

Commercial Drivers Application

D&J Transport Inc.
1165 Jadden Ln
Owatonna, MN
507-413-0384

Applicant Name: _____

Date: _____

Email: _____ Phone # _____

Emergency Contact _____

Emergency Phone # _____

Date of Birth: _____ Social Security # _____

Drivers License # _____ Class _____

Medical Examiners Card Expiration Date _____

Desired Hourly Wage _____

DISCLOSURE AND RELEASE FORM

SERVICES TO BE PERFORMED

This section should be completed by the Employer

Please indicate below which background checks you wish to have Foley Carrier Services LLC. perform:

<input checked="" type="checkbox"/>	Safety Performance History Inquiry (Included)	<input type="checkbox"/>	Criminal Report (Call for pricing)
<input checked="" type="checkbox"/>	DQF Annual Motor Vehicle Report (Included)	<input type="checkbox"/>	National Criminal & Sex Offender Registry Report (Call for pricing)
<input type="checkbox"/>	Drug & Alcohol Inquiry Only (Call for pricing)	<input type="checkbox"/>	Social Security Number to confirm SSN & provides previous addresses (Call for pricing)
<input type="checkbox"/>	References Call for pricing (Call for pricing)	<input type="checkbox"/>	Education Verification (Call for pricing)
<input type="checkbox"/>	Worker's Compensation Claim Report (Call for pricing)	<input type="checkbox"/>	Motor Vehicle Report ONLY (Call for pricing)

The receipt of certain background information on an individual involves specific duties and obligations under the Fair Credit Reporting Act. The individual about whom background information is being requested MUST sign this Disclosure and Release.

Any person who knowingly and willfully obtains a consumer report under false pretenses, or for reasons other than employment purposes, may face criminal prosecution.

SIGN HERE

Employer Authorization (Signature) dasda	Title	Date
Company Name	Client Code	

APPLICANT AUTHORIZATION

This section should be complete by the Applicant

Applicant Profile							
Applicant Name:				Social Security Number:			
Date of Application:				Driver's License Number:			
License Expiration Date:				Date of Birth:			
Address 1:				Address 2:			
City:		State:		Zip:		Telephone:	

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY FOLEY CARRIER SERVICES LLC. WITH REGARD TO THIS INQUIRY TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I authorize Foley Carrier Services LLC. and their agents to conduct the background investigations indicated above, in conjunction with my current or prospective employer's service contract with Foley Carrier Services, LLC. I understand that these background checks may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, alcohol and controlled substances testing history, etc. I further understand that such reports may contain public record information concerning my driving record, worker's compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records. Information may also be obtained from Foley Carrier Services LLC and their agents concerning previous driving record requests made by others from such state agencies, and state provided driving records. All information obtained will be provided to my current or prospective employer and used for employment purposes only.

This authorization shall remain on file and shall serve as ongoing authorization for the above named employer to procure motor vehicle reports at any time during my employment (or contract) period.

SIGN HERE

Applicant Authorization (Signature)	Date
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APPLICATION FOR EMPLOYMENT



GREEN/FORM NO. DQF 1
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Have all driver-applicants complete this form before driving a commercial motor vehicle.

In compliance with Federal and State equal opportunity employment laws, qualified applicants are considered for all positions without regard to race, religion, color, gender, national origin, age, marital status, or non-job related disability. Please complete both sides of this application thoroughly. Attach additional sheets if more room is required for details.

To be completed by Employer:

Motor Carrier:
Address:

To be completed by Applicant:

Applicant's Name:	Date of Application:
Current Address:	Social Security No.:
	Date of Birth:
Length of time at this address:	Telephone No.:

PREVIOUS ADDRESSES FOR LAST THREE YEARS (MOST RECENT FIRST)				
Street	City	State/Zip	How long	Additional Information Attached
				<input type="checkbox"/>

LIST ALL UNEXPIRED LICENSES AND/OR PERMITS			
State	Number	Expiration Date	Additional Information Attached
			<input type="checkbox"/>

LIST THE NATURE AND EXTENT OF YOUR EXPERIENCE OPERATING DIFFERENT TYPES OF MOTOR VEHICLES (E.G. BUSES, TRUCKS & TRAILERS)		
Type	Experience in Years and / or Miles Driven	Additional Information Attached
		<input type="checkbox"/>

LIST ALL MOTOR VEHICLE ACCIDENTS IN WHICH YOU WERE INVOLVED DURING THE LAST THREE YEARS				
DATE	CITY/STATE	NATURE OF ACCIDENT	FATALITIES	INJURIES

Check here to certify that you have had no accidents in the last three years

LIST ALL VIOLATIONS (OTHER THAN PARKING) FOR WHICH YOU WERE CONVICTED OR FORFEITED BOND / COLLATERAL DURING THE LAST THREE YEARS			
DATE	CITY/STATE	CHARGE	PENALTY

Check here to certify that no convictions or bond forfeitures have occurred

DQF 1 - APPLICATION FOR EMPLOYMENT

Retain for 3 years after ceasing duties

RECEIPT OF DRIVER'S RIGHTS



PURPLE/FORM NO.
SPH
1

Have each driver-applicant sign this form before you accept his/her employment application.

Employers who are regulated by the Federal Motor Carrier Safety Administration (FMCSA) must expressly notify an applicant, who has been employed by a Department of Transportation-regulated employer during the preceding three years, that the applicant has certain rights regarding the investigative information that will be provided by his/her previous employer(s). After providing the driver-applicant with a written copy of these rights, use this form to obtain his/her signature and retain the top copy of this 2-part form. Give the bottom copy to the applicant. By regulation you must inform the driver of his/her rights **before** accepting the driver's application for employment.

DRIVER REVIEW AND RECEIPT

I acknowledge that _____ has provided me with written instructions regarding my rights as defined in **Part 391.23(i)-(j)** of the Federal Motor Carrier Safety Regulations. I have reviewed these materials which include information on the following:

- Right to Review Information** – I have the right to review the information provided by my previous DOT-regulated employer(s).
- Right to Request Corrections** – I have the right to request corrections to information that my previous DOT-regulated employer(s) provides, which I believe contains errors.
- Right to Rebut Information** – I have the right to rebut the information provided by my previous DOT-regulated employer(s).

Driver's Full Name

Driver's Signature

Date

Supervisor/Authorized Motor Carrier Representative Signature

Date

Employer Keeps Original, Provides Scan or Copy to Applicant

SPH 1 - RECEIPT OF DRIVER'S RIGHTS

Retain for 3 years after the driver leaves your employment

SAFETY PERFORMANCE HISTORY INVESTIGATION



Use one form to investigate applicant's Safety Performance History (SPH) for each employer within the previous three years.

TO BE COMPLETED BY APPLICANT:

As the applicant, my signature authorizes you, as my previous employer, to release the requested information to Foley Services, Inc., the service vendor used by my prospective employer, _____.

Applicant's Name: _____ Social Security Number: _____ Client Code: _____

Applicant's Signature: _____ Previous Employer: _____

TO BE COMPLETED BY PREVIOUS EMPLOYER:

FMCSA regulations require this SPH investigation. Please complete the requested information, using additional paper if necessary. If you have no information to report, please indicate so in the appropriate section. Fax completed information to: (860) 368-2529.

Verification of Employment

Applicant was employed with this company from: ___/___/___ to: ___/___/___
 Position: _____ Position required a Commercial Drivers License? Yes No

Accident Information

No accident information to report (as defined by Part 390.5)

_____/_____/_____
 Date of accident City or Town (most near) and State Number of fatalities Number of Injuries

Release of hazardous materials? Yes No (Not including fuel spilled from the fuel tanks of vehicles involved in the accident)

Additional information about the accident: _____

Attach additional sheets if necessary and additional accident information as required pursuant to your internal policies.

Prohibited Drug and Alcohol Testing Information

Individual was not in a safety-sensitive position subject to the Part 40 regulations while in our employment
 No prohibited drug and/or alcohol conduct to report

If the driver engaged in prohibited drug and/or alcohol conduct, **as defined by Part 40 and/or Part 382 only**, during the previous three years, answer the questions below.

During the previous three years did the driver:

- Have an alcohol test result with an alcohol concentration of 0.04 or higher? Yes No
- Have a verified positive drug test result? Yes No
- Refuse to be tested (this includes receiving a verified adulterated or substituted drug test result)? Yes No
- Have a violation of any of the other drug and/or alcohol testing prohibitions? Yes No

If **yes** to any of the above, did the driver:

- Comply with the recommendations prescribed by a Substance Abuse Professional (SAP) pursuant to Part 40, while in your employment? Yes No
- Successfully complete the return to duty program while in your employment? Yes No

Attach additional documentation, if available, to verify the individual's successful completion of the return to duty process.

Previous Employer Contact Information

Part 391.23 requires a previous employer who is regulated by the Dept. of Transportation to provide a specific contact name when responding to a Safety Performance History Inquiry. The driver may choose to contact you regarding the information you provide.

 Previous Employer Contact Name Title

 Telephone Fax

 Mailing Address

 Signature of Company Official releasing this information Date Released



SPH 2/3/R - SAFETY PERFORMANCE HISTORY INVESTIGATION

Retain for 3 years after the driver leaves your employment

D&J Transport Job Description

Wages: Wages to be negotiated at time of hire.

Company Drivers are paid on an hourly wage.

Owner Operators are paid on a per mile/per gallon rate.

Medical: Is provide at a percentage by D&J Transport. Different medical plan options are available, and to be discussed at time of hire.

Vacations: New employees begin earning 1 week of vacation a year, accrual of hours begins at time of employment. So total vacation after one year would equal 1 week. after the first year 2 weeks of vacation accrual will begin. Vacation days are paid out at 9 hours per day for a total of 45 hours vacation per week.

Holidays: The following holidays are paid out at 9 hours holiday pay. New Years Day, Memorial Day, Independence day, Labor Day, Thanksgiving day, Christmas Day.

Hours of work: Employees typically average between 35-70 hours a week. During the busy season that we have, employees will be required to work 6-7 days a week, and some long hours depending on load demand, and log book time available for legal driving.

Positions:D&J Transport is always looking for high quality people to work in this company. Driving positions will require a fully qualified person that is willing to work hard and haul multiple types of products with different style trailers. All trailers are owned and provided by D&J Transport. All Drivers are responsible for maintenance on their equipment and for being professional and efficient with all customers, co-workers and superiors.