

## Application for Employment

Company Name Troublefree Transportaion, LLC

Date \_\_\_\_\_

Address PO Box 327

City Butler

State MO

Zip 64730

Applicant Name \_\_\_\_\_  
(First) (MI) (Last)

Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

SSN # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

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

How long at this address \_\_\_\_\_ (Please specify year(s) and month(s))  
(If less than three(3) years, list all previous addresses in the past three(3) years below. Attach a separate sheet if necessary)

Address \_\_\_\_\_

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

Address \_\_\_\_\_

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

Position applying for \_\_\_\_\_ Full Time ☐ Part Time ☐ Temporary ☐

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

Have you worked for this company before YES ☐ NO ☐ From \_\_\_\_\_ To \_\_\_\_\_  
(Month/Year) (Month/Year)

Where \_\_\_\_\_ Position Held \_\_\_\_\_

Highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4  
○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ● ○ ● ○ ○ ○ ○

Last School attended \_\_\_\_\_  
(Name) (City/State)

Describe any truck driving, transportation or other related experience that may help in your work for this company\_\_\_\_\_

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List any other courses or training\_\_\_\_\_

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List special equipment or other training you might have had\_\_\_\_\_

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## Employment History

All driver applicants to drive in interstate commerce must provide the following on ALL past employers during the preceding 3 years: the past employers name, address, dates of employment (explain all gaps), and the reason for leaving employment. Applicants to drive a commercial motor vehicle\* in interstate or intrastate commerce must provide an additional 7 years of information on those past employers for whom the applicant operated such vehicle.

Employer		Dates		
Name		From: Month/Year		Position Held
Address				
City	State      Zip	TO: Month/Year		Reason for Leaving
Contact Person	Phone #			
Were you subject to the Federal Motor Carrier Safety Regulations while being employed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Was your job designated as a Safety-Sensitive Function, in any DOT-Regulated Mode subject to Drug and Alcohol Testing Requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No				

  

Employer		Dates		
Name		From: Month/Year		Position Held
Address				
City	State      Zip	TO: Month/Year		Reason for Leaving
Contact Person	Phone #			
Were you subject to the Federal Motor Carrier Safety Regulations while being employed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Was your job designated as a Safety-Sensitive Function, in any DOT-Regulated Mode subject to Drug and Alcohol Testing Requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No				

  

Employer		Dates		
Name		From: Month/Year		Position Held
Address				
City	State      Zip	TO: Month/Year		Reason for Leaving
Contact Person	Phone #			
Were you subject to the Federal Motor Carrier Safety Regulations while being employed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Was your job designated as a Safety-Sensitive Function, in any DOT-Regulated Mode subject to Drug and Alcohol Testing Requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No				

  

Employer		Dates		
Name		From: Month/Year		Position Held
Address				
City	State      Zip	TO: Month/Year		Reason for Leaving
Contact Person	Phone #			
Were you subject to the Federal Motor Carrier Safety Regulations while being employed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Was your job designated as a Safety-Sensitive Function, in any DOT-Regulated Mode subject to Drug and Alcohol Testing Requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No				

  

Employer		Dates		
Name		From: Month/Year		Position Held
Address				
City	State      Zip	TO: Month/Year		Reason for Leaving
Contact Person	Phone #			
Were you subject to the Federal Motor Carrier Safety Regulations while being employed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Was your job designated as a Safety-Sensitive Function, in any DOT-Regulated Mode subject to Drug and Alcohol Testing Requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No				

\*Include vehicles having a GVWR of 26,001 lbs. or more designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity placarding.

## Driver Experience and Qualification

List ALL Drivers Licenses or permits held in the last three (3) years

State	License Number	Class	Endorsement(s)	Expiration Date

- 1) Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes ☐ No ☐  
 2) Has any license, permit or privilege ever been suspended or revoked? Yes ☐ No ☐

If you answered "Yes" to 1 or 2, attach a statement giving facts and circumstances.

## Driver Experience

Class of Equipment	Type of equipment (Van, Tank, Flat)	From Month/Year	To Month/Year	Approximate Number of Miles
Auto (Passenger)				
Straight Truck				
Tractor & Semi-Trailers				
Tractor & Two-Trailers				
Motor Coach-Bus				
Other-Please Specify				

## Accident Record

List ALL accidents in the past three (3) years. Attach separate sheet if more space is required.

Date	Nature of Accident (Head-on, Rear-end, ect.)	Property Damage Yes/No	Personal Injury Yes/No

## Traffic Convictions and Forfeitures

List ALL in the past three (3) years (other than parking tickets). Attach separate sheet if more space is required.

Date	City and State	Charge	Penalty

This certifies that this application was completed by me, and all entries on it and information in it are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons for all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand, also, that I am required to abide by all rules and regulations of the Company.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

# MANDATORY USE FOR ALL ACCOUNT HOLDERS

## IMPORTANT NOTICE REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

1. In connection with your application for employment with Troublefree Transportation, 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.

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 Troublefree Transportation, 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 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.

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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 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 provided in paragraphs 1-4 of this document to obtain a prospective Applicant'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.**

## Safety Performance History Investigation from Previous Employer

In compliance with the requirements of 49CFR, 391.23, as a prospective motor carrier employer, must perform an investigation into a driver's safety performance history from all previous DOT employers within a the three (3) years.

**AS A PREVIOUS EMPLOYER, YOU ARE REQUIRED BY 49CFR, 391.23 (G) TO RESPOND TO THIS INQUIRY WITHIN 30 DAYS.**

Previous Employer Information: \_\_\_\_\_  
(Name, Address, Phone number)

This information is being requested in compliance with 49CFR 381.23 (a)(2)

The applicant named below was employed as a \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
earning a salary of \_\_\_\_\_

1) Did he/she drive a motor vehicle for you? Yes ☐ No ☐

2) Reason for leaving employment \_\_\_\_\_

3) Has the driver been involved in an accident, as defined by 390.5 within the past three (3) years? Yes ☐ No ☐  
If "Yes", please include the following information for each accident

Date	City and State	Number of Injuries	Number of Fatalities	Hazardous Materials Spill

4) Include information on any other minor (non-DOT) accidents \_\_\_\_\_

5) Please provide the following information for the individual whom the applicant can contact in order to file a correction or rebuttal to any information received as a result of this investigation.

Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Title \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_

☐ **IF NO SAFETY PERFORMANCE HISTORY IS AVAILABLE FOR THIS DRIVER, PLEASE CHECK THE BOX TO CONFIRM THE NON-EXISTENCE OF ANY SUCH DATA AND RETURN THIS FORM TO THE PROSPECTIVE EMPLOYER**

Designated Employer Agent or Representative completing the form

Name \_\_\_\_\_ Date \_\_\_\_\_  
Title \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_

I hereby authorize you to release the following information to \_\_\_\_\_  
(Prospective Employer's Name, Address, Phone Number)  
For the purposes of investigation as required by Section 391.23 and allowed by Section 383.35 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Request was: Faxed ☐ Mailed ☐ Emailed ☐ Date \_\_\_\_\_



## Written Request for Alcohol & Controlled Substance Records

This information is being requested in compliance with 40.25 and 391.23 of the DOT alcohol and controlled substance testing in the past three (3) years.

- 1) This person was employed in a safety-sensitive function that required alcohol and controlled substance testing specified by 49CFR Part 40. Yes ☐ No ☐
- 2) This person had an alcohol test with a result of 0.04 or higher alcohol concentration. Yes ☐ No ☐
- 3) This person tested positive, adulterated or substituted a test specimen for controlled substances. Yes ☐ No ☐
- 4) This person refused to submit to a post-accident, random, reasonable suspicion or follow-up alcohol or controlled substance test. Yes ☐ No ☐
- 5) This person committed other violations of Subpart B or Part 382 or Part 40. Yes ☐ No ☐
- 6) If in violation, did this person complete a SAP-prescribed rehabilitation program in your employ? Yes ☐ No ☐
- 7) If a rehabilitation program was completed, did this driver have another alcohol test result of 0.04 or greater, a verified positive drug test or refuse to be tested? Yes ☐ No ☐

### Employee Authorization

**This authorization is required by 40.25 and is compliant with the requirements of 40.321(b)**

I hereby authorize release of information from my Department of Transportation regulated Alcohol and Controlled Substance Testing records within the past three (3) years.

Employee/Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ SSN \_\_\_\_\_

#### Prospective Employer Information

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax \_\_\_\_\_

Contact Name \_\_\_\_\_

#### Previous Employer/Current Employer Information

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax \_\_\_\_\_

Contact Name \_\_\_\_\_

**Please complete and return this form within thirty (30) days to the Prospective Employer**

Request was: Faxed ☐ Mailed ☐ Emailed ☐ Date \_\_\_\_\_

## EMPLOYEE ALCOHOL AND DRUG STATEMENT

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug and alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive function for you, until and unless the employee documents successful completion of the return-to-duty process (See 40.25(b)(5) and (e))

Company Name	Troublefree Transportation
Address	PO Box 327
City	Butler
State	MO
Zip	64730
Employee Name	
Employee ID #	

The employee is required by Sec. 40.25 to respond to the following question:

Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check one ☐ Yes ☐ No

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

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



## Certification of Compliance with Driver License Requirements

**Motor Carrier:** As stated in Part 383 Section 3: "These rules apply to every person who operates a commercial motor vehicle (CMV) in interstate, foreign, or intrastate commerce, to all employers of such persons, and to all States."

**Drivers:** The Federal Motor Carrier Safety Administration requires that you must comply with the following:

- 1) **You may possess only ONE license.** Part 383 Section 21 states: "No person who operates a commercial motor vehicle shall at any time have more than one driver's license."

If you have more than one license you must notify the state that issued the license that you wish to close your record and no longer wish to be licensed by that state.

- 2) **You must notify your employer of license suspension, cancellation or revocation the next business day.** Part 383 Section 33 states: "Each employee who has a driver's license suspended, revoked, or canceled by a State or jurisdiction, who loses the right to operate a commercial motor vehicle in a State or jurisdiction for any period, or who is disqualified from operating a commercial motor vehicle for any period, shall notify his/her current employer of such suspension, revocation, cancellation, lost privilege, or disqualification. The notification must be made before the end of the business day following the day the employee received notice of the suspension, revocation, cancellation, lost privilege, or disqualification."  
**In addition Part 383 Section 31 states:** "Each person who operates a commercial motor vehicle, who has a commercial driver's license issued by a State or jurisdiction, and who is convicted of violating, in any type of motor vehicle, a State or local law relating to motor vehicle traffic control (other than a parking violation), shall notify 1) an official designated by the State or jurisdiction which issued such license AND 2) his/her current employer of such conviction. The notification must be made within 30 days after the date that the person has been convicted. If the driver is not currently employed, he/she must notify the State or jurisdiction which issued the license". **The notification to the State official and employer MUST be made in writing.**

Please indicate the only license you will possess below:

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

By signing this form: I certify that I have read and understood the requirements listed above.

Driver's Name (Print) \_\_\_\_\_

Driver's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Certification of Violations and Annual Review of Driving Record

**Motor Carrier:** Section 391.25 states: "each motor carrier shall, at least once every 12 months, make an inquiry into the driving record of each driver it employs, covering at least the preceding 12 months, to the appropriate agency of every State in which the driver held a commercial motor vehicle operator's license or permit during the time period." Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

**Driver:** Section 391.27 states: "Each driver shall furnish the list required in accordance with paragraph (a) of this section. If the driver has not been convicted of, or forfeited bond or collateral on account of, any violation which must be listed, he/she shall so certify."

### Driver – Please complete the Certification of Violations part

Name \_\_\_\_\_ SSN \_\_\_\_\_  
Drivers License Number \_\_\_\_\_ State of Issue \_\_\_\_\_ Expiration Date \_\_\_\_\_

Date	Offense	Location	Type of Vehicle Operated

If you have **not** had any violations please check this box ☐

By completing and signing this form: I certify that the above information is a true and complete list of all traffic violations for which I have been convicted, forfeited bond or collateral during the past twelve (12) months (except those I have provided under 383).

If no violations are listed above: I certify that I have not been convicted, forfeited bond or collateral on account of any violation required to be listed during the past twelve (12) months (except those I have provided under 383).

Driver's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Motor Carrier – Please complete the Annual Review of Driving Record

Please review the information listed above and any other information as described in Section 391.25 of the Federal Motor Carrier Safety Regulations and complete the requested information below.

I have hereby review the driving record of the above named driver in accordance with Section 391.25 and find that he/she: Select one of the following

- ☐ Meets the minimum requirements for safe driving
- ☐ Is disqualified to drive a motor vehicle pursuant to Section 391.15
- ☐ Does not adequately meet satisfactory safe driving performance

Action taken with driver \_\_\_\_\_

Reviewed By (Signature) \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Motor Carrier Name \_\_\_\_\_

Motor Carrier Address \_\_\_\_\_