

DRIVER APPLICATION

All questions must be completed
Please print clearly

Personal Information

Name: _____ Social Security Number: _____

 Last First Middle

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Date of Birth: _____

Emergency Contact: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Have you ever worked or applied here before: Yes No Date: _____

Residence Addresses for the past three (3) years

1) _____
Street: _____ City: _____ State: _____ Zip: _____

2) _____
Street: _____ City: _____ State: _____ Zip: _____

3) _____
Street: _____ City: _____ State: _____ Zip: _____

Education

Have you attended truck-driving school: Yes No Graduation Date: _____

Name of school: _____ City: _____ State: _____ Zip: _____

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4

Other: _____ Last school attended: _____

Did you graduate: Yes No Degrees or honors received: _____

Other education: _____

Military Status

Have you served in the armed forces? If so what branch: _____
 Yes No

Dates of service: From: _____ To: _____ Any special skills: _____

Are you currently a member of the active reserves or National Guard? Yes No

Type of Equipment Operated	Length of Experience	Approximate Number of Miles
Straight Truck		
Tractor & Semi-Trailer		
Tractor & Full Trailer		
Other		
In What States Have You Driven Regularly?	What Awards do you Hold for Safe Driving?	

DRIVING / WORK EXPERIENCE – PLEASE INCLUDE ALL DATES INCLUDING UNEMPLOYED TIME BEGINNING WITH YOUR MOST RECENT EMPLOYER, LIST ALL YOUR PAST EMPLOYERS FOR THE PREVIOUS TEN YEARS

Name of Company:	Area Code:	Phone Number:
Address:	City:	State: Zip:
Start Date:	End Date:	Reason for Leaving:
Position:	Supervisor Name:	
Equipment Operated:	Were you Required to Comply with the FMCSR's:	
Accidents:	Were you Required to Submit to Drug / Alcohol Testing:	

Name of Company:	Area Code:	Phone Number:
Address:	City:	State: Zip:
Start Date:	End Date:	Reason for Leaving:
Position:	Supervisor Name:	
Equipment Operated:	Were you Required to Comply with the FMCSR's:	
Accidents:	Were you Required to Submit to Drug / Alcohol Testing:	

Name of Company:	Area Code:	Phone Number:
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Equipment Operated:	Were you Required to Comply with the FMCSR's:	
Accidents:	Were you Required to Submit to Drug / Alcohol Testing:	

Name of Company:	Area Code:	Phone Number:
Address:	City:	State: Zip:
Start Date:	End Date:	Reason for Leaving:
Position:	Supervisor Name:	
Equipment Operated:	Were you Required to Comply with the FMCSR's:	
Accidents:	Were you Required to Submit to Drug / Alcohol Testing:	

Additional Past Employers

Name of Company:	Area Code:	Phone Number:
Address:	City:	State: Zip:
Start Date:	End Date:	Reason for Leaving:
Position:	Supervisor Name:	
Equipment Operated:	Were you Required to Comply with the FMCSR's:	
Accidents:	Were you Required to Submit to Drug / Alcohol Testing:	

Name of Company:	Area Code:	Phone Number:
Address:	City:	State: Zip:
Start Date:	End Date:	Reason for Leaving:
Position:	Supervisor Name:	
Equipment Operated:	Were you Required to Comply with the FMCSR's:	
Accidents:	Were you Required to Submit to Drug / Alcohol Testing:	

Name of Company:	Area Code:	Phone Number:
Address:	City:	State: Zip:
Start Date:	End Date:	Reason for Leaving:
Position:	Supervisor Name:	
Equipment Operated:	Were you Required to Comply with the FMCSR's:	
Accidents:	Were you Required to Submit to Drug / Alcohol Testing:	

Name of Company:	Area Code:	Phone Number:
Address:	City:	State: Zip:
Start Date:	End Date:	Reason for Leaving:
Position:	Supervisor Name:	
Equipment Operated:	Were you Required to Comply with the FMCSR's:	
Accidents:	Were you Required to Submit to Drug / Alcohol Testing:	

Name of Company:	Area Code:	Phone Number:
Address:	City:	State: Zip:
Start Date:	End Date:	Reason for Leaving:
Position:	Supervisor Name:	
Equipment Operated:	Were you Required to Comply with the FMCSR's:	
Accidents:	Were you Required to Submit to Drug / Alcohol Testing:	

AGREEMENT (please read the following statements carefully)

I understand that the company follows the practice of requiring driver applicants to successfully complete a physical examination (as prescribed by the Federal Motor Carrier Safety Regulation Section 391. 41) which includes a substance abuse test, as a term and condition of qualification and from time to time thereafter to submit to a alcohol or substance abuse test as specified in the Federal Motor Carrier Safety Regulations Section 382. Therefore, I hereby knowingly and freely give my consent to submit to a physical examination, including a substance abuse test, and further agree to submit to a random alcohol or substance abuse test from time to time when so requested. I understand that my inability to successfully complete a physical examination, and/or any alcohol or substance abuse test would be cause for denial of qualification or disqualification if qualified.

In connection with my application for qualification (including contract for services) with you, I understand that consumer reports, which contain public record information, may be requested from USIS Services or other providers. These reports may include the following types of information: work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from USIS or other providers concerning previous driving records requests made by others from such state agencies and state provided driving records.

I have the right to make a request to USIS or other providers, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which USIS or other providers has previously furnished within the two year period preceding my request. I hereby consent to your obtaining the above information which USIS or other providers has or obtains, and my employment history with you if I am qualified by you, will be supplied by USIS or other providers to other companies which subscribe to USIS or other providers.

I hereby authorize procurement of consumer report(s). If qualified, this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my qualification period.

This certifies that this application was completed by me and that all entries on it and information in it are true and correct to the best of my knowledge. I also agree that falsified information or significant omissions may result in my disqualification now or at any time.

I understand I have the right to review information provided by past employer, have errors corrected by previous employer and resubmitted to this carrier and/or have a rebuttal statement attached to erroneous information if my previous employer and I cannot agree on the accuracy of the information. I understand I must request past employer information obtained by this carrier in writing within 30-days of my application date.

In accordance with Section 382.413 and 391.23 of the Federal Motor Carrier Safety Regulations, I hereby authorize any and all persons and/or institutions to provide any relevant information that may be required to complete my qualification.

Have you tested positive or refused a 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? Yes No

Have you ever tested positive or refused any drug or alcohol test during the past five years? Yes No

Driver Certification for Other Compensated Work:

Section 395.2 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations require a driver to report all on duty time including time working for other employers. This includes time performing any work in the capacity of, or in the employ or service of a motor carrier (including a private motor carrier) or a non-motor carrier.

Are you currently working for another motor carrier or non-motor carrier? Yes No

Do you intend to work for another motor carrier or non-motor carrier while working for this carrier? Yes No

Do you agree to notify this carrier if you do intend to work for another motor carrier or non-motor carrier while working for this carrier? Yes No

Print Name

Social Security No.

Signature

Date

Company Representative

Date

**LinkAmerica Express
Past Employment Verification
and Substance Abuse / Alcohol Testing Information**

Person Requesting _____
Verification Request: _____ Date of Request: _____
Past Employer: _____ Applicant: _____
Address: _____ Social Security No.: _____
_____ Date of Birth: _____
Telephone No.: _____ Former Position: _____

Dates on Application: From ___/___/___ To ___/___/___

Person Completing Verification: _____

Dates of Employment: From ___/___/___ To ___/___/___

Type of Work:	States Operated in:	Performance:	
<input type="checkbox"/> Owner Operator _____	_____	<input type="checkbox"/> Late Deliveries _____	<input type="checkbox"/> Chronic Complainer _____
<input type="checkbox"/> Driver for O/O _____	_____	<input type="checkbox"/> Customer Complaints _____	<input type="checkbox"/> Over Advanced _____
<input type="checkbox"/> Company Driver _____	_____	<input type="checkbox"/> Equipment Damage _____	<input type="checkbox"/> Unauthorized Passenger _____
<input type="checkbox"/> Other _____	_____	<input type="checkbox"/> Bad Attitude _____	<input type="checkbox"/> Other: _____
Equipment Operated:		<input type="checkbox"/> No Check Calls _____	<input type="checkbox"/> Vio. of Co. Policy _____
<input type="checkbox"/> Reefer <input type="checkbox"/> Flatbed <input type="checkbox"/> Tanker		<input type="checkbox"/> Personal Problems _____	
<input type="checkbox"/> Dry Van <input type="checkbox"/> Other _____		<input type="checkbox"/> Arrests/Convictions _____	

Accidents:

Date: _____ P ___ NP _____	Date: _____ P ___ NP _____	Date: _____ P ___ NP _____
DOT: ___ Yes ___ No	DOT: ___ Yes ___ No	DOT: ___ Yes ___ No
Description: _____	Description: _____	Description: _____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Reason For Leaving:

Resigned With Notice
 Resigned Without Notice
 No Show
 Terminated / Disqualified
 Quit Under Load / Dispatch
 Abandoned Equipment
 Laid Off
 Other _____
 Eligible For Rehire? ___ Yes ___ No ___ With Review ___ No Rehire Company Policy

Alcohol / Substance Abuse Information:

Was Applicant Drug Tested ___ Yes ___ No
Any Positive Results ? ___ Yes ___ No When _____
Alcohol Tests over .02% ? ___ Yes ___ No When _____
Refusals to Testing ? ___ Yes ___ No When _____

Remarks:

In accordance with Section 382.413 and 391.23 of the Federal Motor Carrier Safety Regulations, I hereby authorize any and all persons and/or institutions to provide any relevant information that may be required to complete my qualification. I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed above, to the employer identified above. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25.

This form completed by: _____ Fax ___ Phone ___ Mail

Print Name

Follow up dates: _____ by ___ Fax ___ Phone ___ Mail

_____ by ___ Fax ___ Phone ___ Mail

_____ by ___ Fax ___ Phone ___ Mail

Signature

If not received by the third attempt, call the USDOT office for help!!

Date: _____ Revised 09/09

Date DOT Contacted: _____ DOT Agent Name: _____
Contacted by: _____