

# Driver's Application for Employment

**S.O.S. TRANSPORTATION, LLC.**  
320 W. Monroe St. P.O. Box 727  
Carlton, OR. 97111  
Phone: (503) 852-6826 Fax: (503) 852-6828

Name \_\_\_\_\_ Date \_\_\_\_\_

Position applied for \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Cell Ph. \_\_\_\_\_

Address for past 3 years \_\_\_\_\_ How long? \_\_\_\_\_

Are you a U.S. citizen? \_\_\_\_\_ Passport # \_\_\_\_\_ DOB: \_\_\_\_\_

In case of emergency notify \_\_\_\_\_ Phone \_\_\_\_\_

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

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

## Physical History

List any reason that prevents you from doing certain kinds of work \_\_\_\_\_

\_\_\_\_\_

Are you physically capable of heavy manual labor? \_\_\_\_\_

Ever injured on the job? \_\_\_\_\_ List nature and degree of such injuries \_\_\_\_\_

\_\_\_\_\_

How much time lost from work due to illness in the past 3 years? \_\_\_\_\_

\_\_\_\_\_

S.O.S. Transportation does require a DOT physical and drug screen. Would you be willing to comply with this? \_\_\_\_\_

## Driving Experience

How many years driving tractor trailers professionally? \_\_\_\_\_

List states operated in for the last five years \_\_\_\_\_

Show special courses or training that will help you as a driver \_\_\_\_\_

Which safe driving awards do you hold and from whom \_\_\_\_\_

Show any trucking, transportation or other experience that may help your work for our company \_\_\_\_\_

### TO BE READ AND SIGNED BY APPLICANT

This certifies 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 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. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

In the event of my employment, I understand that false or misleading information given in my application or interviews may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company, as permitted by law.

It is agreed and understood that if hired, I may be on a probationary period during which time I may be discharged without recourse.

It is agreed and understood that if hired, I must understand and abide by all rules and regulations of the Department of Transportation.

It is agreed and understood that any monies advanced or costs incurred by employer or employer's client outstanding at the time I might be terminated, may be deducted from any wages owed to me.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

## Driving Record

Accident record for the last five years:

	Date	Type of Vehicle	Nature of Accident	Fatalities	Injuries	Amount of Damage
Last Accident	_____	_____	_____	_____	_____	_____
Next Previous	_____	_____	_____	_____	_____	_____
Next Previous	_____	_____	_____	_____	_____	_____
Next Previous	_____	_____	_____	_____	_____	_____

Traffic convictions and forfeitures for the past five years (other than parking violations)

Location	Date	Charge	Penalty

## Education

Circle highest grade completed: 3 4 5 6 7 8    High School: 1 2 3 4    College: 1 2 3 4

Last school attended \_\_\_\_\_

## Experience and Qualifications - Driver Licenses

State	License Number	Type	Expiration Date

- Have you ever been denied a license, permit or privilege to operate a motor vehicle?      Yes( )No( )
  - Has any license, permit or privilege ever been suspended or revoked?                      Yes( )No( )
  - Have you ever been convicted of Careless Driving?    Yes( )No( )
  - Have you ever been convicted of a DWI or DUI?    Yes( )No( )
  - Have you ever been involved in a fatal motor vehicle accident?                              Yes( )No( )
  - Have you ever been convicted of a crime?    Yes( )No( )
  - Have you ever been convicted of the sale, possession or use of  
any prohibited controlled substance?    Yes( )No( )
  - Have you ever been disqualified to driver per Federal regulations?                              Yes( )No( )
  - Have you ever been denied liability insurance?    Yes( )No( )
  - Have you ever been discharged from a job?    Yes( )No( )
- If any of the above answers in yes, please give details.
- \_\_\_\_\_

**Motor Vehicle Driver's  
Certification of Compliance  
With Driver License Requirements**

**MOTOR CARRIER INSTRUCTIONS:** These requirements apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 passengers, or transports hazardous materials that require placarding. Ask the driver to read and sign the form.

**DRIVER REQUIREMENTS:** The Commercial Motor Vehicle Safety Act of 1986 and Part 383 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

- 1) You, as a commercial vehicle driver, may not possess more than one license.  
If you currently have more than one license, you should keep the license from your state of residence and return the additional licenses to the states that issued them. *Destroying* a license does not close the record in the state that issued it: you must notify the state. If a multiple license has been lost, stolen, or destroyed, you should close your record by notifying the state of issuance that you no longer want to be licensed by that state.
  
- 2) If at any time you violate a state or local traffic law (other than parking), you must report it to your employing motor carrier and the state that issued your license within 30 days.

Part 392.42 and Part 383.33 of the Federal Motor Carrier Safety Regulations require you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license.

Drivers or employers who violate these requirements are subject to civil penalties of up to \$2,500 or, under certain circumstances, criminal penalties of \$5,000 and/or 90 days imprisonment.

**DRIVER CERTIFICATION:** I certify that I have read and understand the above requirements.

The following license is the only one I will possess:

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

## Employment History

All applicants to drive a commercial motor vehicle in interstate commerce shall provide the following information on all employers during the previous **ten years** for whom the applicant operated such vehicle.

Please list employers in reverse order, starting with the most recent. Use an additional sheet if necessary.

Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax. \_\_\_\_\_

Position held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

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

Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax. \_\_\_\_\_

Position held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

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

Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax. \_\_\_\_\_

Position held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

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

Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax. \_\_\_\_\_

Position held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

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Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax. \_\_\_\_\_

Position held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

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

Employer \_\_\_\_\_

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Phone \_\_\_\_\_ Fax. \_\_\_\_\_

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

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## REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

I hereby authorize you to release the following information to S.O.S. Transportation, LLC. for  
(Prospective Employer)  
purposes of investigation as required by Section 319.23 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)

Dear Sir/Madam:

The below named individual has made application to this company for a position as \_\_\_\_\_  
and states that he/she was employed by you  
as \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.

We appreciate your time in completing, in confidence, the information requested below. Please return  
via the fax number listed above, or with the enclosed business reply envelope, if applicable. Thank you.

Sincerely,

\_\_\_\_\_  
Human Resource

Name of Applicant: \_\_\_\_\_ Social Security  
# \_\_\_\_\_

1. Employed from \_\_\_\_\_ to \_\_\_\_\_ as \_\_\_\_\_ at wage/salary of \_\_\_\_\_.
2. Did he/she drive a motor vehicle for you? \_\_\_\_\_ Straight Truck \_\_\_\_\_ Tractor-Semitrailer \_\_\_\_\_ Bus  
\_\_\_\_\_ Other (Specify please)
3. Was he/she a safe and efficient driver? \_\_\_\_\_
4. Reason for leaving your employ: \_\_\_\_\_ Discharged \_\_\_\_\_ Resignation \_\_\_\_\_ Lay Off \_\_\_\_\_ Other
5. Was his/her general conduct satisfactory? \_\_\_\_\_
6. Please advise history of past driving record if available for the past three years: \_\_\_\_\_

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7. Please list identity of employers previous to the time of employment with you, if available:

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**CONFIDENTIAL REPORT OF PERSONAL REFERENCE**

Please indicate your opinion by placing an (X) in the appropriate column:

<b>CHARACTERISTICS</b>	<b>EXCELLENT</b>	<b>GOOD</b>	<b>FAIR</b>	<b>POOR</b>
Ability to cooperate with others	( )	( )	( )	( )
Initiative, Resourcefulness	( )	( )	( )	( )
Safety Habits	( )	( )	( )	( )
Driving Skill	( )	( )	( )	( )
Attitude, Disposition, Tact	( )	( )	( )	( )
Loyalty	( )	( )	( )	( )

Any known physical condition or handicap which may limit his/her ability to perform the job applied for?

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I above is yes, please comment \_\_\_\_\_

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Any other remarks: \_\_\_\_\_

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SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

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**AUTHORIZATION TO RELEASE ALCOHOL & DRUG TESTING RESULTS**

I, \_\_\_\_\_, hereby authorize the company listed below to furnish to S.O.S. Transportation, LLC. and/or its agents the following information concerning drug and alcohol tests involving me during the past two years. Additionally, I also authorize the company listed below to release and furnish the name and phone number of any substance abuse professional (SAP) who has evaluated me in the past two years in accordance with Section 382.413. In signing below, I certify that I have read and fully understand this release.

**Driver's signature** \_\_\_\_\_ **Social Security #** \_\_\_\_\_

Company \_\_\_\_\_

Based on a review of your company's drug and alcohol test records:

	YES	NO
HAS THIS INDIVIDUAL HAD AN ALCOHOL TEST WITH A CONFIRMED BREATH ALCOHOL CONCENTRATION OF 0.04 OR GREATER IN THE PAST TWO YEARS?	( )	( )
HAS THIS INDIVIDUAL HAD A CONTROLLED SUBSTANCE TEST WITH A POSITIVE RESULT IN THE PAST TWO YEARS?	( )	( )
HAS THIS INDIVIDUAL REFUSED A CONTROLLED SUBSTANCE TEST AND/OR ALCOHOL TEST WITHIN THE PAST TWO YEARS?	( )	( )
HAS THIS INDIVIDUAL BEEN PART OF A RANDOM DRUG TESTING POOL WITH YOU COMPANY IN THE LAST TWELVE MONTHS?	( )	( )

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

If you answered YES to any of the above questions, please provide S.O.S. Transportation, LLC. with the name of the person within your company who can confirm dates and results of all positive and negative drug and alcohol tests for the above named individual.

Failure to provide this information is in violation of DOT regulations as required by 49 CFR Parts 382.405(F) and 382.413.

## **Pre-Employment Drug Testing Notification and Consent**

I understand as required by the Federal Motor Carrier Safety Regulations, 49 CFR Part 391.103 and company policy, all prospective drivers must submit to a controlled substances test involving collection of a urine sample which will be test for the following controlled substances: Marijuana, cocaine, opiates, amphetamines, and phencyclidine (PCP).

I understand, if I test positive for use of controlled substances, I am not medically qualified to operate a commercial motor vehicle in interstate commerce. I also understand I will be given a reasonable opportunity to confer with the company's Medical Review Officer before any positive test result is reported to the company.

The result of the drug test will be maintained by the Medical Review Officer for the company who will report whether the test result was negative or positive to the motor carrier. The Medical Review Officer or the company may also release the result to my examining physician in connection with my DOT required physical. The results will not be released to any additional parties without my written authorization.

I hereby agree to submit to a urine drug test.

Print Applicant's Name \_\_\_\_\_

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

Date \_\_\_\_\_

## Disclosure and Release

In connection with my application for employment (including contract for services) with you, I understand that consumer reports which may contain public record information may be from DAC Services, Tulsa, Oklahoma; SOS Transportation LLC. Investigations; credit reporting or investigators retained by SOS Transportation LLC.. These reports may include the following types of information: Names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such 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 DAC concerning previous driving record requests made by others from such state agencies, and state provided driving records.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY DAC; SOS Transportation LLC. or investigations; credit reporting or investigators retained by SOS Transportation LLC TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to make a request to DAC 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 DAC has previously furnished within the two year period preceding my request. I hereby consent to your obtaining the above information from DAC, and I agree that such information which DAC has or obtains and by employment history with you if I am hired, will be supplied by DAC to other companies which subscribe to DAC Services.

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

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

\_\_\_\_\_  
Social Security #

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
As provided by DAC Services

\*\*Effective October 1, 1997, changes to the fair Credit Reporting Act (FCRA) imposed new requirements on users of consumer reports. Accordingly, *motor vehicle record checks are considered consumer reports under the FCRA*, and therefore, the new provisions require S.O.S. Transportation, LLC. to certify our compliance with the FCRA.

\*\*We are required to disclose to you, the applicant, in writing that a consumer report may be ordered.

\*\*We must obtain written consent to order any reports.

## APPENDIX A TO PART 601

### Prescribed Summary of Consumer Rights

The prescribed form for this summary is as a separate document, on paper no smaller than 8 x 11 inches in size, with text no less than 12-point type (8-point for the chart of federal agencies), in bold or capital letters as indicated. The form in this appendix prescribes both the content and the sequence of items in the required summary. A summary may accurately reflect changes in numerical items that change over time (e.g., dollar amounts, or phone numbers and addresses of federal agencies), and remain in compliance.

#### **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every “consumer reporting agency” (CRA). Most CRAs are credit bureaus that gather and sell information about you--such as if you pay your bills on time or have filed bankruptcy--to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission’s web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

\* **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you--such as denying an application for credit, insurance, or employment--must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

\* **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

\* **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs--to which it has provided the data--of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA’s investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

## APPENDIX A TO PART 601

\* **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

\* **You can dispute inaccurate items with the source of the information.** If you tell anyone--such as a creditor who reports to a CRA--that you dispute an item, they may no then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

\* **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years form bankruptcies.

\* **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA--usually to consider an application with a creditor, insurer, employer, landlord, or other business.

\* **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

\* **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

\* **You may seek damages from violators.** If a CRA, a user of (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

## APPENDIX A TO PART 601

The FCRA gives several different federal agencies authority to enforce the FCRA:

QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
CRA's, creditors and others not listed below	Federal Trade Commission Consumer Response Center--FCRA Washington, DC 20580 (202) 326-3761
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name.)	Office of the Controller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 (800) 613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 (202) 452-3693
Savings associations and federal chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 (800) 842-6929
Federal credit unions (words "Credit Union" appear in institution name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 (703) 518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 (800) 934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 (202) 366-1306
Activities subject to the Packers Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator--GIPSA Washington, DC 20250 (202) 720-7051

In order to help us understand each other I have put together a little survey. Please give your definitions for the following terms.

Work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reliable: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Loyalty: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Honesty: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Team work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you need more room please feel free to attach additional pages. But try to clarify your meanings in the least amount of words.

Thanks.