



DRIVER EMPLOYMENT APPLICATION

Hot Line Freight, N4690 Bangor Ind Pkwy, West Salem, WI 54669

HR@hotlinefreight.com

An Equal Opportunity Employer

COMPLETE IN FULL OR IT WILL NOT BE CONSIDERED.

APPLICANT INFORMATION						
FIRST NAME		MIDDLE NAME		LAST NAME		
	Street		City	State	Zip Code	
Current Address						
Mailing Address (if different)						
PHONE			EMAIL			
DATE OF BIRTH		POSITION APPLIED FOR		DATE AVAILABLE FOR WORK		
DATE OF APPLICATION						

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

LICENSE INFORMATION				
No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed.				
STATE	LICENSE #	TYPE/CLASS	ENDORSEMENTS	EXPIRATION DATE
PREVIOUSLY HELD LICENSES				

DRIVING EXPERIENCE				
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROX # OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR & 2 TRAILERS				
TRACTOR & TANKER				
OTHER				

ACCIDENT RECORD FOR THE PAST 3 YEARS

Attach additional sheet if more space is needed. Check this box if none

DATES (list most recent first)	NATURE OF ACCIDENT (head-on, rear-end, upset, etc.)	# FATALITIES	# INJURIES	CHEMICAL SPILLS (Y/N)

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

Attach additional sheet if more space is needed. Check this box if none

DATE CONVICTED (MONTH/YEAR)	VIOLATION	STATE OF VIOLATION	PENALTY (FORFEITED BOND, COLLATERAL AND/OR POINTS)

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

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

EDUCATION

SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRADUATE		DETAILS
				Y	N	
HIGH SCHOOL						
COLLEGE						
OTHER						

OTHER QUALIFICATIONS

Please list any other qualifications that you have and which you believe should be considered.

EMPLOYMENT HISTORY

The Federal Motor Carrier Safety Regulations (49CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. *In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years. Any gaps in employment more than one (1) month must be explained.*

Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

CURRENT (MOST RECENT) EMPLOYER						
NAME					PHONE	
ADDRESS						
POSITION HELD		FROM MO/YR		TO MO/YR		
REASON FOR LEAVING				SALARY		
EXPLAIN ANY GAPS IN EMPLOYMENT (include month/year & reason)						
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?					YES	NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?					YES	NO

SECOND (MOST RECENT) EMPLOYER						
NAME					PHONE	
ADDRESS						
POSITION HELD		FROM MO/YR		TO MO/YR		
REASON FOR LEAVING				SALARY		
EXPLAIN ANY GAPS IN EMPLOYMENT (include month/year & reason)						
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?					YES	NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?					YES	NO

THIRD (MOST RECENT) EMPLOYER						
NAME					PHONE	
ADDRESS						
POSITION HELD		FROM MO/YR		TO MO/YR		
REASON FOR LEAVING				SALARY		
EXPLAIN ANY GAPS IN EMPLOYMENT (include month/year & reason)						
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?					YES	NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?					YES	NO

Add additional sheets if needed to provide seven more years of employment history.

PREVIOUS EMPLOYER							
NAME					PHONE		
ADDRESS							
POSITION HELD			FROM MO/YR			TO MO/YR	
REASON FOR LEAVING					SALARY		
EXPLAIN ANY GAPS IN EMPLOYMENT (include month/year & reason)							
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?					YES	NO	
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?					YES	NO	

PREVIOUS EMPLOYER							
NAME					PHONE		
ADDRESS							
POSITION HELD			FROM MO/YR			TO MO/YR	
REASON FOR LEAVING					SALARY		
EXPLAIN ANY GAPS IN EMPLOYMENT (include month/year & reason)							
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?					YES	NO	
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?					YES	NO	

PREVIOUS EMPLOYER							
NAME					PHONE		
ADDRESS							
POSITION HELD			FROM MO/YR			TO MO/YR	
REASON FOR LEAVING					SALARY		
EXPLAIN ANY GAPS IN EMPLOYMENT (include month/year & reason)							
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?					YES	NO	
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?					YES	NO	

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 **Hot Line Freight** ("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 be displayed 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 **Hot Line Freight** ("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 be displayed 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 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 2/11/2016

Hot Line Freight Background check Disclosure and Release

Disclosure

Hot Line Freight. (the “Company”) may request from a consumer reporting agency and for employment-related purposes, a “consumer report(s)” (commonly known as background reports”) containing background information about you in connection with your employment, or application for employment, or engagement for services (including independent or volunteer assignments, as applicable).

HireRight, LLC (“HireRight”) will prepare or assemble the background reports for the Company. HireRight is located and can be contacted at 3349 Mickelson Drive, Suite 150, Irvine, CA 92612, (800) 400-2761, www.hireright.com.

The background report(s) may contain information concerning your character, general reputation, personal characteristics, mode of living, or credit standing. The types of background information that may be obtained include, but are not limited to criminal history, litigation history, motor vehicle record and accident history; social security number verification; address and alias history; credit history; verification of education, employment, and earning history, professional licensing, credential, and certification checks; drug/alcohol testing results and history (FMCSA Clearinghouse); military service; and other information.

Authorization

I authorize Hot Line Freight and its agents or representatives the right to investigate all references and to secure additional information about my employment background, and information related to my controlled substance and alcohol testing and/or results pursuant to Regulation 49 CFR 391.23(d)(e). I further authorize Hot Line Freight and its agents or representatives’ worker compensation claims from third party agencies such as HireRight or other agencies, which may be requested by Hot Line Freight to provide such information. I hereby release from all liability for damages Hot Line Freight and its agents or representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.

Applicants Name: _____

Social Security Number: _____

Date of Birth: _____

Date: _____

Applicant’s Signature: _____