company. I certify that the information contained on the Authorization form is true and correct and that my application or employment may be terminated based on any false, omitted or fraudulent information.

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

## 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 9Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Print Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Other Names Used \_\_\_\_\_ Years Used: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street / P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_ Dates \_\_\_\_\_

Former Address: \_\_\_\_\_  
Street / P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_ Dates \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

### For CA, MN & OK Residents Only:

Please provide me with a copy of my background report YES \_\_\_\_\_ NO \_\_\_\_\_

You will be provided with a free copy of any consumer reports or investigative consumer reports obtained on you if you check "YES" above.

Information about HireRight's privacy practices is available at [www.hireright.com/Privacy-Policy.aspx](http://www.hireright.com/Privacy-Policy.aspx).