

APPLICATION FOR EMPLOYMENT

Location applying for:

APPLICANT INFORMATION									
Last Name		First			M.I.	Date			
Present Address					Apartment/Unit #				
City		State		ZIP					
Primary Phone		E-mail Address							
Other address within last 3 years									
				Are you 21 years old or older?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Position Applied for		Date Available to start							
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		Location			
Have you ever applied at this company before?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		Location			
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
How did you hear about us?		If referral, who referred you?							
IN CASE OF EMERGENCY NOTIFY									
Name			Phone			Relationship			
CURRENT LICENSE INFORMATION									
License Number		State		Expiration Date		Class A <input type="checkbox"/>		Class B <input type="checkbox"/>	
Endorsements		Hazmat <input type="checkbox"/>	Double/Triple <input type="checkbox"/>	Tanker <input type="checkbox"/>		TWIC Card		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Driving under a CDL for two or more years?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Driving under a CDL for the last full year?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Current Medical Card?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Date of Expiration					
Have you exceeded the DOT limits for alcohol, tested positive for DOT illegal drugs or refused to be tested in the past three years?							YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Experience in operating vehicles' such as busses, trucks, truck tractor, semi-trailer, etc.									
List of accidents in the last 3 years		Nature of Accident		Date		Injuries		Fatalities	
						YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
						YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
						YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
In accordance with 49 CFR 391.21 the applicant is hereby notified that safety sensitive information provided by them will be investigated and they have due process rights per part 391.23(I)									
Have you ever sustained an injury that would prevent you from doing this job properly?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Has your right to operate ever been denied, revoked or suspended?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If yes, explain									

PREVIOUS EMPLOYMENT (FOR THE PAST TEN YEARS)

If you have worked more than 4 jobs in the last 10 years, please continue on additional sheet.

Current or most recent Employer

Employer			Phone			
Address			Supervisor			
Position Held			From	/	To	/
Was this employment designated as a safety sensitive function regulated by FMCSR & alcohol and drug testing requirements?					YES <input type="checkbox"/>	NO <input type="checkbox"/>
Reason for Leaving						
	Prior		Prior		Prior	
Employer						
Address						
City, State, Zip						
Phone						
Supervisor						
Position Held						
Dates of Employment	From	To	From	To	From	To
Was this employment designated as a safety sensitive function regulated by FMCSR and alcohol and drug testing requirements?	YES <input type="checkbox"/>		YES <input type="checkbox"/>		YES <input type="checkbox"/>	
	NO <input type="checkbox"/>		NO <input type="checkbox"/>		NO <input type="checkbox"/>	
Reason For Leaving						

EDUCATION

	Name and Location of School	No. Years Attended	Did you graduate?		Subjects Studied
High School			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
College			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Other			YES <input type="checkbox"/>	NO <input type="checkbox"/>	

DISCLAIMER AND SIGNATURE

It is unlawful in the State of Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

"I certify 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 understand that if any false information, omissions or misrepresentations are discovered, my application may be rejected and if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the companies rules and regulations and I agree that my employment and compensation can be terminated, with or without cause and without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, at any time by the company. I understand that no company representative, other than its president, and then only in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the foregoing"

Signature

Date

10 YEAR DRIVER HISTORY

(Continued from Application)

NAME : _____ DATE : _____
(PRINT YOUR NAME)

List below all employments , present and past , beginning with your most recent. Show ALL employments (not just driving jobs) for the last 10 years . In the event that you have had periods of unemployment during the past 10 years , please show the dates of unemployment between jobs . This work history is a Federal Requirement and is part of the FEDERAL MOTOR CARRIER SAFETY REGULATIONS, sections : **383.35, 383. 37, 391.21, and 391.23** In the event that you have periods of unemployment , be sure that you list a name and phone number of someone who can verify that you were unemployed at these times .

Start with YOUR MOST RECENT JOB and continuing from the application:

Dates to run concurrently , if unemployed at any time , so state . Attach more sheets if needed .

5).EMPLOYER : NAME _____ PHONE _____

ADDRESS _____
(STREET OR ROUTE) (CITY) (STATE) (ZIP)

POSITION HELD _____ SUPERVISOR _____ FROM : _____ TO : _____
(MO. / YR.) (MO. / YR.)

Was this employment designated as a safety sensitive function regulated by FMCSR & alcohol and drug testing requirements? YES _____ NO
REASON FOR LEAVING _____

6).EMPLOYER : NAME _____ PHONE _____

ADDRESS _____
(STREET OR ROUTE) (CITY) (STATE) (ZIP)

POSITION HELD _____ SUPERVISOR _____ FROM : _____ TO : _____
(MO. / YR.) (MO. / YR.)

Was this employment designated as a safety sensitive function regulated by FMCSR & alcohol and drug testing requirements? YES _____ NO
REASON FOR LEAVING _____

7 EMPLOYER : NAME _____ PHONE _____

ADDRESS _____
(STREET OR ROUTE) (CITY) (STATE) (ZIP)

POSITION HELD _____ SUPERVISOR _____ FROM : _____ TO : _____
(MO. / YR.) (MO. / YR.)

Was this employment designated as a safety sensitive function regulated by FMCSR & alcohol and drug testing requirements? YES _____ NO
REASON FOR LEAVING _____

8) EMPLOYER : NAME _____ PHONE _____

ADDRESS _____
(STREET OR ROUTE) (CITY) (STATE) (ZIP)

POSITION HELD _____ SUPERVISOR _____ FROM : _____ TO : _____
(MO. / YR.) (MO. / YR.)

Was this employment designated as a safety sensitive function regulated by FMCSR & alcohol and drug testing requirements? YES _____ NO
REASON FOR LEAVING _____

SIGN YOUR NAME HERE _____ Date _____

Use additional sheets if necessary

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 _____ (“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 _____ (“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 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.

LAST UPDATED 12/22/2015

the Hire Authority, Inc.

Combining 25 years of
employment screening

RELEASE AND AUTHORIZATION

I authorize the Hire Authority, Inc., and its agents to conduct a full investigation into my background and activities. Therefore, you are hereby authorized to release any and all information pertaining to me, documentary or otherwise, as requested by any appropriate employee, agent or representative of the Hire Authority, Inc.

I understand that during this investigation process and in accordance with the Fair Credit Reporting Act, an investigative and consumer report will be obtained concerning my previous employment, education, general reputation and personal characteristics. Further, I understand that you may be requesting information concerning motor vehicle operations history and criminal record history from various public sources along with other public records that are available.

I release all Courts, Selective Service Boards, Employers, Educational Institutions, Credit Bureaus, Law Enforcement, the Hire Authority, Inc. and Government Agencies, federal, state and local, without exception, both foreign and domestic, from all liability and responsibility.

I authorize that a Photostat of this release be accepted with the same authorization as the original.

NAME _____

ADDRESS _____
Number Street

City State Zip Code

SOCIAL SECURITY NUMBER _____

DRIVER'S LICENSE NUMBER _____

STATE ISSUED _____

*DATE OF BIRTH _____

SIGNATURE _____

DATE _____

* Date of birth being requested for accurate record retrieval – (The age discrimination act in the employment act of 1967 prohibits discrimination based on age.)