

# DRIVER'S

MCCS DRIVER ID#

# APPLICATION FOR EMPLOYMENT

**Company** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job related medical condition or handicap.

**Date of application** \_\_\_\_\_

Position(s) Applied for \_\_\_\_\_

**Name** \_\_\_\_\_ **Social Security No.** \_\_\_\_\_  
Last First Middle

**Address** \_\_\_\_\_  
Street City  
State Zip **Phone** \_\_\_\_\_

**ADDRESS FOR PAST THREE YEARS** }  
Street City State & Zip Code How Long? \_\_\_\_\_  
Street City State & Zip Code How Long? \_\_\_\_\_

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

**Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Can you provide proof of age?** \_\_\_\_\_

Have you worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

## References (Other than family)

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

All driver applicants must provide the following information on all employers during the preceding **10 YEARS**. Applicants **MUST** give complete address, phone number and contact person for all previous employers.

EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			MO. YR.	MO. YR.
CITY	STATE	ZIP	SAFETY SENSITIVE FUNCTION?	
CONTACT PERSON	PHONE NUMBER		CIRCLE	YES NO
			SUBJECT TO PART 40 DRUG&ALCOHOL	
			CIRCLE	YES NO
			REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			MO. YR.	MO. YR.
CITY	STATE	ZIP	SAFETY SENSITIVE FUNCTION?	
CONTACT PERSON	PHONE NUMBER		CIRCLE	YES NO
			SUBJECT TO PART 40 DRUG&ALCOHOL	
			CIRCLE	YES NO
			REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			MO. YR.	MO. YR.
CITY	STATE	ZIP	SAFETY SENSITIVE FUNCTION?	
CONTACT PERSON	PHONE NUMBER		CIRCLE	YES NO
			SUBJECT TO PART 40 DRUG&ALCOHOL	
			CIRCLE	YES NO
			REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			MO. YR.	MO. YR.
CITY	STATE	ZIP	SAFETY SENSITIVE FUNCTION?	
CONTACT PERSON	PHONE NUMBER		CIRCLE	YES NO
			SUBJECT TO PART 40 DRUG&ALCOHOL	
			CIRCLE	YES NO
			REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			MO. YR.	MO. YR.
CITY	STATE	ZIP	SAFETY SENSITIVE FUNCTION?	
CONTACT PERSON	PHONE NUMBER		CIRCLE	YES NO
			SUBJECT TO PART 40 DRUG&ALCOHOL	
			CIRCLE	YES NO
			REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			MO. YR.	MO. YR.
CITY	STATE	ZIP	SAFETY SENSITIVE FUNCTION?	
			CIRCLE	YES NO
			SUBJECT TO PART 40 DRUG&ALCOHOL	
			CIRCLE	YES NO
			REASON FOR LEAVING	

**ACCIDENT RECORD FOR PAST 3 YEARS**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET ETC.)	FATALITIES	INJURIES
LAST ACCIDENT _____			
NEXT PREVIOUS _____			
NEXT PREVIOUS _____			

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

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IN NEEDED)

**EXPERIENCE AND QUALIFICATIONS -- DRIVER**

	STATE	LICENSE NO.	CLASS & ENDORSEMENT	EXPIRATION DATE
<b>DRIVER</b>				
<b>LICENSES</b>				

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 \_\_\_\_\_

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, etc.)	DATES		APPROX. NO. OF MILES
		FROM	TO	
STRAIGHT TRUCK _____				
TRACTOR AND SEMI-TRAILER _____				
TRACTOR - TWO TRAILERS _____				
OTHER _____				

**LIST ANY POSITIVE SUBSTANCE ABUSE TESTS AND/OR ALCOHOL TESTS** OVER .04 IN THE PREVIOUS (6) MONTHS INDICATING EMPLOYER AND DATE:

**LIST ANY CRIMINAL FELONY CONVICTIONS** OF RECORDS IN THE PREVIOUS (5) YEARS INDICATING DATE OF CONVICTION:

# 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 reports verifying your previous employment, previous drug and alcohol test results, criminal background check, 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

This form is also notification that a driving record (MVR) will be obtained in accordance with Section 391.25 of the Federal Motor Carrier Safety Regulations, at a minimum annually, for continued qualification and employment purposes for as long as you are a driver with this company.

\_\_\_\_\_  
**Applicant's signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print name**

\_\_\_\_\_  
**Social Security number**

As the representative of this company, I am attesting that the above information is necessary to determine if the licensee can be employed, or remain employed, as a commercial driver on public roadways.

I am hereby authorizing my safety director or insurance agent to obtain any or all of the above information on this companies behalf.

\_\_\_\_\_  
**Company Supervisor Signature**

\_\_\_\_\_  
**Date**

**This form shall be kept on file for a minimum of five years.**

## REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to **MOTOR CARRIER COMPLIANCE & SAFETY CO** for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability, which may result from furnishing such information.

I am also authorizing you to release the following information to **MOTOR CARRIER COMPLIANCE & SAFETY CO** for investigation purposes as required by Section 391.25 of the Federal Motor Carrier Safety Regulations, at a minimum annually, for as long as I am employed as a driver for the following company. You are released from any liability, which may result from furnishing such information.

**COMPANY NAME:** RYBICKI TRUCKING

**Applicant's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

In accordance with the provisions of Section 604 and 607 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), I hereby certify the following:

1. The applicant has authorized in writing the procurement of this report;
2. The applicant has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e. information for employment purposes) and not be used for any other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the applicant will receive a copy of the requested report and the summary of consumer rights as provided by that reporting agency.

I hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-322, Title XXX, Section 300002(a)).

DEAR SIR/MADAM:

The following named person has made application with our company for the position of driver. Please furnish the undersigned with the applicant's driving record for the past three years.

Should our company hire the following person, a driving record must be obtained in accordance with Section 391.25 of the Federal Department of Transportation Regulations, at a minimum annually, for as long as this person is a driver for this company. Please furnish the undersigned with the applicant's driving record for the past three years.

**NAME OF APPLICANT** \_\_\_\_\_

**ADDRESS**

Number & Street

City

State

Zip Code

**DATE OF BIRTH** \_\_\_\_\_

**SSN** \_\_\_\_\_

**DLICENSE NO** \_\_\_\_\_

REQUESTED BY

**MOTOR CARRIER COMPLIANCE & SAFETY CO**

104 W. Water Street

OAK HARBOR, OH 43449

419 898 1570

Signature & Title

Date